

A. PATIENT INFORMATION

Last Name		MI	First Name		
DOB (DD/MM/YYYY)	Medical Record #	Biological Sex F M	Email		Phone
Address (Street, Unit)		City	State	Postal Code	Country

A. ORDERING PHYSICIAN INFORMATION

Distributor		Ordering Physician (full legal name)			Phone
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

C. TESTING OPTIONS

Common test combinations	Test descriptions	Specimen required	Optional add-on tests (select all that apply)	
xT (DNA) & xR (RNA): Solid Tumor/Normal Add xF liquid biopsy at time of order, based on the following: I believe it is medically necessary to order a liquid biopsy test concurrently with a solid tumor tissue test because of one or more of the following reasons: (a) guidelines support the use of testing in this disease state; (b) turnaround time for tissue result may delay a treatment decision for my patient; (c) 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 for my patient; (d) genomic heterogeneity may cause the patient's available tissue to not be completely representative, and I want to make sure I have a complete mutation profile. If I have not already ordered an xF test above, I opt to convert my xT solid tumor order to an xF liquid biopsy test if necessary: By converting immediately OR After an additional tissue request is attempted	xT: 648-gene DNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test.	FFPE Tissue; Normal: Blood or Saliva	Tissue Based Add-Ons PD-L1 (22C3) ¹ PD-L1 (28-8) ¹ PD-L1 (SP142) ¹ PD-L1 (SP263) ¹ MMR IHC HER2 IHC + FISH ^{1,2} FOLR1 IHC FDA ² CLDN18 IHC FDA ² MGMT Methylation ² 1p/19q FISH ² c-MET IHC FDA ²	Algorithmic Add-Ons Immune Profile Score ¹ HRD ^{1,3} Tumor Origin (RNA) DPYD ¹ UGT1A1 ¹
xT (DNA) & xR (RNA): Solid Tumor OR Heme	xT: 648-gene DNA sequencing test; xR: whole transcriptome RNA sequencing test.	FFPE Tissue	1 See our Testing Resources website for IHC and FISH tests ordered by cancer type, and Algorithmic Add-On logistics. 2 Powered by a Tempus Partner Lab. 3 Normal sample is required for ovarian and breast cancers.	
xE (DNA) & xR (RNA): Solid Tumor/Normal	xE: over 19,000-gene whole exome DNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test.	FFPE Tissue; Normal: Blood or Saliva		
Individual test options				
xR (RNA Only): Solid Tumor OR Heme	Whole transcriptome RNA sequencing test.	FFPE Tissue		
xT (DNA Only): Solid Tumor/Normal OR Solid Tumor OR Heme	648-gene DNA sequencing test.	FFPE Tissue; Normal: Blood or Saliva		
xF (Liquid Biopsy): OR xF+ (Liquid Biopsy):	xF: 105-gene or xF+: 523-gene liquid biopsy test for solid tumors.	Blood (Streck)		
xE (DNA Only): Solid Tumor/Normal	xE: Over 19,000-gene whole exome DNA sequencing test with normal match.	FFPE Tissue; Normal: Blood or Saliva		
Monitoring —Must select only one testing cadence. *Standing orders are for one year unless # of draws is indicated. See reverse for details about the Tempus Default Cadence.				
xM: Single test Every 3 months* Every 6 months* Tempus Default Cadence*	# of Draws Date of curative intent surgery	xM: Tumor-naïve minimal residual disease (MRD) assay for CRC patients; Blood (Streck) If the first test result is MRD+, xM also includes a xF test result. Do not order xF even if the first xM test result is MRD+		

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

FFPE Tissue				
Option 1: Specific specimen requested	Option 2: Let the submitting pathologist choose specimen	Option 3: Biopsy to be scheduled for:	Pathology Lab (Name, City)	
			Case Number	Date of Collection (DD/MM/YYYY):
			Block #	
Blood				
Sample previously submitted Date of Collection (DD/MM/YYYY):			Send saliva kit to patient Date of Collection (DD/MM/YYYY):	

E. CURRENT DIAGNOSIS

Breast NSCLC Pancreatic Other: Colorectal Ovarian Prostate	Primary ICD-10 Codes (C & D codes only)	Stage I III Other: II IV
Disease Status (select all that apply): Metastatic Relapse Other: Refractory Recurrent	Has the patient had any type of transplant? No Yes —Type:	Attachments Copy of patient's progress notes and/or medical records. Copy of recent pathology report.

F. BILLING INFORMATION

Primary Insurance Plan Name	Policy #	Authorisation #	Policy Holder Name	Policy Holder DOB
Patient Relationship to Policy Holder Self Spouse Child Other:		Bill Type: Insurance Hospital/Institution Self pay/International		

G. PHYSICIAN SIGNATURE AND CONSENT

I certify that the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s). My signature certifies medical necessity of the test(s) (including that the test results will inform the treatment plan) and further certifies that I am authorized to order the test(s) and that 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 (if applicable); and (c) collect, use, and retain samples and information obtained from the patient, all in accordance with the Tempus Consent to Genomic Testing form signed by the patient.	Ordering Physician Signature	
	Printed Name (full legal name)	Today's Date (DD/MM/YYYY)