TEMPUS

Test Requisition Form 2025.01.07

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 INFORMATION

Last Name	MI	First Name

DOB (MM/DD/YYYY)	Medical Record #	Biological Sex	Email	Phone
		☐ F ☐ M ☐ Unknown		

Address (Street, Unit)	City	State	Postal Code	Country

B. ORDERING PHYSICIAN INFORMATION

Ordering Physician (full legal name)	NPI #

Facility Name	Tempus Account #	Email (required for report delivery)	Fax

Facility Address (Street, Unit)	City	State	Postal Code	Country

Additional person to be copied

Name	Email/Fax	Facility Name

Form completed by

Name	Email/Fax	Facility Name

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
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.*
☐ **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).*
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).*

Optional add-on testing options

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) See our Testing Resources website for IHC and FISH tests ordered by cancer type, and Algorithmic add-on logistics. 2) Powered by NeoGenomics.

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+.

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

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

☐ Mobile phlebotomy ☐ Send saliva kit to patient ☐ Sample previously submitted

Date of Collection: Specimen Collection Facility:

Patient status at time of specimen collection:
☐ Office/Non-Hospital
☐ Hospital Outpatient → ☐ Not yet discharged ***OR*** Discharge date:
☐ Hospital Inpatient

E. CURRENT DIAGNOSIS

☐ Breast ☐ Colorectal ☐ NSCLC ☐ Ovarian ☐ Pancreatic ☐ Prostate ☐ Other: 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:

Has the patient had any type of transplant? ☐ No ☐ Yes; Type:

Is the patient currently on or considering immunotherapy? ☐ No ☐ Yes ☐ Unknown; Drug name(s):

Attachments
- ☐ Copy of patient's progress notes and/or medical records.
- ☐ Copy of recent pathology report.
- ☐ Copy of insurance card.

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

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):

Phone: 800.739.4137 | Fax: 800.893.0276 | support@tempus.com
600 West Chicago Avenue Suite 510, Chicago, IL 60654 | **tempus.com**

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

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:

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