

A. PATIENT INFORMATION										
Last Name				MI	First Name					
DOB (DD/MM/YYYY)		Medical Record #		Biological Sex F M		Email		Phone		
Address (Street, Unit)				City		State	Postal Code	Country		
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		State	Postal Code	Country		
Additional person to be copied					Form completed by					
Name		Email/Fax		Facility Name		Name		Email/Fax		Facility Name
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 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. 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: 648-gene DNA sequencing test with normal match; xR: whole transcriptome RNA sequencing test.			FFPE Tissue; Normal: Blood or Saliva		Tissue Based Add-Ons 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 MGMT Methylation ² 1p/19q FISH ²		Algorithmic Add-Ons Immune Profile Score ¹ 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			xE: Over 19,000-gene whole exome DNA sequencing test with normal match.			FFPE Tissue; Normal: Blood or Saliva				
Monitoring —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.										
xM: Single test			Every 3 months*		Every 6 months*		Tempus Default Cadence*			
# of Draws			Date of curative intent surgery		xM: Tumor-naïve minimal residual disease (MRD) assay for CRC patients; 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										
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										
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)		
Colorectal		Ovarian		Prostate				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.		
F. BILLING INFORMATION										
Primary Insurance Plan Name			Policy #			Authorisation #		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 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)		