TEMPUS | ONCOLOGY

Requisition Form Guide

This guide will help you complete the Tempus test requisition form (TRF). All fields on the TRF are important, but some may prevent the order from proceeding with testing and cause report delivery delays if incomplete or missing.

A. Patient Information

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

1. The following fields are required for testing: Last Name, Middle Initial, and First Name. Use complete, legal names with hyphens; do not use nicknames.
2. The patient's date of birth and biological sex are required for testing.
3. The patient's medical record number should be filled out to prevent delays with testing.
4. An 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

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

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

1. Please provide the full legal name and NPI # of the ordering physician. 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 your account number during onboarding. If you have any questions, please get in touch with your Tempus Representative or our Customer Success Team.
4. Use this section to add any physicians who should receive a copy of test results.

C. Testing Options

Common test combinations	Test descriptions	Specimen required	Optional add-on tests (select all that apply):
xT (DNA) & xR (RNA): ☐ **Solid Tumor/Normal**	xT: 648-gene DNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test.	FFPE Tissue; Normal: Blood or Saliva	**xT Solid Tumor, xR LDT FFPE Tissue** ☐ PD-L1 IHC: ☐ 22C3 DEFAULT ☐ 28-8 ☐ SP142 ☐ SP263 ☐ MMR IHC ☐ HER2 IHC + FISH[1,2] ☐ FOLR1 IHC FDA[1] ☐ HRD[3] ☐ Tumor Origin (RNA) ☐ PurIST℠ (RNA, Panc) **xT Normal Blood or Saliva** ☐ DPYD ☐ UGT1A1
1 ☐ **Add xF liquid biopsy at time of order, based on the following:** I believe it is medically necessary to order a liquid biopsy test concurrently with a solid tumor tissue test because of one or more of the following reasons: **(a)** guidelines support the use of testing in this disease state; **(b)** turnaround time for tissue result may delay a treatment decision for my patient; **(c)** 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 for my patient; **(d)** genomic heterogeneity may cause the patient's available tissue to not be completely representative, and I want to make sure I have a complete mutation profile.			
2 If I have not already ordered an xF test above, I opt to convert my xT solid tumor order to an xF liquid biopsy test if necessary: ☐ By converting immediately *OR* ☐ After an additional tissue request is attempted			
xT (DNA) & xR (RNA): ☐ **Solid Tumor** *OR* ☐ **Heme**	xT: 648-gene DNA sequencing test; xR: whole transcriptome RNA sequencing test.	FFPE Tissue, Blood (EDTA), or Bone Marrow Aspirate (EDTA)	
Individual test options			
xR (RNA Only): ☐ **Solid Tumor** *OR* ☐ **Heme**	Whole transcriptome RNA sequencing test.	FFPE Tissue, Blood (EDTA), or Bone Marrow Aspirate (EDTA)	
xT (DNA Only): ☐ **Solid Tumor** *OR* ☐ **Heme**	648-gene DNA sequencing test.	FFPE Tissue, Blood (EDTA), or Bone Marrow Aspirate (EDTA)	
xF (Liquid Biopsy): ☐ *OR* **xF+ (Liquid Biopsy):** ☐	xF: 105-gene or xF+: 523-gene liquid biopsy test for solid tumors.	Blood (Streck)	
xG (CancerNext®) (Hereditary): ☐ *OR* **xG+ (CancerNext-*Expanded*®) (Hereditary):** ☐	xG: 36-gene or xG+: 77-gene hereditary cancer test, powered by Ambry Genetics.	Blood (EDTA), Saliva, or Cultured Fibroblast *(cultured fibroblast specimen requires the completion of the Test Requisition for Tissue Culturing form).*	

1 Powered by NeoGenomics.
2 For more information about reflex to FISH, please see Tempus' Reference Lab Logistics Overview at Tempus.com.
3 Normal sample is required for ovarian or breast cancers

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

1. Adding xF Liquid Biopsy at the time of order.

- Select this box to order an xF Liquid Biopsy at the time of order for xT and xR orders (requires additional attestation on req form).
- This xF Liquid Biopsy test uses the same blood draw as the Normal match. No additional blood draw is required for any xF order placed within 21 days of the Normal sample collection.

2. Conversion to xF liquid biopsy.

- Conversion from xT occurs when the solid tumor specimen does not have sufficient tissue (quality or quantity) to sequence.
- Conversion is available only when a blood specimen is provided as the Normal match.
- In this scenario, you may select one of the following options:
  - Convert to xF immediately. Tempus will immediately convert the xT Solid Tumor + Normal order to an xF order in case of insufficient tissue.
  - Convert to xF after additional tissue request. Tempus will request another additional solid tumor specimen before converting the order to an xF order. **This request process can add processing time for your order.**

3. Add-on Testing. *(Add-on testing is grouped by specimen sample type)*

- **IHC Testing Options.**
  - Select from PD-L1 IHC clones, MMR IHC, HER2 IHC + FISH, and/or FOLR1 IHC when ordering your xT or xR test.
  - Selecting PD-L1 IHC will default to the 22C3 clone; however, more than one clone may be selected if needed.
- **Algorithmic Testing Options.**
  - These laboratory-developed tests require no extra tissue.[1]
  - Select from Homologous Recombination Deficiency (HRD)[2], Tumor Origin (TO), DPYD, UGT1A1, or PurIST™ when ordering your xT or xR test.

D. Specimen Retrieval

☐ FFPE Tissue					
☐ **Option 1:** Specific specimen requested	☐ **Option 2:** Let the submitting pathologist choose specimen	☐ **Option 3:** Biopsy to be scheduled for:	Pathology Lab (Name, City)		
			Case Number	Block #	Date of Collection
☐ **Blood**		☐ **Saliva**	☐ **Bone Marrow Aspirate**	☐ **Cultured Fibroblast**	
☐ Mobile phlebotomy ☐ Sample previously submitted Date of Collection:		☐ Send saliva kit to patient Date of Collection:	Date of Collection:	Date of Collection:	

1. **Option 1: Specific specimen requested.**
   - If the specimen you requested cannot be tested, Tempus will let the submitting pathologist choose a subsequent specimen for testing. For all options, please include the pathology lab's name to prevent delays with testing.
2. **Option 3: Biopsy to be scheduled for a later date.**
   - Include the expected biopsy date and pathology lab's name to help Tempus schedule contact and tissue transfer with the pathology lab, or indicate that the biopsy is pending if it has not been scheduled.

Supplemental Information (Mobile Phlebotomy)

- Tempus has partnered with an external vendor to provide mobile phlebotomy services to patients who cannot visit their provider for a blood draw. Eligible patients include those who live too far from their provider's phlebotomist, whose provider does not offer in-office blood draws, or whose condition makes it unsafe for them to travel for a blood draw.

  Please refer to the Mobile Phlebotomy information sheet for detailed information on our offerings.

- For the xT Hematologic Malignancy assay, the Mobile Phlebotomy option only applies when peripheral blood is selected as the specimen type and for diseases with a circulating component (e.g., AML, MDS, MPN, CLL, T-PLL).

  For detailed information, please refer to the Specimen Guidelines sheet.

E. Current Diagnosis[3]

☐ Breast ☐ NSCLC ☐ Pancreatic ☐ Other: ☐ Colorectal ☐ Ovarian ☐ Prostate	Primary ICD-10 Codes (C & D codes only)	Stage ☐ I ☐ III ☐ Other: ☐ II ☐ IV
Disease Status (select all that apply): ☐ Metastatic ☐ Relapse ☐ Other: ☐ Refractory ☐ Recurrent	Has the patient had any type of transplant? ☐ No ☐ Yes —Type:	Attachments ☐ Copy of patient's progress notes and/or medical records. ☐ Copy of recent pathology report. ☐ Copy of insurance card.

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.

F. Billing Information[4]

Primary Insurance Plan Name	Policy #	Group#	Policy Holder Name	Policy Holder DOB

Patient Relationship to Policy Holder	Bill Type:	Patient Status (for Medicare patients)
☐ Self ☐ Spouse ☐ Child ☐ Other:	☐ Insurance ☐ Hospital/Institution ☐ Self pay/International	☐ Hospital Inpatient Date of discharge: 1

1. Please complete the Patient Status (for Medicare patients) section if applicable to your patient. If the patient has "Medicare - Part B" coverage and the specimen is collected during an inpatient stay, please write the discharge date in the corresponding field. If the patient has not yet been discharged, select "Hospital Inpatient". A copy of the patient's insurance card with your order is preferred.[5] Tempus may follow up on orders if any patient demographics, ICD-10, or insurance information is missing.

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

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 because the patient has been diagnosed with a cancer that is either recurrent, relapsed, refractory, metastatic, or advanced stage, and the test results will inform the patient's treatment plan; and **(3)** 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 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. 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.

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

I.FAMILY HISTORY

☐ None/No known family history ☐ Unknown ☐ Adopted

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

J.ANCESTRY

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

K.BONE MARROW TRANSPLANT

Personal history of allogenic 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 allogenic bone marrow or peripheral stem cell transplant.

L.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 this section to provide additional relevant clinical information for Tempus' hereditary testing.
Only fill out this page if you have selected a Tempus xG or xG+ test in section C.

Specimen collection kits

Pathology Lab

TISSUE

xT Solid Tumor + Normal DNA Sequencing **or** xR RNA Sequencing

Clinic

BLOOD

xT Solid Tumor + Normal DNA Sequencing **or** xF Liquid Biopsy

SALIVA[6]

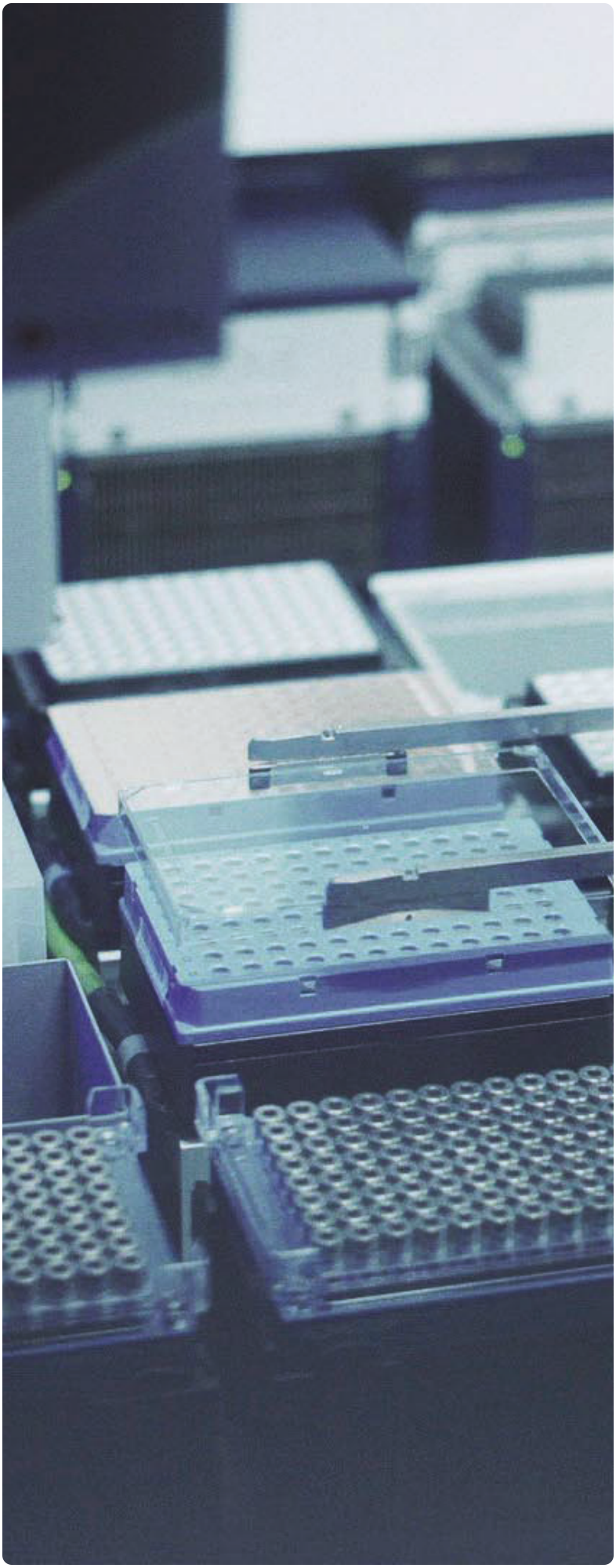
xT Solid Tumor + Normal DNA Sequencing

BLOOD OR BONE MARROW

xT Hematological Malignancies **or** xR RNA Sequencing

BLOOD OR BUCCAL

xG+ (CancerNext-Expanded®) **or** xG (CancerNext®) Panel (*powered by Ambry Genetics®*)



Easy integration into your workflow

Collect the patient's specimen with a Tempus collection kit (see kit section)

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

1 Algorithmic tests are available for order only with the order of an xT or xR test.
2 HRD testing requires a normal match for patients with a breast or ovarian cancer diagnosis.
3 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.
4 Completing this section will reduce additional outreach for insurance and payment information, and is required to prevent delay in delivery of testing results.
5 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
6 When submitting an xT Sold Tumor + Normal DNA test, either blood or saliva will be accepted.

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.