TEMPUS | CLINICAL TRIAL/RESEARCH REQUISITION FORM

FAX: 1.800.893.0276 | EMAIL: support@tempus.com

Sponsor Name Alliance

Protocol Number A031902/CASPAR

*This form MUST be submitted with the slides and de-identified pathology report to Tempus

SUBJECT INFORMATION

Patient Study ID (Alliance Study ID)	Sex	Diagnosis
	☑ M ☐ F	Metastatic Castration Resistant Prostate Cancer

SITE/INSTITUTION INFORMATION

Site/Institution Name	Site Number (CTEP Site Number)	Phone	Fax

Street Address, Unit	City	State	Postal Code	Country

~~Principal Investigator~~/Ordering Physician	Email Address
Dr. Arpit Rao (A031902 Study Chair)	

PANEL TEST OPTIONS: Select One

Solid Tumors

- ○ xT Solid Tumor + Normal - - - *FFPE tissue and peripheral whole blood*
- ☑ xT Solid Tumor Only (recommended when unable to obtain matched normal sample) - - - *FFPE tissue*
- ○ xT Solid Tumor + Normal + xF Conversion - - - *FFPE tissue and peripheral whole blood*
- ○ xF Liquid Biopsy - - - *Peripheral whole blood*
- ○ xE Whole Exome Tumor + Normal - - - *FFPE tissue and peripheral whole blood*
- ○ xE Whole Exome Tumor Only - - - *FFPE tissue*

STUDY TIMEPOINT (IF APPLICABLE FOR CLINICAL TRIAL)

Study Timepoint

☑ Screening ☐ Baseline ☐ Treatment: Cycle ____ Day ____ N/A ☐ End of treatment ☐ Other: ____

SPECIMEN INFORMATION

☑ Tumor Specimen

Specimen Type: ☐ FFPE Block ☑ FFPE Slides ☐ Other: ____

Date of Collection: ____

Pathology Case #: ____ Pathology Block #: ____

Number of Slides: ____ Date Slides Cut: ____

Anatomical Site: ____ Tumor Percentage: ____

Specimen Collection Procedure:

☐ Core Needle Biopsy ☐ Incisional Biopsy ☐ Excisional Biopsy ☐ Other: ____

NOTE: *please attach de-identified pathology report.*

○ Blood Specimen

☐ Specimen 1

Date of Collection: ____

☐ Specimen 2 N/A

Date of Collection: ____

ADDITIONAL PERSONNEL TO BE COPIED (FOR RESULTS AND COMMUNICATION)

Name	Email

FORM COMPLETED BY

Name	Email

ORDERING INVESTIGATOR/HEALTHCARE PROVIDER SIGNATURE

Signature	Date (MM/DD/YYYY)

Please refer to your agreement with Tempus for any limitations your institution may have imposed on your data transfer. Tempus can only receive heath information agreed to by your insitution.

xT Req for A031902/CASPAR