TEMPUS

Comprehensive Profiles Requisition NYS 2025.05.13

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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 Neck	☐ Ovarian	☐ Thyroid
☐ Central Nervous System			☐ Other

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

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

Stage:

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) and IHC 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.*

Individual test options:

☐ **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)
☐ **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 → ☐ Not yet discharged ***OR*** Discharge date: ☐ Hospital Inpatient

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

☐ Mobile phlebotomy ☐ Send saliva kit to patient ☐ Sample previously submitted	Patient status at time of specimen collection:
Date of Collection: Specimen Collection Facility:	☐ 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 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.

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
xF	105-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)

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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