PRONE : 1800/339.481 Fax : 1800/393.0278 support@legrenus.com ### Information is incomplete or missing, texting may be delayed. ### APAILENT INFORMATION ### Production Biological Sex			<i>,</i>								
Primary Patient ID DOB (DD/MM/YYYY) Biological Sex F M Pace/Ethnicity Physician (full legal name) Phone Phone Phone Phone Phone Phone Phone Pace It I Sex F M Pace I S	TEMPUS	Phone: +1800.739.4137 Fax: +	1800.893.0276	support	@tempus.com		Sponso	or Name	P	rotocol#	
Biological Sex F M Brown Service Comments of the service of the s	A.PATIENT INFO	RMATION									
B. ORDERING PHYSICIAN INFORMATION Distributor Ordering Physician (full legal name) Tempus Account: # Email (required for report delivery) Fax Tempus Account: # Email (required for report delivery) Fax Additional person to be copied Name Email/Fax Facility Name C.TESTING OPTIONS Common test combinations Test descriptions XT 646-gene DNA sequencing test. with normal match: Septemble of the sequence of the s	Primary Patient ID					Secondary Patier	nt ID				
Ordering Physician (full legal name) Tempus Account # Email (required for report delivery) Fax City Postal Code Country Additional person to be copied Name Email/Fax Facility Name C.TESTING OPTIONS Common test combinations Test descriptions XT (DNA) & AR (RNA) Solid Tumor (Normal and brought est concerned in the patient's available tissue to not be completed up any ordered an affective for presentative, and the patient's available tissue to not be completed prepresentative, and the patient's available tissue to not be completed by XT (DNA) & XR (RNA) Solid Tumor (Normal and brought est concerned in a patient's place of the following measure (a) guidelines suspect the use in the following measure (a) guidelines suspect the use in the following measure (b) guidelines suspect the use in the following measur	DOB (DD/MM/YYYY) Biologic			Biological							
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Additional person to be copied Email/Fax Facility Name	Facility Name			-	Tempus Account	#	Email (required f	(required for report delivery)		Fax	
Form completed by Name Email/Fax Facility Name	Facility Address (Street, Unit)			(City			Postal Code		Country	
Form completed by Name Email/Fax Facility Name Email/Fax Facility Name C.TESTING OPTIONS Common test combinations Test descriptions XT (DNA) & xR (RNA): Solid Tumor/Normal XT: 648-gene DNA sequencing test with normal match; XR: whole transcriptome RNA sequencing test. Add xF liquid biopsy at time of order, based on the following: Loelevel its medically necessary to order aliquid biopsy at time of order, based on the following: Loelevel its medically necessary to order aliquid biopsy at time of order, based on the following: Loelevel its medically necessary to order aliquid biopsy at time of order, based on the following reasons: (a) guidelines support the use of testing in this disease state (b) Intravaround runter for its suse result many a facinal residence in the complete in the following reasons: (a) guidelines support the use of testing in this disease state (b) Intravaround runter for itsus eresult many a facinal reduction for mig patient; (c) genomic heterogeneity may cause the patient's available tissue to not be completely representative, and SPH 2 SPE23 MMR INC. If Insee all the state of the complete mutation profile. If Insee Inseed to the complete mutation profile. If Inseed and Inseed the state of the complete inseed an infers above, log to connect may it solid tumor order to an infersion for mig patient; (c) genomic heterogeneity may cause the patient's available tissue to not be completely representative, and SPH 2 SPE23 MMR INC. If Sec our Testing Besources website for INC and SPH 2 SPE2 Tissue If DNA After an additional tissue request is attempted and SPH 2 LONIS INC. FEET Tissue XT (DNA) & XR (RNA): Solid Tumor XT (SNA Only): Solid Tumor Whole transcriptome RNA sequencing test. FEPE Tissue FEPE Tissue FEPE Tissue FEPE Tissue FEPE Tissue FEPE Tissue; Normal Stock and Add-Onlogistics. FEPE Tissue; Normal Stock and Add-Onlogistics. Algorithmic Add-Onlogistics. Algorithmic Add-Onlogistics. Algorithmic Add-Onlogistics. Algorithmic Add-Onlogistics. Algorit	Additional person to be	copied									
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C.TESTING OPTIONS Common test combinations Test descriptions XT (DNA) & xR (RNA): Solid Tumor/Normal xT 648-gene DNA sequencing test with normal match; xFPE Tissue; Normal: Blood or Saliva Add xF liquid biopsy at time of order, based on the following: Ibelieve it is medically necessary to order a liquid biopsy test to necurently with a solid tumor issue test because of one or more of the following reasons: (a) guidelines support the use of testing in this diseases state; (b) tumaround 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 livent to make sure In have a complete mutation profile. 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 XT 648-gene DNA sequencing test; xR: whole transcriptome RNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test. FPPE Tissue; XE (DNA) & xR (RNA): Solid Tumor Whole transcriptome RNA sequencing test. FPPE Tissue XT (DNA only): Solid Tumor Solid Tumor Whole transcriptome RNA sequencing test. FPPE Tissue XF (Liquid Biopsy): XF (Liquid Biopsy): XF (Liquid Biopsy): XF (Liquid Biopsy): XF (DNA only): Solid Tumor Solid Tu	Form completed by										
Test descriptions Test descriptions XT (DNA) & xR (RNA): Solid Tumor/Normal XT 648-gene DNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test. 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) trunsround time for tissue result may delay a treatment decision for my patient; (d) the tissue is at risk to fail (e.g. small tissue, archived tissue) and I may not have a treatment decision for my patient; (d) genomic heterogeneity may cause the patient's available tissue to not be completely representative, and the properties of the following reasons: (a) guidelines support the use 22C3 persuit 22C3 pe	Name				Email/Fax			Facility Name			
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xE (DNA) & xR (RNA): Solid Tumor/Normal xE: whole transcriptome RNA sequencing test. With Individual test options xR (RNA Only): Solid Tumor Whole transcriptome RNA sequencing test. xR (RNA Only): Solid Tumor Whole transcriptome RNA sequencing test. xF (DNA Only): Solid Tumor G48-gene DNA sequencing test. xF (Liquid Biopsy): OR xF+ (Liquid Biopsy): xF: 105-gene or xF+:523-gene liquid biopsy test for solid tumors. Blood (Streck) xF (DNA Only): Solid Tumor (Narmal: Blood or Saliva Normal: Blood or Sali	xT (DNA) & xR (RNA):	Solid Tumor	xT: 648-gene DNA sequencing test; xR: whole transc			nscriptome RNA sequencing FFPE Tissue			Algorithmic Add-On logistics.		
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VE (DNA Only). Solid Tymor/Normal Over 10 000 gone whole eveme DNA corrupting test with normal match. FFPE Tissue;	xT (DNA Only): Solid	l Tumor	648-gene DNA sequencing test.				FFPE Tis	FFPE Tissue			
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	xE (DNA Only): Solid	d Tumor/Normal	Over 19,000-gene whole exome DNA sequencing test			test with normal match					

 ${ t D.SPECIMEN\ RETRIEVAL}$ See Tempus' specimen guidelines for collection instructions and further decompositions. FFPE Tissue Pathology Lab (Name, City) Option 1: Option 2: Option 3: Specific specimen requested Let the submitting pathologist choose specimen Biopsy to be scheduled for: Case Number Block # Date of Collection Blood Saliva Sample previously submitted Send saliva kit to patient Date of Collection: Date of Collection:

E.CURREN	T DIAGNOSIS								
Breast	NSCLC	Pancreatic	Other:	Primary ICD-10 Codes (C & D codes only)	Stage	1	Ш	Other:	
Colorectal	Ovarian	Prostate				II	IV		
Disease Status (select all that apply):				Has the patient had any type of transplant?	Attachme	Attachments			
Metastatic	Relap	ose	Other:	No				ss notes and/or medical records.	
Refractory	Recu	rrent		Yes —Type:	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)s 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)