

A. PATIENT INFORMATION																			
Last Name				MI	First Name														
DOB (MM/DD/YYYY)		Medical Record #		Biological Sex F M		Email		Phone											
Address (Street, Unit)				City		State	Postal Code	Country											
Ancestry Ashkenazi Jewish    Black/African American    East Asian    Hispanic    Middle Eastern    Native American    South Asian    White/Caucasian    Other:																			
B. ORDERING PROVIDER INFORMATION																			
Ordering Provider (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									
C. TESTING OPTIONS																			
<b>CancerNext-Expanded®</b>		<b>Add +RNAinsight®</b>	<b>CancerNext-Expanded®:</b> Expanded germline panel providing broader coverage for hereditary cancer predisposition genes. <b>CancerNext®:</b> Guideline-based germline panel for hereditary cancers with established clinical management recommendations. <i>Requires Blood (EDTA), Saliva, or Cultured Fibroblast (Cultured Fibroblast specimen requires the completion of the 'Test Requisition for Tissue Culturing' form).</i> <b>+RNAinsight®:</b> Supplemental germline RNA sequencing, powered by Ambry Genetics. Not available with BRCAplus® or STAT orders. <i>Requires Blood (PAXgene® tube required for RNA).</i>																
<b>CancerNext®</b>																			
<b>BRCAplus®</b>		<b>BRCAplus®:</b> Guideline-based STAT panel for hereditary breast cancer. <i>Requires Blood (EDTA) or Saliva.</i> Reason for STAT Test:    Surgery    Pregnancy    Other    STAT Test; date results needed by:																	
<b>Familial Variant Testing</b> (i.e. Cascade Testing) is offered at no additional cost for blood relatives (out to 3rd degree) of patients who are found to have a pathogenic or likely pathogenic variant on the CancerNext® or CancerNext-Expanded® tests. <b>No-cost testing is offered for 90 days from the original report date.</b> <i>Requires Blood (EDTA) or Saliva.</i>																			
D. SPECIMEN RETRIEVAL <i>See Tempus' specimen guidelines for collection instructions and further details.</i>																			
<b>Blood /    Saliva /    Cultured Fibroblast</b>																			
Mobile phlebotomy    Send saliva kit to patient					Patient status at time of specimen collection: Office/Non-Hospital Hospital Outpatient    Hospital Inpatient    ]→    Not yet discharged <b>OR</b> Discharge date:														
Date of Collection:		Specimen Collection Facility:																	
E. CLINICAL HISTORY																			
Breast		Colorectal		Endometrial		GI Polyps		Hematologic*		Ovarian		Pancreatic		Prostate		No personal history of cancer		Other:	
<small>*Blood or saliva samples may not be appropriate for patients with active hematologic malignancies.</small>																			
<b>Stage:</b> I    II    III    IV    Other:		<b>Age at diagnosis:</b>		<b>Primary ICD-10 Codes (C, D, &amp; Z codes):</b>				<b>Additional details (pathology, number of polyps, etc.):</b>											
<b>Other patient history:</b>				Personal history of allogeneic bone marrow or peripheral stem cell transplant:**    Yes    No						<small>**Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bone marrow or peripheral stem cell transplant.</small>									
F. 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													
G. FAMILY HISTORY																			
None/No known family history			Unknown			Adopted													
Relationship to patient	Maternal	Paternal	Age at diagnosis	Details of relevant history															
H. PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING																			
No personal or family history of molecular and/or genetic testing.				<b>Relationship to patient:</b> Self    Family member:			<b>Microsatellite instability analysis:</b> Stable (MSS)    Unstable/High (MSI-High)    Unstable/Low (MSI-Low)												
Germline testing *		Somatic/tumor testing * (including potential germline findings)				Immunohistochemical staining													
Test performed:		Results:		Test performed:		Results:		Proteins present:		Proteins absent:									
I. FAMILIAL VARIANT TESTING INFORMATION <i>Section is required if ordering FVT testing.</i>																			
Proband Name			Proband DOB (MM/DD/YYYY)		Relationship to Proband			Proband Accession #											
<b>Variant Information</b> <i>Attaching the family member's test report is recommended.</i>									<b>No. of Variants:</b>										
Gene		Coding DNA (c.)			Amino Acid (p.)		Transcript (NM#)												
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Gene		Coding DNA (c.)			Amino Acid (p.)		Transcript (NM#)												
J. ORDERING PROVIDER/GENETIC COUNSELOR'S SIGNATURE AND CONSENT																			
I certify that the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s). My signature below certifies medical necessity of the test(s) (including that the test results will inform the treatment plan) and that 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.																			
Ordering Provider's Signature:				Printed Name (full legal name):			Today's Date (MM/DD/YYYY):												