TEMPUS | ONCOLOGY

Requisition Form Guide

This guide will help you complete the Tempus test requisition form (TRF). While all fields on the TRF are important, this guide highlights the key fields that are critical for ensuring the order can proceed with testing and avoid delays in report delivery.

A. Patient Information

A.PATIENT INFORMATION

1 Last Name		MI	First Name		
2 DOB (MM/DD/YYYY)	3 Medical Record #	2 Biological Sex ☐F ☐M ☐Unknown	4 Email		Phone
Address (Street, Unit)		City	State	Postal Code	Country

1. Last Name, Middle Initial, First Name: Use complete, legal names with hyphens; do not use nicknames. These fields are required for an order to proceed with testing.
2. Patient date of birth and biological sex are required fields for an order to proceed with testing.
3. Patient medical record number should be filled out to prevent delays with testing.
4. Email address is required to send Financial Assistance decisions.

Please include a demographics sheet or copy of the patient's insurance card with the order.

B. Ordering Physician Information

B.ORDERING PHYSICIAN INFORMATION

1 Ordering Physician (full legal name)					NPI #
2 Facility Name	3 Tempus Account #		Email (required for report delivery)		Fax
Facility Address (Street, Unit)	City		State	Postal Code	Country

4 Additional person to be copied			Form completed by		
Name	Email/Fax	Facility Name	Name	Email/Fax	Facility Name

1. Provide full legal name and NPI #. These fields are required for an order to proceed with testing.
2. Facility name and address are required fields for an order to proceed with testing.
3. Your local Tempus Sales Representative will provide this number during the onboarding process. If you have any questions, please contact your Tempus Representative or our Customer Success Team.
4. Additional person to be copied: Use this section to add any physicians who should receive a copy of test results.

C. Testing Options

C.TESTING OPTIONS *† xT CDx will be run for any xT test ordered, when a normal sample is timely provided. If Tempus is unable to perform xT CDx, Tempus will reflex to xT LDT. Please refer to the Testing Resources page at tempus.com/testing-resources/ for xT CDx reflex protocols and xT CDx ordering options.*

Common test combinations	Test descriptions & specimen requirements	2 Optional add-on testing options
xT CDx (DNA) & xR (RNA): ☐ Solid Tumor/Normal	xT CDx: FDA-approved 648-gene DNA sequencing test; xR: whole transcriptome RNA sequencing LDT test. *Requires FFPE tissue w/ normal blood or saliva.*	**Tissue Based Add-Ons:** ☐ PD-L1 IHC [1] ☐ MMR IHC ☐ HER2 IHC + FISH [1,2] ☐ FOLR1 IHC FDA [2] ☐ CLDN18 IHC FDA [2] ☐ MGMT Methylation [2] ☐ 1p/19q FISH [2] **Algorithmic tests:** ☐ Immune Profile Score [1] ☐ HRD [1] ☐ Tumor Origin (RNA) ☐ PurIST™ (RNA, Panc) ☐ DPYD [1] ☐ UGT1A1 [1]
1 ☐ **Add an xF liquid biopsy test at the time of order.** ☐ If completion of xT CDx produces a QNS result or identifies no actionable variants, then I elect to add xF and commence testing immediately.		
xT (DNA) & xR (RNA): ☐ Solid Tumor† ***OR*** ☐ Heme	xT: 648-gene DNA sequencing test; xR: whole transcriptome RNA sequencing test. *Requires FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA).*	
Individual testing options		
xT CDx (DNA Only): ☐ Solid Tumor/Normal	xT CDx: FDA-approved 648-gene DNA sequencing test. *Requires FFPE tissue w/ normal blood or saliva.*	
xR (RNA Only): ☐ Solid Tumor ***OR*** ☐ Heme	Whole transcriptome RNA sequencing test. *Requires FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA).*	
xT (DNA Only): ☐ Solid Tumor† ***OR*** ☐ Heme	648-gene DNA sequencing test. *Requires FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA).*	1) See our Testing Resources website for IHC and FISH tests ordered by cancer type, and Algorithmic add-on logistics. 2) Powered by NeoGenomics.
xF: ☐ Liquid Biopsy ***OR*** **xF+:** ☐ Liquid Biopsy	xF: 105-gene or xF+: 523-gene liquid biopsy test for solid tumors. *Requires blood (Streck).*	
xG(CancerNext®): ☐ Hereditary ***OR*** **xG+(CancerNext-*Expanded*®):** ☐ Hereditary ☐ **Add +RNAinsight®**	xG: 39-gene or xG+: 76-gene hereditary cancer test, powered by Ambry Genetics. *Requires blood (EDTA), saliva, or cultured fibroblast.* +RNAinsight®: Supplemental germline RNA sequencing, powered by Ambry Genetics. *Requires blood (PAXgene® tube required for RNA).*	

Monitoring testing options — ***Must select ONLY ONE testing cadence.*** **Standing orders are for one year unless # of draws is indicated. See reverse for details about the Tempus Default Cadence.*	Test descriptions & specimen requirements
xM (NeXT Personal® Dx): ☐ Minimal Residual Disease (MRD) ***OR*** ☐ Treatment Response Monitoring (TRM) Date of curative intent surgery: ☐ Single Test ☐ Every 3 Months* ☐ Every 6 Months* # of Draws:	Tumor-informed assay for minimal residual disease (MRD), and IO treatment response monitoring (TRM). Test by Personalis. *Initial test requires: FFPE tissue, blood (EDTA), & blood (Streck). Subsequent test(s) require: blood (Streck).*
xM: ☐ Single Test ☐ Every 3 Months* ☐ Every 6 Months* ☐ Tempus Default Cadence* # of Draws: Date of curative intent surgery:	Tumor-naive minimal residual disease (MRD) assay for Colorectal Cancer patients. *Requires blood (Streck).* **If the first test result is MRD+, xM also includes a xF test result.** ☐ Do not order xF even if the first xM test result is MRD+.

Ensure that you have a panel type selected for the order to proceed with testing. For more details about the tests we offer, please refer to tempus.com/oncology/genomic-profiling/.

1. Add xF or xF+ Liquid Biopsy at time of order.

Select one option:

- Order xF or xF+ Liquid Biopsy alongside xT CDx and xR orders to run xF/xF+ concurrently with xT CDx. The liquid biopsy test uses the same blood draw as the normal match. No additional blood draw is required for any xF/xF+ order placed within 21 days. If xF+ is preferred, select this test under the standalone testing section.
- Select to convert to xF liquid biopsy if xT CDx results in QNS*. Conversion is available only when a blood specimen is provided as the normal match.

2. Add-on Testing†

IHC TESTING OPTIONS

- Select from PD-L1 IHC, MMR IHC, CLDN18 IHC , HER2 IHC + FISH, and/or FOLR1 IHC when ordering your xT CDx or xR test.

NEURO-ONCOLOGY TESTING OPTIONS

- Select MGMT promoter methylation or 1p/19q co-deletion when ordering xT CDx or xR.

ALGORITHMIC TESTING OPTIONS

- These laboratory developed tests require no extra tissue.‡
- Select from Immune Profile Score (IPS), Homologous Recombination Deficiency (HRD)§,Tumor Origin (TO), DPYD§, UGT1A1§ or PurIST℠ when ordering your xT CDx or xR test.
- Refer to the Testing Resources page at **tempus.com/testing-resources** to see which tests require DNA and/or RNA sequencing.

D. Specimen Retrieval (see supplemental information for details)

D.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 ☐ Hospital Inpatient → ☐ Not yet discharged ***OR*** Discharge date:

☐ **Blood** / ☐ **Saliva** / ☐ **Other**

	Patient status at time of specimen collection:
☐ Mobile phlebotomy ☐ Send saliva kit to patient ☐ Sample previously submitted Date of Collection: Specimen Collection Facility:	☐ Office/Non-Hospital ☐ Hospital Outpatient ☐ Hospital Inpatient → ☐ Not yet discharged ***OR*** Discharge date:

Select specimen type and provide corresponding collection details.

For all options, please include the pathology lab name to prevent delays with testing.

E. Current Diagnosis¶

E.CURRENT DIAGNOSIS

☐ Breast ☐ Colorectal ☐ NSCLC ☐ Ovarian ☐ Pancreatic ☐ Prostate ☐ Other: (2) Primary ICD-10 Codes (C, D, & Z codes):	Stage ☐ I ☐ II ☐ III ☐ IV Other:
Disease Status (select all that apply): ☐ Metastatic ☐ Refractory ☐ Relapse ☐ Recurrent ☐ No Evidence of Disease ☐ Other:	(1) Attachments ☐ Copy of patient's progress notes and/or medical records. ☐ Copy of recent pathology report. ☐ Copy of insurance card.
Has the patient had any type of transplant? ☐ No ☐ Yes; Type:	
(3) Is the patient currently on or considering immunotherapy? ☐ No ☐ Yes ☐ Unknown; Drug name(s):	

1. Please include clinical history or progress notes and a pathology report if you do not complete this section in its entirety. You can submit clinical records via fax or online through Tempus Hub.
2. Please include ICD-10 Primary Diagnosis Code(s). This field is required for an order to proceed with testing.
3. For xM (NeXT Personal® Dx) orders, immunotherapy information is required to monitor treatment response.

F. Billing Information

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

Please ensure this section is completed. Including a copy of the patient's insurance card with the order is preferred.** Tempus may contact you regarding orders with insurance marked if any patient demographics, ICD-10 codes, or insurance details are incomplete.

Tempus has a financial assistance program to help provide access to testing for patients in financial need. To apply for financial assistance, visit access.tempus.com.

G. Physician Signature

G.PHYSICIAN SIGNATURE & 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 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 below 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.

Ordering Physician Signature: Printed Name (full legal name): Today's Date (MM/DD/YYYY):

Ensure the ordering physician's signature, printed name, and signature date are filled out.

These fields are required for an order to proceed with testing.

H. xM Default Cadence

H.TEMPUS DEFAULT CADENCE DETAILS *As used in the Tempus xM clinical validation study.[3] This testing schedule following curative-intent surgery spans two years.*

Curative Intent Procedure	4 weeks (1 month)	12 weeks (3 months)	24 weeks (6 months)	36 week (9 month)	48 weeks (12 months)	72 weeks (18 months)	96 weeks (24 months)
Date of Surgery	Blood (2x Streck tubes)	Blood (2x Streck tubes)	Blood (2x Streck tubes)	Blood (2x Streck tubes)	Blood (2x Streck tubes)	Blood (2x Streck tubes)	Blood (2x Streck tubes)

3) Kotani D, Oki E, Nakamura Y, et al. Molecular residual disease and efficacy of adjuvant chemotherapy in patients with colorectal cancer. Nat Med. 2023;29(1):127-134. doi:https://doi.org/10.1038/s41591-022-02115-4

Tempus xM cadence is based on the GALAXY-CIRCULATE study, as utilized in the Tempus xM clinical validation.

I-M. Other Patient Clinical History (only required for xG/xG+ orders)

The following fields are for xG (CancerNext®) or xG+ (CancerNext-*Expanded*®) orders ONLY. Disregard if not testing for hereditary cancers.

I.RELEVANT CLINICAL HISTORY *(Previous cancer diagnosis, GI polyps, etc.)*

J.FAMILY HISTORY

☐ None/No known family history ☐ Unknown ☐ Adopted

Relationship to patient	Maternal	Paternal	Age at diagnosis	Details of relevant history
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

K.ANCESTRY

☐ White/Caucasian ☐ Native American ☐ Middle Eastern
☐ Hispanic ☐ East Asian ☐ Ashkenazi Jewish
☐ Black/African American ☐ South Asian ☐ Other:

L.BONE MARROW TRANSPLANT

Personal history of allogeneic bone marrow or peripheral stem cell transplant: ☐ Yes ☐ No

Note: Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bone marrow or peripheral stem cell transplant.

M.PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING

☐ No personal or family history of molecular and/or genetic testing.

Relationship to patient: ☐ Self ☐ Family member:

☐ Germline testing
Test performed: Results:

Microsatellite instability analysis:
☐ Stable (MSS)
☐ Unstable/High (MSI-High)
☐ Unstable/Low (MSI-Low)

☐ Somatic/tumor testing
Test performed: Results:

☐ Immunohistochemical staining
Proteins present: Proteins absent:

Use sections I-M to provide additional relevant clinical information needed for Tempus' hereditary testing. Only fill out this page if you have selected Tempus xG or xG+ in section C.

Easy integration into your workflow

Use a Tempus collection kit to collect the patient's specimen (scan the QR code for the Tempus Kit Guide)

Flexible ordering process via requisition form, online ordering or EHR integration

Easy to interpret results, returned to you automatically

Contact your Tempus representative with any questions or email support@tempus.com

* Before converting to xF, Tempus will automatically convert to an xT (LDT) tumor + normal match order if the initial xT CDx order cannot be completed due to specimen availability or quality issues. This may help to prevent QNS and prioritizes tissue results.

** Medicare's Laboratory Date of Service Policy, also known as the "14 day rule," outlines who will be billed for a laboratory test provided to a Medicare patient. In some cases, a laboratory such as Tempus will bill CMS directly for testing. In other cases, the 14-day rule requires that Tempus bill its hospital customers for testing performed on Medicare patients. The timing of a test order should be based on clinical judgment rather than Medicare billing rules.

† See our Testing Resources website for IHC and FISH tests offered by cancer type, and Algorithmic add-on logistics.

‡ Algorithmic tests are available for order only with the order of DNA and/or RNA sequencing.

§ Testing requires a normal match for patients with a breast or ovarian cancer diagnosis.

¶ Completion of this section can decrease the time to return test results and can result in more comprehensive identification of potential therapies and clinical trials for your patient.

Completing this section will reduce additional outreach for insurance and payment information, and is required to prevent delay in delivery of testing results.

Contact Us

The most updated form can always be found at tempus.com/resources/document-library/.
If you have any questions on our comprehensive portfolio, please contact your Tempus Representative or email support@tempus.com.