

A. PATIENT INFORMATION					
Primary Patient ID		Secondary Patient ID			
DOB (DD/MM/YYYY)	Biological Sex F M	Race/Ethnicity			
B. ORDERING PHYSICIAN INFORMATION					
Distributor		Ordering Physician (full legal name)		Phone	
Facility Name		Tempus Account #	Email (required for report delivery)	Fax	
Facility Address (Street, Unit)		City	Postal Code	Country	
Additional person to be copied					
Name		Email/Fax	Facility Name		
C. TESTING OPTIONS					
Common test combinations		Test descriptions	Specimen required	Optional add-on tests (select all that apply):	
xT (DNA) & xR (RNA):	Solid Tumor/Normal	xT: 648-gene DNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test.	FFPE Tissue; Normal: Blood or Saliva	xT Solid Tumor, xR LDT FFPE Tissue PD-L1 IHC: 22C3 <small>DEFAULT</small> 28-8 SP142 SP263 MMR IHC HRD* Tumor Origin (RNA)	xT Normal Blood or Saliva DPYD UGT1A1
Add xF liquid biopsy at time of order, based on the following: I believe it is medically necessary to order a liquid biopsy test concurrently with a solid tumor tissue test because of one or more of the following reasons: (a) guidelines support the use of testing in this disease state; (b) turnaround time for tissue result may delay a treatment decision for my patient; (c) 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 for my patient; (d) genomic heterogeneity may cause the patient's available tissue to not be completely representative, and I want to make sure I have a complete mutation profile.					
If I have not already ordered an xF test above, I opt to convert my xT solid tumor order to an xF liquid biopsy test if necessary: By converting immediately OR After an additional tissue request is attempted					
xT (DNA) & xR (RNA):	Solid Tumor	xT: 648-gene DNA sequencing test; xR: whole transcriptome RNA sequencing test.	FFPE Tissue		
xE (DNA) & xR (RNA):	Solid Tumor/Normal	xE: over 19,000-gene whole exome DNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test.	FFPE Tissue; Normal: Blood or Saliva		
Individual test options					
xR (RNA Only):	Solid Tumor	Whole transcriptome RNA sequencing test.	FFPE Tissue	* Normal sample is required for ovarian or breast cancers.	
xT (DNA Only):	Solid Tumor	648-gene DNA sequencing test.	FFPE Tissue		
xF (Liquid Biopsy):	OR xF+ (Liquid Biopsy):	xF: 105-gene or xF+: 523-gene liquid biopsy test for solid tumors.	Blood (Streck)		
xE (DNA Only):	Solid Tumor/Normal	Over 19,000-gene whole exome DNA sequencing test with normal match.	FFPE Tissue; Normal: Blood or Saliva		
D. SPECIMEN RETRIEVAL <small>See Tempus' specimen guidelines for collection instructions and further details.</small>					
FFPE Tissue					
Option 1: Specific specimen requested	Option 2: Let the submitting pathologist choose specimen	Option 3: Biopsy to be scheduled for:	Pathology Lab (Name, City)		
			Case Number	Block #	Date of Collection
Blood			Saliva		
Sample previously submitted Date of Collection:			Send saliva kit to patient Date of Collection:		
E. CURRENT DIAGNOSIS					
Breast	NSCLC	Pancreatic	Other:	Primary ICD-10 Codes (C & D codes only)	Stage I III Other:
Colorectal	Ovarian	Prostate			II IV
Disease Status (select all that apply): Metastatic Relapse Other: Refractory Recurrent				Has the patient had any type of transplant? No Yes —Type:	
F. PHYSICIAN SIGNATURE AND CONSENT					
I certify that the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s). My signature below certifies medical necessity of the test(s) (including that the test results will inform the treatment plan) and further certifies that I am authorized to order the test(s) and that 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 (if applicable); and (c) collect, use, and retain samples and information obtained from the patient, all in accordance with the Tempus Consent to Genomic Testing form signed by the patient.			Ordering Physician Signature		
			Printed Name (full legal name)		Today's Date (DD/MM/YYYY)