

A. PATIENT INFORMATION

Form section A containing fields for Last Name, MI, First Name, DOB, Medical Record #, Biological Sex, Email, Phone, Address, City, State, Postal Code, and Country.

B. ORDERING PROVIDER INFORMATION

Form section B containing fields for Ordering Provider (full legal name), NPI #, Facility Name, Tempus Account #, Email, Fax, Facility Address, City, State, Postal Code, Country, and Form completed by details.

C. TESTING OPTIONS

Form section C containing testing options: Common test combinations, Individual testing options, and Test descriptions & specimen requirements.

Form section D containing monitoring options: xM (NeXT Personal® Dx) and xF (Liquid Biopsy) with associated test descriptions and specimen requirements.

D. SPECIMEN RETRIEVAL See Tempus' specimen guidelines for collection instructions and further details.

Form section D containing specimen retrieval details: FFPE Tissue / Bone Marrow Aspirate, Pathology Lab, Specimen Collection Facility, Patient status, and Date of Collection.

E. CURRENT DIAGNOSIS

Form section E containing current diagnosis details: Disease Status, Has the patient had any type of transplant?, and Is the patient currently on or considering immunotherapy?

F. BILLING INFORMATION

Form section F containing billing information: Primary insurance plan name, Policy #, Group#, Policy Holder Name, Policy Holder DOB, Patient relationship to policy holder, and Bill Type.

G. PROVIDER SIGNATURE & CONSENT

Form section G containing provider signature and consent: My signature below 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...

