

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		
Cancer of Unknown Primary	Gastric	NSCLC	Sarcoma		
Cervical			Thyroid		
Central Nervous System	Head and Neck	Ovarian	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

Add CancerNext-Expanded^{® 3}Reflex to xF²↳ +RNAinsight[®]

Individual Test Options

SOLID TUMOR & HEME

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

HEREDITARY

CancerNext-Expanded ^{® 3}	BRCAplus ^{® 3}
↳ Add +RNAinsight [®]	Reason for STAT Test: Surgery Pregnancy Other;
CancerNext ^{® 3}	↳ Date results needed:
↳ Add +RNAinsight [®]	

TISSUE-BASED TESTING

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 TESTING (see our testing resources website for logistics)

HRD DNA⁴¹ 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

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

Patient status at time of specimen collection:

Office/Non-Hospital

Date of Collection:

Specimen Collection Facility:

Hospital Outpatient

Not yet discharged OR Discharge date:

Hospital Inpatient

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

Today's Date (MM/DD/YYYY):

Ordering Physician Signature:

Printed Name (full legal name):

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

Test Name	Description	Specimen(s) Required	Kit Type
xCx	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) ●

xCx 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

White/Caucasian	Native American	Middle Eastern	Personal history of allogeneic bone marrow or peripheral stem cell transplant: Yes No
Hispanic	East Asian	Ashkenazi Jewish	
Black/African American	South Asian	Other:	<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>

PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING

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