

ORDERING PHYSICIAN INFORMATION

Ordering Physician (full legal name) NPI #
Facility Name Tempus Account # Email (required for report delivery) Fax
Facility Address (Street, Unit) City State Postal Code Country
Additional person to be copied Form completed by
Name Email/Fax Facility Name Name Email/Fax Facility Name

PATIENT INFORMATION

Last Name MI First Name
DOB (MM/DD/YYYY) Medical Record # Biological Sex Email Phone
F M Unknown
Address (Street, Unit) City State Postal Code Country

BILLING INFORMATION

Primary insurance plan name Policy # Group# Policy Holder Name Policy Holder DOB
Patient relationship to policy holder: Self Spouse Child Other: Bill Type: Insurance Hospital/Institution Self pay/International

CURRENT CANCER DIAGNOSIS

Biliary Colorectal Heme Pancreatic Disease Status (select all that apply): Stage:
Bladder Endometrial Hepatocellular Prostate Metastatic, refractory, relapsed, or recurrent
Breast Esophageal Melanoma Renal No Evidence of Disease Other
Cancer of Unknown Primary Gastric NSCLC Sarcoma
Cervical Head and Neck Ovarian Thyroid
Central Nervous System Head and Neck Ovarian Other
Date of curative intent surgery (if any): Is the patient currently on or considering immunotherapy?
No Yes Unknown; Drug name(s):
Primary ICD-10 Codes (C, D, & Z codes): Has the patient had any type of transplant? No Yes; Type:

TESTING OPTIONS

Tempus uses the diagnosis information you provide to determine tests ordered by current cancer diagnosis. See tempus.com/testing-resources/ for tests ordered by current cancer diagnosis.

Comprehensive Therapy Selection

xT* (DNA), xR (RNA), and IHC & Algorithmic tests by current cancer diagnosis

Liquid biopsy add-ons (select only one):

- Add xF+ concurrently
Add xF if xT* results in QNS or no actionable variants

Hereditary add-ons:

- Add xG+ (CancerNext-Expanded®)
+RNAinsight®

*CDx for tumor+normal, LDT for tumor-only, and LDT for heme.

Comprehensive MRD & Disease Monitoring

xM, tissue-informed test (NeXT Personal® Dx)
xM, tissue-free test for CRC

Do not include an xF result if the first xM result is MRD+.

Recurring draw schedule:

- every 4 weeks* every 3 months 1 time
every 6 weeks* every 6 months

Please indicate the total number of draws.
Testing is for 12 months unless total number of draws is entered.

*Available for NeXT Personal® Dx only.

Individual test options:

- xT CDx + xR (DNA+RNA, tumor+normal, solid tumor)
Add xF if xT* results in QNS or no actionable variants
xT LDT + xR (DNA+RNA, tumor-only)
xT LDT + xR (DNA+RNA, heme)
xT CDx (DNA, tumor+normal, solid tumor)
Add xF if xT* results in QNS or no actionable variants
xT LDT (DNA, tumor-only)
xT LDT (DNA, heme)
xR (RNA, solid tumor or heme)
xF (liquid biopsy)
xF+ (liquid biopsy)
xG (CancerNext®) (hereditary)
+RNAinsight®
xG+ (CancerNext-Expanded®) (hereditary)
+RNAinsight®

SPECIMEN RETRIEVAL

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

FFPE Tissue / Bone Marrow Aspirate Submitting pathologist will choose FFPE Tissue if specimen details are not provided.
Pathology Lab (Name, City) Specimen Collection Facility Patient status at time of specimen collection: Office/Non-Hospital
Case Number Block # Date of Collection / Biopsy to be scheduled for Hospital Outpatient Hospital Inpatient Not yet discharged OR Discharge date:
Blood / Saliva / Other
Mobile phlebotomy Send saliva kit to patient Sample previously submitted Patient status at time of specimen collection: Office/Non-Hospital
Date of Collection: Specimen Collection Facility: Hospital Outpatient Hospital Inpatient Not yet discharged OR Discharge date:

PHYSICIAN SIGNATURE & CONSENT

My signature certifies that (1) the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s); (2) the ordered test(s) are medically necessary and will inform the patient's treatment plan; (3) unless otherwise set forth on this form, the patient has recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer; and (4) 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; (c) retain and use samples and health information for an indefinite period of time in accordance with applicable law; and (d) de-identify such samples and information and use and share the resulting de-identified samples and information in accordance with applicable law.
In addition, my signature certifies that (1) if xT and xF are ordered within 30 days of one another, the order is medically necessary because guidelines support the use of testing, turnaround time for tissue result may delay a treatment decision, 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; and/or genomic heterogeneity may cause available tissue to not be completely representative, and I want to make sure I have a complete mutation profile; and (2) for xF orders made when the first xM test result is MRD+, the patient has recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer as of the xF test date (unless I contact Tempus to the contrary).

Included Attachments: Copy of patient's progress notes and/or medical records Copy of recent pathology report Copy of insurance card

Ordering Physician Signature: Printed Name (full legal name): Today's Date (MM/DD/YYYY):

Test Name	Description	Specimen(s) Required	Kit Type
xT CDx	FDA-approved 648-gene DNA sequencing test.	FFPE tissue and normal blood or saliva	Tempus Tissue ●, Blood ●, Saliva ●
xT LDT	648-gene DNA sequencing test.	FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue ●, Blood ●, Heme ●
xR	Whole transcriptome RNA sequencing test.	FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue ●, Blood ●, Heme ●
xF	105-gene liquid biopsy tests for solid tumors.	Blood (Streck)	Tempus Blood ●
xF+	523-gene liquid biopsy tests for solid tumors.	Blood (Streck)	Tempus Blood ●
xG(CancerNext®)	39-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA), or saliva	Hereditary Blood (DNA) ●, Hereditary Saliva (DNA) ●
xG+(CancerNext-Expanded®)	76-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA), or saliva	Hereditary Blood (DNA) ●, Hereditary Saliva (DNA) ●
+RNAinsight®	Germline RNA sequencing add-on, powered by Ambry Genetics.	Blood (PAXgene®)	Hereditary Blood (DNA+RNA) ●
xM (NeXT Personal® Dx)	Tissue-informed test for monitoring cancer, test by Personalis.	Initial test requires: FFPE tissue, blood (EDTA), and blood (Streck). Subsequent tests require: blood (Streck).	Tempus Tissue ●, xM (NeXT Personal® Dx) Blood ●
xM	Tissue-free test for monitoring cancer.	Blood (Streck)	Tempus Blood ●

xT CDx logistical details: If a normal sample is timely provided, Tempus will run xT CDx for any xT test. If unavailable, Tempus will reflex to xT LDT. Refer to tempus.com/testing-resources for reflex protocols.

The following fields are for xG (CancerNext®) or xG+ (CancerNext-Expanded®) orders ONLY. Disregard if not testing for hereditary cancers.

RELEVANT CLINICAL HISTORY (Previous cancer diagnosis, GI polyps, etc.)

FAMILY HISTORY

Relationship to patient	None/No known family history		Unknown		Adopted	Details of relevant history
	Maternal	Paternal	Age at diagnosis			

ANCESTRY			BONE MARROW TRANSPLANT	
White/Caucasian	Native American	Middle Eastern	Personal history of allogeneic bone marrow or peripheral stem cell transplant: Yes No	
Hispanic	East Asian	Ashkenazi Jewish	<i>Note: Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bone marrow or peripheral stem cell transplant.</i>	
Black/African American	South Asian	Other:		

PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING

No personal or family history of molecular and/or genetic testing.		Relationship to patient: Self Family member:
Germline testing	Results:	Microsatellite instability analysis: Stable (MSS) Unstable/High (MSI-High) Unstable/Low (MSI-Low)
Somatic/tumor testing	Results:	Immunohistochemical staining Proteins present: Proteins absent: