TEMPUS | nP REQUISITION FORM

NEUROLOGY & PSYCHIATRY

Required fields **FAX: 708.575.1789 | EMAIL: help@tempus.com**

SHIPPING LABEL

PATIENT INFORMATION

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

☐ Please check here for Tempus to send a kit to the provided address

ORDERING PROVIDER INFORMATION

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

GENOMIC SEQUENCING | Please select applicable boxes below.

nP Whole Exome Panel Sequencing (includes Pharmacogenomics and Research Grade Additional Genomic Results) ☐ Saliva Sample	**Specimen Collection** Collection Date: _____

CLINICAL INFORMATION | Complete if Progress Report is not attached

Diagnosis	**Date of Diagnosis**	**Clinical Evaluation i.e. (PHQ-9, HAMD, etc.)** ☐ PHQ-9 ☐ PHQ-2 ☐ HAM-D ☐ M.I.N.I. ☐ Other (please specify): _____	**Summary Result (i.e. PHQ-9 Score: 20/27)**
Relapse/Recurrence ☐ No ☐ Yes - Date: _____	**Medication(s) or Drug Class(es) being considered next**		

Previous/Current Medication(s)

Therapy: _____ Start/End Date: _____ – _____ Response to Therapy: _____

Therapy: _____ Start/End Date: _____ – _____ Response to Therapy: _____

Other Clinically Significant Illnesses: _____

☐ No previous medications

BILLING INFORMATION

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

Medical Justification (check at least one):

- ☐ Patient is suffering from treatment resistant/refractory moderate to severe depression
- ☐ Patient has previously tried and failed at least one neuropsychiatric medication
- ☐ Patient has never received a pharmacogenomic test to guide treatment for various psychotropic medications
- ☐ Patient has a diagnosis of major depressive disorder and/or anxiety
- ☐ A medication with a clinically actionable pharmacogenomic implication is being considered for treatment of the patient's psychiatric condition

PROVIDER 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. My signature also certifies that I am a licensed physician or other provider who is authorized under law (including any applicable practice agreement with a delegating physician) and acting within my scope of practice to submit this order, or I have been delegated authority to transmit this order on behalf of the ordering provider listed above.

PROVIDER SIGNATURE

Authorized by:	**Date (MM/DD/YYYY)**

FORM COMPLETED BY

Name	**Email**

PATIENT CONSENT

I agree to the terms provided on page 2.

Signature of Patient or Legally Authorized Representative
Print Name of Patient or Legally Authorized Representative
If Legally Authorized Representative, Relationship to Patient
Date (MM/DD/YYYY)

IF A PATIENT IS A MINOR:

Signature of Patient for Assent
Date (MM/DD/YYYY)

ADDITIONAL PROVIDER TO BE COPIED

Name	Office / Practice / Facility Name	Email	Fax

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 condition. 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 (or its licensed, third-party contractor) will perform Next Generation Sequencing ("NGS") and analysis of certain regions of your DNA that may be associated with your condition, and Tempus will report Test results to your doctor. Depending on your DNA, the Test may indicate whether you have one or more inherited genetic variants that may be associated with the metabolism of certain therapies. Tempus will work with your doctor to obtain a saliva or blood sample and information from your electronic health record and/or other information related to your clinical care. Genetic material, including DNA and RNA, will be obtained from samples, stored, and analyzed. 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 research purposes, including future research related to 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.

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 condition, because there is a possibility of testing errors by Tempus (or its contractors) 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.

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 consent 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

I authorize the release of my clinical specimens and other materials, including extracted DNA and RNA, that are requested by Tempus ("Materials"), and I hereby direct the physician office/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.

PHENOTYPIC ATTRIBUTES

ICD-10 Code	Description
☐ F32.9	Major depressive disorder, single episode, unspecified
☐ F33.0	Major depressive disorder, recurrent, mild
☐ F33.1	Major depressive disorder, recurrent, moderate
☐ F33.2	Major depressive disorder, recurrent severe without psychotic features
☐ F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
☐ F33.40	Major depressive disorder, recurrent, in remission, unspecified
☐ F33.41	Major depressive disorder, recurrent, in partial remission
☐ F33.42	Major depressive disorder, recurrent, in full remission
☐ F33.9	Major depressive disorder, recurrent, unspecified
☐ F53.0	Postpartum depression

ICD-10 Code	Description
☐ F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
☐ F31.31	Bipolar disorder, current episode depressed, mild
☐ F31.32	Bipolar disorder, current episode depressed, moderate
☐ F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
☐ F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
☐ F31.60	Bipolar disorder, current episode mixed, unspecified
☐ F31.61	Bipolar disorder, current episode mixed, mild
☐ F31.62	Bipolar disorder, current episode mixed, moderate
☐ F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
☐ F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
☐ F31.75	Bipolar disorder, in partial remission, most recent episode depressed
☐ F31.76	Bipolar disorder, in full remission, most recent episode depressed
☐ F31.77	Bipolar disorder, in partial remission, most recent episode mixed
☐ F31.78	Bipolar disorder, in full remission, most recent episode mixed
☐ F31.9	Bipolar disorder, unspecified

ICD-10 Code	Description
☐ F40	Phobic anxiety disorders
☐ F40.0	Agoraphobia
☐ F40.00	Agoraphobia, unspecified
☐ F40.01	Agoraphobia with panic disorder
☐ F40.02	Agoraphobia without panic disorder
☐ F40.1	Social phobias
☐ F40.10	Social phobia, unspecified
☐ F40.11	Social phobia, generalized
☐ F40.2	Specific (isolated) phobias
☐ F40.21	Animal type phobia
☐ F40.210	Arachnophobia
☐ F40.218	Other animal type phobia
☐ F40.22	Natural environment type phobia
☐ F40.220	Fear of thunderstorms
☐ F40.228	Other natural environment type phobia
☐ F40.23	Blood, injection, injury type phobia
☐ F40.230	Fear of blood
☐ F40.231	Fear of injections and transfusions
☐ F40.232	Fear of other medical care
☐ F40.233	Fear of injury
☐ F40.24	Situational type phobia
☐ F40.240	Claustrophobia
☐ F40.241	Acrophobia
☐ F40.242	Fear of bridges
☐ F40.243	Fear of flying
☐ F40.248	Other situational type phobia
☐ F40.29	Other specified phobia
☐ F40.290	Androphobia
☐ F40.291	Gynephobia
☐ F40.298	Other specified phobia
☐ F40.8	Other phobic anxiety disorders
☐ F40.9	Phobic anxiety disorder, unspecified

ICD-10 Code	Description
☐ F41	Other anxiety disorders
☐ F41.0	Panic disorder [episodic paroxysmal anxiety]
☐ F41.1	Generalized anxiety disorder
☐ F41.3	Other mixed anxiety disorders
☐ F41.8	Other specified anxiety disorders
☐ F41.9	Anxiety disorder, unspecified
☐ F42	Obsessive-compulsive disorder
☐ F42.2	Mixed obsessional thoughts and acts
☐ F42.3	Hoarding disorder
☐ F42.4	Excoriation (skin-picking) disorder
☐ F42.8	Other obsessive-compulsive disorder
☐ F42.9	Obsessive-compulsive disorder, unspecified
☐ F43	Reaction to severe stress, and adjustment disorders
☐ F43.0	Acute stress reaction
☐ F43.1	Post-traumatic stress disorder (PTSD)
☐ F43.10	Post-traumatic stress disorder, unspecified
☐ F43.11	Post-traumatic stress disorder, acute
☐ F43.12	Post-traumatic stress disorder, chronic
☐ F43.2	Adjustment disorders
☐ F43.20	Adjustment disorder, unspecified
☐ F43.21	Adjustment disorder with depressed mood
☐ F43.22	Adjustment disorder with anxiety
☐ F43.23	Adjustment disorder with mixed anxiety and depressed mood
☐ F43.24	Adjustment disorder with disturbance of conduct
☐ F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
☐ F43.29	Adjustment disorder with other symptoms
☐ F43.8	Other reactions to severe stress
☐ F43.9	Reaction to severe stress, unspecified
☐ F44	Dissociative and conversion disorders
☐ F44.0	Dissociative amnesia
☐ F44.1	Dissociative fugue
☐ F44.2	Dissociative stupor
☐ F44.4	Conversion disorder with motor symptom or deficit
☐ F44.5	Conversion disorder with seizures or convulsions
☐ F44.6	Conversion disorder with sensory symptom or deficit
☐ F44.7	Conversion disorder with mixed symptom presentation
☐ F44.8	Other dissociative or conversion disorders
☐ F44.81	Dissociative identity disorder
☐ F44.89	Other dissociative and conversion disorders
☐ F44.9	Dissociative and conversion disorder, unspecified
☐ F45	Somatoform disorders
☐ F45.0	Somatization disorder
☐ F45.1	Undifferentiated somatoform disorder
☐ F45.2	Hypochondriacal disorder
☐ F45.20	Hypochondriacal disorder, unspecified
☐ F45.21	Hypochondriasis
☐ F45.22	Body dysmorphic disorder
☐ F45.29	Other hypochondriacal disorders
☐ F45.4	Pain disorders related to psychological factors
☐ F45.41	Pain disorder exclusively related to psychological factors
☐ F45.42	Pain disorder with related psychological factors
☐ F45.8	Other somatoform disorders
☐ F45.9	Somatoform disorder, unspecified
☐ F48	Other nonpsychotic mental disorders
☐ F48.1	Depersonalization-derealization syndrome
☐ F48.2	Pseudobulbar affect
☐ F48.8	Other specified nonpsychotic mental disorders
☐ F48.9	Nonpsychotic mental disorder, unspecified

ICD-10 Code	Description
☐ F90	Attention-deficit hyperactivity disorders
☐ F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
☐ F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
☐ F90.2	Attention-deficit hyperactivity disorder, combined type
☐ F90.8	Attention-deficit hyperactivity disorder, other type
☐ F90.9	Attention-deficit hyperactivity disorder, unspecified type