Hematopathology 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):
Treating Oncologist/Physician Email†: _____
My signature certifies that I am the patient's physician and am authorized under applicable law to order the tests on this test requisition, as specified on **Page 2** of this form.
Authorized Signature: _____ **Date:** _____

Billing Information

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

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 section 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 (required information for Oncology Cytogenetics):
☐ 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

Required 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: _____
☐ Bone Marrow **[must provide CBC and Path Report]:**
Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____
☐ Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____
☐ Fresh Tissue (Media Type required): _____
☐ Fluid: CSF _____ Pleural _____ Other _____
☐ FNA cell block: _____
☐ Unstained Smears*: BM _____ PB _____ Air Dried _____
☐ Stained Smears*: BM _____ PB _____ Air Dried _____
☐ Touch Prep*: _____
☐ 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.
Instructions: _____
Single identifier verified; traceable to original container with two patient identifiers. (for FFPE slides only)
*All PB or BM smears and tubes must include two patient identifiers. See back for details.

Consultation

Compass® Comprehensive evaluation including morphology
☐ Blood and/or Bone Marrow
☐ Paraffin block for Morphology to follow
Compass® Select (Without morphology)
☐ Blood and/or Bone Marrow – Morphology performed by client
(Morphology report required. Please fax to avoid testing delays.)
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

Cytogenetics

☐ Oncology Chromosome Analysis
☐ Reflex to FISH if cytogenetics is normal (reflex FISH panel must be marked)
☐ Reflex to FISH if cytogenetics is incomplete (<20 metaphases)
☐ **G** ☐ **T** MDS Standard FISH
☐ **G** ☐ **T** MDS Extended FISH
☐ Follow-up Constitutional Chromosome Analysis (only if recommended by Oncology Chromosome Analysis)
☐ Other: _____
Specimen Hold Option: ☐ Culture and Hold (liquid samples & lymph nodes; n/a for solid tissues)

Flow Cytometry **Please attach CBC with all flow requests on blood or bone marrow (required).**

Follow-Up/Add-On panels are available in conjunction with, or after, a Main Panel result has been reported by NeoGenomics or client.

Diagnostic/Prognostic Panels
G T
☐ ☐ Standard L/L Panel (24 Markers)
☐ ☐ Extended L/L Panel (31 Markers)
☐ ☐ High Sensitivity PNH
☐ ☐ T&B Tissue Panel
☐ ☐ TRBC1/T-Cell Lymphoma Companion

G - Global **T** - Tech-Only

Add-On Tubes
G T
☐ ☐ AML
☐ ☐ B-ALL
☐ ☐ CLL/Mantle Cell Companion
☐ ☐ Erythroid-Mega
☐ ☐ Hairy Cell
☐ ☐ Mast Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL
☐ ☐ TRBC1/LGL

Follow-Up Panels
G T
☐ ☐ AML
N/A ☐ B-ALL
☐ ☐ Hairy Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL

MRD Panels
☐ N/A AML MRD Panel
☐ N/A B-ALL MRD Panel (BM)
☐ N/A B-ALL MRD Panel (PB)
☐ N/A CLL MRD Panel
☐ N/A Myeloma (MM) MRD Panel

Specimen Hold Option: ☐ Refrigerate and Hold

Tech-Only Opt Out Option: To avoid delay in patient care and as medically necessary for an individual patient, additional markers will be added by the flow lab when abnormal populations are detected. Please refer to NeoGenomics Flow Cytometry Guidelines for additional information on tech-only add-on medical necessity criteria.
Tech-only clients may instruct NeoGenomics to not follow this stated criteria by checking this box. ☐

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 Mutation Analysis
☐ CALR Mutation Analysis by NGS
☐ 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*
☐ JAK2 V617F Mutation Analysis by NGS (select one):
☐ If negative, reflex to JAK2 Extended (Exon 12-15 non-V617F)
☐ If negative, reflex to CALR
☐ If negative, reflex to MPL
☐ JAK2 V617F - Quantitative
☐ JAK2 Extended (Exon 12-15 non-V617F) Mutation Analysis by NGS
☐ MPL Mutation Analysis by NGS
☐ MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-15, CALR, and MPL
☐ MYD88 Mutation Analysis
☐ NPM1 Mutation Analysis
☐ NPM1 Quantitative Analysis
☐ PML- RARA, t(15;17)*
☐ Rapid AML Therapeutic Panel
☐ Molecular only
☐ T-Cell Receptor Gamma
☐ T-Cell Receptor Beta
☐ TP53 Mutation Analysis
☐ Other _____

*** Test is RNA-based** **Specimen Hold Options:** ☐ Extract & Hold - DNA ☐ Extract & Hold - RNA

FISH **G** - Global **T** - Tech-Only (Reflex options are available with Global cases only.)

HemeFISH® Panels
G T
☐ ☐ Anaplastic Large Cell Lymphoma (ALCL) (FFPE Only)
☐ ☐ 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

G T
☐ ☐ AML Favorable-Risk
☐ ☐ AML Non-Favorable Risk
☐ ☐ CLL
☐ ☐ Eosinophilia
☐ ☐ High-Grade/Large B-Cell Lymphoma
☐ Reflex to BCL6/MYC, IGK/MYC, IGL/MYC if MYC+ and IGH/MYC-

G T
☐ N/A 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 Panels - Plasma Cell Enrichment will be performed on all bone marrow samples having plasma cell FISH tests.
G T
☐ ☐ Plasma Cell Myeloma - ☐ Do not reflex to IgH Complex (applies to global only; tech-only will not reflex)
G T
☐ ☐ Plasma Cell Myeloma IgH Complex
☐ ☐ Plasma Cell Myeloma Prognostic Panel

Individual Probes
G T
☐ ☐ 1p36 Deletion
☐ ☐ ALK for Lymphoma
☐ ☐ BCL6/MYC t(3;8)
☐ ☐ BIRC3 (API2)/MALT1 t(11;18)
☐ ☐ BCR/ABL1/ASS1 t(9;22)
☐ ☐ CDKN2A (p16) Deletion for ALL
☐ ☐ DUSP22-IRF4 Rearrangement
☐ ☐ High-Grade B-Cell Lymphoma with 11q Aberration
☐ ☐ IgH/MAFB t(14;20)
☐ ☐ IGK/MYC t(2;8)
☐ ☐ IGL/MYC t(8;22)
☐ ☐ JAK2 (9p24.1)
☐ ☐ MYC/IgH/CEN8 t(8;14)
☐ ☐ NUP98
☐ ☐ TCL1 (14q32.1)
☐ ☐ TP63 Rearrangement
☐ ☐ PML/RARA t(15;17)
☐ ☐ Other _____

Specimen Hold Option: ☐ Direct Harvest and Hold ☐ Plasma Cell Enrichment and Hold

Next-Generation Sequencing Panels

G - Global **T** - with Tech-Only FISH

G T
☐ ☐ NeoTYPE ALL Profile
☐ N/A NeoTYPE AML Prognostic Profile
☐ N/A NeoTYPE AML Prognostic Profile **+FLT3 by PCR***
☐ ☐ NeoTYPE CLL Profile
☐ Add IgVH Mutation Analysis
☐ N/A NEO AML Express (client-bill only*)
☐ N/A Neo Comprehensive – Heme Cancers
☐ N/A Neo Comprehensive – Heme Cancers **+ FLT3 by PCR***
☐ N/A Neo Comprehensive – Myeloid Disorders
☐ N/A Neo Comprehensive – Myeloid Disorders **+ FLT3 by PCR***

G T
☐ ☐ NeoTYPE Follicular Lymphoma Profile
☐ N/A NeoTYPE Lymphoid Disorders Profile
☐ N/A NeoTYPE MDS/CMML Profile
☐ N/A NeoTYPE MDS/CMML Profile **+ FLT3 by PCR***

Specimen Hold Option: ☐ Extract & Hold - TNA (not available for NEO AML Express)
***Please see back page for detailed info on Intended Use and/or Billing for FLT3 by PCR and NEO AML Express**

FlexREPORT®

☐ FlexREPORT: Please add summary report option to this case.

Comments: _____

Signature Certification My signature certifies that (1) I am the patient's 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.

†*Client Information: In addition to being shared with the ordering physician who signs this Requisition Form, test results may be automatically shared with any treating oncologist/ physician identified on this Requisition Form who is different from the ordering physician*

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

For molecular/NGS tissue testing, the following is requested: A single block for large resections where specimen 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 specimen should be submitted together. Please call the Client Services team with any questions regarding specimen information.

All client-submitted peripheral blood (PB) or bone marrow (BM) smears and tubes must include two patient identifiers. In addition, when submitting hematology smears, the specimen source should be clearly indicated on the test requisition form and tubes and is highly recommended to be added to the smears.

Specimen Hold Option Descriptions

To preserve the integrity of samples and avoid unnecessary testing, NeoGenomics Laboratories offers the option of processing samples to maintain specimen integrity for extended periods, without a test order. Any hold order will result in billed charges to the ordering client if testing is not ordered/performed. Specimen Hold Options include:

FISH: Direct Harvest and Hold: FISH specimens will be minimally processed and directly harvested while the cells are still viable. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Plasma Cell Enrichment and Hold: Plasma cells will be isolated for bone marrow specimens. Sample should be received at NeoGenomics Laboratories within 72 hours of collection. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Cytogenetics: Culture Harvest and Hold: Cytogenetic specimens will be cultured and harvested while the cells are still viable. Analysis will not be performed until a client test order is received. These processed samples will be retained for 28 days.

Flow Cytometry: Refrigerate and Hold: Flow cytometry samples will be refrigerated and retained for 28 days, however, optimal stability is within 72 hours of collection.

Molecular Testing: Extract Nucleic Acid and Hold: Nucleic acid (DNA **or** RNA **or** TNA) will be isolated from viable cells and stored in a freezer. **Use this option when it is known which test(s) may be added.** Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

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.

FlexREPORT®

FlexREPORT can be ordered on any global or tech-only testing referred to NeoGenomics. This report template can be used to import data and images collected from testing performed outside of NeoGenomics, and incorporated into a one page summary report. Client logo and contact information will be in the header of the FlexREPORT.

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.

Cytogenetics

Culture Harvest and Hold Option: Cytogenetic specimens will be cultured and harvested while the cells are still viable. Analysis will not be performed until a client test order is received.

FLT3 Testing with NeoTYPE and Neo Comprehensive profiles

The FLT3 Mutation Analysis test is available as client-bill only when ordered with NeoTYPE and Neo Comprehensive. The Molecular case reports separately from the NeoTYPE or Neo Comprehensive Profile (which also includes FLT3 gene by NGS) for the purpose of prompt therapy selection in patients with a *new* diagnosis of AML.

NEO AML Express

The NEO AML Express test is available as Client-Bill only. Client is financially responsible for this test order.

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