

TEMPUS | EMR ORDER CONSENT

Order Date:

INSTRUCTIONS: Complete and fax to Tempus for Tempus|xT or xF orders placed in the EMR.

FAX: 708.575.1789

PHYSICIAN INFORMATION

Ordering Physician	NPI #
--------------------	-------

PATIENT INFORMATION

Last Name	First Name	Patient Medical Record #	DOB (MM/DD/YYYY)
-----------	------------	--------------------------	------------------

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 (and for xT testing, your RNA) 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 tumor samples, normal samples (saliva or blood) and information from your electronic health record. Genetic material, including DNA (and for xT testing, RNA), will be obtained from samples, stored, and analyzed. Tempus will compare DNA sequencing results obtained from the tumor cells with those obtained from your normal cells. In order to improve the quality of our testing, Tempus may retain your tissue, cells and/or DNA or RNA 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 de-identified 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 the Test 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.

Performing the Test on your normal (non-tumor) tissue may reveal health information unrelated to your cancer diagnosis ("incidental findings"). You may learn medical information about yourself that you did not expect, such as learning of an additional diagnosis or a change in your condition, which may or may not be treatable and which may cause you distress just by learning about it. You may choose not to have these additional incidental findings or variants sent to your doctor, and you can do so by selecting the applicable box below. If you want to have these additional results sent to your doctor, Tempus will use its discretion, sending only results that Tempus considers possibly significant at the time it sends the report.

To learn more about genetic testing, you may want to speak with a genetic counselor before and/or after testing. If you want to talk to a genetic counselor, you can ask your doctor to refer you to one. 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 pathology slides/blocks/clinical specimens and other materials, including extracted DNA and RNA, that are requested by Tempus ("Materials"), and I hereby direct the pathology lab 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 pathology laboratory releasing such Materials from any claims I may have for any such loss or damage to the Materials.

CONSENT TO TEST

Patient Signature	REQUIRED – CHECK ONE OF THE BOXES BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO Please indicate your willingness for Tempus to report to your doctor information about incidental findings in your normal sample by checking "YES" or "NO." If you do not select an option, Tempus will report the additional results to your doctor, but only the results that Tempus, at the time of the report, considers to be possibly significant.
Print Name of Patient	
Date (MM/DD/YYYY)	