TEMPUS xF REQUISITION FORM

Liquid Biopsy panel of 105 genes

FAX: 708.575.1789 | EMAIL: support@tempus.com

Associated Study _____

Study ID _____

PATIENT INFORMATION

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

ORDERING PHYSICIAN INFORMATION

Office / Practice / Institution Name		Clinic
Street Address, Unit		City
State	Postal Code	Country
Phone		Fax
Ordering Physician		
Email Address (required for report delivery)		

DIAGNOSIS *Please attach the most recent Progress Note and Pathology Report

Diagnosis	Race / Ethnicity
Most recent treatment	Date of most recent treatment

TEST OPTIONS

☐ **xF Panel - liquid biopsy panel of 105 genes**

Designed for solid tumors when a tissue sample cannot be obtained, or when monitoring treatment response

Blood Specimen Collection Date: _____

BILLING INFORMATION

ICD-10 Primary Diagnosis Code(s)	**Bill Type** ☐ Insurance (must attach copy of card) ☐ Hospital / Institution ☐ Medicare - Part B ☐ Self Pay/International Patient	**Patient Status (for Medicare patients)** ☐ Hospital Inpatient - Date of Discharge: _____
Primary Insurance	Policy #	Group #
Policy Holder Name	Policy Holder DOB	Patient Relationship to Policy Holder ☐ Self ☐ Spouse ☐ Child ☐ Other

Medical Justification for Testing (not needed for patients who have already received xT testing)

- ☐ Patient newly diagnosed with stage IV non-small cell lung cancer (NSCLC)
- ☐ Patient newly diagnosed with cancer of unknown primary (CUP)
- ☐ Patient newly diagnosed with selected stage IV rare or uncommon solid tumors for whom very limited or no systemic treatment exists in clinical care guidelines and/or pathways.
- ☐ Patient newly diagnosed with selected Stage IV solid tumor types having poor prognosis, very limited benefit from standard of care chemotherapies.
- ☐ Patient with a stage IV solid tumor who has exhausted the established guideline-driven systemic therapy but desires further treatment.
- ☐ Other: _____

Medical Justification for xF

- ☐ Physician is unable to obtain a tissue sample (e.g., tumor location, patient consent or health)
- ☐ Physician elects to monitor treatment response (e.g., looking for acquired resistance biomarkers or looking for first signs of response like eradication of EGFR)

PHYSICIAN SIGNATURE

I certify that I have explained to the patient the purpose, risks and benefits of the test being ordered. My signature below is my certification of medical necessity for the test and further certifies that I have obtained from the patient informed consent that meets the requirements of applicable law for Tempus to: (a) perform the test described in this form; (b) obtain, receive, and release, test results and any corresponding medical information as necessary for reimbursement or the processing of insurance claims; (c) retain samples and information obtained from the patient, including the test results, for an indefinite period of time; (d) use information obtained from the patient and the test results in accordance with applicable law, including de-identifying such information and disclosing the de-identified information for other purposes.

PHYSICIAN SIGNATURE	FORM COMPLETED BY
Ordering Physician Signature	Name
Date (MM/DD/YYYY)	Email

ADDITIONAL PHYSICIAN TO BE COPIED

Name	Email / Fax	Office / Practice / Facility Name

PATIENT CONSENT

Patient Consent to Genetic Testing
Your doctor has ordered genomic sequencing and analysis (hereinafter the "Test") to obtain additional information that may inform medical management of your cancer. This document describes the potential risks, benefits, and limitations of the Test. If you have any questions or need additional information, please consult your doctor before signing. You are not required to have this test. If you decide to authorize the Test, please sign and date where indicated at the end of this document.

Purpose & Process
Tempus will perform Next Generation Sequencing ("NGS") and analysis of certain regions of your DNA that may be associated with your cancer and will report Test results to your doctor. Tempus will perform its most current version of the Test ordered by your doctor. The goal of the Test is to identify key characteristics of your cancer that may inform clinical decision making. Tempus will work with your doctor to obtain a blood sample and information from your electronic health record. Genetic material, including DNA, will be obtained from samples, stored, and analyzed. In order to improve the quality of our testing, Tempus may retain your, cells and/or DNA extracted from your cells for an indefinite period of time following the testing ordered by your doctor and use leftover materials for internal purposes, including quality assurance and test validation. Tempus may also remove directly identifying information from these materials and use them for research purposes, including future research related to cancer diagnosis, testing and therapies.

Risks, Benefits, & Limitations
Tempus' Test report does not provide any medical diagnosis and does not make any specific treatment recommendations; instead it provides information for your doctor to review. There is no guarantee that performance of NGS will yield clinically relevant information, inform your doctor's clinical decision-making or otherwise lead to any particular or beneficial outcome for you.

Test results may show one or more "actionable" genomic alterations, meaning that there may be FDA-approved therapies available that target your specific type of cancer or that certain clinical trials may be available to you. Knowledge about the effects and meaning of genetic changes is constantly changing. This Test does not examine every possible variant that may exist, and the technology also may not identify all variants related to your cancer, because there is a possibility of testing errors by Tempus and because some biological factors may limit the accuracy of results. Tempus is under no ongoing obligation to update, revisit or later re-evaluate the results of the Test after those results have been made available to your doctor through the test report described above.

You are required to sign this agreement in order to receive testing from Tempus, and your signature below indicates that you have read and understood the information and are agreeing to have the Test.

Assignment of Insurance Benefits; Authorization; Appointment as Legal Representative
I hereby assign all applicable health insurance benefits and/or insurance reimbursement I have under my health plan(s) to Tempus Labs, Inc. ("Tempus") for services performed by Tempus. I also appoint Tempus as my authorized representative and convey to Tempus, to the full extent permissible under the law, the power to: (1) file medical claims with the health plan; (2) file appeals and grievances with the health plan and/or any agency or governmental body with applicable authority; (3) obtain and release, medical records and insurance information as necessary to process a claim, appeal or grievance; and (4) collect payment of any and all medical benefits and insurance proceeds (including Medicare and Medicaid). The above appointment and conveyance includes all my rights in connection with any claim, right, or cause of action including litigation against my health plan that I may have, including, the right to claim on my behalf, all such benefits, claims, or reimbursement, and to seek any other applicable remedy, including fines.

Specimen Release
By signing below, I authorize the release of my original clinical specimens (including blood samples) and other materials, including extracted DNA, that are requested by Tempus ("Materials"), and I hereby direct the institution or laboratory receiving this request to release and provide all such Materials to Tempus. I understand that the Materials may be irreplaceable and could be lost or damaged in handling, transit or when used. I agree to release Tempus and any institution or laboratory releasing such Materials from any claims I may have for any such loss or damage to the Materials.

CONSENT TO TEST

Patient Signature
Print Name of Patient
Date (MM/DD/YYYY)

SHIPPING LABEL

Updated June 13, 2019. The most recent Tempus requisition can be found at Tempus.com/resources