

Requisition Form Guide

This guide will help you complete the Tempus test requisition form (TRF). While all fields on the TRF are important, this guide highlights the key fields that are critical for ensuring the order can proceed with testing and avoid delays in report delivery.



ORDERING PHYSICIAN INFORMATION

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Ordering Physician (full legal name) 1					NPI #
Facility Name 2	Tempus Account # 3		Email (required for report delivery)		Fax
Facility Address (Street, Unit)		City	State	Postal Code	Country
Additional person to be copied 4			Form completed by		
Name	Email/Fax	Facility Name	Name	Email/Fax	Facility Name

- Ordering Physician:** Provide full legal name and NPI #. These fields are required for an order to proceed with testing.
- Facility name and address** are required fields for an order to proceed with testing.
- Account #:** Your local Tempus Sales Representative will provide this number during the onboarding process. If you have any questions, please contact your Tempus Representative or our Customer Success Team.
- Additional person to be copied:** Use this section to add any physicians who should receive a copy of test results.

PATIENT INFORMATION

PATIENT INFORMATION					
Last Name 1		MI	First Name		
DOB (MM/DD/YYYY) 2	Medical Record # 3	Biological Sex 2 <input type="checkbox"/> M <input type="checkbox"/> Unknown	Email 4		Phone
Address (Street, Unit)		City	State	Postal Code	Country

- Last Name, Middle Initial, First Name:** Use complete, legal names with hyphens; do not use nicknames. These fields are required for an order to proceed with testing.
- Patient date of birth and biological sex** are required fields for an order to proceed with testing.
- Patient medical record number** should be filled out to prevent delays with testing.
- Email address** is required to send Financial Assistance decisions.

Please include a demographics sheet or copy of the patient's insurance card with the order.

BILLING INFORMATION†

BILLING INFORMATION				
Primary insurance plan name	Policy #	Group#	Policy Holder Name	Policy Holder DOB
Patient relationship to policy holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:			Bill Type: <input type="checkbox"/> Insurance <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Self pay/International	

- **Please ensure this section is completed.** Including a copy of the patient's insurance card with the order is preferred.** Tempus may contact you regarding orders with insurance marked if any patient demographics, ICD-10 codes, or insurance details are incomplete.
- Tempus has a financial assistance program to help provide access to testing for patients in financial need. To apply for financial assistance, visit access.tempus.com.

CURRENT CANCER DIAGNOSIS[‡]

CURRENT CANCER DIAGNOSIS			
<input type="checkbox"/> Biliary <input type="checkbox"/> Bladder <input type="checkbox"/> Breast <input type="checkbox"/> Cancer of Unknown Primary <input type="checkbox"/> Cervical <input type="checkbox"/> Central Nervous System	<input type="checkbox"/> Colorectal <input type="checkbox"/> Endometrial <input type="checkbox"/> Esophageal <input type="checkbox"/> Gastric <input type="checkbox"/> Head and Neck	<input type="checkbox"/> Heme <input type="checkbox"/> Hepatocellular <input type="checkbox"/> Melanoma <input type="checkbox"/> NSCLC <input type="checkbox"/> Ovarian	<input type="checkbox"/> Pancreatic <input type="checkbox"/> Prostate <input type="checkbox"/> Renal <input type="checkbox"/> Sarcoma <input type="checkbox"/> Thyroid <input type="checkbox"/> Other
1 Primary ICD-10 Codes (C, D, & Z codes):			Disease Status (select all that apply): <input type="checkbox"/> Metastatic, refractory, relapsed, or recurrent <input type="checkbox"/> No Evidence of Disease <input type="checkbox"/> Other
2 Secondary ICD-10 Codes (C, D, & Z codes):			Stage: 4 Date of curative intent surgery (if any): 3 Is the patient currently on or considering immunotherapy? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown; Drug name(s):
			Has the patient had any type of transplant? <input type="checkbox"/> No <input type="checkbox"/> Yes; Type:

- Tempus uses the current cancer diagnosis checkbox to determine appropriate tests for Comprehensive Therapy Selection orders. *Please only select one checkbox per order form.*
- Please include ICD-10 Primary Diagnosis Code(s).** This field is required for an order to proceed with testing.
- Immunotherapy information** is required when selecting a Comprehensive MRD & Disease Monitoring test to monitor immunotherapy treatment response.
- Date of curative intent surgery** is required when selecting a Comprehensive MRD & Disease Monitoring test to monitor residual disease.

TESTING OPTIONS

TESTING OPTIONS <small>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.</small>		
1 Comprehensive Therapy Selection <input type="checkbox"/> xT* (DNA), xR (RNA), and IHC & Algorithmic tests by current cancer diagnosis 2 Liquid biopsy add-ons (select only one): <input type="checkbox"/> Add xF+ concurrently <input type="checkbox"/> Add xF if xT* results in QNS or no actionable variants Hereditary add-ons: <input type="checkbox"/> Add xG+ (CancerNext-Expanded®) ↳ <input type="checkbox"/> +RNAinsight® <small>*CDx for tumor+normal, LDT for tumor-only, and LDT for heme.</small>	3 Comprehensive MRD & Disease Monitoring <input type="checkbox"/> xM, tissue-informed test (NeXT Personal® Dx) <input type="checkbox"/> xM, tissue-free test for CRC ↳ <input type="checkbox"/> Do not include an xF result if the first xM result is MRD+. Recurring draw schedule: <input type="checkbox"/> every 4 weeks* <input type="checkbox"/> every 3 months <input type="checkbox"/> 1 time <input type="checkbox"/> every 6 weeks* <input type="checkbox"/> every 6 months Please indicate the total number of draws. <input type="text"/> <small>Testing is for 12 months unless total number of draws is entered.</small> <small>*Available for NeXT Personal® Dx only.</small>	4 Individual test options: <input type="checkbox"/> xT CDx + xR (DNA+RNA, tumor+normal, solid tumor) ↳ <input type="checkbox"/> Add xF if xT* results in QNS or no actionable variants <input type="checkbox"/> xT LDT + xR (DNA+RNA, tumor-only) <input type="checkbox"/> xT LDT + xR (DNA+RNA, heme) <input type="checkbox"/> xT CDx (DNA, tumor+normal, solid tumor) ↳ <input type="checkbox"/> Add xF if xT* results in QNS or no actionable variants <input type="checkbox"/> xT LDT (DNA, tumor-only) <input type="checkbox"/> xT LDT (DNA, heme) <input type="checkbox"/> xR (RNA, solid tumor or heme) <input type="checkbox"/> xF (liquid biopsy) <input type="checkbox"/> xF+ (liquid biopsy) <input type="checkbox"/> xG (CancerNext®) (hereditary) ↳ <input type="checkbox"/> +RNAinsight® <input type="checkbox"/> xG+ (CancerNext-Expanded®) (hereditary) ↳ <input type="checkbox"/> +RNAinsight®

Ensure that you have a panel type selected for the order to proceed with testing. For more details about the tests we offer, please refer to tempus.com/oncology/genomic-profiling/.

Comprehensive Therapy Selection

- Select to order a suite of tests tailored to your patient's cancer type based on the "current cancer diagnosis" checkbox above. *For more details about which tests are included based on cancer type, please refer to tempus.com/testing-resources/.*
 - If you would like to customize which tests are included in your order, you may modify selections at hub.securetempus.com or email support@tempus.com.
- Add liquid biopsy at time of order. *Select one of the following options:*
 - Order xF+ Liquid Biopsy alongside xT CDx and xR orders to run xF+ concurrently with xT CDx. The liquid biopsy test uses the same blood draw as the normal match. No additional blood draw is required for any xF/xF+ orders placed within 21 days. If xF is preferred, select this test under the individual test options section.

- b Select to convert to xF liquid biopsy if xT CDx results in QNS* or no actionable variants are found. Conversion is available only when a blood specimen is provided as the normal match.

Comprehensive MRD & Disease Monitoring

3 Select one of the following options:

- a Order xM (NeXT Personal® Dx), a tissue-informed test, for minimal residual disease or treatment response monitoring.
- b Order xM, a tissue-free minimal residual disease test for colorectal cancer.

Individual test options

4 Option to order individual tests as needed. If you would like to order additional IHC, neuro-oncology, and/or algorithmic tests, please email support@tempus.com. Tests may also be ordered online through Tempus Hub at hub.securetempus.com.

SPECIMEN RETRIEVAL

(See supplemental materials for further details)

SPECIMEN RETRIEVAL		See Tempus' specimen guidelines for collection instructions and further details.	
1 FFPE Tissue / <input type="checkbox"/> Bone Marrow Aspirate <i>Submitting pathologist will choose FFPE Tissue if specimen details are not provided.</i>			
2 Pathology Lab (Name, City)		Specimen Collection Facility	
Case Number	Block #	Date of Collection / Biopsy to be scheduled for	
<input type="checkbox"/> Blood / <input type="checkbox"/> Saliva / <input type="checkbox"/> Other		Patient status at time of specimen collection: <input type="checkbox"/> Office/Non-Hospital <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient } <input type="checkbox"/> Not yet discharged OR Discharge date:	
<input type="checkbox"/> Mobile phlebotomy <input type="checkbox"/> Send saliva kit to patient <input type="checkbox"/> Sample previously submitted		Patient status at time of specimen collection: <input type="checkbox"/> Office/Non-Hospital <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient } <input type="checkbox"/> Not yet discharged OR Discharge date:	
Date of Collection:		Specimen Collection Facility:	

- 1 Select specimen type and provide corresponding collection details.
- 2 For all options, please include the pathology lab name to prevent delays with testing.

PHYSICIAN SIGNATURE & CONSENT

PHYSICIAN SIGNATURE & CONSENT		
<p>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.</p> <p>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).</p>		
Included Attachments: <input type="checkbox"/> Copy of patient's progress notes and/or medical records <input type="checkbox"/> Copy of recent pathology report <input type="checkbox"/> Copy of insurance card		
Ordering Physician Signature:	Printed Name (full legal name):	Today's Date (MM/DD/YYYY):

- Ensure that the ordering physician's signature, printed name, and signature date are filled out. **These fields are required for an order to proceed with testing.**
- Please include a clinical history or progress notes and a pathology report. You can submit clinical records in your fax submission or online order through Tempus Hub at hub.securetempus.com.

OTHER PATIENT CLINICAL HISTORY

(Required for xG/xG+ orders only)

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

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FAMILY HISTORY

None/No known family history Unknown Adopted

Relationship to patient	Maternal	Paternal	Age at diagnosis	Details of relevant history
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

ANCESTRY

White/Caucasian Native American Middle Eastern
 Hispanic East Asian Ashkenazi Jewish
 Black/African American South Asian Other:

BONE MARROW TRANSPLANT

Personal history of allogeneic bone marrow or peripheral stem cell transplant: Yes No

Note: Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bone marrow or peripheral stem cell transplant.

PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING

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

- Use these sections to provide additional relevant clinical information needed for Tempus' hereditary testing. **Only fill out this page** if you have chosen to add-on xG+ in your Comprehensive Therapy Selection order, or selected xG/xG+ in your individual test options.

Easy integration into your workflow



Use a Tempus collection kit to collect the patient's specimen. Scan the QR code for the Tempus Kit Guide.



Flexible ordering process via requisition form, online ordering, or EHR integration.



Easy to interpret results, returned to you automatically.



Contact your Tempus representative with any questions or email support@tempus.com.

* Before converting to xF, Tempus will automatically convert to an xT (LDT) tumor + normal match order if the initial xT CDx order cannot be completed due to specimen availability or quality issues. This may help to prevent QNS and prioritizes tissue results.

** Medicare's Laboratory Date of Service Policy, also known as the "14 day rule," outlines who will be billed for a laboratory test provided to a Medicare patient. In some cases, a laboratory such as Tempus will bill CMS directly for testing. In other cases, the 14-day rule requires that Tempus bill its hospital customers for testing performed on Medicare patients. The timing of a test order should be based on clinical judgment rather than Medicare billing rules.

† Completing this section will reduce additional outreach for insurance and payment information, and is required to prevent delay in delivery of testing results.

‡ Completion of this section can decrease the time to return test results and can result in more comprehensive identification of potential therapies and clinical trials for your patient.

Contact Us

The most updated form can always be found at tempus.com/resources/document-library/. If you have any questions on our comprehensive portfolio, please contact your Tempus Representative or email support@tempus.com.