

### 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)

By completing this section, 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

### 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

### NeoTYPE® and Neo Comprehensive® Cancer Profiles

- ALL Profile  Neo Comprehensive - Heme Cancers
- AML Prognostic Profile  Neo Comprehensive - Myeloid Disorders
- CLL Profile  Lymphoid Disorders Profile
- Add IgVH Mutation Analysis  MDS/CMML Profile

### Molecular Genetics

- ABL1 Kinase Domain  JAK2 V617F Mutation Analysis by NGS (Select one):
- B-Cell Gene Rearrangement  Reflex to JAK2 Extended (Exon 12-15 non-V617F)
- BCR-ABL1 Standard p210, p190  Reflex to CALR, if negative
- BRAF Mutation Analysis  Reflex to MPL, if negative
- CALR Mutation Analysis by NGS  JAK2 V617F - Quantitative
- FLT3 Mutation Analysis  MPL Mutation Analysis by NGS
- IDH1/IDH2 by PCR  MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-15, CALR, and MPL
- IgVH Mutation Analysis  MYD88 Mutation Analysis (Exon 12-15 non-V617F)
- JAK2 Extended (Exon 12-15 non-V617F) Mutation Analysis by NGS  PML-RARA, t(15;17)
- T-Cell Receptor Gamma
- T-Cell Receptor Beta
- Other \_\_\_\_\_

### 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
- MM MRD

### 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]:

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.

Comments: \_\_\_\_\_

### Specimen Retrieval

Client Services will request specimen from Pathology site.

Pathology Site: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Required Items

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

### 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: \_\_\_\_\_

### HemeFISH® Hematologic FISH Panels

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

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

### Morphology

- Blood and/or Bone Marrow

## 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. 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](http://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.

## 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