FOLR1 IHC CDx
Sponsored Testing Program Request Form

Phone 866.776.5907
Fax 239.690.4237

Program Description:

Eligible patients may receive one (1) FOLR1 FDA (ELAHERE™) for Ovarian Carcinoma test regardless of test results or treatment decision. Patients must meet all of the following criteria to be eligible:

- Patient has ovarian cancer (including epithelial ovarian cancer, primary peritoneal cancer or primary fallopian tube cancer)
- Patient lives and receives treatment in the United States or a US Territory
- Patient does not have a known FRα expression from a previous test
- Patient has not previously been tested under this Program

No patient, health care program, or beneficiary shall be billed for this test. This test shall not be included in a bundled payment to any health care facility including, but not limited to, a hospital. The ordering physician shall not be compensated any fees in connection with this testing, such as for specimen collection, handling, or data reporting. Program is not valid where prohibited by law. NeoGenomics and Immunogen reserve the right to rescind, revoke, or amend the program for any reason without notice.

Client Information

Required Information

Account #: _____ **Account Name:** _____

Street Address: _____

_____

City, ST, ZIP: _____

Phone: _____ **Fax:** _____

Additional Reporting Fax: _____

Requisition Completed by: _____ Date: _____

Ordering Physician (please print: Last, First): _____ **NPI #:** _____

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

The undersigned certifies that he/she is (1) licensed to order the test(s) listed below and he/she agrees to the terms in Program Description; (2) that such test(s) are medically necessary for the care/treatment of this patient; and (3) patient meets eligibility requirements and has provided consent to perform the services described.

Authorized Signature: _____ **Date:** _____

Clinical Information

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

ICD 10 (Diagnosis) Code/Narrative (Required): _____

Reason for Referral: _____

☐ New Diagnosis ☐ Relapse ☐ In Remission ☐ Monitoring

Staging: ☐ 0 ☐ I ☐ II ☐ III ☐ IV Note: _____

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.

Specimen Information

ONCOLOGY OFFICE & PATHOLOGY TO COMPLETE

Oncology office to complete Specimen ID and Collection Date when possible.

Specimen ID: _____ **Block ID:** _____

Fixative/Preservative: _____ **Retrieved Date:** mm_____ / dd_____ / yyyy _____

Collection Date: mm_____ / dd_____ / yyyy _____ Collection Time: _____ ☐ AM ☐ PM

☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____

☐ Primary ☐ Metastasis – If Metastasis, list Primary: _____

☐ Paraffin Block(s) #: _____

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

3rd Party Specimen Location

ONCOLOGY OFFICE TO COMPLETE

☐ Client will arrange separate tissue shipment to NeoGenomics OR
Complete the following so that NeoGenomics Client Services will request specimen from Pathology site. **Please fax** this completed requisition and pathology report to 239.690.4237.

Location of Specimen: _____

Street Address: _____

City: _____ **ST:** _____ **ZIP:** _____

Phone: _____ **Fax:** _____

Body Site: _____

Select Testing

☐ **FOLR1 IHC CDx, Sponsored Testing Program‡**

Note: Please submit a separate requisition for tests outside of the program's scope.

Program Overview

Please see our website for details of the FOLR1 IHC CDx Sponsored Testing Program at:
https://neogenomics.com/diagnostic-services/sponsored-testing-programs/folr1-ovarian-cancer-testing-program

Specimen Requirements

A formalin-fixed, paraffin-embedded (FFPE) tissue block is the preferred specimen type

Or

One (1) unbaked, unstained slide for H&E staining (required) and two to three (2-3) positively charged unstained slides (all cut at 4-5 microns)

Block and slide identifiers should be clearly written and match exactly with the specimen ID and specimen labeling as noted on the requisition.

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.

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