

A. PATIENT INFORMATION

Primary Patient ID		Secondary Patient ID	
DOB (DD/MM/YYYY)	Biological Sex F M	Race/Ethnicity	

B. ORDERING PHYSICIAN INFORMATION

Distributor	Ordering Physician (full legal name)		Phone
Facility Name	Tempus Account #	Email (required for report delivery)	Fax
Facility Address (Street, Unit)	City	Postal Code	Country

Additional person to be copied

Name	Email/Fax	Facility Name
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Form completed by

Name	Email/Fax	Facility Name
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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	Tissue Based Add-Ons:	Algorithmic Add-Ons:
<p>Add xF liquid biopsy at time of order, based on the following:</p> <p>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.</p> <p>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</p>			PD-L1 IHC ¹ 22C3 DEFAULT 28-8 SP142 SP263 MMR IHC HER2 IHC + FISH ^{1,2} FOLR1 IHC FDA ² CLDN18 IHC FDA ²	HRD ^{1,3} Tumor Origin (RNA) DPYD ¹ UGT1A1 ¹
xT (DNA) & xR (RNA): Solid Tumor	xT: 648-gene DNA sequencing test; xR: whole transcriptome RNA sequencing test.	FFPE Tissue		
xE (DNA) & xR (RNA): Solid Tumor/Normal	xE: over 19,000-gene whole exome DNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test.	FFPE Tissue; Normal: Blood or Saliva		

Individual test options

xR (RNA Only): Solid Tumor	Whole transcriptome RNA sequencing test.	FFPE Tissue
xT (DNA Only): Solid Tumor	648-gene DNA sequencing test.	FFPE Tissue
xF (Liquid Biopsy): OR xF+ (Liquid Biopsy):	xF: 105-gene or xF+: 523-gene liquid biopsy test for solid tumors.	Blood (Streck)
xE (DNA Only): Solid Tumor/Normal	Over 19,000-gene whole exome DNA sequencing test with normal match.	FFPE Tissue; Normal: Blood or Saliva

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

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			
Sample previously submitted		Send saliva kit to patient	
Date of Collection:		Date of Collection:	

E. CURRENT DIAGNOSIS

Breast	NSCLC	Pancreatic	Other:	Primary ICD-10 Codes (C & D codes only)	Stage	I	III	Other:
Colorectal	Ovarian	Prostate				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.			

F. PHYSICIAN SIGNATURE AND CONSENT

I certify that the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s). My signature certifies medical necessity of the test(s) (including that the test results will inform the treatment plan) and further certifies that I am authorized to order the test(s) and that 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 (if applicable); and (c) collect, use, and retain samples and information obtained from the patient, all in accordance with the Tempus Consent to Genomic Testing form signed by the patient.	Ordering Physician Signature	
	Printed Name (full legal name)	Today's Date (DD/MM/YYYY)