TEMPUS REQUISITION FORM INTERNATIONAL – 072222

Phone: +1.800.739.4137 | Fax: +1.800.893.0276 | support@tempus.com

Sponsor Name	Protocol Number

A. PATIENT INFORMATION (REQUIRED)

Patient ID	Second Patient ID	
DOB (MM/DD/YYYY)	Race / Ethnicity	Sex ☐ M ☐ F

B. ORDERING PHYSICIAN INFORMATION (REQUIRED)

Site / Institution Name		Site Number
Research Partnership		Street Address, Unit
City	Postal Code	Country
Phone		Fax
Principal Investigator/ Ordering Physician		Email Address (required for report delivery)

C. TESTING OPTIONS

	Optional add-on tests:	MMR IHC	PD-L1 IHC[1]	HRD	Tumor Origin	DPYD
☐ **xT Solid Tumor + Normal* – 648 genes** ↳ ☐ Add Concurrent xF Liquid Biopsy* – 105 genes	*(Uses normal match blood sample)*	☐	☐	☐	☐	☐
☐ **xT Solid Tumor Only* – 648 genes**		☐	☐	☐	☐	
☐ **xT Hematologic Malignancy* – 648 genes**	*(FFPE)*					
☐ **xF Liquid Biopsy* – 105 genes**	*(Non-hematologic malignancies only)*					
☐ **xE Whole Exome Tumor + Normal* – 19,433 genes**	*(Requires normal match sample)*	☐	☐			

Conversion to xF Liquid Biopsy 105 genes –
If concurrent testing is not selected, you can opt-in to one of the following:

☐ Convert to xF immediately

☐ Convert to xF after additional tissue request

[1] **PD-L1 clone 22c3 is the default.** For different clones, please select all that apply:

☐ 22c3 ☐ 28-8 ☐ SP142

For cancers determined to be ovarian, breast, prostate or pancreatic (at pathology review), this includes an order for a separate BRCA1/2 - Tumor Analysis.

D. SPECIMEN RETRIEVAL

xT or xE Solid Tumor

☐ **Option 1** – Specific specimen requested (Please provide specimen details below).
☐ **Option 2** – Let the submitting pathologist choose specimen.
☐ **Option 3** – Biopsy to be scheduled for:

Pathology Lab Name

Case Number	Block #	Solid Tumor Collection Date	☐ Check here if the pathology lab is ***not*** part of the treatment team.

xT or xE Normal	☐ Blood ☐ Saliva	Date of Collection	Section A must be completed for these options.	☐ Send saliva kit to patient ***for xT Normal only***	☐ Previously Submitted
xF Liquid Biopsy	☐ Blood				
xT Hematologic Malignancy	☐ FFPE (Bone Marrow Biopsy, Bone Marrow Clot, Lymph Node, or other involved tissue)	Date of Collection	Section A must be completed for these options. ***Please see specimen instructions for details.***	☐ Send saliva kit to patient	

E. CURRENT DIAGNOSIS

☐ NSCLC ☐ Melanoma ☐ Prostate ☐ Colorectal Carcinoma ☐ Ovarian ☐ Breast ☐ Other:

Disease Status *(select all that apply)*: ☐ Metastatic ☐ Refractory ☐ Relapse ☐ Other:

ICD-10 Primary Diagnosis Code(s)	Additional Details	Stage

SIGNATURE I certify that I have explained to the patient the purpose, risks and benefits of the test(s) being ordered. My signature below is my certification of medical necessity for the test and further certifies that I am authorized to order the test(s) and 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; and (c) collect, use, and retain samples and information obtained from the patient, including the test results, for an indefinite period of time, including de-identifying such information and disclosing the de-identified information for other purposes (as described on the back of this form).

G. ORDERING INVESTIGATOR/HEALTHCARE PROVIDER SIGNATURE

Ordering Physician's Signature	Date (MM/DD/YYYY)
Printed Name	

H. FORM COMPLETED BY

Name	Date (MM/DD/YYYY)
Email	

Phone: 800.739.4137 | Fax: 800.893.0276 | support@tempus.com
600 West Chicago Avenue Suite 510, Chicago, IL 60654 | **tempus.com**