

A. PATIENT INFORMATION

Form section A: Patient Information. Fields include Last Name, MI, First Name, DOB, Medical Record #, Biological Sex, Email, Phone, Address, City, State, Postal Code, and Country.

B. ORDERING PROVIDER INFORMATION

Form section B: Ordering Provider Information. Fields include Ordering Provider (full legal name), NPI #, Facility Name, Tempus Account #, Email, Fax, Facility Address, City, State, Postal Code, Country, and Form completed by details.

C. TESTING OPTIONS

Form section C: Testing Options. Includes Common test combinations, Test descriptions & specimen requirements, and Optional add-on testing options (Tissue Based Add-Ons and Algorithmic tests).

Form section D: Specimen Retrieval. Includes Monitoring instructions, Test descriptions & specimen requirements, and fields for xM (NeXT Personal® Dx), Date of curative intent surgery, and Patient status at time of specimen collection.

D. SPECIMEN RETRIEVAL See Tempus' specimen guidelines for collection instructions and further details.

Form section E: Current Diagnosis. Includes FFPE Tissue / Bone Marrow Aspirate instructions, Pathology Lab, Specimen Collection Facility, Patient status, and Disease Status fields.

E. CURRENT DIAGNOSIS

Form section F: Billing Information. Fields include Primary insurance plan name, Policy #, Group#, Policy Holder Name, Policy Holder DOB, Patient relationship to policy holder, and Bill Type.

F. BILLING INFORMATION

Form section G: Provider Signature & Consent. Includes fields for Ordering Provider Signature, Printed Name (full legal name), and Today's Date (MM/DD/YYYY).

G. PROVIDER SIGNATURE & CONSENT

Text area for provider signature and consent. Includes a detailed statement of consent and a note about the timing of the test relative to treatment decisions.

