

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		xT Normal Blood or Saliva		
<p>Add xF liquid biopsy at time of order, based on the following:</p> <p>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.</p> <p>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</p>							PD-L1 IHC: 22C3 <small>DEFAULT</small> 28-8 SP142 SP263 MMR IHC HER2 IHC + FISH ^{1,2} FOLR1 IHC FDA ¹ HRD ³ Tumor Origin (RNA)		DPYD UGT1A1		
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		<small>1 Powered by NeoGenomics. 2 For more information about reflex to FISH, please see Tempus' Reference Lab Logistics Overview at Tempus.com. 3 Normal sample is required for ovarian or breast cancers</small>				
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											
Sample previously submitted					Send saliva kit to patient						
Date of Collection:					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):					Has the patient had any type of transplant?						
Metastatic		Relapse		Other:	No						
Refractory		Recurrent			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)		