NGS Solid Tumor Oncology Office Requisition

FAX: 239.690.4237
☐ *Include face sheet or insurance info.*
Include pathology report
Phone: 866.776.5907
neogenomics.com

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

Client Information

Account #: _____ **Account Name:** _____
Street Address: _____
City, ST, ZIP: _____
Phone: _____ **Fax:** _____
Additional Reporting Fax: _____
Requisition Completed by: _____ Date: _____
Ordering Physician: _____ **NPI #:** _____
(please print: Last, First):
Treating Oncologist/Physician: _____ **NPI #:** _____
(please print: Last, First):

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. If ordering InVisionFirst®-Lung Liquid Biopsy, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for the InVisionFirst®-Lung Liquid Biopsy test listed on the back of this form.

Authorized Signature: _____ **Date**: _____

Billing Information

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

Patient Status (Must Choose 1):
☐ Hospital Patient (in)
☐ Hospital Patient (out)
☐ Non-Hospital Patient

Bill to: ☐ Client Bill ☐ Insurance/Medicaid ☐ Medicare ☐ Patient/Self-Pay ☐ Bill charges to other Hospital/Facility: _____

ABN required for InVisionFirst®-Lung Liquid Biopsy on Medicare/Medicare Advantage patients who do not meet coverage criteria or when concurrent tissue/liquid biopsy testing is ordered (see back). ABN attached ☐ Yes ☐ No

Prior Authorization #_____ See neogenomics.com/billing for more info.

Clinical Information

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

Oncology Specific ICD-10 Diagnosis code (Required): _____
Primary Cancer Type (Required): _____ **Body Site:** _____
☐ New Diagnosis ☐ Relapse ☐ In Remission ☐ Monitoring
Staging: ☐ 0 ☐ I ☐ II ☐ III ☐ IIIA ☐ IIIB ☐ IV Note: _____

Mobile Phlebotomy Request

ONCOLOGY OFFICE TO COMPLETE IF NEEDED

Patient Phone (mobile preferred): _____
Patient Email (optional): _____
Patient Home Address: _____
City, ST, ZIP: _____

☐ **Patient has a collection kit**
Order Liquid Biopsy below and **please fax** this completed requisition, pathology report, and face sheet or insurance information to 239.690.4237.

By completing this section, Client represents it has obtained patient's consent to be contacted by third-party service.

Patient Information

Last Name: _____ ☐ **Male** ☐ **Female**
First Name: _____ **M.I.**_____ Other Pt ID/Acct #: _____
Date of Birth: mm_____ / dd _____ / yyyy _____ Medical Record #: _____

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

3rd Party Specimen Location

ONCOLOGY OFFICE TO COMPLETE

Client Services will request specimen from Pathology site.

Pathology Site: _____
Address: _____
Phone: _____ **Fax:** _____
Body Site: _____
Clinical Information: _____

Specimen Information

PATHOLOGY TO COMPLETE

Specimen ID: _____ **Block ID:** _____
Fixative/Preservative: _____ **Retrieved Date:** mm_____ / dd_____ / yyyy_____
Hospital Discharge Date: mm_____ / dd_____ / yyyy_____
Collection Date: mm _____ / dd _____ / yyyy_____ Collection Time: _____ ☐ AM ☐ PM
Primary Cancer Type (Required): _____ **Body Site:** _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) #: _____
☐ Peripheral Blood #: _____
☐ **Choose best block** (for global molecular/NGS testing only). Submit ≤4 FFPE blocks. Blocks will be combined for molecular testing when necessary. For all other testing, specify which block to use for each if sending multiple blocks. See back for details.

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

NGS Solid Tumor Profiles

☐ **Neo Comprehensive™ – Solid Tumor** (tissue-based, DNA/RNA NGS with 517 genes + TMB/MSI*)
- ☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring‡
- ☐ Reflex to InVisionFirst®-Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS

☐ **NeoTYPE® DNA & RNA – Lung** (tissue-based, DNA/RNA NGS with 50 genes + TMB/MSI*)
- ☐ Add PD-L1 22C3 FDA‡
- ☐ Reflex to InVisionFirst® – Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS^
- ☐ Reflex to EGFR Mutation Analysis by PCR if NGS is insufficient^

☐ **Other Profile‡:** _____

Please see back for available Profiles and write in Profile name

* **PD-L1 will report separately.**

^ **Only one reflex option may be selected at a time. Please submit a seperate order request for additional testing.**

Liquid Biopsies

☐ **InVisionFirst® – Lung Liquid Biopsy** (Test upon receipt. More test details on back)
☐ **NeoLAB® Solid Tumor Liquid Biopsy**

Other Testing

CancerTYPE ID®(for unknown or uncertain tumor type)
Reflex to one of the following NGS options (based on CancerTYPE ID result tumor classification):
- ☐ Pathologist directed (see back for matrix details)
  - ☐ Add PD-L1 (if not already included)‡
  - ☐ Neo Comprehensive™ - Solid Tumor
    - ☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring‡
- ☐ RAS/RAF Panel
- ☐ Early-stage NSCLC Panel‡
  - ☐ Opt out of PD-L1 IHC
- ☐ Other: _____

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

Optional Patient Signature

☐ I am interested in participating in research studies conducted by NeoGenomics. By checking this box, and signing my name, I consent to be contacted by NeoGenomics about participation in future research studies. I understand that checking this box and signing my name does not obligate me to participate. My signature here is not required to initiate testing.

Patient/Guardian Signature: _____ **Date:** _____

Specimen Requirements

Liquid biopsy tests InVisionFirst® – Lung Liquid Biopsy and NeoLAB® Solid Tumor Liquid Biopsy: Do not refrigerate. Special collection tubes and shipping requirements apply. Please contact Client Services for kits and see instructions provided in kit.

All other tests: Refrigerate specimen if not shipping immediately and use cool pack during transport.

Please call Client Services team with any questions regarding specimen requirements or shipping instructions at 866.776.5907 option 3. Please refer to the website for specific details on each specimen.

Additional Billing Information

Any organization referring specimens for testing services pursuant to this Requisition Form ("Client") expressly agrees to the following terms and conditions.

1. **Binding Service Order.** This Requisition Form is a contractually binding order for the services ordered hereunder ("Services") and Client agrees that it is financially responsible for all tests billable to Client hereunder.
2. **Third Party Billing by NeoGenomics and Right to Bill Client.** Client agrees to accurately indicate on the front of the Requisition Form that either Client should be billed (e.g., Client receives reimbursement pursuant to a non-fee-for-service basis, including, but not limited to, a capitated, diagnostic related group ("DRG"), per diem, all-inclusive, or other such bundled or consolidated billing arrangement) or NeoGenomics should bill the applicable federal, state or commercial health insurer or other third party payer (collectively, "Payers") for all Services ordered pursuant to this Requisition Form. For all such Services billable to Payers, Client agrees to provide all billing information necessary for NeoGenomics to bill such payer. In the event NeoGenomics: (i) does not receive the billing information required for it to bill any Payers within ten days of the date that any Services are reported by NeoGenomics; (ii) the Services were performed for patients who have no Payer coverage arrangements; or (iii) the Payer identified by Client denies financial responsibility for the Services and indicates that Client is financially responsible, NeoGenomics shall have the right to bill such Services to Client.

CancerTYPE ID® with reflex to NGS Cancer Profile or Neo Comprehensive™ - Solid Tumor

The specific NGS reflex is determined by the CancerTYPE ID result. See https://neogenomics.com/diagnostic-services/specialty-testing/cancertype-idr for pathologist directed matrix. CancerTYPE ID will be performed, reported and billed separately by Biotheranostics, Inc. For comprehensive details about CancerTYPE ID including test description, intended use, and limitations, visit http://www.cancertypeid.com.

NeoTYPE® Profile Assignments

Targeted Profiles

Available Profiles						
Brain (DNA and RNA) with MGMT Promoter Methylation	Breast*	Cervical*	Cholangiocarcinoma	Colorectal*	Endometrial*	Esophageal*
Gastric* with MMR IHC	GI Predictive* with HER2 Other	GIST and Soft Tissue	Head and Neck*	HRD+	Liposarcoma Fusion	Liver/Biliary*
Melanoma*	Other Solid Tumor*	Ovarian*	Pancreas*	Precision*	Thyroid*	

PD-L1 IHC is included in above profiles except Liposarcoma.

*Pan-TRK IHC in these Profiles will reflex to NTRK NGS Fusion Panel when indicated.

InVisionFirst® – Lung Liquid Biopsy Additional Information: Conditions for Medicare Coverage

InVisionFirst® – Lung Liquid Biopsy is a plasma based assay intended to assist physicians caring for patients with advanced (Stage IIIB/IV) non-small cell lung cancer (NSCLC). In accordance with Medicare's MolDX Noridian LCD L37897, testing is appropriate under the following circumstances:

At diagnosis and untreated: When results for EGFR single nucleotide variants (SNVs) and insertions and deletions (indels); rearrangements in ALK and ROS1; and SNVs for BRAF are not available AND when tissue-based CGP is infeasible [i.e., quantity not sufficient (QNS) for tissue-based CGP or invasive biopsy is medically contraindicated] **OR**

At progression: For patients progressing on or after chemotherapy or immunotherapy who have not been tested for EGFR SNVs and indels; rearrangements in ALK and ROS1; and SNVs for BRAF, and for whom tissue-based CGP is infeasible; or for patients progressing on EGFR tyrosine kinase inhibitors (TKIs).

A signed ABN is required if patient does not meet the coverage criteria. ABN is also required if ordering InVisionFirst® – Lung Liquid Biopsy concurrently with tissue testing that includes EGFR, BRAF, ALK, and ROS1.

Additional Specimen Information

If submitting multiple blocks, client must indicate either "Choose best block (global molecular/NGS testing only)" or assign the selection of blocks to individual tests. If multiple blocks are sent without a selection, they will be held until clarification is provided. Please call Client Services team with any questions regarding specimen information.

Test Descriptions

Please see complete test descriptions and all available tests at our website, www.neogenomics.com/test-menu.

Test Notations

Specimen Usage: NeoGenomics makes every effort to preserve and not exhaust tissue, but in small and thin specimens, there is a possibility of exhausting the specimen in order to ensure adequate material and reliable results.

NeoTYPE® HER2 Reflex Default Pathways

Colorectal, GI Predictive	Reflex to HER2 (Other) w/Gastric Scoring FISH if HER2 IHC is 2+
Endometrial, Ovarian, Pancreas	Reflex to HER2 (Other) w/Breast Scoring FISH if HER2 IHC is 2+
Other NeoTYPE® Profiles	HER2 not included; does not apply

Neo Comprehensive™ – Solid Tumor and NeoTYPE® DNA & RNA – Lung or Brain Profiles

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

InVisionFirst® – Lung Liquid Biopsy

InVisionFirst® – Lung Liquid Biopsy testing is performed by Inivata, Inc., a subsidiary of NeoGenomics Laboratories.
www.neogenomics.com/test-menu/invisionfirstr-lung-liquid-biopsy for test details.

For our complete test menu, TATs, specimen requirements and more, please visit: www.neogenomics.com/test-menu