TEMPUS

Comprehensive Profiles Requisition 2025.05.13

p: 800.739.4137 | f: 800.893.0276 | e: support@tempus.com

If 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 for report delivery)		Fax
Facility Address (Street, Unit)	City	State	Postal Code	Country

Additional person to be copied			**Form completed by**		
Name	Email/Fax	Facility Name	Name	Email/Fax	Facility Name

PATIENT INFORMATION

Last Name	MI	First Name		
DOB (MM/DD/YYYY)	Medical Record #	Biological Sex ☐ F ☐ M ☐ Unknown	Email	Phone

Address (Street, Unit)	City	State	Postal Code	Country

BILLING INFORMATION

Primary insurance plan name	Policy #	Group#	Policy Holder Name	Policy Holder DOB

Patient relationship to policy holder: ☐ Self ☐ Spouse ☐ Child ☐ Other:

Bill Type: ☐ Insurance ☐ Hospital/Institution ☐ Self pay/International

CURRENT CANCER DIAGNOSIS

☐ Biliary	☐ Colorectal	☐ Heme	☐ Pancreatic
☐ Bladder	☐ Endometrial	☐ Hepatocellular	☐ Prostate
☐ Breast	☐ Esophageal	☐ Melanoma	☐ Renal
☐ Cancer of Unknown Primary	☐ Gastric	☐ NSCLC	☐ Sarcoma
☐ Cervical	☐ Head and Head	☐ Ovarian	☐ Thyroid
☐ Central Nervous System	☐ Head and Neck		☐ Other

Disease Status (select all that apply):
☐ Metastatic, refractory, relapsed, or recurrent
☐ No Evidence of Disease ☐ Other

Stage:

Date of curative intent surgery (if any):

Is the patient currently on or considering immunotherapy?
☐ No ☐ Yes ☐ Unknown; Drug name(s):

Primary ICD-10 Codes (C, D, & Z codes):

Has the patient had any type of transplant? ☐ No ☐ Yes; Type:

TESTING OPTIONS

Tempus uses the diagnosis information you provide to determine tests ordered by current cancer diagnosis. See tempus.com/testing-resources/ for tests ordered by current cancer diagnosis.

Comprehensive Therapy Selection

☐ xT* (DNA), xR (RNA), and IHC & Algorithmic tests by current cancer diagnosis

Liquid biopsy add-ons (select only one):

☐ Add xF+ concurrently

☐ Add xF if xT* results in QNS or no actionable variants

Hereditary add-ons:

☐ Add xG+ (CancerNext-*Expanded*®)

↳ ☐ +RNAinsight®

*CDx for tumor+normal, LDT for tumor-only, and LDT for heme.

Comprehensive MRD & Disease Monitoring

☐ xM, tissue-informed test (NeXT Personal® Dx)

☐ xM, tissue-free test for CRC

↳ ☐ Do not include an xF result if the first xM result is MRD+.

Recurring draw schedule:

☐ every 4 weeks* ☐ every 3 months ☐ 1 time

☐ every 6 weeks* ☐ every 6 months

Please indicate the total number of draws. ☐

Testing is for 12 months unless total number of draws is entered.

*Available for NeXT Personal® Dx only.

Individual test options:

☐ **xT CDx + xR** (DNA+RNA, tumor+normal, solid tumor)
↳ ☐ Add xF if xT* results in QNS or no actionable variants
☐ **xT LDT + xR** (DNA+RNA, tumor-only)
☐ **xT LDT + xR** (DNA+RNA, heme)
☐ **xT CDx** (DNA, tumor+normal, solid tumor)
↳ ☐ Add xF if xT* results in QNS or no actionable variants
☐ **xT LDT** (DNA, tumor-only)
☐ **xT LDT** (DNA, heme)
☐ **xR** (RNA, solid tumor or heme)
☐ **xF** (liquid biopsy)
☐ **xF+** (liquid biopsy)
☐ **xG (CancerNext®)** (hereditary)
↳ ☐ **+RNAinsight®**
☐ **xG+ (CancerNext-*Expanded*®)** (hereditary)
↳ ☐ **+RNAinsight®**

SPECIMEN RETRIEVAL

See Tempus' specimen guidelines for collection instructions and further details.

☐ **FFPE Tissue** / ☐ **Bone Marrow Aspirate** *Submitting pathologist will choose FFPE Tissue if specimen details are not provided.*

Pathology Lab (Name, City)		Specimen Collection Facility	Patient status at time of specimen collection:
Case Number	Block #	Date of Collection / Biopsy to be scheduled for	☐ Office/Non-Hospital ☐ Hospital Outpatient ☐ Hospital Inpatient → ☐ Not yet discharged ***OR*** Discharge date:

☐ **Blood** / ☐ **Saliva** / ☐ **Other**

☐ Mobile phlebotomy ☐ Send saliva kit to patient ☐ Sample previously submitted

Date of Collection: Specimen Collection Facility:

Patient status at time of specimen collection:
☐ Office/Non-Hospital
☐ Hospital Outpatient
☐ Hospital Inpatient → ☐ Not yet discharged ***OR*** Discharge date:

PHYSICIAN SIGNATURE & CONSENT

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) obtain, receive, and release health information (including test results) as necessary for reimbursement or the processing of insurance claims; (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):

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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 test for monitoring cancer.	Blood (Streck)	Tempus 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.

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

FAMILY HISTORY

☐ None/No known family history ☐ Unknown ☐ Adopted

Relationship to patient	Maternal	Paternal	Age at diagnosis	Details of relevant history
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

ANCESTRY

☐ White/Caucasian ☐ Native American ☐ Middle Eastern
☐ Hispanic ☐ East Asian ☐ Ashkenazi Jewish
☐ Black/African American ☐ South Asian ☐ Other:

BONE MARROW TRANSPLANT

Personal history of allogeneic bone marrow or peripheral stem cell transplant: ☐ Yes ☐ No

Note: Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bone marrow or peripheral stem cell transplant.

PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING

☐ No personal or family history of molecular and/or genetic testing.

Relationship to patient: ☐ Self ☐ Family member:

☐ Germline testing
Test performed: Results:

Microsatellite instability analysis:
☐ Stable (MSS)
☐ Unstable/High (MSI-High)
☐ Unstable/Low (MSI-Low)

☐ Somatic/tumor testing
Test performed: Results:

☐ Immunohistochemical staining
Proteins present: Proteins absent:

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