TEMPUS

Test Requisition Form 2024.11.06 p: 800.739.4137 | f: 800.893.0276 | e: support@tempus.com If information is incomplete or missing, testing may be delayed.

Associated Study	Study ID

A.PATIENT INFORMATIO	N										
Last Name			MI	First Nan	ne						
DOB (MM/DD/YYYY)	Medical Record #	Biological Sex F M Unknown	Email				Phone				
Address (Street, Unit)		City			State	Р	ostal Code	Country			
B.ORDERING PROVIDER	INFORMATION										
Ordering Provider (full legal name)								NPI#			
Facility Name		Tempus Account # Email (requir		equired for report o	uired for report delivery)			Fax			
Facility Address (Street, Unit)		City				State	Postal	Code	Country		
Additional person to be copied			Fori	m completed l	by						
Name	Email/Fax	Facility Name	Nan	ne		Email/Fax			Facility Name		
C.TESTING OPTIONS											
Common test combinations	Test des	scriptions & specimen requ	uirements				Option	al add-on	testing options		
xT (DNA) & xR (RNA): Solid Tum		ene DNA sequencing test with no		hole transcripton	ne RNA sequencing te	st.	Tissue	Tissue Based Add-Ons: Algorithmic tests:			
	Requires I	FFPE tissue w/ normal blood or so					PD-I	1 IHC 1	Immune Profile Score 1		
Add an xF liquid biopsy test at the time of order. If I have not opted to add an xF test, 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						HER	MMR IHC HRD ¹ HER2 IHC + FISH ^{1,2} Tumor Origin (RNA)				
xT (DNA) & xR (RNA): Solid Tum		ene DNA sequencing test; xR: wh FFPE tissue, blood (EDTA), or bone			test.			R1 IHC FDA ² N IHC FDA ²	PurIST [™] (RNA, Panc) DPYD ¹		
Individual testing options	- gr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>'</u>				4T Methylatio			
xR (RNA Only): Solid Tumor OR Heme Whole transcriptome RNA sequencing test. Requires FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA).						L9q FISH ²					
xT (DNA Only): Solid Tumor OR Heme 648-gene DNA sequencing test. Requires FFPE tissue, blood (EDTA), or bone marrow aspirate (EDTA).								resources/ for IHC and FISH tests ordered by cancer Ons logistics. 2) Powered by NeoGenomics.			
xF: Liquid Biopsy OR xF+:	Liquid Biopsy xF: 105-g	ene or xF+: 523-gene liquid biop	sy test for solid tur	mors. Requires blo	ood (Streck).						
xG(CancerNext®): Hereditary xG+(CancerNext-Expanded®):	OR Hereditary Add +RNAinsigh	t® xG: 36-gene or xG+: 77-g +RNAinsight®: Supplement									
Monitoring Must select ONLY ONE	testing cadence. *Standing orders are for	one year unless # of draws is inc	dicated.		Test des	scriptions &	specimen req	uirements			
xM (NeXT Personal® Dx): Minim	nal Residual Disease (MRD) OR	Treatment Response Monitoring (TRM)			Tumor-informed assay for minimal residual disease (MRD) for NSCLC and Breast (and IO treatment response monitoring (TRM), Test by Personalis.						
					Subseque		E Tissue, blood (EL ire: blood (Streck).	OTA), & blood	(Streck).		
D.SPECIMEN RETRIEVAL	See Tempus' specimen guideli	nes for collection instru	ctions and fu	rther details.							
FFPE Tissue / Bone Marrow	Aspirate Submitting pathologist wil	l choose FFPE Tissue if spec	cimen details ar	e not provided							
Pathology Lab (Name, City)		Specimen Collection Facil	lity		Patient status at t		cimen collection	n collection:			
Case Number	Block #	Date of Collection / Biops	v to be schodule	od for	Office/Non-Ho						
case Number	Block #	Date of Collection / Biops	y to be serieduli	to be scheduled for Hospital Outpatient Hospital Inpatient			Not yet disc	Not yet discharged OR Discharge date:			
Blood / Saliva / Other											
	aliva kit to patient Sample previo	ously submitted				cimen collection	n collection:				
Date of Collection:	Hospital Outpatient ¬					Not yet disc	harged <i>OR</i>	Discharge date:			
E.CURRENT DIAGNOSIS											
Breast Colorectal NSC	CLC Ovarian Pancreatic	Prostate Other:	Prin	nary ICD-10 C	odes (C, D, & Z cod	des):	Stage		II III IV Other:		
Disease Status (select all that apply	•	Relapse Recurrent	No Evidend	ce of Disease	Other:		Attachm Copy		progress notes and/or medical records.		
						thology report.					
Is the patient currently on or considering immunotherapy? No Yes Unknown; Drug name(s): Copy of insurance card.											
F.BILLING INFORMATION	N .										
Primary insurance plan name	Policy #		Gro	up#		Policy Holo	der Name		Policy Holder DOB		
Patient relationship to policy holder	: Self Spouse Child	Other:			Bill Type: Inst	urance	Hospital/Instit	tution	Self pay/International		
G.PROVIDER SIGNATURE & CONSENT											
form, the patient has recurrent, relapsed, re samples (including genetic material) and he	tient has received an explanation of the purpe efractory, metastatic, or advanced stages III ealth information and perform the ordered tes iod of time in accordance with applicable law	or IV cancer; and (4) the patient I st(s); (b) obtain, receive, and rele	has provided inforn ase health informa	ned consent that tion (including te	meets the requirement st results) as necessar	nts of applicab ry for reimburs	ole law for Tempus sement or the pro	or its referen	ce lab to: (a) collect and use the patient's urance claims; (c) retain and use samples		

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 Provider Signature: Printed Name (full legal name): Today's Date (MM/DD/YYYY): 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 Add	pted			
Relationship to patient	Maternal	Paternal	Age at diagnosis	Details of relevant history	
	·		•		
J.ANCESTRY				K.BONE MARROW TRANSPLANT	
White/Caucasian	Native American	Mide	dle Eastern	Personal history of allogeneic bone marrow or peripheral stem cell transplant: Yes No	
Hispanic	East Asian	Ash	kenazi Jewish	Note: Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bo	ne
Black/African American	South Asian	Othe	er:	marrow or peripheral stem cell transplant.	
L.PRIOR PERSONAL OR FA	AMILY HISTORY	OF GENE	TIC TESTING		
No personal or family history of molecular and/or genetic testing.				Relationship to patient: Self Family member:	
Germline testing				Microsatellite instability analysis:	
Test performed:	Resu	ılts:		Stable (MSS) Unstable/High (MSI-High) Unstable/Low (MSI-Low)	
Somatic/tumor testing				Immunohistochemical staining	
Test performed:	Resi	ılts:		Proteins present: Proteins absent:	