

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	Primary ICD-10 Codes (C, D, & Z codes):	
Bladder	Endometrial	Hepatocellular	Prostate	Disease Status (select all that apply):	
Breast	Esophageal	Melanoma	Renal	Metastatic, refractory, relapsed, or recurrent	
Cancer of Unknown Primary	Gastric	NSCLC	Sarcoma	No Evidence of Disease Other	
Cervical	Head and Neck	Ovarian	Thyroid	Stage:	
Central Nervous System			Other	Has the patient had any type of transplant? No Yes; Type:	

TESTING OPTIONS

When ordering xT, Tempus will run CDx for tumor+normal, LDT for tumor-only, and LDT for heme.

Comprehensive Therapy Selection ¹

xT (DNA) and tailored testing add-ons by current cancer diagnosis

Liquid biopsy add-ons (select only one):

Add xF concurrently

Reflex to xF ²

Hereditary add-ons:

Add CancerNext-Expanded^{® 3}

+RNAinsight[®]

Individual Test Options

SOLID TUMOR & HEME

Tumor + Normal: xT (DNA)

Reflex to xF ²

Tumor Only: xT (DNA)

Heme: xT (DNA)

LIQUID BIOPSY

HEREDITARY

xF

CancerNext-Expanded^{® 3}

CancerNext^{® 3}

Add +RNAinsight[®]

Add +RNAinsight[®]

Add-on Tests

TISSUE-BASED TESTS

PD-L1 (22C3)

PD-L1 (28-8)

FOLR1 ³

MGMT ³

PD-L1 (SP142)

HER2 + FISH Reflex ³

CLDN18 ³

1p/19q ³

PD-L1 (SP263)

MMR

c-MET ³

¹ 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.

² Reflex to xF in the event xT results in QNS or no actionable variants.

³ Powered by a Tempus partner lab.

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 #		Office/Non-Hospital	
		Date of Collection / Biopsy to be scheduled for		Hospital Outpatient	
				Hospital Inpatient	
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	

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 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.

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):

Please also complete the required New York State patient consent form. If this form is not completed it may result in order delays.

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.

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

Relationship to patient	None/No known family history		Unknown		Adopted	
	Maternal	Paternal	Age at diagnosis	Details of relevant history		

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

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.

No personal or family history of molecular and/or genetic testing.		Relationship to patient:	Self	Family member:
Germline testing *		Microsatellite instability analysis:		
Test performed:	Results:	Stable (MSS)		
		Unstable/High (MSI-High)		
		Unstable/Low (MSI-Low)		
Somatic/tumor testing *		Immunohistochemical staining		
Test performed:	Results:	Proteins present:	Proteins absent:	