

# Solid Tumor Oncology Requisition Form Guide



Simplify your workflow with this easy-to-follow guide for completing the required fields on the NeoGenomics Solid Tumor Oncology Requisition Form.



# 1 Please attach the **Pathology Report, Insurance Information, Clinical Notes, and Relevant Test Results**

The most recent progress note, history and physical examination (H&P), and any other records supporting medical necessity for the testing may be required by the patient's insurance plan. In addition, supplementary test results may assist our pathologists in their assessment of the case. Scan and include these documents with your form submission. Utilizing online ordering will make this process easier.

Phone: 866.776.5907/Fax: 239.690.4237   Email: Client.Services@NeoGenomics.com   Order Online: NeoLink.NeoGenomics.com			
The following supplemental documentation is attached: <input type="checkbox"/> Pathology Report <input type="checkbox"/> Insurance Information <input type="checkbox"/> Clinical Notes <input type="checkbox"/> Relevant Test Results			
<i>Incomplete or missing data may result in delayed testing. Bold fields are required.</i>			

## 2 Client Information

**Account Number/Account Name:** If you do not know or do not have an account number, please call NeoGenomics Client Services at 866.776.5907, option 3.

**Client Address, Phone, and Fax:** Provide the address and contact information for the account on file.

**Req Completed By and Date:** Include this information to provide further insight into how the order was placed.

**Ordering Physician and Treating Oncologist/Physician:** Provide full legal names and NPI numbers.

CLIENT INFORMATION - Required Information	
Account Number	Account Name
Street Address	
City, State, Zip	
Phone#	Fax#
Req Completed By	Date / /
Ordering Physician	NPI#
Treating Oncologist/Physician	NPI#

## 3 Patient Information

**Patient Legal Name (First/MI/Last), Date of Birth, and Biological Sex:** Provide full legal names; these fields are required to avoid testing delays.

**Patient Address, Phone, or Email:** Include this information if mobile phlebotomy service for PanTracer™ LBx is requested.

**Medical Record Number:** If received, this information will be included in the Patient Test Report.

PATIENT INFORMATION	
First Name / Middle Initial / Last Name	
Date of Birth / /	Biological Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown
Street Address	
City, State, Zip	
Phone# either phone or email is required	<input type="checkbox"/> Mobile <input type="checkbox"/> Home
Email	
Medical Record #	Other Patient ID#

## 4 Billing Information

**Please include a face sheet and insurance card; NeoGenomics may contact you regarding orders if insurance information is not received.**

**Bill Type:** Please select one of the four options.

- Medicare: All charges billed to insurance except when payor follows CMS guidelines and patient status indicated as inpatient or outpatient
- Insurance/Medicaid: All charges billed to insurance except when payor follows CMS guidelines and patient status indicated as inpatient or outpatient
- Patient Self Pay: All charges are billed to the patient
- Hospital/Institution: If billing to a client not listed in the Client Information area above, please include the name of hospital/institution

**Patient Status at Time of Specimen Collection:** Select the patient status at time of specimen collection; if the patient was a hospital inpatient, include the date of discharge.

**Patient's Insurance Information:** Include all available information on the patient's insurance plan.

BILLING INFORMATION - Please include face sheet and front/back of insurance card			
Bill Type <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance/Medicaid <input type="checkbox"/> Patient Self Pay <input type="checkbox"/> Hospital/Institution If billing charges to other Hospital/Facility:			
Patient Status at Time of Specimen Collection <input type="checkbox"/> Office/Non-Hospital <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient, Date of Discharge / /			
Primary Insurance Plan		Policy Holder Name	
Subscriber ID	Group #	Prior Authorization #	
Policy Holder DOB / /	Patient Relationship to Policy Holder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Other:	

## 5 Current Diagnosis and Relevant Clinical History

Date of Original Diagnosis and **Diagnosis:** Providing diagnosis information that supports medical necessity assists with turnaround time by preventing follow-up from our Client Services, Billing, and Pathology teams.

**Disease Stage and Status:** Specify the current disease stage and status at the time of order.

**Primary ICD-10 Codes:** Include primary ICD-10 diagnosis code(s) – C & D codes only. ICD-10 codes can be found at [NeoGenomics.com/billing](http://NeoGenomics.com/billing)

CURRENT DIAGNOSIS AND RELEVANT CLINICAL HISTORY – Required Information	
Date of Original Diagnosis / /	<b>Diagnosis</b> <input type="checkbox"/> Breast <input type="checkbox"/> Colorectal <input type="checkbox"/> Gastric <input type="checkbox"/> Melanoma <input type="checkbox"/> Lung <input type="checkbox"/> Ovarian <input type="checkbox"/> Other:
<b>Stage</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> Unknown Note:	<b>Primary ICD-10 Codes (C and D codes only)</b>
<b>Status</b> <input type="checkbox"/> Initial Diagnosis <input type="checkbox"/> Progression <input type="checkbox"/> R/R (Relapsed/Refractory)	

## 6 Test Selection

Use this section to select the appropriate test. Options include comprehensive genomic profiling, liquid biopsy, focused panels, and optional reflex or IHC add-on testing.

**PanTracer Portfolio Tests:** Broad DNA/RNA sequencing of 500+ genes using tissue or liquid biopsy specimens.

- *PanTracer Pro* – DNA/RNA NGS of 517 genes from tissue samples, with cancer type-directed IHC and ancillary testing based on the patient’s tumor type. For more information about which tests are included, visit [NeoGenomics.com/pantracer-portfolio#pro](http://NeoGenomics.com/pantracer-portfolio#pro)
- *PanTracer LBx* – ctDNA NGS of 514 genes from liquid biopsy
- *PanTracer Tissue* – DNA/RNA NGS of 517 genes from tissue samples
- *PanTracer Tissue + HRD* – DNA/RNA NGS of 517 genes from tissue samples with HRD scoring for ovarian cancer patients
  - Add liquid biopsy as a reflex to PanTracer Pro, PanTracer Tissue, or PanTracer Tissue + HRD by checking the “Reflex” box
  - Add-on IHCs are available for PanTracer Tissue and PanTracer Tissue + HRD

**Focused Panels:** Disease-specific or indication-driven testing options relevant to select tumor types or diagnostic scenarios.

- NeoTYPE® DNA & RNA – Brain – DNA/RNA NGS and FISH testing of over 80 genes
- Sarcoma Comprehensive NGS Fusion Panel – RNA-based NGS testing of over 90 genes
- Early-stage NSCLC Panel – Analyzes relevant and actionable biomarkers through a combination of multi-modality methods: *EGFR* (PCR), *ALK* (FISH), *ROS1* (FISH), and PD-L1 22C3 (IHC)
- CancerTYPE ID® with pathologist-directed NGS testing – CancerTYPE ID is followed by tumor profiling for actionable biomarkers using a NeoGenomics NGS Profile most appropriate for the tumor type

If a test is not listed, please use the write-in “Other” field.

If you have any questions on test selection, please refer to the test menu at [NeoGenomics.com/test-menu](http://NeoGenomics.com/test-menu)

TEST SELECTION – Full test menu at NeoGenomics.com	
<input type="checkbox"/> <b>PanTracer® Pro:</b> (DNA/RNA NGS with cancer type directed IHC and ancillary testing based on the patient’s tumor type) <input type="checkbox"/> Include PanTracer LBx for reflex if tissue is insufficient for NGS	
<b>OR – Select individual tests:</b>	
PanTracer Comprehensive Genomic Profiling of 500+ genes by NGS	
<input type="checkbox"/> <b>PanTracer LBx</b> (Liquid biopsy) <input type="checkbox"/> PanTracer LBx - Extract and Hold	<b>Add-On Therapy Selection IHC testing with PanTracer Tissue</b> <input type="checkbox"/> PD-L1 22C3 <input type="checkbox"/> HER2 Gastric/GEA <input type="checkbox"/> ALK D5F3 (NSCLC) <input type="checkbox"/> HER2 Breast <input type="checkbox"/> c-MET CDx (NSCLC) <input type="checkbox"/> HER2 Other (Gastric Scoring) <sup>†</sup> <input type="checkbox"/> FOLR1 (Ovarian) <input type="checkbox"/> HER2 Other (Breast Scoring) <sup>†</sup> <input type="checkbox"/> Claudin18 (Gastric) <input type="checkbox"/> Mismatch Repair (MMR) Panel
<input type="checkbox"/> <b>PanTracer Tissue</b> (FFPE tumor profiling) <input type="checkbox"/> Reflex to PanTracer LBx if tissue is insufficient for NGS	
<input type="checkbox"/> <b>PanTracer Tissue + HRD</b> (FFPE tumor profiling for Ovarian) <input type="checkbox"/> Reflex to PanTracer LBx if tissue is insufficient for NGS	
<b>Focused Testing Panels: Additional options relevant to specific indications</b>	
<input type="checkbox"/> <b>NeoTYPE® DNA &amp; RNA - Brain</b> (DNA/RNA NGS and FISH) <input type="checkbox"/> PD-L1 LDT IHC <input type="checkbox"/> MGMT Promoter Methylation Analysis	<input type="checkbox"/> <b>Sarcoma Comprehensive NGS Fusion Panel</b> (RNA NGS) <input type="checkbox"/> <b>Early-Stage NSCLC Panel</b> (EGFR, ALK, ROS1, PD-L1 22C3) <input type="checkbox"/> <b>CancerTYPE ID</b> for unknown/uncertain tumor type with Pathologist-directed NGS testing
Other:	

## 7 Specimen Information

Provide information only for the specimen type that is being submitted.

*For tissue specimens*

**Hospital or Pathology Lab Name, Address, Phone, and Fax:**

Provide lab name and contact information if you would like NeoGenomics to obtain a tissue specimen on your behalf.

Specimen ID, Body Site of Biopsy, and Specimen Instructions: Include a **specimen ID** (if a specific specimen is requested), body site of biopsy, **collection date** and any specific instructions.

*For liquid specimens*

Select if requesting NeoGenomics mobile phlebotomy services or if you will be shipping the specimen to NeoGenomics. If requesting mobile phlebotomy services, patient email address or phone number are required in the patient information area at the top of the form.

TISSUE SPECIMEN RETRIEVAL INFORMATION			
Hospital / Pathology Lab Name		Physician is requesting a specific specimen	Specimen ID:
Address, City, State, Zip		Phone#	Fax#
Body site of biopsy	Collection Date: / /	<input type="checkbox"/> Primary	<input type="checkbox"/> Metastatic <input type="checkbox"/> Unknown
For molecular/NGS testing, if NeoGenomics retrieves multiple blocks, our pathologists will combine as necessary unless alternative instructions are provided below.			
BLOOD SPECIMEN INFORMATION - The patient's phone number or email address is required for mobile phlebotomy			
<input type="checkbox"/> Mobile Phlebotomy Request	OR	<input type="checkbox"/> Shipping Specimen	Specimen ID: _____ Collection Date: / /
Special Specimen Instructions			

## 8 Test Authorization and Physician Signature

**Ordering Physician Signature, Printed Name, and Date:** These fields are required for an order to be processed by NeoGenomics. This signature and consent supports that the testing is medically necessary for the patient's condition, which aids claim payment for both clients and NeoGenomics.

PHYSICIAN SIGNATURE and CONSENT - Required Information		
Ordering Physician Signature	Printed Name	Date / /
<p><small>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.</small></p> <p><small>Neo PanTracer LbX Liquid Biopsy Certification: If ordering Neo PanTracer LbX, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for the Neo PanTracer LbX Liquid Biopsy test listed on the back of this form.</small></p> <p><small>*Provided diagnosis will determine additional, appropriate testing for the case. See <a href="http://NeoGenomics.com/pantracer-portfolio#pro">NeoGenomics.com/pantracer-portfolio#pro</a> for associated add-ons by cancer diagnosis</small></p>		

## Ways to order



### EHR integration

We integrate directly with your laboratory and with several electronic health record (EHR) systems for an easy ordering process, so you can focus on care. Contact your Sales Representative to set up EHR ordering today.



### Online ordering

We are pleased to offer a streamlined ordering platform that provides all the resources you need to order the right test, for the right patient, at the right time.



### Test requisition forms (TRFs)

If your office prefers the paper and fax ordering route, we have a library of TRFs available to download and print.

While every field on the form provides valuable information and helps clarify the test order, completing the **bold fields** is required and essential to avoid delays in testing.

For NeoGenomics use only		<b>Solid Tumor Oncology Requisition Form</b>		
Phone: 866.776.5907/Fax: 239.690.4237   Email: Client.Services@NeoGenomics.com   Order Online: NeoLink.NeoGenomics.com				
The following supplemental documentation is attached: <input type="checkbox"/> Pathology Report <input type="checkbox"/> Insurance Information <input type="checkbox"/> Clinical Notes <input type="checkbox"/> Relevant Test Results <i>Incomplete or missing data may result in delayed testing. <b>Bold fields are required.</b></i>				
<b>CLIENT INFORMATION – Required Information</b>			<b>PATIENT INFORMATION</b>	
<b>Account Number</b> <b>Account Name</b>			<b>First Name / Middle Initial / Last Name</b>	
<b>Street Address</b>			<b>Date of Birth</b> <b>Biological Sex</b> / / <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	
<b>City, State, Zip</b>			Street Address	
<b>Phone#</b> <b>Fax#</b>			City, State, Zip	
<b>Req Completed By</b> <b>Date</b> / /			<b>Phone#</b> <i>either phone or email is required</i> <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
<b>Ordering Physician</b>		<b>NPI#</b>	<b>Email</b>	
<b>Treating Oncologist/Physician</b>		<b>NPI#</b>	Medical Record #      Other Patient ID#	
<b>BILLING INFORMATION – Please include face sheet and front/back of insurance card</b>				
<b>Bill Type</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance/Medicaid <input type="checkbox"/> Patient Self Pay <input type="checkbox"/> Hospital/Institution   If billing charges to other Hospital/Facility:				
<b>Patient Status at Time of Specimen Collection</b> <input type="checkbox"/> Office/Non-Hospital <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient, Date of Discharge   / /				
Primary Insurance Plan		Policy Holder Name		
Subscriber ID	Group #	Prior Authorization #		
Policy Holder DOB   / /	Patient Relationship to Policy Holder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child   Other:			
<b>CURRENT DIAGNOSIS AND RELEVANT CLINICAL HISTORY – Required Information</b>				
Date of Original Diagnosis   / /		<b>Diagnosis</b> <input type="checkbox"/> Breast <input type="checkbox"/> Colorectal <input type="checkbox"/> Gastric <input type="checkbox"/> Melanoma <input type="checkbox"/> Lung <input type="checkbox"/> Ovarian   Other:		
<b>Stage</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> Unknown   Note:		<b>Primary ICD-10 Codes (C and D codes only)</b>		
<b>Status</b> <input type="checkbox"/> Initial Diagnosis <input type="checkbox"/> Progression <input type="checkbox"/> R/R (Relapsed/Refractory)				
<b>TEST SELECTION – Full test menu at NeoGenomics.com</b>				
<input type="checkbox"/> PanTracer™ Pro: (DNA/RNA NGS with cancer type directed IHC and ancillary testing based on the patient's tumor type) <input type="checkbox"/> Include PanTracer LBx for reflex if tissue is insufficient for NGS				
<b>OR – Select individual tests:</b> PanTracer Comprehensive Genomic Profiling of 500+ genes by NGS				
<input type="checkbox"/> PanTracer LBx (Liquid biopsy) <input type="checkbox"/> PanTracer LBx - Extract and Hold		Add-On Therapy Selection IHC testing with PanTracer Tissue		
<input type="checkbox"/> PanTracer Tissue (FFPE tumor profiling) <input type="checkbox"/> Reflex to PanTracer LBx if tissue is insufficient for NGS		<input type="checkbox"/> PD-L1 22C3 <input type="checkbox"/> HER2 Gastric/GEA		
<input type="checkbox"/> PanTracer Tissue + HRD (FFPE tumor profiling for Ovarian) <input type="checkbox"/> Reflex to PanTracer LBx if tissue is insufficient for NGS		<input type="checkbox"/> ALK D5F3 (NSCLC) <input type="checkbox"/> HER2 Breast		
		<input type="checkbox"/> c-MET CDx (NSCLC) <input type="checkbox"/> HER2 Other (Gastric Scoring) <sup>†</sup>		
		<input type="checkbox"/> FOLR1 (Ovarian) <input type="checkbox"/> HER2 Other (Breast Scoring) <sup>†</sup>		
		<input type="checkbox"/> Claudin18 (Gastric) <input type="checkbox"/> Mismatch Repair (MMR) Panel		
<b>Focused Testing Panels: Additional options relevant to specific indications</b>				
<input type="checkbox"/> NeoTYPE™ DNA & RNA - Brain (DNA/RNA NGS and FISH) <input type="checkbox"/> PD-L1 LDT IHC		<input type="checkbox"/> Sarcoma Comprehensive NGS Fusion Panel (RNA NGS)		
<input type="checkbox"/> MGMT Promoter Methylation Analysis		<input type="checkbox"/> Early-Stage NSCLC Panel (EGFR, ALK, ROS1, PD-L1 22C3)		
		<input type="checkbox"/> CancerTYPE ID for unknown/uncertain tumor type with Pathologist-directed NGS testing		
Other:				
<b>TISSUE SPECIMEN RETRIEVAL INFORMATION</b>				
<b>Hospital / Pathology Lab Name</b>		Physician is requesting a specific specimen		Specimen ID:
Address, City, State, Zip		<b>Phone#</b>		<b>Fax#</b>
Body site of biopsy		<b>Collection Date:</b> / / <input type="checkbox"/> Primary <input type="checkbox"/> Metastatic <input type="checkbox"/> Unknown		
For molecular/NGS testing, if NeoGenomics retrieves multiple blocks, our pathologists will combine as necessary unless alternative instructions are provided below.				
<b>BLOOD SPECIMEN INFORMATION – The patient's phone number or email address is required for mobile phlebotomy</b>				
<input type="checkbox"/> Mobile Phlebotomy Request   OR <input type="checkbox"/> Shipping Specimen		Specimen ID: <b>Collection Date:</b> / /		
Special Specimen Instructions				
<b>PHYSICIAN SIGNATURE and CONSENT – Required Information</b>				
<b>Ordering Physician Signature</b>		<b>Printed Name</b>		<b>Date</b> / /
<p>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.</p> <p>Neo PanTracer LBx Liquid Biopsy Certification: If ordering Neo PanTracer LBx, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for the Neo PanTracer LBx Liquid Biopsy test listed on the back of this form.</p> <p><i>*Provided diagnosis will determine additional, appropriate testing for the case. See NeoGenomics.com/pantracer-portfolio#pro for associated add-ons by cancer diagnosis</i></p>				



If you have questions on how to order a NeoGenomics test, please contact our Client Services team at **[Client.Services@NeoGenomics.com](mailto:Client.Services@NeoGenomics.com)** or call **866.776.5907, option 3.**

CMS = Centers for Medicare & Medicaid Services; ctDNA = circulating tumor DNA; FISH = fluorescence in situ hybridization; HRD = homologous recombination deficiency; IHC = immunohistochemistry; LDT = Laboratory Developed Test; NGS = next-generation sequencing; NSCLC = non-small cell lung cancer; PCR = polymerase chain reaction.

NeoGenomics, Inc. is a premier cancer diagnostics company specializing in cancer genetics testing and oncology data solutions. We offer one of the most comprehensive oncology-focused testing menus across the cancer continuum, serving oncologists, pathologists, hospital systems, academic centers, and pharmaceutical firms with innovative diagnostic and predictive testing to help them diagnose and treat cancer. Headquartered in Fort Myers, FL, NeoGenomics operates a network of CAP-accredited and CLIA-certified laboratories for full-service sample processing and analysis services throughout the US and a CAP-accredited full-service, sample-processing laboratory in Cambridge, England, United Kingdom. ©2026 NeoGenomics Laboratories, Inc. All rights reserved.



9490 NeoGenomics Way  
Fort Myers, FL 33912

Phn: 866.776.5907  
Fax: 239.690.4237

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