Oncology Office Hematology Requisition

Phone 866.776.5907 / Fax 239.690.4237
neogenomics.com

Client Information

Required Information

Account #: _____ **Account Name:** _____

Street Address: _____

City, ST, ZIP: _____

Phone: _____ **Fax:** _____

Additional Reporting Fax: _____

Requisition Completed by: _____ Date: _____

Ordering Physician: _____ **NPI #:** _____
(please print: Last, First):

Treating Oncologist/Physician: _____ **NPI #:** _____
(please print: Last, First):

The undersigned certifies that he/she is licensed to order the test(s) listed below and that such test(s) are medically necessary for the care/treatment of this patient.

Authorized Signature: _____ **Date:** _____

Billing Information

Required: Please include face sheet and front/back of patient's insurance card.

Patient Status (Must Choose 1):
- ☐ Non-Hospital Patient
- ☐ Hospital Patient (in)
- ☐ Hospital Patient (out)

See back for definitions.

Bill to:
- ☐ Insurance ☐ Patient/Self-Pay
- ☐ Medicare ☐ Medicaid ☐ Client Bill
- ☐ OP Molecular to MCR, all other testing to Client
- ☐ Bill charges to other Hospital/Facility: _____

Prior Authorization #_____ See neogenomics.com/billing for more info.

Clinical Information

Required: Please attach patient's pathology report (required), clinical history, and other applicable report(s).

ICD 10 (Diagnosis) Code/Narrative (Required): _____

Reason for Referral: _____

☐ New Diagnosis ☐ Relapse/Refractory ☐ Monitoring ☐ MRD

Bone Marrow Transplant
☐ None ☐ Autologous ☐ Allogeneic ☐ Sex Mismatch

Patient Information

Last Name: _____ ☐ **Male** ☐ **Female**

First Name: _____ **M.I.** _____ Medical Record #: _____

Date of Birth: mm_____ / dd _____ / yyyy _____ Other Pt ID/Acct #: _____

Client represents it has obtained informed consent from patient to perform the services described herein.

Specimen Information

☐ **Mobile Phlebotomy Request**
NeoGenomics will reach out to patient to schedule appointment - Patient Phone: _____

Specimen ID: _____ **Block ID:** _____

Fixative/Preservative: _____

Collection Date: mm _____ / dd _____ / yyyy _____ **Collection Time:** _____ ☐ AM ☐ PM

Retrieved Date: mm _____ / dd _____ / yyyy _____

Hospital Discharge Date: mm _____ / dd _____ / yyyy _____

Body Site: _____

☐ Primary ☐ Metastasis – If Metastasis, list Primary: _____

☐ Bone Marrow **[must provide CBC Report]:**
Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____

☐ Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____

☐ Smears: Air Dried _____ Fixed _____ Stained **(type of stain)** _____

☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____

☐ Paraffin Block(s) #: _____

☐ **Choose best block** (for global molecular/NGS testing only)
Submit ≤4 blocks. Blocks will be combined for molecular testing when necessary.
For all other testing, specify which block to use for each if sending multiple blocks. See back for details.

Specimen Retrieval

Client Services will request specimen from Pathology site.

Pathology Site: _____

Address: _____

Phone: _____ Fax: _____

Required Items
- ☐ Patient Demographics
- ☐ Copy of Insurance Card
- ☐ CBC Within Last 30 Days
- ☐ Pathology Report
- ☐ Clinical History
- ☐ Relevant Treatment History

Consultation

COMPASS® Comprehensive evaluation including morphology
- ☐ Blood and/or Bone Marrow
  - ☐ Paraffin block for Morphology to follow

Lymphoma Consult
- ☐ Lymph Node/Tissue for Lymphoma*

*Split fresh specimens to RPMI and formalin
- ☐ Paraffin block for Morphology to follow

A NeoGenomics pathologist will select medically necessary tests (with any exceptions noted or marked by the client) to provide comprehensive analysis and professional interpretation for the materials submitted.

Please attach CBC for Blood and Bone Marrow (required)

☐ Do not add NGS Profile without prior approval

Morphology

☐ Blood and/or Bone Marrow

NeoTYPE® and Neo Comprehensive® Cancer Profiles

- ☐ AITL/Peripheral T-Cell Lymphoma Profile
- ☐ ALL Profile
- ☐ AML Prognostic Profile
- ☐ CLL Profile
  - ☐ Add IgVH Mutation Analysis
- ☐ Neo Comprehensive – Heme Cancers
- ☐ Neo Comprehensive – Myeloid Disorders
- ☐ Follicular Lymphoma Profile (FFPE only)
- ☐ Lymphoid Disorders Profile
- ☐ Lymphoma Profile
- ☐ MDS/CMML Profile

Flow Cytometry

Please attach CBC with all flow requests on blood (required).

Diagnostic/Prognostic Panels
- ☐ Standard L/L Panel (24 Markers)
- ☐ Extended L/L Panel (31 Markers)
- ☐ High Sensitivity PNH

MRD Panels
- ☐ AML MRD Panel
- ☐ B-ALL MRD (Bone Marrow)
- ☐ B-ALL MRD (Peripheral Blood)
- ☐ CLL MRD
- ☐ Myeloma (MM) MRD

Cytogenetics

- ☐ Oncology Chromosome Analysis
  - ☐ Reflex to FISH if cytogenetics is normal (reflex FISH panel must be selected)
  - ☐ Reflex to FISH if cytogenetics is incomplete (<20 metaphases)
    - ☐ MDS Standard FISH
    - ☐ MDS Extended FISH
- ☐ Follow-up Constitutional Chromosome Analysis
  (only if recommended by Oncology Chromosome Analysis)
- ☐ Other _____

Molecular Genetics

- ☐ ABL1 Kinase Domain (Gleevec® resistance)
- ☐ B-Cell Gene Rearrangement
- ☐ BCR-ABL1 Standard p210, p190
- ☐ BCR-ABL1 Standard p210, p190 with **reflex to ABL1 Kinase Domain if positive**
- ☐ BCR-ABL1 Standard p210, p190 with **reflex to BCR-ABL1 Non-Standard p230 if negative**
- ☐ BCR-ABL1 Non-Standard p230
- ☐ BRAF
- ☐ BTK Inhibitor Acquired Resistance Panel
- ☐ Calreticulin (CALR) Mutation Analysis
- ☐ CEBPA Mutation Analysis
- ☐ CXCR4 Mutation Analysis
- ☐ FLT3 Mutation Analysis
- ☐ IDH1/IDH2 by PCR
- ☐ IgH Clonality by NGS
  • Baseline testing of original primary sample required
- ☐ IgVH Mutation Analysis
- ☐ inv(16) CBFB-MYH11
- ☐ JAK2 Exon 12-13
- ☐ JAK2 V617F - Qualitative
  - ☐ If negative, reflex to JAK2 Exon 12-13
  - ☐ If negative, reflex to CALR
  - ☐ If negative, reflex to MPL
- ☐ JAK2 V617F - Quantitative
- ☐ KIT (c-KIT)
- ☐ MPL Mutation Analysis
- ☐ MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-13, CALR, & MPL
- ☐ MYD88 Mutation Analysis
- ☐ NPM1 MRD Analysis
- ☐ NPM1 Mutation Analysis
- ☐ PML- RARA, t(15;17)
- ☐ Rapid AML Therapeutic Panel
- ☐ RUNX1-RUNX1T1 (AML1-ETO), t(8;21)
- ☐ T-Cell Receptor Gamma
- ☐ T-Cell Receptor Beta
- ☐ TP53 Mutation Analysis
- ☐ Other _____

HemeFISH®

- ☐ Anaplastic Large Cell Lymphoma (ALCL)
- ☐ ALL - Adult
- ☐ ALL - Pediatric
- ☐ ALL, Ph-Like
- ☐ AML Standard
  - ☐ Reflex to 5q-/-5, 7q/-7, DEK/NUP214 t(6;9), p53 (17p13.1)/NF1 (17q11) and NUP98 (11p15) if negative
- ☐ AML Non-Favorable Risk
- ☐ BCR/ABL1/ASS1 t(9;22)
- ☐ CLL
- ☐ Eosinophilia
- ☐ High-Grade/Large B-cell Lymphoma
  - ☐ Reflex to BCL6/MYC, IGK/MYC, IGL/MYC if MYC+ and IGH/MYC-
- ☐ High-Grade B-Cell Lymphoma Reflex
- ☐ Low-Grade/Small B-Cell Lymphoma
- ☐ MDS Extended
- ☐ MDS Standard
  - ☐ Reflex to ETV6 (12p13), MLL (11q23) and +19 if negative
- ☐ MPN
- ☐ NHL
- ☐ Plasma Cell Myeloma
  - ☐ Do not reflex to IgH Complex
- ☐ Plasma Cell Myeloma IgH Complex
- ☐ Plasma Cell Myeloma Prognostic Panel
- ☐ Other _____

Plasma Cell Enrichment will be performed on all bone marrow samples having plasma cell FISH tests.

For our complete test menu, please visit **neogenomics.com/test-menu**

Specimen Requirements

Refrigerate specimen if not shipping immediately and use cool pack during transport. Please call the Client Services team with any questions regarding specimen requirements or shipping instructions at 866.776.5907 option 3. Please refer to the website for specific details on each specimen.

Additional Billing Information

Any organization referring specimens for testing services pursuant to this Requisition Form ("Client") expressly agrees to the following terms and conditions.

1. **Binding Service Order.** This Requisition Form is a contractually binding order for the services ordered hereunder ("Services") and Client agrees that it is financially responsible for all tests billable to Client hereunder.

2. **Third Party Billing by NeoGenomics and Right to Bill Client.** Client agrees to accurately indicate on the front of the Requisition Form that either Client should be billed (e.g., Client receives reimbursement pursuant to a non-fee-for-service basis, including, but not limited to, a capitated, diagnostic related group ("DRG"), per diem, all-inclusive, or other such bundled or consolidated billing arrangement) or NeoGenomics should bill the applicable federal, state or commercial health insurer or other third party payer (collectively, "Payers") for all Services ordered pursuant to this Requisition Form. For all such Services billable to Payers, Client agrees to provide all billing information necessary for NeoGenomics to bill such payer. In the event NeoGenomics: (i) does not receive the billing information required for it to bill any Payers within ten days of the date that any Services are reported by NeoGenomics; (ii) the Services were performed for patients who have no Payer coverage arrangements; or (iii) the Payer identified by Client denies financial responsibility for the Services and indicates that Client is financially responsible, NeoGenomics shall have the right to bill such Services to Client.

Additional Specimen Information

If submitting multiple blocks, clients must indicate either "Choose best block (global molecular/NGS testing only)", or assign the selection of blocks to individual tests. If multiple blocks are sent without a selection, they will be held until clarification is provided. Please call the Client Services team with any questions regarding specimen information.

Definitions of Patient Status for Specimen Origin

Non-Hospital Patient: Patient is not registered at a hospital (neither an in-patient nor out-patient)
Hospital Patient (in): Patient is registered and admitted to a hospital overnight
Hospital Patient (out): Patient is registered and admitted to a hospital, then discharged before the end of the day

Test Descriptions

Please see complete test descriptions and all available tests at our website, www.neogenomics.com/test-menu.

Test Notations

Specimen Usage

NeoGenomics makes every effort to preserve and not exhaust tissue, but in small and thin specimens, there is a possibility of exhausting the specimen in order to ensure adequate material and reliable results.

FISH

Plasma cell myeloma FISH panels: Plasma cell enrichment will be performed on bone marrow samples having plasma cell FISH. Sample should be received at NeoGenomics Laboratories within 72 hours of collection.

CORP-MRKT-0024 Rev. 021925