TEMPUS

Comprehensive Profiles Requisition 2025.08.08

p: 800.739.4137 | f: 800.893.0276 | e: support@tempus.com If any information is incomplete or missing, testing may be delayed.

Associated Study	Study ID

ORDERING PHYSICIAN INFORMATION													
Ordering Physician (full legal name)										NPI#			
Facility Name			Tempus Account #			Email (required	ail (required for report delivery)				Fax		
Facility Address (Street, Unit)			City	City					State	Posta	al Code	Country	
Additional person to be copied			ı			Form co	mpleted by		1				
Name	Email/Fax				Name	Name		Email/Fax			Facility Name		
PATIENT INFORMATION													
Last Name				MI		First Name							
DOB (MM/DD/YYYY)	Medical Record #	Biological Sex Email F M Unknown								Phone	Phone		
Address (Street, Unit)				City				State		Postal Code	Country	/	
BILLING INFORMATION													
Primary insurance plan name	F	Policy #				Group#			Policy Ho	older Name		Policy	Holder DOB
Patient relationship to policy holder	r: Self Spouse	Child Othe	er:				Bill Typ	e: Insu	ırance	Hospital/Instit	ution Sel	lf pay/Internation	al
CURRENT CANCER DIAGI	NOSIS												
Biliary Bladder Breast	Colorectal Endometrial	Hen Hep	ne oatocellular	Pro	state	Metas	Status (select all static, refractory, sidence of Disease	relapsed, o	or recurrer	nt		Stage:	
Cancer of Unknown Primary Cervical Central Nervous System	Esophageal Gastric Head and Ne	anoma CLC Irian	Sarcoma CLC Thyroid			Date of curative intent surgery (if any):				on or considering immunotherapy? vn; Drug name(s):			
-			il lail										
Primary ICD-10 Codes (C, D, & Z codes): Has the patient had any type of transplant? No Yes; Type:													
						Has the							
TESTING OPTIONS						Has the						DT for tumor-only	, and LDT for heme.
TESTING OPTIONS Comprehensive Therapy		Comprehe	nsive MRD	& Diseas	e Monit			ing xT, Tem	npus will ru			.DT for tumor-only	, and LDT for heme.
	Selection ¹		nsive MRD Personal® Dx)	& Diseas	e Monit		When orders Individual 7	ing xT, Tem Test Opt	npus will ru	un CDx for tumo	r+normal, L		, and LDT for heme.
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My signature certifies that (1) the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s); (2) the ordered test(s) are medically necessary and will inform the patient's treatment plan; (3) unless otherwise set forth on this form, the patient has recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer; and (4) the patient has provided informed consent that meets the requirements of applicable law for Tempus or its reference lab to: (a) collect and use the patient's samples (including genetic material) and health information and perform the ordered test(s); (b) bottain, receive, and release health information including test results) as necessary for reimbursement or the processing of insure calaims; (c) retain and use samples and health information for an indefinite period of time in accordance with applicable law; and (d) de-identify such samples and information and use and share the resulting de-identified samples and information in accordance with applicable law.

In addition, my signature certifies that (1) if xT and xF are ordered within 30 days of one another, the order is medically necessary because guidelines support the use of testing, turnaround time for tissue result may delay a treatment decision, the tissue is at risk to fail (e.g., small tissue, archived tissue) and I may not have a timely result to make a treatment decision, and/or genomic heterogeneity may cause available tissue to not be completely representative, and I want to make sure I have a complete mutation profile; and (2) for xF orders made when the first xM test result is MRD+, the patient has recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer as of the xF test date (unless I contact Tempus to the contrary).

Included Attachments: Copy of patient's progress notes and/or medical records Copy of recent pathology report Copy of insurance card

Ordering Physician Signature: Printed Name (full legal name): Today's Date (MM/DD/YYYY):

Test Name	Description	Specimen(s) Required	Kit Type
xT CDx	FDA-approved 648-gene DNA sequencing test.	FFPE tissue and normal blood or saliva	Tempus Tissue ●, Blood ●, Saliva ●
xT LDT	648-gene DNA sequencing test.	FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue ●, Blood ●, Heme ●
xR	Whole transcriptome RNA sequencing test.	FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue ●, Blood ●, Heme ●
xF	105-gene liquid biopsy tests for solid tumors.	Blood (Streck)	Tempus Blood●
xF+	523-gene liquid biopsy tests for solid tumors.	Blood (Streck)	Tempus Blood ●
xG(CancerNext®)	40-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA), or saliva	Hereditary Blood (DNA) , Hereditary Saliva (DNA)
xG+(CancerNext-Expanded®)	77-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA), or saliva	Hereditary Blood (DNA) , Hereditary Saliva (DNA)
+RNAinsight®	Germline RNA sequencing add-on, powered by Ambry Genetics.	Blood (PAXgene®)	Hereditary Blood (DNA+RNA)
xM (NeXT Personal® Dx)	Tissue-informed test for monitoring cancer, test by Personalis.	Initial test requires: FFPE tissue, blood (EDTA), and blood (Streck). Subsequent tests require: blood (Streck).	Tempus Tissue ●, xM (NeXT Personal® Dx) Blood ●
xM	Tissue-free MRD for resectable CRC.	Blood (Streck)	Tempus xM MRD Blood ●

xT CDx logistical details: If a normal sample is timely provided, Tempus will run xT CDx for any xT test. If unavailable, Tempus will reflex to xT LDT. Refer to tempus.com/testing-resources for reflex protocols.

The following fields are for xG (CancerNext®) or xG+ (CancerNext-Expanded®) orders ONLY. Disregard if not testing for hereditary cancers.

FAMILY HISTORY						
None/No known family history	Unknow	n Adoj	oted			
Relationship to patient		Maternal	Paternal	Age at diagnosis	Details of relev	vant history
ANCESTRY						BONE MARROW TRANSPLANT
White/Caucasian	Native Ar	merican	Mido	lle Eastern		Personal history of allogeneic bone marrow or peripheral stem cell transplant: Yes No
Hispanic	East Asia	ın	Ashl	cenazi Jewish		Note: Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bone
Black/African American	South As	ian	Othe	er:		marrow or peripheral stem cell transplant.
PRIOR PERSONAL OR FAM	ILY HIST	TORY OF	GENETI	C TESTING		
No personal or family history of molecular and/or genetic testing.					Relationship to patient: Self Family member:	
Germline testing						Microsatellite instability analysis:
Test performed:		Resul	lts:			Stable (MSS) Unstable/High (MSI-High) Unstable/Low (MSI-Low)
Somatic/tumor testing						Immunohistochemical staining
Test performed:		Resu	lts:			Proteins present: Proteins absent:

RELEVANT CLINICAL HISTORY (Previous cancer diagnosis, GI polyps, etc.)