TEMPUS | Lilly

REQUISITION FORM — NYS

Lilly Thyroid Cancer NGS Program

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tempus.com/LillyThyroidProgram

PATIENT INFORMATION (REQUIRED)

Last Name	First Name	Middle Name
DOB (MM/DD/YYYY)	Patient Medical Record #	Sex ☐ M ☐ F
Race/Ethnicity	Email Address	
Street Address, Unit		
City	State	Postal Code
Country	Primary Phone #	

ORDERING PHYSICIAN INFORMATION (REQUIRED)

Office/Practice/Institution Name/Clinic		Account #
Street Address, Unit		City
State	Postal Code	Country
Phone #	Fax	
Ordering Physician's Name	NPI #	
Email Address (REQUIRED FOR REPORT DELIVERY)		

PROGRAM ELIGIBILITY CRITERIA

Patients must meet all of the following criteria to be eligible:

- Patient has advanced or metastatic medullary thyroid cancer (MTC) **OR** advanced or metastatic non-medullary thyroid cancer (non-MTC)
- Patient lives and receives treatment in the United States or a US Territory (including Puerto Rico, Guam, and Marshall Islands)
- Patient does not have a known molecular biomarker from a prior test
- Patient has not had prior comprehensive biomarker testing
- Patient has not previously been tested under this Program unless for the purpose of testing relapse/refractory patients to determine genomic changes in the tumor

TESTING OPTIONS

☐ **xT Solid Tumor + Normal (648 genes)**

Matched normal sample to improve accuracy of somatic variant calls.

If blood is not received, Tempus will proceed with tissue only testing.

Conversion to xF Liquid Biopsy (105 genes)

Conversion to xF Liquid Biopsy is included in the Program when tissue is insufficient.

Opt-in to one of the following:

☐ Convert to xF after additional tissue request

☐ Convert to xF immediately

SPECIMEN RETRIEVAL

xT Solid Tumor	☐ Option 1 – Specific specimen requested (Please provide specimen details below). ☐ Option 2 – Let the submitting pathologist choose specimen. ☐ Option 3 – Biopsy to be scheduled for: _____			
	Pathology Lab Name			
	Case Number	Block #	Date of Collection	☐ Check here if the pathology lab is ***not*** part of the treatment team.[1]
xT Normal	☐ Blood	Date of Collection	Patient Information must be completed for these options: ☐ Mobile phlebotomy	☐ Previously submitted

PHYSICIAN SIGNATURE

I certify that I have explained to the patient the purpose, risks and benefits of the test being ordered. My signature below is my certification of medical necessity for the test and further certifies that I have obtained from the patient informed consent that meets the requirements of applicable law for Tempus to: (a) perform the test described in this form; (b) obtain, receive, and release, test results and any corresponding medical information as necessary for reimbursement or the processing of insurance claims; (c) retain samples and information obtained from the patient, including the test results, for an indefinite period of time; (d) use information obtained from the patient and the test results in accordance with applicable law, including de-identifying such information and disclosing the de-identified information for other purposes. **I also agree to the terms in the Program Description.**

Program Description

- Patients with advanced/metastatic medullary thyroid cancer (MTC) OR advanced or metastatic non-medullary thyroid cancer (non-MTC) who have not had prior comprehensive biomarker testing, have not previously been tested under this program, and who live and receive treatment in the United States or a US territory are eligible.
- Eligible patients may receive one xT test (with reflex to xF after one tissue request), at no cost, for the purpose of determining whether or not the patient has a genomic variant or biomarker. The ordering provider has made the patient aware that Lilly is financially supporting the ordered tests. No patient, health care program, or beneficiary will be billed for these tests.
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- The ordering provider shall not be compensated any fees in connection with this testing, such as for specimen collection, handling, or data reporting. Ordering provider identifying information may be shared with Lilly.
- Healthcare professionals and patients who use this program have no obligation to recommend, purchase, order, prescribe, promote, administer, use or support any Lilly or Tempus products or services.
- Lilly and Tempus reserve the right to rescind, revoke, or amend the program for any reason without notice. Program is not valid where prohibited by law. Tempus will not share protected health information with Lilly as part of this program.

[1] PATHOLOGY RELEASE (SPECIMEN RETRIEVAL Section)

- Unless the box in the "SPECIMEN RETRIEVAL" section has been checked, you confirm the pathology lab listed in the "Pathology Information" section of the requisition or on the attached pathology report is part of the treatment team and may receive a copy of test results upon its request to Tempus.

PHYSICIAN SIGNATURE

Ordering Physician's Signature	Date (MM/DD/YYYY)
Printed Name	

FORM COMPLETED BY (IF DIFFERENT FROM PHYSICIAN)

Name
Email

PATIENT NOTICE AND CONSENT

Patient Consent to Genetic Testing

Your doctor has ordered genomic sequencing and analysis (the "Test") to obtain additional information that may inform medical management of your cancer. This document describes the potential risks, benefits, and limitations of the Test. If you have any questions or need additional information, please consult your doctor before signing. You are not required to have this test. If you decide to authorize the Test, please sign and date where indicated at the end of this document.

Purpose & Process

Tempus will perform Next Generation Sequencing ("NGS") and analysis of certain regions of your DNA that may be associated with your cancer and will report Test results to your doctor. Tempus will perform its most currently approved version of the Test ordered by your doctor. The goal of the Test is to identify key characteristics of your cancer that may inform clinical decision making. Tempus will work with your doctor to obtain tumor samples and/or normal samples (saliva, blood, and/or a buccal swab) and information from your electronic health record. DNA will be obtained from samples, stored, and analyzed. In order to improve the quality of our testing, Tempus may retain your tissue, cells and/or DNA extracted from your cells for an indefinite period of time following the testing ordered by your doctor and use leftover materials for internal purposes, including quality assurance and test validation. Tempus may also remove directly identifying information from these materials and associated clinical information and use them for research purposes, including future research related to cancer diagnosis, testing and therapies.

☐ I do not wish for Tempus to retain any residual material from my specimen(s) and instead wish for them to be destroyed at the end of the testing process or not more than sixty days after the sample was taken, in accordance with New York State Law.

Risks, Benefits, & Limitations

Tempus' Test report does not provide any medical diagnosis and does not make any specific treatment recommendations; instead it provides information for your doctor to review. There is no guarantee that performance of the Test will yield clinically relevant information, inform your doctor's clinical decision-making or otherwise lead to any particular or beneficial outcome for you.

Test results may show one or more "actionable" genomic alterations, meaning that there may be FDA-approved therapies available that target your specific type of cancer or that certain clinical trials may be available to you. Knowledge about the effects and meaning of genetic changes is constantly changing. This Test does not examine every possible variant that may exist, and the technology also may not identify all variants related to your cancer, because there is a possibility of testing errors by Tempus and because some biological factors may limit the accuracy of results. Tempus is under no ongoing obligation to update, revisit or later re-evaluate the results of the Test after those results have been made available to your doctor through the test report described above.

Performing Tests on your normal (non-tumor) tissue, including the xG Test, may reveal certain personal health information about you or information about your genetic profile that is unrelated to your cancer diagnosis, such as hereditary information, additional diagnoses, or changes in your condition ("incidental findings"). The Test Reports will include information about incidental findings. In each case where incidental findings are reported, you may learn medical information about yourself (or your family) that you did not expect. You may want to discuss this information with your physician or a genetic counselor. If you want to talk to a genetic counselor, you can ask your doctor to refer you to one, or you can find contact information on the Test Report that Tempus will make available to you or your doctor. These incidental findings may be important to determining an appropriate course of treatment; however, you are not required to receive them. Your signature below indicates that you have read, understood, and agree to receive incidental findings related to the Tests ordered by your physician.

Specimen Release

By signing below, I authorize the release of my original pathology slides/blocks/clinical specimens and other materials, including extracted DNA and RNA, that are requested by Tempus ("Materials"), and I hereby direct the pathology lab receiving this request to release and provide all such Materials to Tempus. I understand that the Materials may be irreplaceable and could be lost or damaged in handling, transit or when used. I agree to release Tempus and any pathology laboratory releasing such Materials from any claims I may have for any such loss or damage to the Materials.

Patient Signature	Patient DOB (MM/DD/YYYY)
Print Name of Patient	Date (MM/DD/YYYY)

