



# Service Guide

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# About NeoGenomics

## Who we are

NeoGenomics is a leading provider of cancer-focused genetic testing services in the United States, providing excellence in diagnostic, prognostic, and predictive testing. Our state-of-the-art facilities are located across the U.S., including our corporate headquarters in Fort Myers, Florida. NeoGenomics offers our expertise in the following technologies: Fluorescence In Situ Hybridization, Flow Cytometry, Molecular Genetics, Cytogenetics, Pathology, and Immunohistochemistry.

## Our mission

We save lives by improving patient care.

## Our vision

We are becoming the world's leading cancer testing, information, and decision support company by providing uncompromising quality, exceptional service, and innovative solutions.

## Our values

- Quality
- Integrity
- Accountability
- Teamwork
- Innovation

## Our quality program

NeoGenomics Laboratories strives to consistently meet or exceed customer satisfaction and service requirements by continually improving its processes for the benefit of the cancer patient. That is, we save lives by improving patient care. While quality is the shared responsibility of all employees, the Quality department supports the organization by implementing and monitoring the Quality Management System (QMS). The Quality team is responsible for maintaining and communicating metrics, including Voice of the Customer (VOC), managing document control, proficiency testing, and nonconforming event processes. Quality works extensively with the business to identify and implement process improvements and performs internal audits to verify that processes meet requirements.

# Annual Notice to Clients

At NeoGenomics Laboratories, Inc. (“NeoGenomics”), we are committed to full compliance with all applicable federal and state laws and regulations, third party payer requirements, and industry best practices. To that end, and consistent with recommendations of the Office of the Inspector General (“OIG”) for the U.S. Department of Health and Human Services Compliance Program Guidance for Clinical Laboratories, the purpose of this annual letter is to inform you about certain important laboratory practices and the regulations governing them.

## Medical Director Clinical Support

At NeoGenomics Laboratories, Inc. (“NeoGenomics”), we are committed to full compliance with all applicable federal and state laws and regulations, third party payer requirements, and industry best practices. To that end, and consistent with recommendations of the Office of the Inspector General (“OIG”) for the U.S. Department of Health and Human Services Compliance Program Guidance for Clinical Laboratories, the purpose of this annual letter is to inform you about certain important laboratory practices and the regulations governing them.

- **Arizona (Phoenix) Medical Director:** Viera Nelson, M.D. – 949.445.7300, ext. 5707
- **California (Aliso Viejo) Medical Director:** Vladislav Chizhevsky, M.D. – 949.445.7300, ext. 3289
- **California (Aliso Viejo 3) Medical Director:** Maya Thangavelu, Ph.D. – 949.445.7300, ext. 2620
- **California (Fresno) Medical Director:** Maya Thangavelu, Ph.D. – 949.445.7300, ext. 2620
- **California (Carlsbad) Medical Director:** Yin Xu, M.D. Ph.D. – 949.445.7300, ext. 5142
- **California (La Jolla): Medical Director:** Thanh Ho, M.D. – 949.445.7300, ext. 5046
- **Florida (Fort Myers) Medical Director:** Anahit Nowrouzi, M.D. – 239.258.2528
- **Florida (Tampa/Temple Terrace) Lab Director:** John McGill, Ph.D. – 239.768.0600, ext. 2311
- **Georgia (Atlanta) Medical Director:** Yin Xu, M.D. Ph.D. – 949.445-7300, ext. 5142
- **Tennessee (Nashville) Medical Director:** Christopher Mixon, M.D. – 615.574.6090
- **Texas (Houston) Medical Director:** Tricia Peters, M.D. – 713.528.4363, ext. 6424
- **Billing:** 866.776.5907, ext. 2
- **Client Services:** 866.776.5907, ext. 3

# Annual Notice to Clients

## Medical Necessity

Consistent with coverage requirements issued by the Centers for Medicare and Medicaid Services (“CMS”), we require a completed laboratory test requisition form with each specimen submitted to us for testing that includes a diagnosis from the licensed ordering physician supporting medical necessity before we can perform a laboratory test. CMS also requires a signed physician order be maintained in the patient record for each test ordered or the signature of the ordering physician/pathologist on the test requisition form attesting to the medical necessity of each test, or panel of tests ordered. While NeoGenomics does not accept standing orders or custom profiles, our requisitions have been designed in a manner to allow clients the ability to order the combination of testing that is medically necessary for each patient’s specific diagnosis or condition. When ordering panels of testing, clients should ensure that all components of the panel are medically necessary for the specific patient’s diagnosis and if not, individual tests or a less inclusive panel that do meet medical necessity should be ordered. Components of all panels can be found on the [NeoGenomics](#) website. **It is important to note that the OIG takes the position that physicians and other authorized individuals who order medically unnecessary tests or who knowingly causes a false claim to be submitted to any federally funded program may be subject to sanctions or remedies available under civil, criminal and administrative law**

CMS has also developed specific National Coverage Determinations (“NCDs”) for certain laboratory tests, which can be accessed on the [CMS website](#). Further, CMS’ Medicare Access Contractors (“MACs”) and fiscal intermediaries have published Local Coverage Determinations (“LCD”) for certain laboratory tests that are specific to a patient’s geographic location or jurisdiction. Laboratory tests that do not meet applicable NCD or LCD coverage requirements are considered “non-covered tests” and, depending on the circumstances, the patient may be financially responsible. However, in order for the laboratory to bill the patient, Medicare (and other payers) may in certain instances require that a patient sign an [Advance Beneficiary Notice \(“ABN”\)](#) informing them of the non-covered status of a test prior to the test being performed. Since we do not interact directly with patients, **it is the responsibility of the ordering physician to be familiar with applicable NCD and LCD coverage rules, including ABN requirements, to ensure that informed medical necessity determinations, which take into consideration a patient’s financial ability, are made for each patient and are supported by a signed order in the patient’s medical record.**

## Requisition Requirements

Each test requisition form must contain complete patient demographic information including the patient’s full legal name, date of birth (“DOB”), gender, hospital status (inpatient/outpatient/nonpatient), and insurance information, if applicable. If there are two insurances (e.g., Medicare and a secondary payer), all insurance information is required for both payers. For all test requisition forms that indicate that we should bill a third-party payer, do also include a copy of the patient’s insurance card with each requisition form. Please note that if any required information is missing on a test requisition form, it will likely impact turnaround time for the test results while we gather the missing information.

# Annual Notice to Clients

## Reflex Tests

NeoGenomics offers medically necessary reflex testing to facilitate effective and efficient patient care while remaining compliant with state and federal regulations governing the ordering of laboratory tests. A reflexed test is any test that automatically results in the order of one or more secondary tests based on preset criteria applied to the initial test. The secondary tests are almost always an additional charge above the initial test. When ordering a reflexed test, clients are given the ability, on the requisition, to opt-out of the secondary tests when they are not medically necessary for the specific patient and for the specific situation in which the order is placed. Certain reflex testing has been predetermined based on specific criteria accepted as standard-of-care by the medical community. These tests will always reflex because the initial test result is not useful without the reflex test result.

## Specimen Requirements

Clients are responsible for submitting specimens which are properly labeled and have two patient identifiers in addition to meeting the submission requirements for all testing requested. For your convenience, a listing of all [specimen requirements](#) may be found on our website. **Please do not send any specimens with biopsy needles, syringes, blades, or any other foreign objects in the tubes. We are unable to extract tissue from these tubes, which will result in disposal of the foreign objects which can leave less specimen for processing, and can delay turnaround time.** If you send two blocks for us to choose from, but do not indicate "select best" on the test requisition form, both blocks will be processed. In such case, you may be charged for duplicate processing and testing if the specimen is being submitted as a client-bill specimen. For TC testing, the client must indicate which block should be used for testing in order to avoid turnaround delays.

## Infectious Disease Testing

NeoGenomics cannot accept Category A infectious substances as defined by IATA (Dangerous Goods Regulations), which include, but not limited to, specimens that may harbor variant Creutzfeldt-Jakob disease (CJD - Mad Cow Disease), variant Creutzfeldt-Jakob disease, or tissue cultures of Mycobacterium Tuberculosis. FFPE, fresh blood or bone marrow specimens, and body fluids are acceptable from patients with tuberculosis. We will attempt to find another qualified testing lab that can pick up and process any infected specimens sent in error. Specimens from other patients received in the same package will be considered potentially contaminated and handled in the same way, regardless of origination. If no options are available, specimens will be disposed as biohazardous waste after client notification. Please refer to [IATA Dangerous Goods Regulations](#) for a complete list of Category A Infectious Specimens.

# Annual Notice to Clients

## Medicare Reimbursement Fee Schedules

Medicare reimburses laboratory testing services through either the Physician Fee Schedule or the Clinical Lab Fee Schedule, depending on the type of test. If you would like a copy of either of these fee schedules, please refer to the Medicare Fee-for-Service Payment section of CMS's website. Medicaid reimbursement is generally equal to or less than the amount of Medicare reimbursement.

## Client Billing

Unless a client indicates that it should be billed on the test requisition form or otherwise has a contract with NeoGenomics providing for a 100% client bill arrangement, we will, whenever possible and permitted by law, directly bill and collect from all insurers. One notable exception to this policy is that we must bill hospital clients for certain technical component services for Medicare or payers following Medicare guidelines on in-patients and some out-patients. Additionally, NeoGenomics is required to bill Medicare for certain molecular tests ordered for hospital outpatients. You can find detailed information about these topics on our [Client Billing](#) website.

## Patient Billing

Clients are advised that patients will receive invoices from NeoGenomics in certain situations. Although, we are an "in-network" or contracted laboratory services provider with over 225 national and regional third party payers, there are certain plans with which we do not have a contract ("out-of-network"). If we are an out-of-network laboratory with a payer and the payer makes payment directly to a patient for the lab services we perform, we must invoice the patient for such services to obtain payment. In addition, in situations in which we are an in-network provider with a patient's insurance company or government payer such as Medicare, we are contractually obligated to invoice patients for any co-payment, co-insurance or deductible that a payer determines is the patient's responsibility. Some payers for which we are an in-network laboratory may also deny payment for certain tests that we offer including, but not limited to, some of our newer and more expensive molecular profile panels, because they have not yet established reimbursement for such services or have otherwise determined that they are "non-covered services". If after adjudication the patient's insurance plan dictates so, we are legally required to make good faith efforts to collect on any amounts due directly from the patients. Although we may offer discounts and/or payment plans to patients in accordance with applicable law, many patients are concerned about the expense of such tests. As stated previously, it is the responsibility of the treating physician to inform each patient of any tests that may not be covered by their insurance and, for Medicare patients, to ask that they sign an ABN in limited circumstances as warranted. This allows each patient to make informed decisions on their care with full knowledge of the financial responsibility they may incur. You can find more information on our [Patient Billing](#) website.

# Annual Notice to Clients

## California Consumer Protection Act

In an effort to provide our clients important information about other therapeutic options for their patients, physician contact information provided with test orders may be shared with third parties, including companies that sponsor clinical trials, and these companies may contact the physician directly in connection with clinical trials that they sponsor. NeoGenomics may also sell the physician's identifiable contact information to companies that sponsor clinical trials, and physicians who are California residents have the right to opt out of such sale, under the California Consumer Protection Act, at any time by visiting our [website](#).

Thank you for your attention in these important matters of mutual concern. To the extent you have questions, please feel free to contact our Compliance & Ethics Department at 239-768-0600 or [compliance@neogenomics.com](mailto:compliance@neogenomics.com).



# Licensing and Regulatory

NeoGenomics is licensed under the Clinical Laboratory Improvement Amendment of 1988 (“CLIA”) and is authorized to provide diagnostic laboratory services in the states of Florida, California, New York, Rhode Island, Pennsylvania and Maryland. In addition, NeoGenomics is both a Medicare and Medicaid provider.

For any compliance or licensing issues please do not hesitate to contact NeoGenomics at 866.776.5907.

To view all licenses please visit our website at: [neogenomics.com/company/regulatory-and-licensing](https://neogenomics.com/company/regulatory-and-licensing)

## Client Services

At NeoGenomics, we care deeply about our clients’ patients. This is why we provide every client with a dedicated Client Services Advocate. In order to provide the highest level of customer service, Client Service Advocates are trained to answer questions regarding test information, specimen requirements, turnaround times, test add-on, and patient results. Client Services Advocates may also direct calls immediately to a technical or medical expert as necessary or requested. Clients may contact the lab directly at the contact information listed below.

- 24/7 provider resource for inquiries on all Neo products and services related questions, and to assist getting providers the support they need from our expert medical and technical staff.
- The Client Services team is structured to provide personalized care to each client account.
- Our team is structured so that each advocate has their own list of accounts that they handle cases on remediation for daily.
- To help expedite the testing results, CS contacts clients within hours of specimen receipt to capture missing information or order clarification.
- Additionally, each advocate is placed in a “regional pod” with other advocates supporting clients in the same geographic region of the country. In most cases these advocates sit next to each other and coordinate their activities to support each other’s client lists as needed.

### Solid Tissue Acquisition

- CS works to obtain patient biopsies for solid tissue testing when it is being held by a 3rd Party.

### Medical Records

- CS coordinates all medical records requests following patient privacy regulations.

### Outreach Support

- Outreach specialists provide communication to sales and clients on solid tumor tissue testing QNS/TNP to explore additional steps needed to get a patient a timely result.

# Client Services

<b>Client Services</b>	NeoGenomics
<b>Telephone:</b>	866.776.5907, option 3
<b>Fax:</b>	239.690.4237
<b>Email:</b>	<a href="mailto:Client.Services@neogenomics.com">Client.Services@neogenomics.com</a>
<b>Hours of Operation:</b>	Monday – Friday: 7:00 a.m. – 9:00 p.m. Eastern Saturday: 7:00 a.m. – 7:30 p.m. Eastern
<b>After Hours:</b>	After normal business hours, 7 days per week
<b>Specimen Pick-Up and Couriers</b>	NeoGenomics
<b>Telephone:</b>	866.776.5907, option 1
<b>Hours of Operation:</b>	24 hours per day, 7 days per week
<b>Client Billing Services</b>	NeoGenomics
<b>Telephone:</b>	888.690.0043
<b>Hours of Operation:</b>	Monday – Friday 8:00 a.m. – 7:00 p.m. Eastern
<b>Fax:</b>	888.443.4153
<b>Email:</b>	<a href="mailto:avclientbilling@neogenomics.com">avclientbilling@neogenomics.com</a>
<b>Patient Billing Services</b>	NeoGenomics
<b>Telephone:</b>	866.776.5907, option 2
<b>Fax:</b>	239.690.4236
<b>Email:</b>	<a href="mailto:billingpatient@neogenomics.com">billingpatient@neogenomics.com</a>

# Laboratory Locations

## Fort Myers, Florida

9490 NeoGenomics Way  
Fort Myers, FL 33912  
Telephone: 239.768.0600  
Fax: 239.690.4237

## Carlsbad, California

2173 Salk Ave.  
Suite 300  
Carlsbad, CA 92008  
Phone: 800.755.1605  
Fax: 888.755.1604

## Nashville, Tennessee

618 Grassmere Park Drive, Unit 20  
Nashville, TN 37211  
Phone: 615.574.6090  
Fax: 615.574.6094

## Chicago, Illinois

18660 Graphics Dr., Suite 201  
Tinley Park, IL 60477

## Tampa, Florida

13005 N. Telecom Parkway, Suite 104  
Temple Terrace, FL 33637  
Phone: 239.768.0600

## San Diego, California

4570 Executive Dr., 2nd Floor  
San Diego, CA 92121  
Phone: 800.755.1605

## Houston, Texas

7256 S. Sam Houston Pkwy W., Suite 300  
Houston, TX 77085  
Phone: 239.768.0600

## RTP

8 Davis Drive, Suite 120  
Durham, NC 27709

## Aliso Viejo, California

31 Columbia  
Aliso Viejo, CA 92618  
Phone: 239.768.0600

## Fresno, California

5 E River Park Place, Suite 102  
Fresno, CA 93720

## Atlanta, Georgia

29 Upper Riverdale Road, Suite 140  
Riverdale, GA 30274  
Phone: 239.768.0600

## Cambridge, UK

Babraham Research Campus, Babraham  
Cambridge, CB22 3FH UK

# NeoLINK®

NeoLINK®, our web-based Laboratory Information System, offers the convenience, efficiency, and the flexibility to order testing and access results any time through a secure internet connection. Our system is designed to decrease paperwork while facilitating workflow by providing digital means of on-demand access to test menus, results, and testing progress. NeoLINK has been developed in collaboration with medical specialists to provide convenient, easy-to-use features.

## Features and Benefits

### Test ordering

- Online ordering capabilities are quick and efficient
- Add-on testing availability at your fingertips
- Real time tracking of specimen workflow and results
- Worklist management
- Powerful data mining/searching capabilities

### Access to same-patient historical reports

- Online test menu access
- 24/7 access via secure internet connection
- Email notification when cases are ready for review

### Tech-only features

- Client logo on tech-only report templates
- Custom electronic signatures
- Report customization with optional features case by case
- Customized macros created and stored within NeoLINK by individual or group
- On-demand re-gating for flow cytometry
- Flexible FISH image viewing filtered by color or combined

### Collaboration

- Simultaneous user access from multiple locations
- Add clinical notes for review and discussion within a group practice
- Help Desk assistance
- System training available

## NeoLINK, HL7®, and NeoGenomics

Health Level Seven (HL7) provides a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services.

At NeoGenomics Laboratories, we possess the ability to receive and send HL7 messages to support your order and result workflows. This allows for you to automate ordering workflows from your Electronic Health Record system or Laboratory Information System to NeoGenomics as well as automating result workflows from NeoGenomics back to your Electronic Health Record system or Laboratory Information System. NeoGenomics offers electronic ordering and resulting in a variety of message formats or file formats such as HL7 2.X, HL7 FHIR, JSON, XML, CSV, or just providing a PDF report to a secure shared drive. These data formats can be transacted through a myriad of connectivity options that suit your needs. We are able to support, but are not limited to, the following secure connection methods: SFTP, site-to-site VPN tunnels, and HTTPS.

*For more information on NeoLINK please contact your local Territory Business Manager.*

# NeoUniversity<sup>®</sup>

Accelerate your professional development with our on-demand learning portal. Acquire new skills and understanding of oncology-focused test methodologies through pre-recorded lectures, preparation for professional component case sign-out, and training assessment exams.

## Learn more about:

- Cytogenetics
- FISH (interpretation)
- Flow Cytometry (regating & 10-color)
- Digital Image Analysis with IHC
- Molecular Diagnostics

## On-demand Training

Our On-Demand Training provides self-paced learning modules to help you and your organization stay up-to-date with the latest advancements in pathology and oncology laboratory diagnostics. View courses on service demonstrations, FISH signal interpretive training, new assays and technologies, and complete Training Assessments to test your knowledge. Certificates of training completion PDF files are automatically emailed after assessments are successfully completed. NeoUniversity now has improved functionality for searching and selecting content, navigating on mobile devices, and tracking completed coursework.

## On-site Training

For those who prefer in-person instruction, NeoUniversity On-Site will be the right choice. A member of our Medical Staff will join you at your location for FISH and flow cytometry technical training. NeoUniversity gives you the opportunity to train and collaborate with NeoGenomics Medical Staff and your peers in an educational environment. This on-site program occurs multiple times throughout the year and is appropriate for physicians who are interested in providing professional component services for FISH and flow cytometry. Custom-tailored training and curriculum allow for participants to feel confident and prepared to participate in the NeoGenomics TC/PC Program. Ask your local Territory Business Manager for details.

## Registration

You can sign up for and access NeoUniversity On-Demand Training at [training.neogenomics.com](https://training.neogenomics.com). Please allow up to 24 hours to process a new registration request.

# Patient Services

## Clinical Trials Matching

Through our partnerships, we evaluate results and provide clinical trial options that your patient may be eligible for. Based on our NeoGenomics test results, our clinical trials matching team will reach out to inform you of potential trials and eligibility for your patients.

## Testing and Cancer Education

Our patient resources are designed to provide meaningful information for your patients based on where they are in their cancer journey.

## Peer-peer Support and Cancer Group Support

Through our broad network of partners, we connect your patients with peer-to-peer support and other cancer support groups based on individual needs.

## In Home Blood Draws and Site Draws

Scheduling and specimen retrieval based on the patients' needs to support testing ordered.

## Care Navigation

Support in obtaining diagnostic testing, reducing barriers to your patient's care.

## Financial Assistance Programs

Our dedicated team is here to support your patient. We offer prompt pay discounts, no interest payment plans, sponsored testing programs and more.

## Sponsored Testing Programs

We work with industry partners to create pathways to emerging advances in personalized medicine. These programs create awareness and access to reduced or no-cost testing for qualified patients.

## Neo4You Patient Portal

A gateway for anyone interested in learning more about cancer diagnostics, cancer education, engaging in resources, participating in surveys, and connecting with others.

\*If your patients have testing from NeoGenomics, they can access their test results here as well.

## Comprehensive Payor Coverage

We are a participating provider with Medicare, Medicaid, in addition to a large number of private insurance and managed care organizations. We accept assignments on all insurance payers.

# Billing Services

Our Billing Department serves clients, patients, and third party payers, including Medicare and Medicaid. In this section you will find detailed information on:

- Client Billing
- Patient Billing
- Third Party Billing (Managed Care, Medicaid, Medicare, Private Insurance)

**For billing questions, please contact our billing team.**

**For client billing questions:**

Phone: 888.690.0043

Fax: 888.443.4153

Email: [avclientbilling@neogenomics.com](mailto:avclientbilling@neogenomics.com)

Hours of Operation: Monday – Friday 8:00 a.m. – 7:00 p.m. Eastern

**For NeoGenomics patient billing questions:**

Phone: 866.776.5907, option 2

Fax: 239.690.4236

Email: [billingpatient@neogenomics.com](mailto:billingpatient@neogenomics.com)

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## Client Billing

Clients will be billed by an itemized invoice that includes the date, patient's name, accession number, test(s) performed, and the test fees for each specimen completed during the month. Please note that these invoices are payable upon receipt. If you have any questions pertaining to your account, please notify us immediately so that we may resolve them in a timely manner.

### Payment Options

If you receive a bill, there are several options for payment:

**NeoGenomics invoices**

*Make the check or money order payable to NeoGenomics Laboratories, and mail it to:*

**NeoGenomics Laboratories**

P.O. Box 864403

Orlando, FL 32886-4403

**Credit or debit card:** You may complete the form on your invoice. Or, to pay by phone, please call us at the number below. A receipt can be mailed to you upon request.

# Patient Billing

NeoGenomics makes billing as flexible as possible by providing many different payment options to our patients and customers. Depending on the arrangement your clinic, hospital, or health insurance plan has with us, your patient may or may not receive a bill directly from NeoGenomics for all or part of the services provided by us. We do our best to obtain reimbursement from insurers without contacting your patient. In certain cases, your patient may also receive an invoice from Clariant Diagnostic Services, a NeoGenomics company.

## Some of the circumstances that can result in your patient receiving a bill from us are:

- Your patient has non-government insurance and are responsible for a co-payment, co-insurance, deductible, and/or non-covered services.
- Your patient has Medicare and are responsible for 20% of the amount Medicare has set as the cost of the test.
- Your patient has Medicare and have signed an ABN (advanced beneficiary notice). In this case, your patient may owe the difference between what Medicare paid and what they have set as the cost of the test.

## Payment Options

If your patient receives a bill, there are several options for payment:

### NeoGenomics invoices

*Make the check or money order payable to NeoGenomics Laboratories, and mail it to:*

### NeoGenomics Laboratories

PO Box 865586  
Orlando, FL 32886-5586

**Credit or debit card:** Your patient may complete the form on your invoice. Or, to pay by phone, please call us at the number below. A receipt can be mailed upon request.

**Pay Online:** Please visit [neogenomics.com/billing/patient-billing](https://neogenomics.com/billing/patient-billing)

## Please see our website for the following forms:

- Financial Hardship Form (English)
- Financial Hardship Form (Spanish)

For full details, see [neogenomics.com/billing/patient-billing](https://neogenomics.com/billing/patient-billing)

# Third Party Billing

NeoGenomics Laboratories is a participating provider with Medicare and Medicaid, in addition to a large number of private insurance companies and managed care organizations. NeoGenomics accepts assignment on all insurance payers.

## Private Insurance and Managed Care Organizations

As a service to your patients and in compliance with agreements established with insurance and managed care companies, NeoGenomics will bill your patient's primary insurance or managed care organization directly when provided with complete and accurate billing information. For those insurance companies and managed care organizations where an agreement does not exist with NeoGenomics, we will still file a claim to those carriers.

## Medicaid

Medicaid is medical assistance for those people who cannot afford their own health care. Medicaid claims can only be filed after all other third party resources have been exhausted. Patients should be asked at the time of service if there is other coverage, such as Medicare, Medicaid HMO, or private insurance. When applicable, any Medicare, private insurance, or managed care (HMO) information should also be provided. Medicaid is also for persons that have applied for social security disability, but have not met the 18th month waiting period for Medicare eligibility.

If Medicaid denies payment for non-covered services or eligibility reasons, the patient may be responsible for the payment. Medicaid is always the last source of payment.

## Medicare

Medicare continues to reimburse for these procedures based on the members eligibility and plan coverage.



# Specimen Requirements

This section contains logistical details regarding specimen collection and transportation for specimens being sent to NeoGenomics Laboratories. In the following pages we detail specimen requirements, Specimen Transport Kits, orderable kit components, and how to complete a Test Requisition form.

## Specimen Requirements and Handling Procedures

- Specimen requirements and handling procedures – General
- Tumor Profiles and Liquid Biopsy Specimen requirements and handling procedures

## Specimen Transport Kits Guide

- General Specimen Transport Kit
- Peripheral Blood Kit
- Bone Marrow Kit
- Bladder FISH Kit
- Liquid Biopsy Kit for InVisionFirst®-Lung
- NeoLAB® Solid Tumor Kit

## Test Requisitions and Shipping Instructions

- Hematopathology requisition (non-New York and New York versions)
- Single Biomarkers and Consults Solid Tumor Pathology requisition (non-New York and New York versions)
- NGS Solid Tumor Pathology requisition
- IHC requisition
- Oncology Office Hematology requisition (non-New York and New York versions)
- Single Biomarkers and Consults Solid Tumor Oncology Office requisition (non-New York and New York versions)
- NGS Solid Tumor Oncology Office requisition (non-New York and New York versions)
- Lung Cancer Oncology Office requisition
- Breast Cancer requisition
- Hereditary Cancer Panel requisition
- InvisionFirst® – Lung requisition

# Specimen Requirements and Handling Procedures

The quality of laboratory results is highly dependent upon proper specimen collection and handling. Listed below are specimen requirements and handling procedures for tests performed by NeoGenomics Laboratories.

Specimen Type	Cytogenetics	FISH	Flow Cytometry	Bone Marrow Morphology	IHC	Molecular
<b>Bone Marrow Aspirate*</b>	1-2 mL sodium heparin	1-2 mL sodium heparin EDTA OK if sodium heparin not available  FISH Non-PCE: 0.5-1 mL single probe, 1-2 mL panel	1-2 mL EDTA Provide CBC report sodium heparin is acceptable lithium Heparin and ACD not acceptable	EDTA with 4-6 smears/slides	N/A	2 mL EDTA sodium heparin OK if EDTA not available
<b>Peripheral Blood*</b>	2-5 mL sodium heparin Provide CBC report	1-5 mL sodium heparin EDTA OK if sodium heparin not available  FISH Non-PCE: 0.5-1 mL single probe, 1-2 mL panel	1-2 mL EDTA Provide CBC report sodium heparin is acceptable lithium Heparin and ACD not acceptable	EDTA with 2-3 smears/slides	N/A	5 mL EDTA sodium heparin OK if EDTA not available  For Liquid Biopsy requirements, please contact Client Services.
<b>Bone Marrow Core Biopsy and/or Aspirate Clot (10% NBF)*</b>	N/A	N/A	N/A	>1.5 cm core (length) 10x formalin to specimen volume. Additional 2 touch imprints preferred.	1-2 cm core (length) core and clot sent in separate formalin containers	N/A
<b>Fresh Bone Marrow Core Biopsy*</b>	1-2 cm core (length) tissue in RPMI	0.5 cm core (length) tissue in RPMI	1-2 cm core (length) tissue in RPMI	N/A	N/A	1-2 cm core (length) tissue in RPMI
<b>Fresh/Unfixed Tissue*</b>	>0.3 cm <sup>3</sup> in RPMI	0.2 cm <sup>3</sup>	0.5-1 cm <sup>3</sup> tissue in RPMI	N/A	N/A	0.5-1 cm <sup>3</sup>
<b>Fluids*</b>	CSF: 1-3 mL All other fluid: 5-10 mL	50-100 mL	50-100 mL	N/A	N/A	50-100 mL
<b>Paraffin Block or Cut Slide*</b>  (For cut slides, place sections from only one block on each slide.)	N/A	Suitable only for select assays; see website to confirm. Paraffin block preferred.  Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).	N/A	N/A	Paraffin block preferred or 4-5 micron thick tissue sections on positively charged slides, at least 3 slides per antibody. No additives in waterbath. See article** for slide use and storage recommendations.	Suitable for select assays: see website to confirm. Paraffin block preferred.  Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).
<b>Voided Urine*</b>	N/A	33-60 mL voided urine mixed 2:1 with supplied PreservCyt within 30 minutes of collection for total volume ≥50 mL	N/A	N/A	N/A	N/A
<b>Decalcified Specimens*</b>	N/A	Not acceptable	N/A	Acceptable	Acceptable for bone; inquire for non-bone	Not acceptable

## Storage and Transportation

\* Use cold pack for transport, making sure cold pack is not in direct contact with specimen. For fresh specimens, ship same day as drawn whenever possible. EXCEPTION-For Liquid Biopsy specimens, please contact Client Services for special kit and instructions.

\* Refrigerate and use cold pack for transport. For fresh specimens, ship same day as drawn whenever possible.

NeoGenomics cannot accept category A infectious substances as defined by IATA (Dangerous Goods Regulations 3.6.2.1.1 Definition – Infectious Substances), including, but not limited to, specimens that may harbor variant Creutzfeldt-Jakob Disease (mad cow disease), variant Creutzfeldt-Jakob Disease, or microbiologic cultures of Mycobacterium Tuberculosis. FFPE, fresh blood or bone marrow specimens, and body fluids are acceptable from patients with tuberculosis.

# Tumor Profiles and Liquid Biopsy Specimen Requirements and Handling Procedures

The quality of laboratory results is highly dependent upon proper specimen collection and handling. Listed below are specimen requirements and handling procedures for Tumor Profiles and Liquid Biopsies.

	Profile	Peripheral Blood	Bone Marrow	FFPE Block or Cut Slides	Fresh Tissue	Storage & Transportation	FFPE Additional Requirements
Heme	Neo Comprehensive™ – Myeloid Disorders  NeoTYPE® – AITL/Peripheral T-Cell Lymphoma, ALL, AML Prognostic, Discovery Profile for Hematologic Cancers, JMML, Lymphoid Disorders, Lymphoma, MDS/CMML	5 mL in EDTA tube	2 mL in EDTA tube	Paraffin block preferred. Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).	N/A	Use cold pack for transport, making sure cold pack is not in direct contact with specimen. For fresh specimens, ship same day as drawn whenever possible.	<p><b>Biopsies and other surgical specimens:</b> Minimum of ≥10mm<sup>2</sup> surface area with ≥20% tumor nuclei*</p> <p><b>Cytology cell blocks or FNA FFPE:</b> Minimum ≥500 tumor cells with ≥20% tumor nuclei*   Available for select tests, see website to confirm before sending - Requisitions must note specimen is FNA - FNA smears, unembedded FNA samples, or cytology cells in suspension are not accepted</p> <p><b>FISH and IHC requirements for NeoTYPE® Cancer Profiles:</b></p> <p><b>FISH:</b> 50-100 viable tumor cells per probe set</p> <p><b>IHC:</b> The minimum number of viable tumor cells varies between 50-200 depending on the test requested. It is recommended for all IHC testing to submit &gt;200 viable tumor cells.</p> <p>*10% NBF fixative only, decalcified samples not accepted. The following components of NeoTYPE® Cancer Profiles require ≥40% tumor nuclei: MSI (excluding Colon) if no paired normal is available, and MGMT Promoter Methylation in brain.</p>
	NeoTYPE® CLL	5 mL in EDTA tube	2 mL in EDTA tube	N/A	0.5-1 cm <sup>3</sup> in RPMI		
	NeoTYPE® Follicular Lymphoma	N/A	N/A	Paraffin block preferred. Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).	N/A		
Solid Tumor	Neo Comprehensive™ – Solid Tumor  NeoTYPE® DNA & RNA – Brain, Lung  NeoTYPE® – Breast, Cervical, Colorectal, Endometrial, Esophageal, Gastric, GI Predictive, GIST/Soft Tissue, Head and Neck, HRD+, Liposarcoma Fusion, Liver/Biliary, Lung, Melanoma, Other Solid Tumor, Ovarian, Pancreas, Thyroid, Precision	N/A	N/A	Paraffin block preferred. Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).	N/A		
Liquid Biopsy	NeoLAB® Solid Tumor and InVisionFirst® – Lung	Two x 10 mL Streck Cell-Free DNA BCT® tubes	N/A	N/A	N/A	Do not refrigerate. Special collection tubes and shipping requirements apply. Please contact Client Services for kits and see instructions provided in kit.	N/A
	PIK3CA Mutation CDx Plasma	Please contact Client Services	N/A	N/A	N/A	Please contact Client Services	

NeoGenomics cannot accept any specimens (fresh or fixed) infected with Category A pathogens including, but not limited to, variant Creutzfeldt-Jakob (mad cow), Tularemia, Brucella, etc. FFPE specimens are acceptable for Tuberculosis only. For full details, see <https://neogenomics.com/client-services/forms-and-kits>.

# Specimen Transport Kits Guide



## General Specimen Transport Kit (Large & Small)

**Large kit inside dimensions:**  
7.75" W x 2.5" H x 5.56" L

**Small kit inside dimensions:**  
5.31" W x 2.37" H x 4.37" L

**Includes box with foam insert.**

**Kit components must be ordered separately.**

### Available kit components:

- 13" x 18" biohazard bag (50 pack)
- \*6" x 9" biohazard bag, 3 walls with absorbent (50 pack with absorbent)
- \*4" x 6" plain ziplock bag (100 pack)
- \*Refrigerant Pack, 3 oz (approximately 48/box)
- 4 mL sodium heparin green-top tube (10 pack)
- 4 mL K2-EDTA lavender top tube (10 pack)
- \*6 mL sodium heparin green-top tube (100 pack in rack)
- \*6 mL K2-EDTA lavender top tube (100 pack in rack)
- 5-slide slide mailer with 5 slides (10 pack)
- \*5-slide slide mailer, empty (10 pack)
- 40 mL vial with 20 mL fill of 10% NBF (12 pack)
- 40 mL vial with 10 mL fill of 10% NBF (24 histopack)
- 120 mL ClickSeal container, sterile
- PreservCyt vials (10 pack)

*\*Commonly ordered with the General Specimen Transport Kit.*

We recommend the General Specimen Transport Kit and ordering individual components if you previously used: Neo Heme Basic Kit (small blue kit); HemePlus Kit (small red kit), Neo Solid Tumor Kit (small green kit), Neo FlexKIT (small/large purple kit), NeoSITE BE Kit (gray kit), NeoGenomics IHC Kit (orange kit), NeoGenomics Flow/Cyto Molecular Fresh Kit (blue kit); BE Esophagus FISH Kit.



## Peripheral Blood Kit

**Kit inside dimensions:**  
5.31" W x 2.37" H x 4.37" L

### Kit components included:

- COMPASS Peripheral Blood Kit with foam insert
- One 6 mL EDTA tube (purple top)
- Two 6 mL sodium heparin tube (green top)
- Slide holder w/ slides (optional)



## Bone Marrow Kit

**Kit inside dimensions:**  
7.75" W x 2.5" H x 5.56" L

### Kit components included:

- 1-10 x 10 biohazard bag with pouch
- 2-3 x 4 zip closure bags
- 3-4ml K2 EDTA tubes
- 2-6ml Sodium Heparin tubes
- 1-6ml K2 EDTA tube
- 1-Aqui-Pack 4 bay absorbent pouch
- 2-Five slide-slide mailers with sliders
- 2-10ml fill in 20ml Jar 10% NBF

NeoGenomics supplies are subject to change at any time. Please communicate with your TBM for any new kits/options or kits that may be discontinuing in the near future.

# Specimen Transport Kits Guide



## Bladder FISH Kit

**Kit inside dimensions:**  
4.31" L x 4.06" W x 4.69" H

**Kit components included:**

- NeoGenomics Bladder FISH Box with foam insert
- 10" x 10" Biohazard Bag with Pouch
- 50mL in supplied clickseal container with 30mL PreservCyt
- Refrigerant Pack, 3 oz
- Parafilm 2" x 4" piece



## Liquid Biopsy Kit for InVisionFirst®-Lung

**Kit inside dimensions:**  
7.75" W X 2.5" H X 5.56" L

**Kit components included:**

- Liquid Biopsy Label affixed to outside of box
- 2 Bay Aqui-Pak
- 4" x 6" Biohazard Bag
- 2-10 mL Streck Cell-Free DNA BCT® Tube – Glass
- Large Clinical Pak, FedEx
- Do Not Freeze Label
- NeoGenomics Liquid Biopsy Collection and Shipping Instructions
- Ambient Gel Wrap
- 6.5" x 5" Foil Bubble Pouch with Adhesive Seal
- Lung Cancer Oncology Office Test Requisition
- Large Clinical Pak, FedEx
- FedEx Airbill



## NeoLAB® Solid Tumor Kit

**Kit inside dimensions:**  
7.75" W X 2.5" H X 5.56" L

**Kit components included:**

- 2 Bay Aqui-Pak
- 4" x 6" Biohazard Bag
- 2-10 mL Streck Cell-Free DNA BCT® Tube – Glass
- 2 Tube Patient Information Labels
- Large Clinical Pak, FedEx
- Do Not Freeze Label
- Ambient Gel Wrap
- 6.5" x 5" Foil Bubble Pouch with Adhesive Seal
- NeoLAB® Solid Tumor Liquid Biopsy Collection and Shipping Instructions
- NeoLAB® Solid Tumor Liquid Biopsy Test Requisition
- Large Clinical Pak, FedEx
- FedEx Airbill

*\*Also available without Test Requisition and FedEx Supplies.*

NeoGenomics supplies are subject to change at any time. Please communicate with your TBM for any new kits/options or kits that may be discontinuing in the near future.








# NGS Solid Tumor Pathology Requisition and Shipping Instructions

## Requisition

New York state version also available



**NGS Solid Tumor Pathology Requisition**

Phone 866.776.5907 / Fax 239.690.4237  
neogenomics.com

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**Client Information**

**Required Information**

Account # \_\_\_\_\_ Account Name: \_\_\_\_\_

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

City, ST, ZIP: \_\_\_\_\_

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

Additional Billing Fax: \_\_\_\_\_

Requisition Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Physician (please print Last, First): \_\_\_\_\_ NP # \_\_\_\_\_

Treating Physician (please print Last, First): \_\_\_\_\_ NP # \_\_\_\_\_

The underlying medical history is necessary to order the tests listed below and the test results are medically necessary for the treatment of this patient. If ordering to Medicaid<sup>SM</sup> - Long Island History, the underlying medical history section includes underlying Medicaid's medical necessity criteria for an individual<sup>SM</sup> - Long Island History test used on the back of this form.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Billing Information**

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

**Patient Status (Must Check 1):**  Hospital Patient (In)  Hospital Patient (Out)  Non-Hospital Patient

**Bill to:**  Client Bill  Insurance  Medicare  Medicaid  Patient/Self Pay

Split Billing - Client (IC) and Insurance (IC)  CP Molecular to MGI, all other testing to Client

Bill charges to other Hospital Facility: \_\_\_\_\_

AIMN required for Medicaid<sup>SM</sup> - Long Island History on Medicare/Medicaid Advantage patients who do not meet coverage criteria or whose coverage transaction history testing is not met (see back). AIMN attached  No  Yes

How Authorized?  See Neogenomics.com/billing for more info.

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**Clinical Information**

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

**ICD-10 Diagnosis code (Required):** \_\_\_\_\_

Primary Cancer Type (Required):  New Diagnosis  De Novo  Recurrence  Monitoring

Stage:  I  II  III  IV  N/A  B  M  None

Body Site: \_\_\_\_\_

**Patient Information**

Last Name: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Other PT ID/Account # \_\_\_\_\_

Date of Birth: mm / dd / yy \_\_\_\_\_ Medical Record # \_\_\_\_\_

By completing this requisition, Client represents it has obtained informed consent from patient to perform the services described herein.

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**Specimen Information**

Specimen ID: \_\_\_\_\_ Block ID: \_\_\_\_\_

Fixative/Preservative: \_\_\_\_\_

Collection Date: mm / dd / yy \_\_\_\_\_ Collection Time:  AM  PM

Subsequent Date: mm / dd / yy \_\_\_\_\_

Hospital Discharge Date: mm / dd / yy \_\_\_\_\_

Body Site: \_\_\_\_\_

**Primary Cancer Type (Required):**

Peripheral Blood (Green Top)  Purple Topical  Other \_\_\_\_\_

Fresh Tissue/Media Type required: \_\_\_\_\_

Fluid: CSF \_\_\_\_\_ Pleural \_\_\_\_\_ Other \_\_\_\_\_

RNA cell block: \_\_\_\_\_

Smears: Air Dried \_\_\_\_\_ Fixed \_\_\_\_\_ Stained (Type of stain) \_\_\_\_\_

Block # \_\_\_\_\_ Unstained \_\_\_\_\_ Stained \_\_\_\_\_  HMB

Paraffin Block(s) # \_\_\_\_\_  Choose best block (the global in-house NGS testing only)

Submit all blocks. Blocks will be combined for molecular testing when necessary.

**Breast Marker and Gastric/CEA/HER2 Fusions (CAP/ASCO Requirement)**

Gold ischemic time < 1 hour:  Yes  No  Unknown

10% neutral buffered formalin:  No  Yes  Unknown

HER2/ER/PR/Fusion duration 6 to 72 hours:  Yes  No  Unknown

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**NeoGenomics Cancer Profiles** BR - Colon; TF - Testis/Ovary; TH - Testis/Ovary; BC - Breast

**NGS Solid Tumor Profiles (DNA, FISH, IHC)**

Multigene genomic profiling

\*Reflex to NTRK 1-3 FISH Panel instead of NTRK NGS

\*For TRK NGS is possible on aspirate

**G T T<sup>1</sup>**

Breast Tumor Profile\*  Ovarian Tumor Profile\*  Endometrial Cancer Profile\*  Colorectal Cancer Profile\*  Adenocarcinoma Tumor Profile\*  Op. out of HER2 IHC

\*Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

Endometrial Tumor Profile\*  Op. out of HER2 IHC

\*Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

Invasive Lung Cancer Profile\*  Op. out of MMR1 IHC

Op. out of Predictive Profile\*  Op. out of HER2 IHC

\*Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

HER2 Co-amplified FISH  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

\*Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

GIST & Soft Tissue Tumor Profile  Head & Neck Tumor Profile\*  HNSCC Profile\*  Uterine Cancer Profile\*  Liposarcoma Fusion Profile  Liver/Biliary Tumor Profile\*

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**Comprehensive Genomic Profile**

Tumor tissue, DNA and RNA Profile with 57 genes + TMB/MSI

Non Comprehensive - Solid Tumor

Aff PD-L1 IHC

\* Must send to NeoGenomics facility to receive 10-day IAT (shipping info on back)

\*\* Must provide Primary Cancer Type in the Clinical Information and/or Specimen Information section above to improve FISH testing.

**NeoTYPE<sup>SM</sup> DNA & RNA Profiles**

Integrated DNA and RNA NGS genomic profiling

NeoTYPE DNA & RNA - Brain  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Lung  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Colon  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Stomach  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Pancreas  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Bladder  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Prostate  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Kidney  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Esophagus  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Gallbladder  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Ovary  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Uterus  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Endometrium  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Cervix  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Vagina  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Vulva  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Penis  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Testis  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Ovary  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Uterus  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Endometrium  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Cervix  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Vagina  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Vulva  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Penis  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

NeoTYPE DNA & RNA - Testis  Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

**RNA-Based NGS Fusion Panels**

Brain NGS Fusion Panel  Breast NGS Fusion Panel  Colorectal/Prostate Cancer NGS Fusion Panel  Colorectal NGS Fusion Panel  Ewing Sarcoma NGS Fusion Panel  Lung NGS Fusion Panel (ALK, MET, NTRK3, RET, ROS1)  Non-HDL and ROS1  Non-Wilding Sarcoma NGS Fusion Panel  NTRK NGS Fusion Panel (NTRK 1-3)  NTRK 3 RET NGS Fusion Panel  Prostate NGS Fusion Panel  Rhabdomyosarcoma NGS Fusion Panel  Salivary Gland NGS Fusion Panel  Sarcoma Comprehensive NGS Fusion Panel  Targeted Solid Tumor NGS Fusion Panel  Thyroid NGS Fusion Panel  Universal Solid Tumor NGS Fusion Panel

**Liquid Biopsies**

NeoLAB<sup>SM</sup> Solid Tumor Liquid Biopsy  NeoLAB<sup>SM</sup> - Long Liquid Biopsy (sent upon receipt)

\*Test upon receipt. Return immediately on back.

**Unknown or Uncertain Tumor Type**

(Test upon receipt. More test details on back)

CancerTYPE ID<sup>SM</sup> with reflex to NeoTYPE Cancer Profile

Based on CancerTYPE ID result, tumor classification followed by targeted biomarkers

NeoTYPE is global unless marked:

Reflex to HER2 Co-amplified FISH if global HER2 IHC is: 3+ in 11-20% nuclei  2+ in 50% nuclei  0/1  0/2  0/3  0/4  0/5  0/6  0/7  0/8  0/9  0/10  0/11  0/12  0/13  0/14  0/15  0/16  0/17  0/18  0/19  0/20

**Other Testing**

BRCA1/2 Mutation Analysis for Tumors  Chromosome 21<sup>SM</sup> Target Test (for NSCLC)  MSI/RAF Panel  G T  Other \_\_\_\_\_

Breast Cancer Index<sup>SM</sup>, Prostate<sup>SM</sup> Assay or Lung GenePanel<sup>SM</sup> Testing Programs, separate requisition required, see website.

For complete test menu, IAT, specimen requirements and more, please visit [neogenomics.com/test-menu](http://neogenomics.com/test-menu)

## Shipping Instructions

- Complete NGS Solid Tumor Pathology requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each slide holder and/or block. (Each label should have a requisition number, patient name, and patient DOB). A minimum of two patient identifiers is REQUIRED for each slide holder and/or block.
- Ensure slide holders are closed and sealed tightly. Ensure block cassettes are protected in gauze or individual small sealed bags. Place slides and/or blocks into foam insert.
- Lift foam insert from box and place into biohazard bag along with absorbent sheet.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

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# Single Biomarkers and Consults Solid Tumor Oncology Office Requisition and Submission Instructions

## Requisition



**Single Biomarkers and Consults  
Solid Tumor Oncology Office Requisition**

**FAX: 239.690.4237**  
 Include fax sheet for insurance info.  
 Include pathology report  
 Phone: 866.776.5507  
 neogenomics.com

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**Client Information**

**Required Information**

Account # \_\_\_\_\_ Account Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Reporting To: \_\_\_\_\_ Date: \_\_\_\_\_  
 Requisition/Completion by: \_\_\_\_\_

Ordering Physician (please print: Last, First): \_\_\_\_\_ NPI # \_\_\_\_\_

Treating Physician (please print: Last, First): \_\_\_\_\_ NPI # \_\_\_\_\_

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: \_\_\_\_\_

**Patient Information**

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Sex:  Male  Female

First Name: \_\_\_\_\_ Other Pt ID/Ref # \_\_\_\_\_

Date of Birth: mm / dd / yyyy Medical Record # \_\_\_\_\_

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

**Specimen Retrieval**

Client Services will request specimen from Pathology site.

Location of Specimen: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Name: \_\_\_\_\_

Body Site: \_\_\_\_\_

Primary  Metastasis - If Metastasis, list Primary: \_\_\_\_\_

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**Billing Information**

Required: Please include these and backcheck of card for both primary and secondary insurance.

Patient Status (Must Choose 1):

Hospital Patient Bill to:  Credit Bill  Insurance  Patient/Self-Pay

Hospital Patient (not)  Medicare  Medicaid

Non-Hospital Patient  Bill charges to other Hospital/facility

Non-Authenticator # \_\_\_\_\_ See the NeoGenomics.com Billing section for more info.

**Specimen Information**

Specimen ID: \_\_\_\_\_ Block ID: \_\_\_\_\_

Location of Specimen: \_\_\_\_\_ Retrieved Date: mm / dd / yyyy

Hospital Discharge Date: mm / dd / yyyy

Collection Date: mm / dd / yyyy Collection Time:  AM  PM

Volume # \_\_\_\_\_ Unstored \_\_\_\_\_ Stored \_\_\_\_\_

Peripheral Blood # \_\_\_\_\_

Paraffin (Block) # \_\_\_\_\_

**Check back block** (for global nuclear/NGS testing only).  
Submit all blocks. Blocks will be combined for molecular testing when necessary.

**Perform IHC testing on all blocks unless otherwise noted.**  
For all other testing, specify which block to use for each of testing multiple blocks. See back for details.

**Clinical Information**

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

**ICD-10 (Diagnostic Code/Narrative Required)**

New Diagnosis:  Relapse  Recurrence  Monitoring  Staging  D  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z  Other

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**Consultation**

A NeoGenomics pathologist will select medically necessary tests (with any exception noted below by the client) to provide comprehensive analyses and professional interpretation for the material submitted.

**Special Pathology Consult (SPC Only)**  
 Add NextType® Profile if indicated

**Differential Diagnosis**

**Brain Cancer**

1q/19q Deletion (FISH)  
 IDH1/324 (Meth.)  
 MGMT Methylation (Meth.)

**Bladder Cancer**

Bladder Cancer FISH (various only)  
 PD-L1 SP142 IHC (H/C/CTR/Dx)

**Breast Cancer**

ER/PR/HER2\*\*  
 ER/PR/HER2\*\*/K67  
 ER/PR/HER2\*\*/K67/p63  
 Individual Status: ER  PR  HER2\*\*  K67  p63  
\*\* Reflex to global PD-L1 22C3 IHC (KEYTRUDA®) for TNBC if global ER/PR/HER2 panel is negative  
\*\* For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here. 2D is not reflex 2+.

HER2 (FISH)  
Chromosomes to HER2 IHC if HER2 FISH result is Group 2, 3, or 4 (see back)  
\* For global HER2 FISH. Send path report. If HER2 IHC has been interpreted elsewhere. Send IHC report and also send HER2 IHC slide if result is 2+.

PD-L1 22C3 IHC (KEYTRUDA®) for TNBC (Blowout)

**PROCA Mutation Cdc**: separate requisition required, see website.

**Colorectal Cancer**

MMR IHC  
 Reflex to BRAF if MLH1 IHC is not expressed  
 Reflex to MMR to \_\_\_\_\_ if MMR  
 Microsatellite instability (MSI) Non-tumor tissue is required.  
 Reflex to MMR if MSI is high  
 Reflex to BRAF if MLH1 IHC is not expressed  
 BRAF (Meth.)  Reflex to 2011 Nonsense Mutation (FISH neg)  
 KRAS (Meth.)

**GI Cancer**

KIT (Meth.)  
 PD-L1 22C3 IHC (KEYTRUDA®) for ESCC (Esophageal)  
 PD-L1 (Meth.)

**Head and Neck Cancer**

PD-L1 22C3 IHC (KEYTRUDA®) for HNSCC


**HER2 (Except Breast)**

HER2 (Gene/CGA/RNC)  
\* Reflex to HER2 (Gene/CGA/RNC) FISH if global HER2 IHC is:  0  1+  2+  3+.

HER2 (Gene/CGA/RNC)  
\* Reflex to HER2 (Gene/CGA/RNC) FISH if Breast Scoring (See back) is:  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100  101  102  103  104  105  106  107  108  109  110  111  112  113  114  115  116  117  118  119  120  121  122  123  124  125  126  127  128  129  130  131  132  133  134  135  136  137  138  139  140  141  142  143  144  145  146  147  148  149  150  151  152  153  154  155  156  157  158  159  160  161  162  163  164  165  166  167  168  169  170  171  172  173  174  175  176  177  178  179  180  181  182  183  184  185  186  187  188  189  190  191  192  193  194  195  196  197  198  199  200  201  202  203  204  205  206  207  208  209  210  211  212  213  214  215  216  217  218  219  220  221  222  223  224  225  226  227  228  229  230  231  232  233  234  235  236  237  238  239  240  241  242  243  244  245  246  247  248  249  250  251  252  253  254  255  256  257  258  259  260  261  262  263  264  265  266  267  268  269  270  271  272  273  274  275  276  277  278  279  280  281  282  283  284  285  286  287  288  289  290  291  292  293  294  295  296  297  298  299  300  301  302  303  304  305  306  307  308  309  310  311  312  313  314  315  316  317  318  319  320  321  322  323  324  325  326  327  328  329  330  331  332  333  334  335  336  337  338  339  340  341  342  343  344  345  346  347  348  349  350  351  352  353  354  355  356  357  358  359  360  361  362  363  364  365  366  367  368  369  370  371  372  373  374  375  376  377  378  379  380  381  382  383  384  385  386  387  388  389  390  391  392  393  394  395  396  397  398  399  400  401  402  403  404  405  406  407  408  409  410  411  412  413  414  415  416  417  418  419  420  421  422  423  424  425  426  427  428  429  430  431  432  433  434  435  436  437  438  439  440  441  442  443  444  445  446  447  448  449  450  451  452  453  454  455  456  457  458  459  460  461  462  463  464  465  466  467  468  469  470  471  472  473  474  475  476  477  478  479  480  481  482  483  484  485  486  487  488  489  490  491  492  493  494  495  496  497  498  499  500  501  502  503  504  505  506  507  508  509  510  511  512  513  514  515  516  517  518  519  520  521  522  523  524  525  526  527  528  529  530  531  532  533  534  535  536  537  538  539  540  541  542  543  544  545  546  547  548  549  550  551  552  553  554  555  556  557  558  559  560  561  562  563  564  565  566  567  568  569  570  571  572  573  574  575  576  577  578  579  580  581  582  583  584  585  586  587  588  589  590  591  592  593  594  595  596  597  598  599  600  601  602  603  604  605  606  607  608  609  610  611  612  613  614  615  616  617  618  619  620  621  622  623  624  625  626  627  628  629  630  631  632  633  634  635  636  637  638  639  640  641  642  643  644  645  646  647  648  649  650  651  652  653  654  655  656  657  658  659  660  661  662  663  664  665  666  667  668  669  670  671  672  673  674  675  676  677  678  679  680  681  682  683  684  685  686  687  688  689  690  691  692  693  694  695  696  697  698  699  700  701  702  703  704  705  706  707  708  709  710  711  712  713  714  715  716  717  718  719  720  721  722  723  724  725  726  727  728  729  730  731  732  733  734  735  736  737  738  739  740  741  742  743  744  745  746  747  748  749  750  751  752  753  754  755  756  757  758  759  760  761  762  763  764  765  766  767  768  769  770  771  772  773  774  775  776  777  778  779  780  781  782  783  784  785  786  787  788  789  790  791  792  793  794  795  796  797  798  799  800  801  802  803  804  805  806  807  808  809  810  811  812  813  814  815  816  817  818  819  820  821  822  823  824  825  826  827  828  829  830  831  832  833  834  835  836  837  838  839  840  841  842  843  844  845  846  847  848  849  850  851  852  853  854  855  856  857  858  859  860  861  862  863  864  865  866  867  868  869  870  871  872  873  874  875  876  877  878  879  880  881  882  883  884  885  886  887  888  889  890  891  892  893  894  895  896  897  898  899  900  901  902  903  904  905  906  907  908  909  910  911  912  913  914  915  916  917  918  919  920  921  922  923  924  925  926  927  928  929  930  931  932  933  934  935  936  937  938  939  940  941  942  943  944  945  946  947  948  949  950  951  952  953  954  955  956  957  958  959  960  961  962  963  964  965  966  967  968  969  970  971  972  973  974  975  976  977  978  979  980  981  982  983  984  985  986  987  988  989  990  991  992  993  994

# NGS Solid Tumor Oncology Office Requisition and Submission Instructions

## Requisition



**NGS Solid Tumor Oncology Office Requisition**

**FAX: 239.690.4237**

Include face sheet or insurance info  
Include pathology report

Phone: 866.776.5507  
neogenomics.com

**Please note: all fields in BOLD are REQUIRED to prevent calls back to your facility.**

<p><b>Client Information</b></p> <p>Account # _____ Account Name _____</p> <p>Street Address _____</p> <p>City, ST, ZIP _____</p> <p>Phone: _____ Fax: _____</p> <p>Additional Reporting Fax _____</p> <p>Requisition Completed by _____ Date: _____</p> <p>Ordering Physician (please print Last, First) _____ NPI # _____</p> <p><small>The undersigned certifies that he/she is licensed under the medical board laws and that each test is medically necessary for the establishment of the patient's "Indication for Testing." The undersigned certifies that he/she understands NeoGenomics' medical necessity criteria for the Illumina® Lung Liquid Biopsy test listed at the back of this form.</small></p> <p>Authorized Signature _____ Date _____</p>	<p><b>Patient Information</b></p> <p>Last Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>First Name _____ M.I. _____ Other PT ID/Acct # _____</p> <p>Date of Birth: mm / dd / yyyy _____ Medical Record # _____</p> <p><small>By completing this section, Client represents it has obtained informed consent from patient to perform the services described herein.</small></p>
<p><b>Billing Information</b></p> <p><small>Please include face sheet and frontback of patient's primary and secondary insurance cards.</small></p> <p>Patient Status (How Does It Bill): <input type="checkbox"/> Client Bill <input type="checkbox"/> Insurance/Medicaid <input type="checkbox"/> Hospital Patient (in) <input type="checkbox"/> Medicare <input type="checkbox"/> Patient/Staff Fee <input type="checkbox"/> Hospital Patient (out) <input type="checkbox"/> Bill charges to other hospital/facility <input type="checkbox"/> Non-hospital Patient</p> <p><small>ABI required for Illumina® Lung Liquid Biopsy on Medicare/Medicaid Advantage patients who do not meet coverage criteria or other consent forms/liquid biopsy testing is selected (see back). ABI attached <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Authorization # _____ See the NeoGenomics.com Billing section for more info.</small></p>	<p><b>3rd Party Specimen Location</b> <span style="background-color: yellow;">ONCOLOGY OFFICE TO COMPLETE</span></p> <p><small>Client Services will request specimens from Pathology site.</small></p> <p>Pathology Site: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Body Site: _____</p> <p>Clinical Information: _____</p>
<p><b>Clinical Information</b></p> <p><small>Please attach patient's pathology report (required), clinical history, and other applicable reports.</small></p> <p><b>Oncology Specific ICD-10 Diagnosis code (Required):</b> _____</p> <p>Primary Cancer Type (Required): _____ Body Site: _____</p> <p><input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> In Remission <input type="checkbox"/> Monitoring</p> <p>Staging: <input type="checkbox"/> D <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IB <input type="checkbox"/> IV <input type="checkbox"/> None</p>	<p><b>Specimen Information</b> <span style="background-color: yellow;">PATHOLOGY TO COMPLETE</span></p> <p>Specimen ID: _____ Block ID: _____</p> <p>Fluorescence/Preservative: _____ Retrieved Date: mm / dd / yyyy _____</p> <p>Hospital Discharge Date: mm / dd / yyyy _____</p> <p>Collection Date: mm / dd / yyyy _____ Collection Time: <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Primary Cancer Type (Required): _____ Body Site: _____</p> <p>Slides # _____ Unstained _____ Stained _____ HSE _____</p> <p>Paraffin Blocks # _____ <input type="checkbox"/> Choose best block for global molecular NGS testing using Illumina® FFPE blocks. Blocks will be combined for molecular testing when necessary. For all other testing, specify which block to use for each of every multiple blocks. See back for details.</p> <p>For gheral blood # _____</p>
<p><b>Mobile Phlebotomy Request</b> <span style="background-color: yellow;">ONCOLOGY OFFICE TO COMPLETE IF NEEDED</span></p> <p>Patient Please mobile preferred: _____</p> <p>Patient Email (optional): _____</p> <p>Patient Home Address: _____</p> <p>City, ST, ZIP: _____</p> <p><small>Order liquid biopsy below and please fax this completed requisition, pathology report, and face sheet or insurance information to 239.690.4237.</small></p> <p><small>By completing this section, Client represents it has obtained patient's consent to be contacted by third-party services.</small></p>	<p><b>Breast Marker and Germline/SEA NGS Fixation (CAP/ASCO Requirement)</b></p> <p>Cell markers: time &lt; 1 hour <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>10% neutral buffered formalin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>HER2/ER/PR Fixation duration 8 to 72 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p><b>NGS Solid Tumor Profiles</b></p> <p><input type="checkbox"/> <b>Neo Comprehensive – Solid Tumor</b> (Illumina-based, 296x500 Profile with 57 genes + TMB/MSI in 10 days*)</p> <p><input type="checkbox"/> Add PD-L1 IHC**</p> <p><input type="checkbox"/> <b>NeoTYPE DNA &amp; RNA – Lung</b> (Illumina-based, DNA/RNA Profile with 60 genes + TMB/MSI in 10 days*)</p> <p><input type="checkbox"/> Add PD-L1 22C3 FCM</p> <p><input type="checkbox"/> Reflex to InVisionFirst™ Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS</p> <p><input type="checkbox"/> <b>Other Profile:</b> _____</p> <p><small>Please see back for available Profiles and enter in Profile name</small></p> <p><small>* Specimens must be shipped directly to NeoGenomics San Diego site for 10-day TAT. PD-L1 will report separately.</small></p> <p><small>** For proper PD-L1 matching, "Primary Cancer Type" must be supplied within "Clinical Information" section above.</small></p>	<p><b>Liquid Biopsies</b></p> <p><input type="checkbox"/> <b>InVisionFirst™ – Lung Liquid Biopsy</b> (Test upon receipt. More test details on back)</p> <p><input type="checkbox"/> <b>NeoLAB® Solid Tumor Liquid Biopsy</b></p> <p><b>Other Testing</b></p> <p><input type="checkbox"/> <b>CancerTYPE ID™ with reflex to Other NeoTYPE® Profiles</b> (for unknown or uncertain tumor type) based on CancerTYPE ID result/tumor classification followed by targeted biomarkers</p> <p><input type="checkbox"/> RAS/RAF Panel</p> <p><input type="checkbox"/> Other _____</p> <p><b>Please see full test menu at <a href="http://neogenomics.com/test-menu">neogenomics.com/test-menu</a></b></p>

For our complete test menu, IAS, specimen requirements and more, please visit [neogenomics.com](http://neogenomics.com)


Rev 03/2023

## Shipping Instructions

- Complete NGS Solid Tumor Oncology Office requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested.
- Fax completed form to the NeoGenomics fax number at 239.690.4237.

# Lung Cancer Oncology Office Requisition and Submission Instructions

## Requisition



**Lung Cancer Oncology Office Requisition**  
Phone 866.776.5907 / Fax 239.690.4237  
neogenomics.com

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**Client Information**

**Required Information**

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, ST, ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Responsible Physician (please print Last, First, Middle Initial): \_\_\_\_\_  
 Ordering Physician (please print Last, First, Middle Initial): \_\_\_\_\_  
 Treating Physician (please print Last, First, Middle Initial): \_\_\_\_\_  
The undersigned certifies that he/she is licensed to order the test(s) listed below and that he/she is not a medical assistant or a non-physician staff member. He/she understands that he/she is not a medical assistant or a non-physician staff member. He/she understands that he/she is not a medical assistant or a non-physician staff member. He/she understands that he/she is not a medical assistant or a non-physician staff member.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient Information**

Last Name: \_\_\_\_\_  Male  Female  
 First Name: \_\_\_\_\_  
 Date of Birth: mm / dd / yy \_\_\_\_\_ Medical Record #: \_\_\_\_\_  
Client represents he has obtained informed consent from patient to perform the services described herein.

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**Billing Information**

Request: Please include check and back of patient's insurance card.

Patient State (Must Check 1):  PA  NJ  MD  VA  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK  VT  NH  ME  CT  RI  MA  NY  DE  WV  KY  TN  MS  AL  GA  SC  NC  VA  MD  DC  HI  AK

# Breast Cancer Requisition and Shipping Instructions

## Requisition



**Breast Cancer Test Requisition**

Phone: 866.776.5907  
Fax: 238.650.4237  
neogenomics.com

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**Client Information**

**Required Information**

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requestion Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Ordering Physician (please print Last, First): \_\_\_\_\_ NPI #: \_\_\_\_\_  
Treating Physician (please print Last, First): \_\_\_\_\_ NPI #: \_\_\_\_\_

The ordering physician's signature is required to enter the facility listed below and that such facility was necessary for the care/treatment of the patient.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Billing Information**

Required: Please attach face sheet and back of patient insurance card.

Specimen Origin:  Other (Specify) \_\_\_\_\_  Outpatient  Insurance  
 Hospital Patient (in)  Medicare  Medicaid  Patient/Self Pay  
 Hospital Patient (out)  Medicare  Medicaid  Patient/Self Pay  
 Non-Hospital Patient  Bill charges to other Hospital/Facility \_\_\_\_\_

Prior Authorization #: \_\_\_\_\_ See the NeoGenomics.com Billing section for details.

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**Clinical Information**


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

**ICD (Diagnosis Code/Procedure/Operation)**

Reason for Referral: \_\_\_\_\_  
 Staging  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100  101  102  103  104  105  106  107  108  109  110  111  112  113  114  115  116  117  118  119  120  121  122  123  124  125  126  127  128  129  130  131  132  133  134  135  136  137  138  139  140  141  142  143  144  145  146  147  148  149  150  151  152  153  154  155  156  157  158  159  160  161  162  163  164  165  166  167  168  169  170  171  172  173  174  175  176  177  178  179  180  181  182  183  184  185  186  187  188  189  190  191  192  193  194  195  196  197  198  199  200  201  202  203  204  205  206  207  208  209  210  211  212  213  214  215  216  217  218  219  220  221  222  223  224  225  226  227  228  229  230  231  232  233  234  235  236  237  238  239  240  241  242  243  244  245  246  247  248  249  250  251  252  253  254  255  256  257  258  259  260  261  262  263  264  265  266  267  268  269  270  271  272  273  274  275  276  277  278  279  280  281  282  283  284  285  286  287  288  289  290  291  292  293  294  295  296  297  298  299  300  301  302  303  304  305  306  307  308  309  310  311  312  313  314  315  316  317  318  319  320  321  322  323  324  325  326  327  328  329  330  331  332  333  334  335  336  337  338  339  340  341  342  343  344  345  346  347  348  349  350  351  352  353  354  355  356  357  358  359  360  361  362  363  364  365  366  367  368  369  370  371  372  373  374  375  376  377  378  379  380  381  382  383  384  385  386  387  388  389  390  391  392  393  394  395  396  397  398  399  400  401  402  403  404  405  406  407  408  409  410  411  412  413  414  415  416  417  418  419  420  421  422  423  424  425  426  427  428  429  430  431  432  433  434  435  436  437  438  439  440  441  442  443  444  445  446  447  448  449  450  451  452  453  454  455  456  457  458  459  460  461  462  463  464  465  466  467  468  469  470  471  472  473  474  475  476  477  478  479  480  481  482  483  484  485  486  487  488  489  490  491  492  493  494  495  496  497  498  499  500  501  502  503  504  505  506  507  508  509  510  511  512  513  514  515  516  517  518  519  520  521  522  523  524  525  526  527  528  529  530  531  532  533  534  535  536  537  538  539  540  541  542  543  544  545  546  547  548  549  550  551  552  553  554  555  556  557  558  559  560  561  562  563  564  565  566  567  568  569  570  571  572  573  574  575  576  577  578  579  580  581  582  583  584  585  586  587  588  589  590  591  592  593  594  595  596  597  598  599  600  601  602  603  604  605  606  607  608  609  610  611  612  613  614  615  616  617  618  619  620  621  622  623  624  625  626  627  628  629  630  631  632  633  634  635  636  637  638  639  640  641  642  643  644  645  646  647  648  649  650  651  652  653  654  655  656  657  658  659  660  661  662  663  664  665  666  667  668  669  670  671  672  673  674  675  676  677  678  679  680  681  682  683  684  685  686  687  688  689  690  691  692  693  694  695  696  697  698  699  700  701  702  703  704  705  706  707  708  709  710  711  712  713  714  715  716  717  718  719  720  721  722  723  724  725  726  727  728  729  730  731  732  733  734  735  736  737  738  739  740  741  742  743  744  745  746  747  748  749  750  751  752  753  754  755  756  757  758  759  760  761  762  763  764  765  766  767  768  769  770  771  772  773  774  775  776  777  778  779  780  781  782  783  784  785  786  787  788  789  790  791  792  793  794  795  796  797  798  799  800  801  802  803  804  805  806  807  808  809  810  811  812  813  814  815  816  817  818  819  820  821  822  823  824  825  826  827  828  829  830  831  832  833  834  835  836  837  838  839  840  841  842  843  844  845  846  847  848  849  850  851  852  853  854  855  856  857  858  859  860  861  862  863  864  865  866  867  868  869  870  871  872  873  874  875  876  877  878  879  880  881  882  883  884  885  886  887  888  889  890  891  892  893  894  895  896  897  898  899  900  901  902  903  904  905  906  907  908  909  910  911  912  913  914  915  916  917  918  919  920  921  922  923  924  925  926  927  928  929  930  931  932  933  934  935  936  937  938  939  940  941  942  943  944  945  946  947  948  949  950  951  952  953  954  955  956  957  958  959  960  961  962  963  964  965  966  967  968  969  970  971  972  973  974  975  976  977  978  979  980  981  982  983  984  985  986  987  988  989  990  991  992  993  994  995  996  997  998  999  1000  1001  1002  1003  1004  1005  1006  1007  1008  1009  1010  1011  1012  1013  1014  1015  1016  1017  1018  1019  1020  1021  1022  1023  1024  1025  1026  1027  1028  1029  1030  1031  1032  1033  1034  1035  1036  1037  1038  1039  1040  1041  1042  1043  1044  1045  1046  1047  1048  1049  1050  1051  1052  1053  1054  1055  1056  1057  1058  1059  1060  1061  1062  1063  1064  1065  1066  1067  1068  1069  1070  1071  1072  1073  1074  1075  1076  1077  1078  1079  1080  1081  1082  1083  1084  1085  1086  1087  1088  1089  1090  1091  1092  1093  1094  1095  1096  1097  1098  1099  1100  1101  1102  1103  1104  1105  1106  1107  1108  1109  1110  1111  1112  1113  1114  1115  1116  1117  1118  1119  1120  1121  1122  1123  1124  1125  1126  1127  1128  1129  1130  1131  1132  1133  1134  1135  1136  1137  1138  1139  1140  1141  1142  1143  1144  1145  1146  1147  1148  1149  1150  1151  1152  1153  1154  1155  1156  1157  1158  1159  1160  1161  1162

# Hereditary Cancer Panels Requisition and Shipping Instructions

## Requisition



**Hereditary Cancer Panels Requisition**

Phone 866.776.5907 / Fax 239.690.4237  
neogenomics.com

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**Client Information**  
Required: Please indicate face sheet and front back of patient's insurance card.  
**Account #:** \_\_\_\_\_ **Account Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City, ST, ZIP:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
Requisition Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Ordering Physician (please print Last, First, Middle Initial): \_\_\_\_\_ NPI # \_\_\_\_\_  
 The undersigned certifies that this requisition is prepared in order to fulfill listed below and that such tests are medically necessary for the care/treatment of this patient.  
 Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Billing Information**  
Required: Please indicate face sheet and front back of patient's insurance card.  
**Patient Status (What Class?)**  Hospital/Patient (in)  Hospital/Patient (out)  Non-Hospital Patient  
**Bill to:**  Client Bill  Insurance  Medicare  Medicaid  Patient/Self Pay  
 Split Billing - Client (C) and Insurance (I)  OP Molecular to MD, all other testing to Client  
 Bill charges to other Hospital/Facility \_\_\_\_\_  
Please Authorize # \_\_\_\_\_ See the NeoGenomics.com Billing section for details.

**Clinical Information**  
Required: Please attach patient's pathology report, clinical history, and other applicable reports.  
**ICD 10 (Diagnosis) Code/Narrative (Required):** \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
 Has patient had transfusion in last 2 weeks, or stem cell transplant at any time?  Y  N

**Patient Clinical Data**  
**Race/Ethnicity** - Please check all that apply  
 African American/Black  
 Hispanic  
 Eastern/Central European  
 Asian  
 Jewish (Ashkenazi)  
 Western/Northern European  
 Middle Eastern  
 Native American  
 Other \_\_\_\_\_

**Patient history of cancer** - Check sites and fill in age of diagnosis  
 Breast  
 Right \_\_\_\_\_  Left \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Colorectal  
 Right Colon \_\_\_\_\_  Left Colon \_\_\_\_\_  
 Transverse Colon \_\_\_\_\_  Sigmoid \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Other Cancer (specify) \_\_\_\_\_  
 Mismatch Repair (MMR)/IHC Results: \_\_\_\_\_

**Family history of cancer** - Relationship, sites  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the patient ever had a germline BRCA1/2 test before?  Yes  No  
 Note: If done previously, a patient will likely be responsible for full payment.

**Patient Information**  
**Last Name:** \_\_\_\_\_  Male  Female  
**First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_ **Other PI (S):** \_\_\_\_\_  
**Date of Birth:** mm / dd / yy \_\_\_\_\_ **Medical Record #:** \_\_\_\_\_  
Clear requisition in has obtained informed consent from patient to perform the services described herein.  
**Reason for Referral:**  
 Patient History of Cancer  Family History of Cancer  
 Other \_\_\_\_\_

**Specimen Information**  
**Specimen ID:** \_\_\_\_\_ **Block ID:** \_\_\_\_\_  
**Collection Date:** mm / dd / yy \_\_\_\_\_ **Collection Time:** \_\_\_\_\_  AM  PM  
**Received Date:** mm / dd / yy \_\_\_\_\_  
**Hospital Discharge Date:** mm / dd / yy \_\_\_\_\_  
 Peripheral (Blood - Green Top) \_\_\_\_\_  Purple Top(s) \_\_\_\_\_  Other \_\_\_\_\_

**Comments**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hereditary Cancer Tests**  
 Bone Marrow Failure NOS Panel (60 genes)  
 BRCA1/2 Focus Panel (Germline)  
 BRCA1 Single Gene (Germline)  
 BRCA2 Single Gene (Germline)  
 Colorectal Cancer Focus Panel (Germline) (18 genes)  
 Full Comprehensive Cancer Panel (Germline) (122 genes)  
 Full Focus Cancer Panel (Germline) (50 genes)

Testing performed by Fulgent Genetics.  
**Informed Consent REQUIRED**  
A signed Fulgent Genetics Informed Consent for Genetic Testing form is required. See test in NeoGenomics Test Directory at www.neogenomics.com to download form and please submit it with sample.

Testing may be delayed until signed consent is received.

For our complete test menu, TAT, specimen requirements and more, please visit [neogenomics.com](http://neogenomics.com) Rev 10/2020

## Shipping Instructions

- Complete Hereditary Cancer Panels requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each tube, jar and/or slide. (Each label should have a requisition number, patient name, and DOB). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops and/or slide holders are sealed tightly. Place labeled tubes and/or slide holders into foam insert. Ensure formalin jars are sealed tightly. Place labeled formalin jars separately into small biohazard bag before placing into foam cut-out. Ensure the lid of specimen jar is tightened past the "click" to prevent leakage in transit. Place strip of Parafilm around the lid where it meets the jar for additional protection.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

*NeoGenomics Laboratories is a specialized oncology reference laboratory providing the latest technologies, testing, partnership opportunities and interactive education to the oncology and pathology communities. We offer the complete spectrum of diagnostic services in molecular testing, FISH, cytogenetics, flow cytometry and immunohistochemistry through our nationwide network of CAP-accredited, CLIA-certified laboratories.*



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