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Client Information

Requisition completed by: _____
Ordering Physician (please print): _____
Please release requested patient specimen materials to Yellowstone Pathology Institute for additional testing. Please call the phone number listed in the Client Information section with any questions. Thank you in advance for your prompt attention in this matter.
Ordering Physician Signature: _____

Collection Date: ____/____/____ Collection Time: _____ AM PM

Specimen Information

Bone Marrow Peripheral Blood FFPE Tissue Frozen Tissue Other _____
Location of Specimen: _____
City: _____ State: _____
Phone: _____

Consultation Request

Comprehensive Consult (YPI pathologists will assess clinical information and laboratory data and select appropriate ancillary tests) Bone Marrow Peripheral Blood
 Consultation on prepared slides/blocks. **Referring institution case number** _____

Hematology Test Menu

Histomorphology

Morphologic Analysis (please include CBC with requisition)

Flow Cytometry

Leukemia/Lymphoma Phenotyping (please include CBC with requisition)
 Platelet Antibodies (For Thrombocytopenia Profile, See Below)
 PNH
 Reticulated Platelet
 Stem Cell Enumeration
 Thrombocytopenia Profile (Platelet Antibody & Reticulated Platelet)

**HOLD FOR FLOW
CYTOMETRY**

Blood Disorders

HgF Other: _____

Cytogenetics

Oncology Chromosome Analysis
 Reflex to FISH if cytogenetics is normal (reflex FISH panel must be marked)
 Reflex to AML Prognostic Profile when cytogenetics is intermediate risk
 Other: _____

Specimen Hold Options: Culture and Hold

Myeloproliferative Neoplasm Panels

Polycythemia Vera (PV) - JAK2 V617F, reflex to JAK2 Exons 12-14
 Essential Thrombocythemia (ET) - JAK2 V617F, reflex to CALR, reflex to MPL
 Primary Myelofibrosis (PMF) - JAK 2 V617F, reflex to CALR, reflex to MPL

Solid Tumor Test Menu

Breast Carcinoma

Basic Breast Panel (ER, PR, HER2 ISH)
 Extended Breast Panel (ER, PR, HER2 ISH, p53, Ki-67)
 HER2 (ISH)
 Reflex to HER2 (IHC) if results is Non-Amplified Equivocal.
 ER/PR
 Breast Tumor Profile (BRAF, c-KIT, EGFR, PIK3CA, TP53, HER2 ISH)

Colorectal Carcinoma

MSI Evaluation (Comprehensive Guideline Based Algorithm)
 KRAS Mutation Analysis
 Reflex to BRAF if KRAS is negative
 BRAF Mutation Analysis
 Mismatch Repair/MMR (IHC)
 Reflex to MSI (PCR) if any marker in panel is not expressed
 Reflex to BRAF if MLH-1 is not expressed
 Reflex to MLH-1 methylation (PCR) if MLH-1 is not expressed
 MSI (PCR)
 MLH1-Methylation (PCR)
 Colorectal Tumor Profile (BRAF, c-KIT, DNMT3A, EGFR, IDH1, IDH2, KRAS, NRAS, PIK3CA, TP53, MSI)

Gastric Carcinoma

HER2 (ISH)
 Reflex to HER2 (IHC) if results is Non-Amplified Equivocal.
 Gastric Tumor Profile (BRAF, c-KIT, DNMT3A, EGFR, IDH1, IDH2, KRAS, NRAS, PIK3CA, TP53, HER2 ISH)

Melanoma And Thyroid

BRAF Mutation V600E for Melanoma
 Melanoma FISH Panel
 BRAF Mutation V617F for Thyroid Carcinoma

Ewing's Sarcoma

t(11;22)
 t(21;22)

Lung Cancer

Lung Tumor Reflex Profile (KRAS with reflex to EGFR and ALK, if indicated)
 EGFR Mutation (PCR)
 Reflex to ALK (FISH) if KRAS is negative
 ALK (FISH)
 Reflex to ROS1 (FISH) if ALK is negative
 ROS1 (FISH)
 Extended Lung Tumor Profile (BRAF, c-KIT, DNMT3A, EGFR, IDH1, IDH2, KRAS, NRAS, PIK3CA, TP53, ALK ISH)

All Cancer Types:

NeoARRAY™ SNP/Cytogenetic Profile
 NeoTYPE™ Solid Tumor (Other) Profile
 BRAF c-KIT EGFR KRAS NRAS PIK3CA TP53 Other Tests (please specify) _____

Patient Information (Place patient information label here or complete section)

Patient Name (Last, First): _____
Date of Birth: MM ____ / DD ____ / YY ____ Sex: Male Female
Medical Record #: _____
Social Security #: _____
Patient History/Treatment: _____

(Please attach all relevant clinical history)

New Diagnosis Relapse In Remission
 See Attached Face Sheet for Patient Address Information

Coding Information

Diagnosis Code/ICD-9 Code (required): _____

Billing Information

Bill to: Insurance Patient Physician Office Hospital/Client
*Please attach face sheet and front/back of patient coverage card(s)
Patient Status (Choose 1): In-Patient Out-Patient Non-Hospital Patient
Medicare Patient (Choose 1): Yes No
Additional Comments: _____

FISH - Hematologic FISH Panels

ALL Adult CLL MPN
 ALL Pediatric Eosinophilia NHL
 AML Extended High-Grade/Large B-Cell Lymphoma XY
 AML Standard MDS Extended
 AML Favorable-Risk MDS Standard
 High Risk MM - With Plasma Cell Enrichment
 MM IgH Complex - With Plasma Cell Enrichment
 MM/MGUS - Reflex to MM IgH Complex if IgH positive. (Only available with global panel. Tech-Only clients must use the test add-on process.)
 With Plasma Cell Enrichment
 Plasma Cell Myeloma Risk Stratification (IMWG) - With Plasma Cell Enrichment

Individual Probes

ALK / Lymphoma (2p23) IgH/MAFB t(14;20) Other: _____
 API2/MALT1 t(11;18) MYC/IgH/CEN8 t(8;14) Other: _____
 BCR/ABL1/ASS1 t(9;22) PML/RARA t(15;17) Other: _____

Molecular Genetics

Prothrombin G20210A Factor V Leiden R506G
 ABL1 (Gleevec® resistance) BCR-ABL1, t(9;22) ETV6-RUNX1 (TEL-AML1) t(12;21) JAK2 V617F NPM1 PML-RARA, t(15;17)
 B-Cell BRAF FLT3 Exon 12-14 RUNX1-RUNX1T1
 B-Cell & T-Cell CEBPA IgVH Mutation MPL (AML1-ETO) , t(8;21)
 BCL1, t(11;14) Chimerism/DNA Fingerprinting inv(16) CBFB-MYH11 MPN Standard T-Cell
 BCL2, t(14;18) JAK2 Exon 12-14 Reflex Panel Other _____

YPI Accsion Number

Specimen Requirements

Keep specimen at ambient temperature and ship with cool pack. Please call Yellowstone Pathology Institute with any questions regarding specimen requirements or shipping instructions. 888-400-6640.

Histomorphology

- Bone Marrow Core / 1-2 cm Minimum core length in 10% Neutral Buffered Formalin or FFPE Block Cassette.
- Bone Marrow Aspirate Clot / place in 10% Neutral Buffered Formalin or FFPE Block Cassette.

Flow Cytometry (Please provide recent CBC)

- Bone Marrow Aspirate / 1-2 mL minimum in EDTA (purple top) tube preferred. 1-2mL minimum in Sodium Heparin tube (green top) or ACDA (pale yellow / no gel separator) is acceptable. Please provide recent CBC report.
- Peripheral Blood / 1-2 mL minimum in EDTA tube (purple top) preferred. 1-2 mL minimum in Sodium Heparin tube (green top) or ACDA (pale yellow / no gel separator) is acceptable. Please provide recent CBC report.
- Bone Marrow Core / 1-2 cm minimum core length in RPMI.
- Fresh Tissue / Two pieces tissue 0.2 cm³ minimum in RPMI.
- Fluids & FNAs / Equal parts RPMI and specimen volume.

Cytogenetics

- Bone Marrow Aspirate / 1-2 mL Minimum in Sodium Heparin tube (green top).
Must provide EDTA tube (purple top) in addition to Sodium Heparin tube (green top) when ordering AML Reflex.*
- Peripheral Blood / 2-5 mL Minimum in Sodium Heparin tube (green top).
- Bone Marrow Core / 1-2 cm Minimum core length in RPMI.
- Fresh Tissue / Two pieces tissue 0.2 cm³ Minimum in RPMI.
- Fluids / Equal parts of RPMI and specimen volume; FNAs / Minimum 5 mL RPMI with specimen.

FISH

- Bone Marrow Aspirate / 1-2 mL minimum in Sodium Heparin (green top) tube preferred. 1-2mL minimum in EDTA tube (purple top) is acceptable.
- Peripheral Blood / 2-5 mL minimum in Sodium Heparin (green top) tube preferred. 2-5 mL minimum in EDTA tube (purple top) is acceptable.
- Bone Marrow Core / 1-2 cm minimum core length in RPMI.
- Fresh Tissue / Two pieces tissue 0.2 cm³ minimum in RPMI.
- Fluids & FNAs / Equal parts RPMI and specimen volume.
- FFPE lymph node in block: Please provide block cassette plus 1 H&E cut at 4-5 microns. Area of interest must be circled on H&E when ordering tech-only FISH
- FFPE lymph node cut slides: 12 positively charged unstained slides plus 1 H&E cut at 4-5 microns. Area of interest must be circled on H&E when ordering tech-only FISH.

Molecular

- Bone Marrow Aspirate / 2mL in EDTA (purple top) tube.
- Peripheral Blood / 5mL in EDTA (purple top) tube.
- Fresh Tissue / Two pieces tissue 0.2cm³ minimum in RPMI. Frozen tissue acceptable.
- FFPE lymph node in block: 1 H&E slide (required) plus block.
- FFPE lymph node cut slides: 1 H&E slide (required) plus 5-10 positively-charged unstained slides cut at 5 or more microns. Do not use zinc fixatives.

Additional Billing Information

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

- Third Party Billing by NeoGenomics and Yellowstone Pathology Institute, Inc. for Tests. NeoGenomics and Yellowstone Pathology Institute, Inc. shall, whenever possible and permitted by law, directly bill and collect from all insurers, health care service plans (e.g., health maintenance organizations), federal or state health care payment programs (including Medicare and Medicaid), and other third party payers (collectively, the "Third Party Payers"), for all testing services ordered from NeoGenomics and Yellowstone Pathology Institute, Inc pursuant to this Requisition Form ("Services"). Client agrees that NeoGenomics and Yellowstone Pathology Institute, Inc shall be responsible for billing (i) the professional component of all Services to Medicare, and (ii) global Services to any and all commercial insurance payers unless NeoGenomics and Yellowstone Pathology Institute, Inc and Client agree otherwise for certain insurance payers due to contractual limitations or in other mutually agreed upon special situations. Client further agrees that, except for those tests or portions of tests which should be billed back to Client as described below (Client Billing for Certain Tests), Client will indicate on the Requisition Form that NeoGenomics and Yellowstone Pathology Institute, Inc should bill the appropriate Third Party Payer directly for any such tests or portions of tests, and will provide NeoGenomics and Yellowstone Pathology Institute, Inc all Billing Information necessary to bill Third Party Payers for the professional component Services ordered even if the technical component Services are to be billed back to the Client.

- Right to Bill Client in the Event that Billing Information is Not Provided or in the Case of Uninsured Patients. In the event NeoGenomics does not receive the Billing Information required for it to bill any Third Party-Billed Tests within ten (10) days of the date that any such test is reported by NeoGenomics or the tests were performed for patients that have no Third Party Payer coverage arrangements, NeoGenomics shall have the right to bill such tests to Client. In the event that Client subsequently provides NeoGenomics with Billing Information for such tests before paying the related invoice, then Client may pay the invoiced amount less any amounts for tests in which Billing Information was subsequently provided.

Test Descriptions and Notations

Flow Cytometry

- YPI offers an adaptive and inclusive menu of markers which are selected for use depending on the sample type, sample volume, and clinical information provided.
- Our list includes but is not limited to: CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD11c, CD13, CD14, CD15, CD16, CD19, CD20, CD23, CD25, CD33, CD34, CD38, CD41, CD45, CD52, CD56, CD64, CD71, CD79a, CD79b, CD103, CD117, CD138, FMC-7, Glycophorin A, HLA-DR, Kappa, Lambda, Tdt, MPO, alpha-beta, gamma-delta, lysozyme, and cytokeratin.
- ZAP-70 performed by IHC (soon to be performed by flow cytometry)

Cytogenetics

- Reflex to NeoTYPE Concise AML Prognostic Profile: Intermediate risk cytogenetics in AML, defined by SWOG/ECOG criteria as normal cytogenetics, +6, +8, -Y, or del(12p), will automatically reflex to molecular testing. Must provide EDTA tube (purple top) in addition to Sodium Heparin tube (green top) when ordering AML Reflex.
- **NeoTYPE AML Prognostic:** Concise Profile includes: CEBPA, DNMT3A, FLT3, IDH1, IDH2, NPM1, NRAS, interpretation. .

FISH

- MM/MGUS & High Risk MM Panels: May include plasma cell enrichment on specimens of sufficient cellularity. Sample should be received at NeoGenomics Laboratories within 48 hours of collection.

Disease State/Panel	FISH Probe(s)
ALL	BCR/ABL1/ASS1 t(9;22), MLL (11q23)
AML Extended	5q-/5+5, 7q-/7, +8, MLL (11q23), RPN1/MECOM (3q), DEK/CAN t(6;9), ETV6 (12p13), 17p-
AML Favorable Risk	CBFβ (16q22), RUNX1/RUX1T1 (ETO/AML1) t(8;21), PML/RARA t(15;17)
AML M2	RUNX1/RUX1T1 (ETO/AML1) t(8;21)
AML M3 (APL)	PML/RARA t(15;17)
AML M4	CBFβ (16q22), MLL (11q23)
AML Standard	5q-/5+5, 7q-/7, +8/20q-/20, MLL (11q23), RUNX1/RUX1T1 (ETO/AML1) t(8;21), PML/RARA t(15;17), CBFβ (16q22)
Anaplastic Large Cell Lymphoma	ALK for Lymphoma (2p23)
Burkitt Lymphoma	MYC/IgH/Cen 8 t(8;14), MYC (8q24)
CLL	14q- (SEC33 (8q21), MYB (6q23)), ATM (11q-); Trisomy 12 (Cen 12); 13q- (13q14, 13q34); CCND1/IgH t(11;14); p53 (17p-)
CML	BCR/ABL1/ASS1 t(9;22)
Eosinophilia	PDGFRa (4q12), PDGFRb (5q33), FGFR1 (8p12), CBFβ (16q22)
Follicular Lymphoma	IgH/BCCL2 t(14;18)
High-Grade/Large B-Cell Lymphoma	BCL6 (3q27), MYC (8q24), IgH/BCCL2 t(14;18)
High Risk MM	FGFR3/IgH t(4;14), IgH/MAF t(14;16), 13q-/13, p53 (17p13.1)
Mantle Cell Lymphoma	CCND1/IgH t(11;14)
Marginal Zone B-Cell Lymphoma/ MALT Lymphoma	MALT1 (18q21), API2/MALT1 t(11;18)
MDS Extended	5q-/5+5, 7q-/7, +8/20q-/20, MLL (11q23), RPN1/MECOM (3q), ETV6 (12p13), 17p-, +19
MDS Standard	5q-/5+5, 7q-/7, +8/20q-/20, MLL (11q23)
MM IgH Complex	CCND1/IgH t(11;14), FGFR3/IgH t(4;14), IgH/MAF t(14;16). Available separately: IgH/MAFB t(14;20).
MM-MGUS	1q+, +3, +9, +5, 13q-/13, IgH (14q32), p53 (17p13.1)
NHL	ALK for Lymphoma (2p23), BCL6 (3q27), MYC (8q24), CCND1/IgH t(11;14), IgH (14q32), IgH/BCCL2 t(14;18), MALT1 (18q21)
Plasma Cell Myeloma Risk Stratification (IMWG)	FGFR3/IgH t(4;14), IgH/MAF t(14;16), IgH/MAFB t(14;20), 17p- (TP53, Cen 17), Chromosome 1
XY	Cen X, DY21

Panel configurations are updated periodically. Please check the NeoGenomics website for the most up-to-date information

Molecular Genetics

- BCR-ABL1 Reflex to ABL1: ABL1 Kinase Domain Mutation will be run when BCR-ABL1 is positive.
- JAK2 V617 Reflex to JAK2 Exon 12-14: Exon 12-14 will be run when V617F result is negative.
- MPN Standard Reflex Panel: JAK2 V617F is run first. JAK2 Exon 12-14 will be run when V617F is negative. MPL will be run when JAK2 Exon 12-14 is negative.

NeoTYPE™ Profiles

- NeoTYPE™ AML Prognostic Profile: CEBPA, DNMT3A, FLT3, IDH1 & IDH2, NPM1, RUNX1, WT1
 - NeoTYPE™ Breast Tumor Profile: BRAF, c-KIT, EGFR, PIK3CA, PTEN FISH, PTEN Molecular, TP53, HER2 FISH)
 - NeoTYPE™ CLL Prognostic Profile: CLL FISH Panel, IgVH, NOTCH1, SF3B1, ZAP-70 (FLOW)
 - NeoTYPE™ Colorectal Tumor Profile: BRAF, c-KIT, DNMT3A, EGFR, IDH1, IDH2, KRAS, NRAS, PIK3CA, PTEN FISH, PTEN Molecular, TP53, MSI
 - NeoTYPE™ Gastric Tumor Profile: BRAF, c-KIT, DNMT3A, EGFR, IDH1, IDH2, KRAS, NRAS, PIK3CA, PTEN FISH, PTEN Molecular, TP53, HER2 FISH
 - NeoTYPE™ Lung Tumor Profile: BRAF, c-KIT, DNMT3A, EGFR, IDH1, IDH2, KRAS, NRAS, PIK3CA, PTEN FISH, PTEN Molecular, TP53, ALK FISH
 - NeoTYPE™ Lymphoma Profile: BCL1, BCL2, CARD11, CD79B, MYD88, TP53
 - NeoTYPE™ MDS/CMML Profile: ASXL1, CBL, EZH2, IDH1, IDH2, NRAS, PTPN11, RUNX1, SF3B1, SRSF2, TET2, TP53, U2AF1, ZRSR2
 - NeoTYPE™ Spliceosome Mutation Profile: SF3B1, SRSF2, U2AF1, ZRSR2
 - NeoTYPE™ Solid Tumor (Other) Profile: BRAF, DNMT3A, EGFR, IDH1, IDH2, KIT, KRAS, NRAS, PIK3CA, PTEN FISH, PTEN Mutation, TP53
- * All tests may be ordered separately

- NeoARRAY™ SNP/Cytogenetic Profile - For detection of copy number variants and loss of heterozygosity or uniparental disomy

Common ICD-9 Codes

201.90	Hodgkin's Disease, Unspecified
202.80	Non-Hodgkin's Lymphoma
203.00	Multiple Myeloma
203.10	Plasma Cell Leukemia
204.00	Acute Lymphoid Leukemia (ALL)
204.10	Chronic Lymphocytic Leukemia (CLL)
205.00	Acute Myeloid Leukemia (AML)
205.10	Chronic Myeloid Leukemia (CML)
205.80	Other Myeloid Leukemia
208.00	Leukemia, Acute NEC
208.10	Leukemia, Chronic NEC
238.71	Thrombocytopenia
238.75	Myelodysplastic Syndrome, Unspecified
273.1	Monoclonal Gammopathy
284.1	Pancytopenia
285.9	Anemia
287.5	Thrombocytopenia
288.00	Neutropenia, Unspecified
288.50	Leukopenia
288.60	Leukocytosis
511.9	Pleural Effusion
784.2	Swelling of Mass in Head or Neck