Specimen Guidelines for Providers

To ensure accurate molecular profiling and optimal specimen processing, please follow the specimen guidelines below when submitting tumor samples. Use a Tempus collection kit to collect and ship specimens.

Tempus strongly suggests providing a matched normal specimen for solid tumor and lymphoma testing. We do not perform a normal match for leukemias. For solid tumors, saliva is accepted but blood is preferred. For lymphomas, only saliva is accepted.¹

**TISSUE REQUIREMENTS**

- Per CAP guidelines, patient material must be labeled with two identifiers²
- Tumor samples should be from the most recent procedure, if adequate for testing³
- FFPE Fixation Requirements:
  - 10% formalin fixation (neutral buffered) for 6–72 hours, paraffin embedded
  - EDTA is the only accepted method of decalcification
- Tumor required to be at least 20% of the sample by ratio of tumor cell nuclei to normal cell nuclei⁴,⁵
- Optimal tumor size³ = 25 mm², minimum = 5 mm²

**CIRCULATING HEMATOLOGIC MALIGNANCY REQUIREMENTS**

Please send CBC with differential, flow cytometry results, and/or bone marrow pathology report.

- Confirm sample contains at least 20% tumor content
- Specimen must ship to Tempus via FedEx Overnight on the same day it is collected
- No freezing of the samples is preferred

**Bone marrow:**
Minimum 1 mL bone marrow aspirate in an EDTA tube (lavender top)

**Peripheral blood:**
Minimum 8 mL peripheral blood in an EDTA tube (lavender top)

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¹ If providing a non-preferred sample type or if you have questions regarding normal-matched sequencing for hematological malignancies or leukemias, please contact our support team before shipping samples.
² Specimens received with only 1 identifier may incur delays in report delivery.
³ Specimens older than 5–6 years or smaller than 5 mm² are more likely to be insufficient for testing and/or require longer processing times.
⁴ When feasible and warranted, Tempus may enrich tumor percentage via macrodissection.
⁵ Required to be at least 40% for xE panel.
⁶ Given the lack of PD-L1 interpretation guidelines for hematologic processes and the challenges with distinguishing neoplastic cells from non-neoplastic cells in various hematologic and thymic neoplasms, IHC testing (PD-L1 & MMR) for samples with hematologic or thymic neoplasia diagnoses will not be reported.
⁷ HER2 & FOLR1 [FRα] IHC stains are not clinically indicated for hematologic and thymic neoplasms.