

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	Disease Status (select all that apply): Metastatic, refractory, relapsed, or recurrent Other	Stage:
Bladder	Endometrial	Hepatocellular	Prostate		
Breast	Esophageal	Melanoma	Renal	Date of curative intent surgery (if any):	Current treatment(s) include: Chemotherapy Radiation No Evidence of Disease/none Immunotherapy/ICI, drug name:
Cancer of Unknown Primary	Gastric	NSCLC	Sarcoma		
Cervical	Head and Neck	Ovarian	Thyroid		
Central Nervous System			Other		
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 if requirements are met, and LDT otherwise.

Comprehensive Therapy Selection¹
xT (DNA) and tailored testing add-ons by current cancer diagnosis.

LIQUID BIOPSY ADD-ONS (select only one):

HEREDITARY ADD-ONS:

Add xF concurrently
Reflex to xF ²

Add CancerNext-Expanded® ³
↳ +RNAinsight®

Individual Test Options

SOLID TUMOR & HEME

LIQUID BIOPSY

Tumor + Normal: xT (DNA)
↳ Reflex to xF ²

Tumor Only: xT (DNA)

Heme: xT (DNA)

xF

HEREDITARY

CancerNext-Expanded® ³
↳ Add +RNAinsight®

BRCaPlus® ³
Reason for STAT Test:
↳ Date results needed:

Surgery

Pregnancy

Other;

TISSUE-BASED TESTING

PD-L1 (22C3)
PD-L1 (SP142)
PD-L1 (SP263)

PD-L1 (28-8)
HER2 + FISH Reflex ³
MMR

FOLR1 ³
CLDN18 ³
c-MET ³

MGMT ³
1p/19q ³

ALGORITHMIC TESTING (see our testing resources website for logistics)

HRD DNA ⁴

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 Add-on is only available for DNA (xT) orders for breast and ovarian indications and requires a normal sample.

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 Hospital Outpatient Hospital Inpatient ↳ Not yet discharged OR Discharge date:
Case Number	Block #	Date of Collection / Biopsy to be scheduled for	
Blood / Saliva / Other			
Mobile phlebotomy	Send saliva kit to patient	Sample previously submitted	Patient status at time of specimen collection: Office/Non-Hospital Hospital Outpatient Hospital Inpatient ↳ Not yet discharged OR Discharge date:
Date of Collection: Specimen Collection Facility:			

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 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.

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):

Please also complete the required New York State patient consent form. If this form is not completed it may result in order delays.

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Find the most recent documents at tempus.com/resources/document-library/

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Phone: 800.739.4137 | Fax: 800.893.0276 | support@tempus.com
600 West Chicago Avenue Suite 510, Chicago, IL 60654 | tempus.com

Test Name	Description	Specimen(s) Required	Kit Type
xT CDx	FDA-approved 648-gene DNA sequencing test.	FFPE tissue, normal sample must be 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
xF	105-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®	Supplemental germline RNA sequencing, powered by Ambry Genetics. Not available with BRCAplus® or STAT orders.	Blood (PAXgene®)	Hereditary Blood (DNA+RNA)
BRCAplus®	13-gene STAT breast cancer test, powered by Ambry Genetics.	Blood (EDTA) or saliva	Hereditary Blood (DNA) , Hereditary Saliva (DNA)
xT CDx logistical details: For details on test requirements and reflex protocols, visit tempus.com/testing-resources .			

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

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