TEMPUS

Comprehensive Profiles Requisition 2025.08.27

p: 800.739.4137 | f: 800.893.0276 | e: support@tempus.com
If any information is incomplete or missing, testing may be delayed.

Associated Study	Study ID

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 ☐ F ☐ M ☐ Unknown	Email	Phone

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
☐ Bladder	☐ Endometrial	☐ Hepatocellular	☐ Prostate
☐ Breast	☐ Esophageal	☐ Melanoma	☐ Renal
☐ Cancer of Unknown Primary	☐ Gastric	☐ NSCLC	☐ Sarcoma
☐ Cervical	☐ Head and Neck	☐ Ovarian	☐ Thyroid
☐ Central Nervous System			☐ Other

Disease Status (select all that apply):
☐ Metastatic, refractory, relapsed, or recurrent
☐ No Evidence of Disease ☐ Other

Stage:

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

When ordering xT, Tempus will run CDx for tumor+normal, LDT for tumor-only, and LDT for heme.

Comprehensive Therapy Selection [1]

☐ xT (DNA), xR (RNA), and tailored testing add-ons by current cancer diagnosis

Liquid biopsy add-ons (select only one):

☐ Add xF+ concurrently

☐ Reflex to xF [2]

Hereditary add-ons:

☐ Add CancerNext-*Expanded*® [3]

↳ ☐ +RNAinsight®

Comprehensive MRD & Disease Monitoring

☐ xM (NeXT Personal® Dx)
Tissue-informed MRD and disease monitoring test

☐ xM for MRD (Minimal Residual Disease)
Tissue-free MRD test for resectable CRC

Testing is for 12 months unless total number of draws is entered. Please enter total number of draws: _____

Recurring draw schedule:

☐ every 4 weeks [4] ☐ every 3 months ☐ 1 time
☐ every 6 weeks [4] ☐ every 6 months

Individual Test Options

SOLID TUMOR & HEME

Tumor + Normal:	☐ xT + xR (DNA + RNA) ↳ ☐ Reflex to xF [2]	☐ xT (DNA) ↳ ☐ Reflex to xF [2]	
Tumor Only:	☐ xT + xR (DNA + RNA)	☐ xT (DNA)	☐ xR (RNA)
Heme:	☐ xT + xR (DNA + RNA)	☐ xT (DNA)	☐ xR (RNA)

LIQUID BIOPSY

☐ xF+
☐ xF

HEREDITARY

☐ CancerNext-*Expanded*® [3]
↳ ☐ Add +RNAinsight®

☐ CancerNext® [3]
↳ ☐ Add +RNAinsight®

Add-on Tests

TISSUE-BASED TESTS

☐ PD-L1 (22C3)	☐ PD-L1 (28-8)	☐ FOLR1 [3]	☐ MGMT [3]
☐ PD-L1 (SP142)	☐ HER2 + FISH Reflex [3]	☐ CLDN18 [3]	☐ 1p/19q [3]
☐ PD-L1 (SP263)	☐ MMR	☐ c-MET [3]	

ALGORITHMIC TESTS *(see our testing resources website for logistics)*

☐ IPS	☐ TO (RNA)	☐ DPYD
☐ HRD	☐ PurIST℠ (RNA, Panc)	☐ UGT1A1

1 *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.*
2 *Reflex to xF in the event xT results in QNS or no actionable variants.*
3 *Powered by a Tempus partner lab.*
4 *Available for NeXT Personal® Dx only.*

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 → ☐ Not yet discharged ***OR*** Discharge date:
			☐ Hospital Inpatient

☐ **Blood** / ☐ **Saliva** / ☐ **Other**

☐ Mobile phlebotomy
☐ Send saliva kit to patient
☐ Sample previously submitted
☐ Clinic first draw, mobile phlebotomy subsequent draws (MRD Only)

Date of Collection:

Specimen Collection Facility:

Patient status at time of specimen collection:
☐ Office/Non-Hospital
☐ Hospital Outpatient → ☐ Not yet discharged ***OR*** Discharge date:
☐ Hospital Inpatient

PHYSICIAN SIGNATURE & CONSENT

By signing and/or submitting the order, I certify 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 stage 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, I certify that if xT and xF/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.

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):

Phone: 800.739.4137 | Fax: 800.893.0276 | support@tempus.com
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Test Name	Description	Acceptable Specimen(s)	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, or blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue, Heme
xR	Whole transcriptome RNA sequencing test.	FFPE tissue, or blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue, 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
CancerNext®	40-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA) or saliva	Hereditary Blood (DNA), Hereditary Saliva (DNA)
CancerNext-*Expanded*®	77-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 MRD for resectable CRC.	Blood (Streck)	Tempus xM MRD 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 CancerNext® or CancerNext-*Expanded*® orders ONLY. Disregard if not testing for hereditary cancers.

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

FAMILY HISTORY

☐ None/No known family history ☐ Unknown ☐ Adopted

Relationship to patient	Maternal	Paternal	Age at diagnosis	Details of relevant history
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

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

**For comments related to a prior test result, include the gene and variant (c. and/or p.) AND a test order ID or a copy of the result (required if external lab).*

☐ No personal or family history of molecular and/or genetic testing.

Relationship to patient: ☐ Self ☐ Family member:

☐ Germline testing *
Test performed: Results:

Microsatellite instability analysis:
☐ Stable (MSS)
☐ Unstable/High (MSI-High)
☐ Unstable/Low (MSI-Low)

☐ Somatic/tumor testing *
Test performed: Results:

☐ Immunohistochemical staining
Proteins present: Proteins absent:

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