

A. PATIENT INFORMATION

Form section A: Patient Information. Fields include Last Name, MI, First Name, DOB, Medical Record #, Biological Sex, Email, Phone, Address, City, State, Postal Code, and Country.

B. ORDERING PHYSICIAN INFORMATION

Form section B: Ordering Physician Information. Fields include Ordering Physician 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: Testing Options. Includes Common test combinations (xE DNA & xR RNA), Individual testing options (xR RNA Only, xE DNA Only), and Optional add-on testing options (Tissue Based Add-Ons).

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

Form section D: Specimen Retrieval. Includes FFPE Tissue submission instructions and two forms for specimen collection details, including Pathology Lab, Specimen Collection Facility, Patient status, and Date of Collection.

E. CURRENT DIAGNOSIS

Form section E: Current Diagnosis. Fields include Cancer types (Breast, Colorectal, NSCLC, Ovarian, Pancreatic, Prostate, Other), Primary ICD-10 Codes, Stage, Disease Status, Transplant history, and Immunotherapy status.

F. BILLING INFORMATION

Form section F: Billing Information. Fields include Primary insurance plan name, Policy #, Group#, Policy Holder Name, Policy Holder DOB, Patient relationship to policy holder, and Bill Type.

G. PHYSICIAN SIGNATURE & CONSENT

Form section G: Physician Signature & Consent. Includes a detailed consent statement and fields for Ordering Physician Signature, Printed Name, and Today's Date.