## How to Place a Tempus Order

Follow this document for step-by-step instructions to activate your Tempus Hub online account and place an order.

## Activate your Tempus Hub account

 Follow the steps in the activation email that is sent to you to set up your account and create a password. Save your login credentials. If your activation link fails, select "Trouble Logging In" and insert your email address. If your login continues to fail, text/call/email your local representative, or email <u>support@tempus.com</u>.

т
Welcome to Tempus
Email
help@tempus.com
Remember me
Next
Trouble logging in?
(800) 739 - 4137 support@tempus.com

## Place an order in Tempus Hub

1. Access Tempus Hub at hub.securetempus.com.

т Welcome to Tempus	
Email	
Remember me	
Trouble logging in?	
	and the second s
(800)739 - 4137 support⊜tempus.com	Control Contro

2. Enter your login details. If you forgot your password or your password fails, select "Trouble Logging In" and insert your email address. If your login continues to fail, text/call/email your local representative, or email <a href="mailto:support@tempus.com">support@tempus.com</a>.

т	
Welcome to Tempus	
Email	
help@tempus.com	
Remember me	
Next	
Trouble logging in?	
(800) 739 - 4137 support@tempus.com	

3. Save the Tempus Hub main page as a "Favorite Bookmark" to make it easy to come back to for future order and to access patient reports. If a patient or provider is not listed in Tempus Hub, email <u>help@tempus.com</u> or contact your local representative.

	Q. Search patients				Neurology	and Psychiatry 🔻	· III	00
т нив	Filters	Clear filters	Patients				Order test	
A PATIENTS	ORDER INFORMATION		Q. Search by Last Name, First Name					
C ORDERING	Select	۹						
	Status		PATIENT / STUDY ID	PHYSICIAN	REPORT STATUS			
	Select	٩	Sample Patient DOB: 03/24/1994	Sample Psychiatrist	nP Psychiatry	07/14/2023		
	AI		< Page 1 of1 >				10 rows	•

4. Start a new order by selecting "Ordering" from the main page left-hand side navigation, or click the "Order Test" button on the top right. If an order times out or submission fails, you may find a copy of the order under "Drafts."

Patients	Schedule consult Order test	
New Order Drafts	Institution & Provider	
Institution & Provider	Account*	Select 👻
Billing Information	Ordering provider*	Q. Search
Sample & Diagnosis	NPI	Enter
Treatment History	Patient information	
Ocument uploads	First name	Enter

- 5. The "Order Progress" bar on the left side of the window tracks your form completion. All required fields throughout the order form will be marked with an asterisk. Additional notes for successful order completion:
  - a. Sections do not need to be completed in order.
  - b. Sections that are successfully completed will be checked in green.
  - c. Missing information within a section will stay as a gray circle.
  - d. Incorrect information within a section will be flagged with a red exclamation point with detail next to the field, within the form.

New Order Drafts	New Order Drafts	New Order Drafts
Institution & Provider	Institution & Provider	Institution & Provider
Patient information	Patient information	Patient information
Billing Information	Billing Information	Billing Information
Sample & Diagnosis	Sample & Diagnosis	Sample & Diagnosis
Treatment History	Treatment History	✓ Treatment History
Ocument uploads	Ocument uploads	Occument uploads

 Institution and Provider. Select Clinic and Provider information from the drop down. If you miss a field, the page will let you know with an error next to the missing required field. If the ordering provider is not listed, email, text or call your local representative or email <u>support@tempus.com</u>.

Institution & Provider					
Account*		Sample Psychiatry Clinic, 600 West Chicago Avenue, Chicago, I	L, US, 60 🕶		
Ordering provider		Sample Psychiatrist			
NPI	NPI 1234567899				
Institution & Provider					
Account*	unt* Select Required: Review for more infor		Required: Review for more information		
Ordering provider*	Q. Search				
NPI	Enter	Enter			

7. Patient Information. Complete all required fields that are identified with an asterisk.

Patient ir	Patient information			Email*	email@none.com
First n	First name* Jane			Street address*	123 Anyplace
Middle	le name	Enter		Unit / Suite	Enter
Last n	name*	Doe: '>		City*	Miami
Date o	of birth*	01/01/2001		Zip code*	33199
Medica	cal record	Enter		Country*	United States 🗸
Race		Select 🗸		State*	Florida
Ethnic	city	Select 🗸		Primary phone*	2392392399
Sex*		Female		Alternate phone	****
Enroll this patient in Tempus PRO now®				Tempus PRO now <sup>①</sup>	

8. **Billing information**. Select the patient's bill type. Additional fields may appear if "Insurance" is selected as a bill type.

Bill Type*	Self Pay (\$295) 🗸
	Self Pay (\$295)
Sample & Diagnosis	Insurance
	Direct clinic billing

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9. **Complete the additional fields if "Insurance" is selected as the Bill Type**. Note that "Insurance Type" is a required field and must reflect whether the patient is using "Public/Government" insurance or "Private/Commercial." If "Public/Government is selected" then be sure to complete the "Treatment setting field."

Billing Information	ling Information		
For more information abo	For more information about our financial assistance program visit access tempus.com		
Bill Type*	Insurance -		
Insurance Type*	Private / Commercial		
Primary insurance	Select 👻		
Policy number	Enter		
Group number	Enter		
Patient relationship to policy holder	Select		
Policy holder name	First Last or First Middle Last		
Policy holder date of birth	MM/DD/YYYY		

Insurance Type*	Private / Commercial
	Private / Commercial
Primary insurance	Public / Government

10. **Sample & Diagnosis**. Select the preferred sample collection method and the appropriate ICD-10 codes. If a sample is collected in the clinic, a field will pop up to select the sample pick-up time in the clinic.

Sample & Diagnosis	
Sample collection*	\$hip a kit to the patient's address
	Ship a kit to the patient's address
ICD-10 diagnosis submitted by ordering physician*	Sample collected at clinic Patient took a kit home
Additional diagnosis	Enter
Sample collection*	Sample collected at clinic
Date of collection*	05/31/2024

11. **Treatment History**. All three questions under Treatment History need to be completed. Specific medication names need to be provided for medications that have failed to work for the patient, or medications currently prescribed. Medications under consideration may be selected as a drug class. None or Other may also be selected.

Treatment History		Treatment History				
Medications that have failed to work for this patient*	-	Medications that have failed to work for this patient*				
Medications that this patient is currently prescribed*		Sertraline x Vilazodone x				
Fluxonamine x Citalopram x Fluxosetine x	•	Medications that this patient is currently prescribed*				
Medications that are being considered for starting treatment, augmenting treatment and/or doing changes'	Ţ	Fluoxamine x Citalopram x Fluoxetine x				
Tetrabenazine x Valbenazine x	-	Medications that are being considered for starting treatment, augmenting treatment and/or dosing changes*				
Antipsychotics	~	Buprenorphine y Deutetrabenazine y Dextromethorphan and Ouinidine y				
Anxiolytics	~	Lafevilles Makadans Melaninas Deservantel				
Mood Stabilizers and Anticonvulsants	~	Lorexiume x mierradone x mieracipi an x mariexone x Propranoioi x				
Hypnotics	~	Tetrabenazine x Valbenazine x				
ADHD Stimulants and Non-stimulants	~					
Other Psychotropics	~					
Additional Medications with Clinical Guidelines	~	Have you made a personalized decision to order the test for this patient taking into account factors such as the patient's diagnosis, the patient's other medical conditions, other medications the patient is currently				
Coher		taking, clinical considerations based on the mechanism of action, side effects, and basic science related to the medication(s) being considered, the patient's past medical history and pertinent family history, and th patient's preferences and values?*				
Save This Order For Later Oreals order		● Yes ○ No				

12. **Document uploads**. This is an optional field. This section is drag and drop enabled. You have the option to upload insurance card images from charts, chart notes or clinical history.

Document uploads	
Drop or select document uploads here	
Create order	

13. **Complete order**. Click the "Create Order" button to complete submitting the order. You will receive confirmation if your order has been successfully placed.



14. **Order Pickup.** If you indicated that the sample is collected in the clinic, upon submission, you will be prompted to schedule a FedEx pickup. You may choose your preferred date and time for pickup, and provide the necessary package information.

				8	
	Order has	s been successful	ly placed		
	You indicated to schedule a FedE	hat the sample was collected in x pick-up by clicking "Schedule	n-clinic. Please e pickup" below.		
		Schedule pickup <u>Go to order</u>			
	Q Search patients				(99)
T HUB		Provider Details PICKUP ADDRESS Office of Dr. Oliver J. Queen 1435 Doctor Way ATTN: Felicity Smoak Chicago, IL 60660	PHONE (616)-123-4567	Cedit EMAIL fsmoak@queenclinic.com	
		Schedule Pickup			
		Date of Pickup* MM/DD/YYYY Earliest Time* Select Pickup Notes Enter Tracking Number Enter	Number of Par Enter Latest Tr Select	:kages* me*	
			Ca	ncel Schedule	

15. **Completed orders and drafts.** Once the order has been created, it will appear in your patient list. If the order fails or does not appear in the patient list, check the draft orders under Ordering→ New Order→ Drafts. If the order fails or does not appear in the patient list, check the draft orders by opening the Online Ordering page again. It is on the left side of the ordering form under "Drafts"

New Orde	er <b>Drafts</b>	
Q Searc	h	
NAME DOB		
TESTS	nP	
DRAFT	12-07-2023	
NAME DOB	tempus test 03-24-1994	
TESTS	nP	
DRAFT	12-05-2023	

## Track the status of your order

1. You may track the status of your order in real-time, and also see an estimated report delivery date. Navigate to "Order tracking" on the patient's order.

	Q Search patients					Neurology and Psychiatry 🔻 🏢 😩
"T   HUB	Sample Pa Born 03/24/1994 Sample Psychiatrist	tient				
A PATIENTS	Real World Data Re	esults Reported Outcomes	Order Tracking			
	nP PGx #np-order-1   Jul	18, 2024				
	Order Progress	2 OF 2 TESTS DONE	_			Required items
	TEST DETAILS Order np-order-1: nP PG SAMPLES	x   Ordered Jul 18, 2024		ORDER DETAILS Download order requisition		<ul> <li>Patient Information ~ Accepted</li> <li>Consent Accepted</li> </ul>
1	Saliva Collected Jul 01, 2022	Received Jul 01, 2022			SEQUENCED	Sample Received
	TEST TRACKING					🛛 Billing Preference 🗸
	nP PGx <sup>®</sup> Delivered	Jul 4, 2022	0	0	View Report COMPLETE	Accepted Billing information Accepted Provider NPI
	ORDER PROCESSED Jul 1, 2022	SAMPLE RECEIVED Jul 1, 2022	LAB PROCESSING Jul 3, 2022	GENETIC REVIEW Jul 4, 2022	REPORT DELIVERED Jul 4, 2022	Accepted Provider Signature Accepted
	Tracking Histo	bry				
Monday, July 4, 2022						It may take longer for information sent via fax or mail to be reflected above. If other items are required for
	9:30 AM	Report delivered				your order, Tempus will contact you.
	9:00 AM	Genetic review is complete				If anything appears to be incorrect, please contact Tempus Support.
	Sunday, July 3, 202	2				Fax: (800) 893-0276
	11:00 AM	Our geneticist is reviewing the case				