New York State NGS Solid Tumor Pathology Requisition

Phone 866.776.5907 / Fax 239.690.4237
☐ *Include face sheet or insurance info.*
☐ *Include pathology report.*
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):

Billing Information

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

Patient Status (Must Choose 1): ☐ Hospital Patient (in) ☐ Hospital Patient (out) ☐ Non-Hospital Patient
Bill to: ☐ Client Bill ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient/Self-Pay
☐ Split Billing - Client (TC) and Insurance (PC) ☐ 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).

Date of Original Diagnosis: mm _____ / dd _____ / yyyy _____
Diagnosis: _____
☐ **ICD-10 (Diagnosis) Code/Narrative (Required):** _____
Reason for Referral: _____
☐ New Diagnosis ☐ Relapse ☐ In Remission ☐ Monitoring
Staging: ☐ 0 ☐ I ☐ II ☐ III ☐ IIIA ☐ IIIB ☐ IV Note: _____

Patient Information

Last Name: _____ ☐ **Male** ☐ **Female**
First Name: _____ **M.I.** _____ Other Pt ID/Acct #: _____
Date of Birth: mm _____ / dd _____ / yyyy _____ Medical Record #: _____
By completing this section, Client represents it has obtained informed consent from patient to perform the services described herein.

Specimen Information

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: _____
☐ Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____
☐ Fresh Tissue (Media Type required): _____
☐ Fluid: CSF _____ Pleural _____ Other _____
☐ FNA cell block: _____
☐ Smears: Air Dried _____ Fixed _____ Stained **(type of stain)** _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) #: _____
For molecular/NGS testing, if NeoGenomics retrieves multiple blocks, our pathologists will combine as necessary unless alternative instructions are provided below.

Predictive Marker Fixation (CAP/ASCO Requirement):
‡Indicated markers/profiles/panels require fixation information
Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown
Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
Fixation duration (hours): _____ ☐ 6-72 hours ☐ Unknown

Solid Tumor NGS Cancer Profiles‡

G - Global **TF** - Tech-Only FISH **TI** - Tech-Only IHC

Pan-Solid Tumor Comprehensive Genomic Profiling

Tissue-based, DNA and RNA NGS Profile with 517 genes + TMB/MSI

☐ PanTracer™ Pro (DNA/RNA NGS with cancer type-directed IHC and ancillary testing based on the patient's tumor type)**
☐ PanTracer™ Tissue
☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring‡ ☐ **G** ☐ **T**

**Provided diagnosis will determine additional, appropriate testing for the case. See NeoGenomics.com/pantracer-portfolio#pro for associated add-ons by cancer diagnosis

NeoTYPE® DNA & RNA Profiles

Integrated DNA and RNA NGS genomic profiling +TBM/MSI

☐ NeoTYPE® DNA & RNA - Brain
Perform PD-L1 LDT IHC‡ as ☐ **G** (default) ☐ **T**
☐ Add MGMT Promoter Methylation Analysis
☐ NeoTYPE® DNA & RNA - Lung
☐ Add PD-L1 22C3 FDA for NSCLC‡ ☐ **G** ☐ **T*****
☐ Reflex to EGFR Mutation Analysis by PCR if NGS is insufficient

PD-L1 will report separately.

Unknown or Uncertain Tumor Type

☐ **CancerTYPE ID®** for unknown/uncertain tumor type with **pathologist directed NGS**

Please see full test menu at NeoGenomics.com/test-menu

NeoTYPE® Cancer Profiles

☐ *Reflex to NTRK 1-3 FISH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal

G	TF	TI***	
☐		☐	N/A ☐ Brain (DNA & RNA)
			☐ Add MGMT Promoter Methylation Analysis
☐	☐	☐	Breast Tumor Profile*
☐	☐	☐	Cervical Tumor Profile*
☐	☐	☐	Cholangiocarcinoma Profile
☐	☐	☐	Colorectal Tumor Profile* ☐ Opt out of HER2 IHC
			• Reflex to HER2 (Other) w/Gastric Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+ ☐ Do Not Reflex 2+
☐	☐	☐	Endometrial Tumor Profile* ☐ Opt out of HER2 IHC
			• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+ ☐ Do Not Reflex 2+
☐	☐	☐	Esophageal Tumor Profile*
☐	☐	☐	Gastric Tumor Profile* ☐ Opt out of MMR IHC
☐	☐	☐	GI Predictive Profile* ☐ Opt-out of HER2 IHC
			• Perform HER2 IHC with reflex to FISH (if applicable) as: ☐ HER2 (Other) w/Gastric Scoring FISH (Default)
			• Reflex to HER2 (Other) w/Gastric Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+ ☐ Do Not Reflex 2+
			☐ HER2 Gastric/GEA
			• Reflex to HER2 Gastric/GEA (FISH) ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+ ☐ Do Not Reflex 2+
☐	☐	☐	GIST & Soft Tissue Tumor Profile
☐	☐	☐	Head & Neck Tumor Profile*
☐		☐	N/A ☐ HRR Profile
☐	☐	☐	Liver/Biliary Tumor Profile*

G	TF	TI***	
☐	☐	☐	Melanoma Profile*
☐	☐	☐	Other Solid Tumor Profile*
☐	☐	☐	Ovarian Tumor Profile* ☐ Opt out of HER2 IHC ☐ Opt out of FOLR1 IHC
			• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+ ☐ Do Not Reflex 2+
☐	☐	☐	Pancreas Tumor Profile* ☐ Opt out of HER2 IHC
			• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+ ☐ Do Not Reflex 2+
		☐	N/A ☐ Precision Profile*
☐	☐	☐	Thyroid Tumor Profile*

***Ordering Pathologist listed has received the required competency training to perform the professional interpretation for PD-L1. Please contact Client Services for Lung options.

RNA-Based NGS Fusion Panels

☐ NTRK NGS Fusion Panel (NTRK 1-3)
☐ NTRK & RET NGS Fusion Panel
☐ Sarcoma Comprehensive NGS Fusion Panel
☐ Targeted Solid Tumor NGS Fusion Panel
☐ Universal Solid Tumor NGS Fusion Panel

Other Testing

☐ BRCA1/2 Mutation Analysis for Tumors
☐ RAS/RAF Panel

G	T	
☐	☐	Other _____

Physician Signature and Consent

☐ My signature certifies that (1) I am the patient's treating physician and am authorized under applicable law to order the tests on this test requisition, (2) each test ordered on this test requisition is medically necessary for the patient, (3) the results of each test will inform the patient's ongoing treatment plan and will be used in the management of the patient's care, (4) I explained to the patient the nature and purpose of each test to be performed pursuant to this test requisition, including, but not limited to, the purpose, capabilities, limitations, benefits and risks of each test, and the patient has had the opportunity to ask questions regarding each test and the collection, use, and disclosure of his/her samples and data, (5) I obtained from the patient all consents and authorizations required by applicable state and federal laws for the performance and billing of the ordered tests, which I will maintain on file and provide to NeoGenomics upon request, and (6) my decision to order these tests is not conditioned on, and was not influenced by, any remuneration, incentive, or other pecuniary benefit offered or provided by NeoGenomics or any third party, whether directly or indirectly.

New York Retention Opt-In: If patient specimens were collected in New York, the undersigned certifies that he/she has informed the patient, and the patient has agreed in writing, that (1) NeoGenomics will retain the patient samples for at least 60 days after test results have been issued, and (2) if the patient does not want the leftover de-identified sample used (after the test results have been issued), the patient may send a request in writing to NeoGenomics within 60 days after test results have been issued to request that the samples be destroyed.

Physician Signature: _____ **Date:** _____

Specimen Requirements

Refrigerate specimen if not shipping immediately and use cool pack during transport. Please call Client Services team with any questions regarding specimen requirements or shipping instructions at 866.776.5907 option 1. 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.

Test Descriptions

For our complete test menu, turnaround times, specimen requirements, and more, please visit 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.

Additional Specimen Information

For molecular/NGS tissue testing, the following is requested: A single block for large resections where tumor is abundant, or up to 4 blocks from procedures with smaller specimens (e.g. Core biopsy, cell block). Only blocks from the same procedure and same tumor should be submitted together. Please call the Client Services team with any questions regarding specimen information

CancerTYPE ID® with reflex to pathologist directed NNGS cancer profile determined by the CancerTYPE ID result. CancerTYPE ID will be performed, reported, and billed separately by Biotheranostics, Inc. For comprehensive details about CancerTYPE ID including test description, intended use, and limitations, visit CancerTypeID.com.

PanTracer™ Pro, PanTracer™ Tissue, and NeoTYPE® DNA & RNA – Lung or Brain Profiles

If the sample is insufficient to produce either DNA or RNA results, the available results will be reported and alternate CPT® Codes may apply. Please see website for details.

Lung only: To choose a different PD-L1 for NeoTYPE DNA & RNA – Lung, complete the "Other" ordering field at the bottom of the requisition. PD-L1 tests will report separately from the NeoTYPE Profile.

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