TEMPUS

Tempus AI, Inc.

(Nasdaq: TEM)

Investor Day
May 29, 2026

Disclaimer

This presentation contains forward-looking statements that reflect Tempus AI, Inc.'s (the "Company" or "Tempus") current expectations and projections with respect to, among other things, its financial condition, results of operations, plans, objectives, future performance and business. Forward-looking statements include all statements that are not historical facts. Such forward-looking statements are subject to various risks and uncertainties, including those set forth under "Risk Factors" in the Company's Annual Report on Form 10-K for the year ended December 31, 2025, and in subsequent reports Tempus files with the Securities and Exchange Commission. Accordingly, there are or will be important factors that could cause actual outcomes or results to differ materially from those indicated in these statements. Tempus does not undertake any obligation to publicly update or review any forward-looking statement, whether as a result of new information, future developments or otherwise. Moreover, the Company operates in very competitive and rapidly changing environments, and new risks may emerge from time to time. It is not possible for the Company to predict all risks, nor can it assess the impact of all factors on its business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements the Company may make.

This presentation includes information concerning economic conditions, the Company's industry, the Company's markets and the Company's competitive position that is based on a variety of sources, including information from independent industry analysts and publications, as well as Tempus' own estimates and research. The Company's estimates are derived from publicly available information released by third-party sources, as well as data from its internal research, and are based on such data and the Company's knowledge of its industry, which the Company believes to be reasonable.

This presentation includes certain financial information, such as Non-GAAP Genomics gross margin, Non-GAAP Genomics gross profit, Non-GAAP Data and Services gross margin, Non-GAAP Data and Services gross profit, Non-GAAP operating expenses, Non-GAAP gross margin, Non-GAAP gross profit, Non-GAAP technology R&D, Non-GAAP R&D, Non-GAAP SG&A, Non-GAAP operating expenses, Non-GAAP net loss, Non-GAAP net loss per share, EBITDA, Adjusted EBITDA, and Adjusted EBITDA margin, that have not been prepared in accordance with generally accepted accounting principles in the United States ("GAAP"). Management uses this Non-GAAP financial information internally in analyzing the Company's financial results and believes that it is useful to investors as an additional tool to evaluate ongoing operating results and trends. Non-GAAP financial measures are not meant to be considered in isolation or as a substitute for comparable financial measures prepared in accordance with GAAP and should be read only in conjunction with the Company's consolidated financial statements prepared in accordance with GAAP. Tempus urges you to review the reconciliation of its non-GAAP financial measures to the most directly comparable GAAP financial measures set forth in the Appendix to this presentation, and not to rely on any single financial measure to evaluate the Company's business. For additional information concerning Tempus' non-GAAP measures, see the Company's most recent earnings release posted on Tempus' Investor Relations website at https://investors.tempus.com.

Tempus believes non-GAAP financial measures are useful to investors and others because they allow for additional information with respect to financial measures used by management in its financial and operational decision-making and they may be used by institutional investors and the analyst community to help them analyze the health of Tempus' business. In particular, Adjusted EBITDA is a key measurement used by Tempus management to make operating decisions, including those related to analyzing operating expenses, evaluating performance, and performing strategic planning and annual budgeting. However, there are a number of limitations related to the use of Non-GAAP financial measures, and these non-GAAP measures should be considered in addition to, not as a substitute for or in isolation from, our financial results prepared in accordance with GAAP. Other companies, including companies in our industry, may calculate these non-GAAP financial measures differently or not at all, which reduces their usefulness as comparative measures.

Today’s speakers

Eric Lefkofsky
Founder & CEO

Mike Yasiejko
President, Diagnostics

Jim Rogers
Chief Financial Officer

Ezra Cohen, MD
Chief Medical Officer, Oncology

Kate Sasser, PhD
Chief Scientific Officer

Tom Schoenherr
CEO, Diagnostics

Ryan Fukushima
CEO, Data and Applications

Laura Elster
Chief Commercial Officer, Diagnostics

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Agenda

01 **Welcome and Overview**

02 **The Diagnostics Flywheel: Patient Sequencing and Proprietary Data Generation**

15-Minute Diagnostic and Clinical Q&A

03 **The Data and Application Engine: Multimodal Insights to Revolutionize Drug R&D**

15-Minute Data & Applications Q&A

04 **Financial Overview & Growth Outlook**

15-Minute Financial Outlook Q&A

05 **On-Site Laboratory Infrastructure Tours**

Ten years ago, we started Tempus
to solve a single problem

could AI enabled diagnostics → *unlock precision medicine*

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In order to leverage AI to make *diagnostics intelligent*, you need:

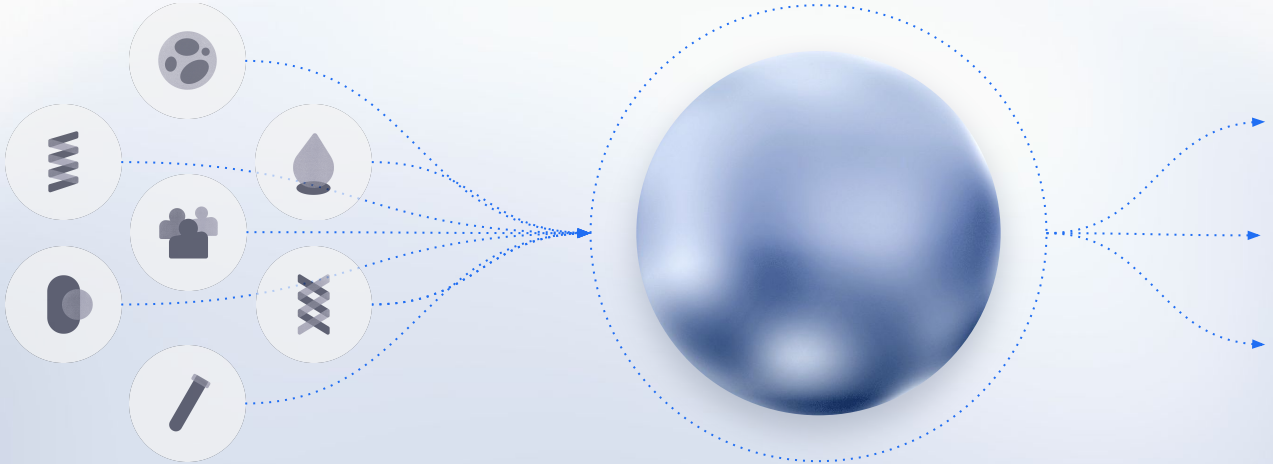
01

Access to **vast amounts of proprietary data** to train models and uncover insights

02

A **distribution system** to deliver these insights to physicians and patients

Tempus has both



Drug discovery

Therapy selection

Trial matching

Tempus has built the operating system for precision medicine

Tempus' moat is built on embedded integrations, proprietary multi-modal data, and continuously expanding outcome-linked datasets enhanced through the **connection between its AI platform and broad clinical adoption.**

Diagnostics → feeding Data → feeding Applications

Proprietary ecosystem

Unique data model with exclusive and comprehensive suite of software applications

Unrivaled Connectivity

Provides access to rich multimodal data via bidirectional pipelines, including outcomes data

Insights delivered to point of care

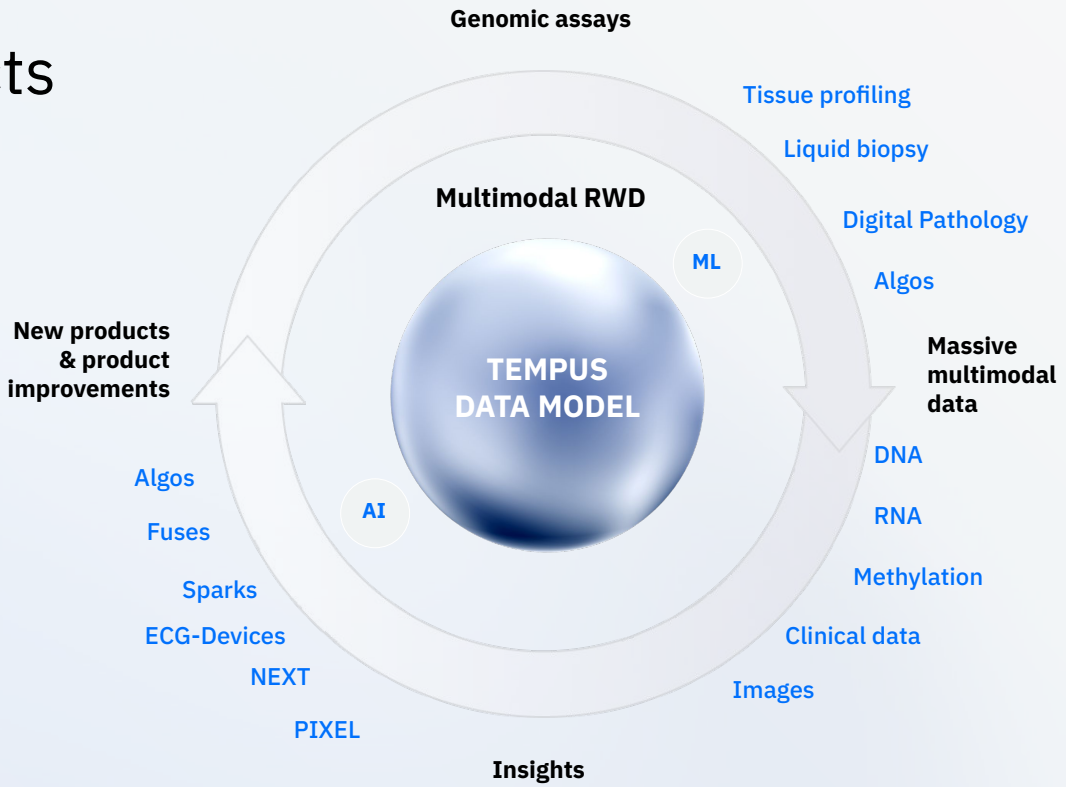
Actionable intelligence embedded in clinical and research workflows

Agentic Tools

Diagnostics connected to clinical trial and care gap real time insights

Our integrated platform *compounds value* through its inherent network effects

The more patients we sequence, the more data we collect, which allows us to develop more sophisticated diagnostics and improve patient care.



We operate *at scale*

We help doctors make better decisions, drug companies make better drugs, and patients live longer and healthier lives.

~65%
Of academic medical systems in the U.S. are connected to Tempus

>55%
Of oncologists in the U.S

~1M
NGS tests run annually across our 4 labs

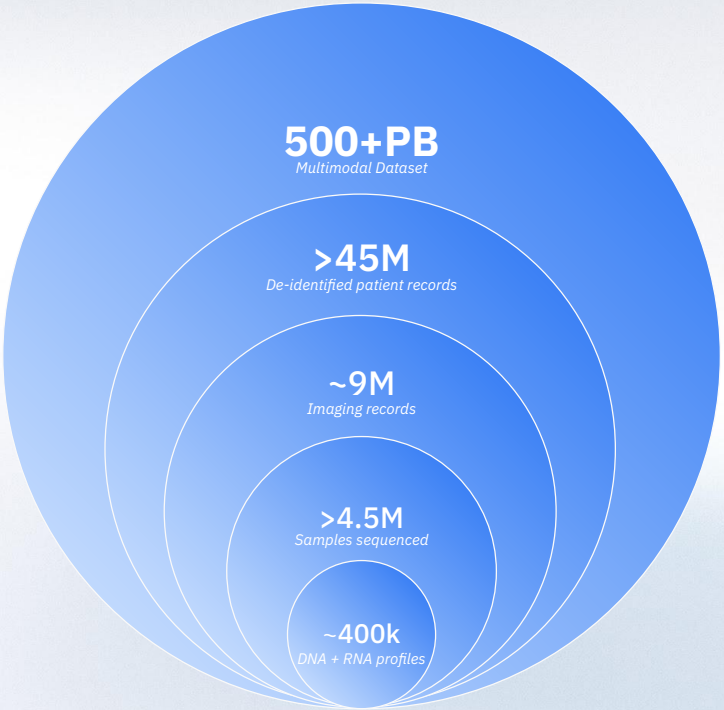
5K+
connected healthcare institutions

45M+
Records across all our products and services

~4,000
Employees

As of 3/31/2026

We are *accelerating* and *transforming* precision medicine through one of the world's *largest proprietary healthcare datasets*



2K+
publications

750+
manuscripts

1K+
abstracts

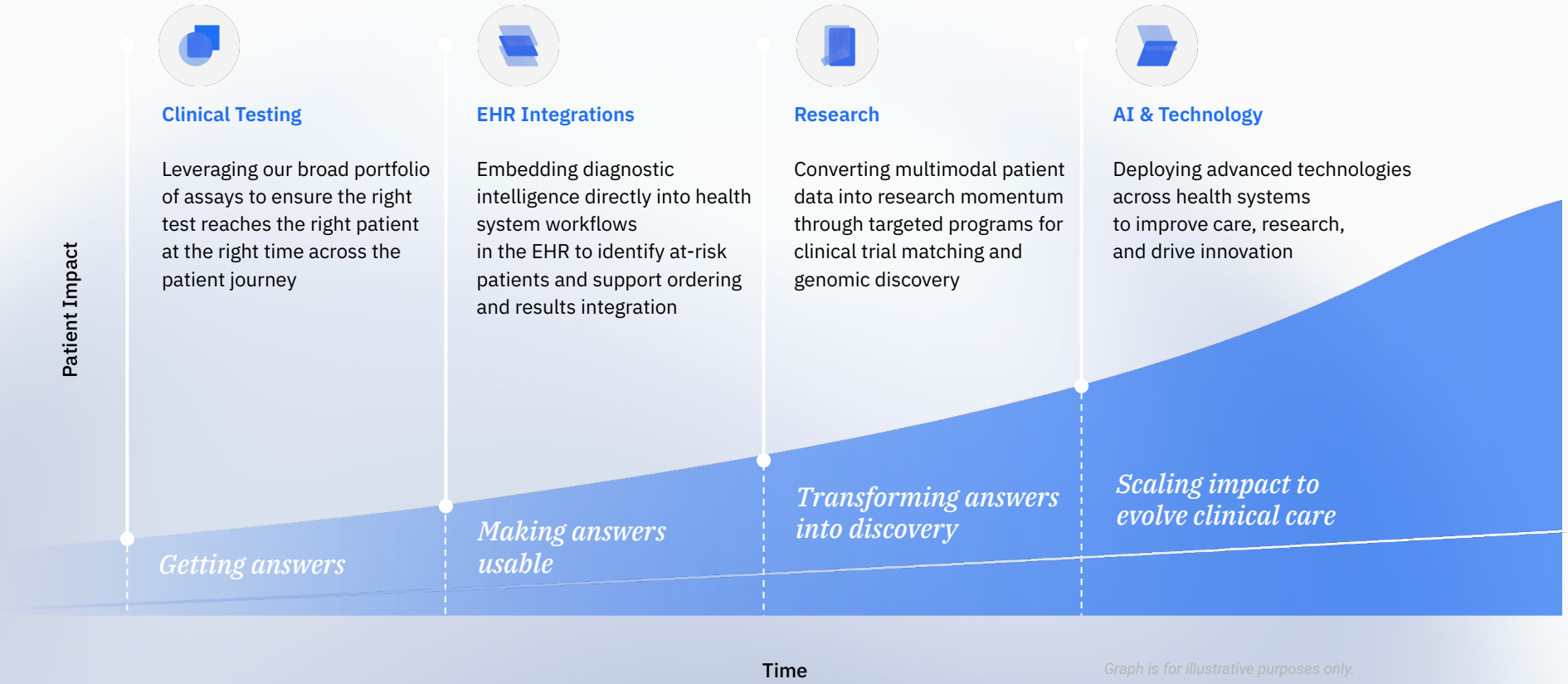
900+
patents & applications

As of 3/31/2026

TEMPUS

Diagnostics

Precision medicine *powered by diagnostic intelligence*



Graph is for illustrative purposes only.

Our Diagnostics business is *comprehensive and spans* hereditary risk, therapy selection, and MRD & monitoring

Hereditary risk assessment

xG Germline testing

Therapy selection

xT, xF Tissue + Liquid Biopsy

xR DNA + RNA

Tumor + Normal Match

Tailored testing*

HRD UGT1A1 DPYD

IPS TO PurIST™ MMR

CLDN18 PD-L1 1p/19q

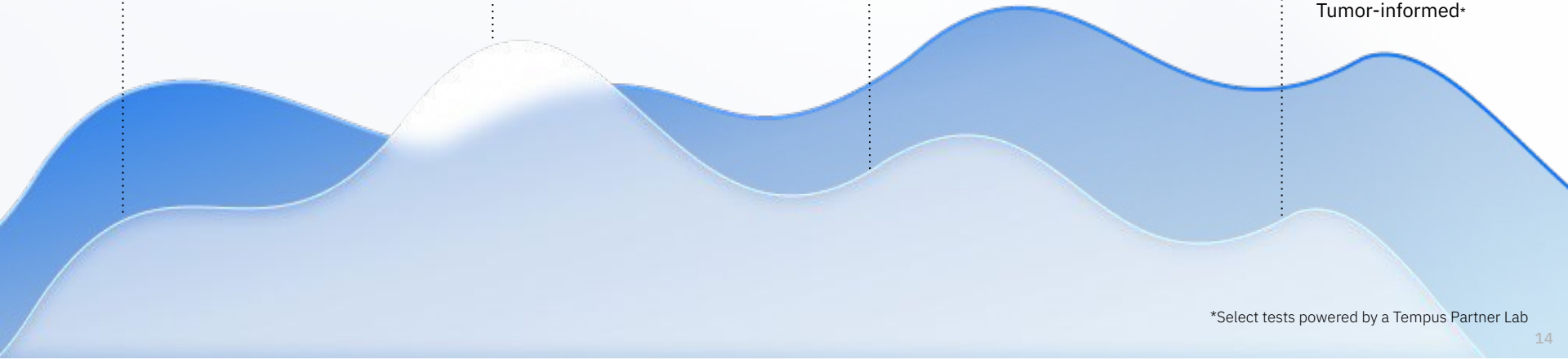
HER2 FOLR1 MGMT c-MET

MRD & disease monitoring

xM Tumor-naive

xM NeXT

Tumor-informed*



*Select tests powered by a Tempus Partner Lab

Diagnostics - Testing Portfolio

COMPANION DIAGNOSTICS	**xT CDx**	648 gene solid tumor cancer CDx assay*
	xR IVD**	Detects BRAF & RET gene rearrangements in FFPE tumor tissue
GENOMICS	**xT**	648 gene solid tumor and heme malignancy assay
	xR	Whole transcriptome RNA sequencing panel
	xF/xF+	105 & 523 gene liquid biopsy cancer assays
	xE	Whole exome cancer assay
	Ambry germline	40 & 77 gene inherited cancer risk germline assays†
	xH (CLIA-validated)	Whole genome cancer assay
	xM MRD	Tumor-naïve minimal residual disease assay
	xM Monitor	Tumor-naïve ctDNA detection and quantification
	xM NeXT	Tumor-informed WGS MRD & Monitoring assay
	Cancer specific	20 assays for hereditary risk by Ambry
PHARMACO-GENOMICS	**DPYD**	Dihydropyrimidine dehydrogenase deficiency
	UGT1A1	UDP Glucuronosyltransferase deficiency
	nP	Pharmacogenomic profiling in neuropsychiatry
AI-DRIVEN ALGORITHMS	**HRD**	Homologous recombination deficiency
	TO	Tumor Origin—Predicts cancer histology and site
	PurIST	Classify pancreas ductal adenocarcinoma patients
	IPS	Immune Profile Score-ICI response prognosticator

IHC TESTS	**HER2**	Protein Expression*** *(powered by a Tempus partner lab)*
	FOLR1	FRα expression *(powered by a Tempus partner lab)*
	MMR	Mismatch Repair Proteins
	PD-L1	PD-L1 22C3; PD-L1 28-8; PD-L1 SP142
	CLDN 18	Claudin 18 expression *(powered by a Tempus partner lab)*
	c-MET	c-Met expression *(powered by a Tempus partner lab)*
NEURO-ONCOLOGY TESTS	**1p/19q**	Co-deletion *(powered by a Tempus partner lab)*
	MGMT	Promoter methylation *(powered by a Tempus partner lab)*
RARE DISEASE by Ambry	**Exome**	~20K genes + supplemental RNA analysis
	Epilepsy	8 assays identifying underlying genetic cause
	Neurodevelopment	7 assays for neurodevelopmental disorders
	Neurocutaneous	5 assays for neurocutaneous disorders
	Familial Hemiplegic	4-gene panel for FHM
	Microarray	Whole genome chromosomal microarray analysis
CARDIOLOGY by Ambry	**Arrhythmia**	6 assays for inherited arrhythmias
	Cardiomyopathy	6 assays for inherited cardiomyopathies
	Aortic Aneurysms	35-gene panel for inherited thoracic aortic aneurysms
	Hypercholesterolemia	Assay for familial hypercholesterolemia
	Lipid Disorders	3 assays for Sitosterolemia & Familial chylomicronemia
	Noonan Syndrome	18-gene panel for Noonan syndrome

*xT CDx is a qualitative Next Generation Sequencing (NGS)-based in vitro diagnostic device intended for use in the detection of substitutions (single nucleotide variants (SNVs) and multi-nucleotide variants (MNVs)) and insertion and deletion alterations (INDELs) in 648 genes, as well as microsatellite instability (MSI) status, using DNA isolated from Formalin-Fixed Paraffin Embedded (FFPE) tumor tissue specimens, and DNA isolated from matched normal blood or saliva specimens, from previously diagnosed cancer patients with solid malignant neoplasms.The test is intended as a companion diagnostic (CDx) to identify patients who may benefit from treatment with the targeted therapies listed in the Companion Diagnostic Indications table in accordance with the approved therapeutic product labeling. Additionally, xT CDx is intended to provide tumor mutation profiling to be used by qualified health care professionals in accordance with professional guidelines in oncology for patients with previously diagnosed solid malignant neoplasms. Genomic findings other than those listed in the Companion Diagnostic Indications table are not prescriptive or conclusive for labeled use of any specific therapeutic product. xT CDx is a single-site assay performed at Tempus Labs, Inc., Chicago, IL. For the complete xT CDx label, including companion diagnostic indications and important risk information, please visit tempus.com/resources/content/document-library/tempus-xt-cdx_technical-information

**The Tempus xR IVD assay is a qualitative next generation sequencing-based in vitro diagnostic device that uses targeted high throughput hybridization-based capture technology for detection of rearrangements in two genes using RNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens from patients with solid malignant neoplasms. For the complete xR IVD label, including intended use, limitations, and important risk information, please visit tempus.com/xr-ivd-label/

***ERBB2 FISH reflex testing performed with an equivocal result

RUO - Research use only. See more information here.

†+RNAinsight® available as an optional add-on for CancerNext® or CancerNext-*Expanded*®

Tempus xT CDx FDA-approved tumor profiling test

SOLID TUMOR

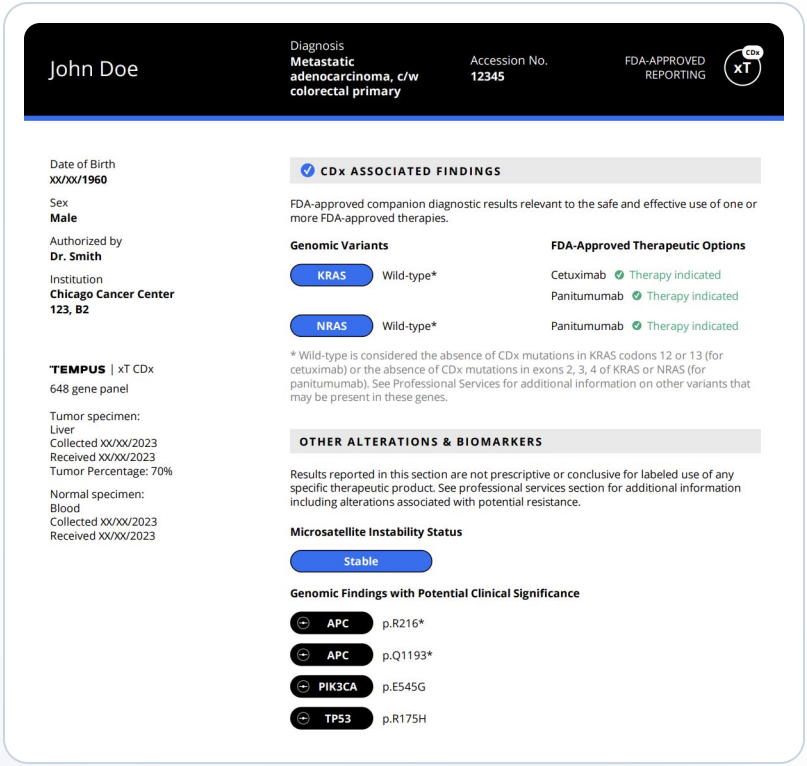
xT CDx is an FDA-approved, NGS-based test for molecular profiling of solid tumor malignancies, including companion diagnostic claims for colorectal cancer (CRC).

xT CDx Clinical Report

- Tumor and normal DNA sequencing for 648 genes
- SNVs, MNVs, and indels
- Microsatellite instability (MSI) status

Professional Services Report

- CNVs and rearrangements
- Potential germline findings
- Therapy and clinical trial information
- Paige Predict: likelihood estimates for key molecular biomarkers when tissue is insufficient



Tempus xR laboratory developed test (LDT)

SOLID TUMOR & HEMATOLOGIC MALIGNANCIES

Whole transcriptome RNA sequencing with reporting of clinically relevant fusions* and altered splicing events to help provide tumor molecular information that can be used by clinicians.

xR Clinical Report

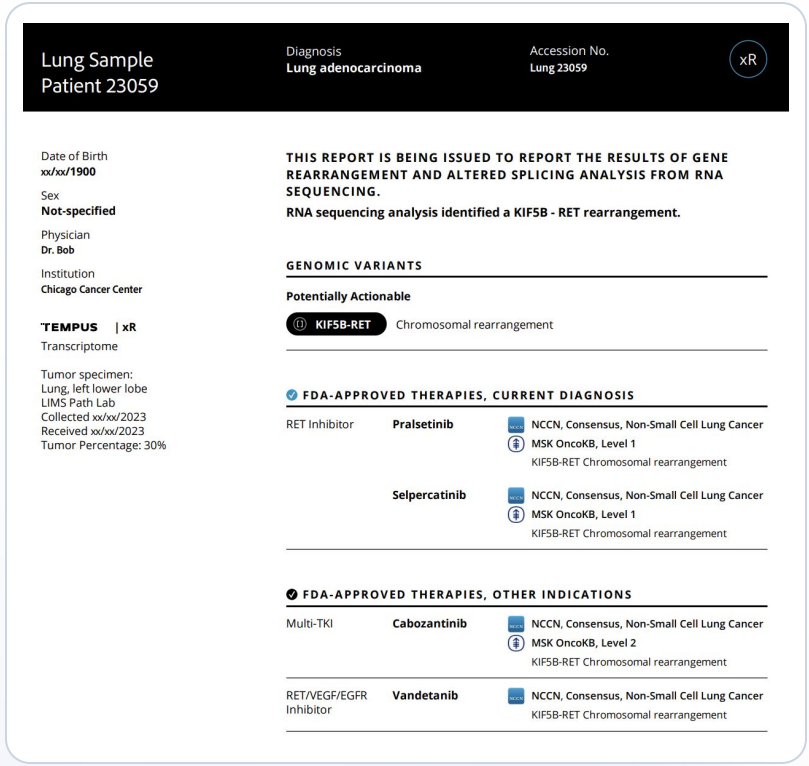
- Fusions + altered splicing events
- Potential therapy options
- Clinical trials

TAT: 10 days** from receipt of specimens at Tempus

Fusion Detection: Clinically relevant fusions included in the xR report, covering both targeted and novel fusions

Altered Splicing: xR is validated to detect MET exon 14 and EGFRvIII altered splicing events

IHC Prediction: Predicts IHC positivity for HER2, TROP2 and Nectin-4



Lung Sample
Patient 23059

Diagnosis
Lung adenocarcinoma

Accession No.
Lung 23059

xR

Date of Birth
xx/xx/1900

Sex
Not-specified

Physician
Dr. Bob

Institution
Chicago Cancer Center

TEMPUS | xR
Transcriptome

Tumor specimen:
Lung, left lower lobe
LIMS Path Lab
Collected xx/xx/2023
Received xx/xx/2023
Tumor Percentage: 30%

THIS REPORT IS BEING ISSUED TO REPORT THE RESULTS OF GENE REARRANGEMENT AND ALTERED SPLICING ANALYSIS FROM RNA SEQUENCING.

RNA sequencing analysis identified a KIF5B - RET rearrangement.

GENOMIC VARIANTS

Potentially Actionable

KIF5B-RET Chromosomal rearrangement

FDA-APPROVED THERAPIES, CURRENT DIAGNOSIS

RET Inhibitor	**Pralsetinib**	NCCN, Consensus, Non-Small Cell Lung Cancer MSK OncoKB, Level 1 KIF5B-RET Chromosomal rearrangement
	Selpercatinib	NCCN, Consensus, Non-Small Cell Lung Cancer MSK OncoKB, Level 1 KIF5B-RET Chromosomal rearrangement

FDA-APPROVED THERAPIES, OTHER INDICATIONS

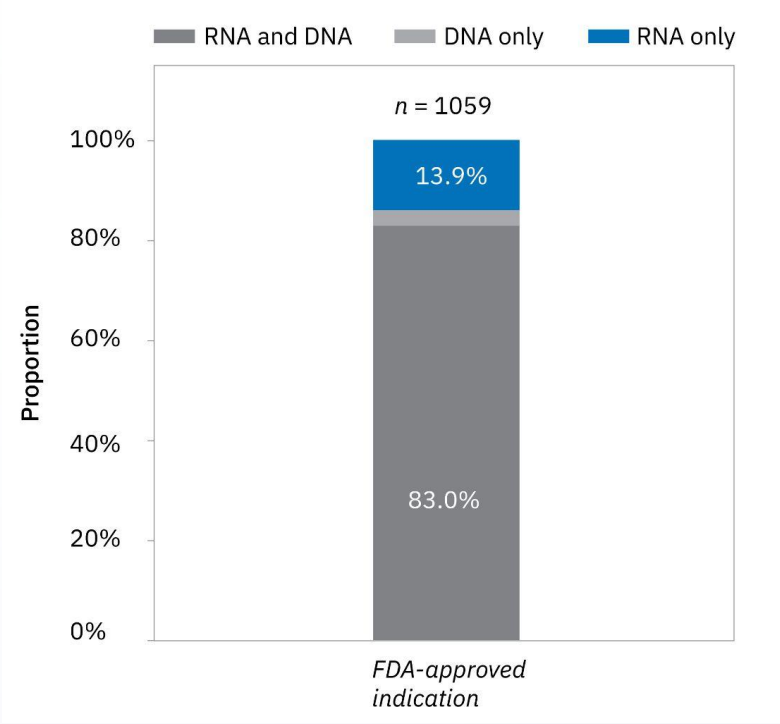
Multi-TKI	**Cabozantinib**	NCCN, Consensus, Non-Small Cell Lung Cancer MSK OncoKB, Level 2 KIF5B-RET Chromosomal rearrangement
RET/VEGF/EGFR Inhibitor	**Vandetanib**	NCCN, Consensus, Non-Small Cell Lung Cancer KIF5B-RET Chromosomal rearrangement

*Clinically relevant fusions are defined as alterations that are associated with available therapeutic options, prognostic implications, diagnostic relevance, or clinical trial enrollment opportunities for a specific variant identified in a patient's tumor or hematologic malignancy
**Reported based on the median

Tempus RNA + DNA sequencing *improves clinical actionability* vs. DNA sequencing alone

Based on Tempus' manuscript in Cancer Research Communications, pan-cancer cohort of 67,278 patients across 43 cancer types.

21% more patients with driver fusions eligible for FDA-approved targeted therapies were identified with DNA + RNA sequencing compared to DNA sequencing alone.



Based on a retrospective study involving a cohort of patients with metastatic or stage IV solid tumors across 43 cancer types, where actionable fusions with FDA-approved matched therapies were detected in 2.2% of patients (n=1,497/67,278). Gai L, Bowles B, Hockenberry AJ, et al. Molecular characterization of oncogenic gene fusions in a large real-world cohort of solid tumors. *Cancer Res Commun.* 2025;5(11):1967-1976. doi:10.1158/2767-9764.CRC-25-0329

xF/xF+: One of the *most actionable and intelligent* liquid biopsy platforms

Highly sensitive and actionable

- 523 genes, covering the most critical genomic targets for FDA-approved therapies
- Integrated insights for CH, bTMB, MSI-H, ctDNA tumor fraction
- Fast turnaround: ~7 days from receipt of sample
- Comprehensive and fast PGx delivered in ~3 days from the same sample

Intelligent results

- Track tumor fraction with a proprietary algorithm that are predictive of survival for patients on immunotherapy
- See xF longitudinal results alongside therapy and imaging for a complete view of patient progression

Maximizes actionable findings with concurrent testing

- Broadly published on benefits of concurrent testing
- Fast concurrent results (xT + xF) delivered in ~8 days
- 9% of patients had unique actionable alterations found in xF that were not observed in xT

Tracking tumor evolution over time with xF+

xF+ provides critical insights into a patient's tumor evolution, allowing for timely adjustments and more effective, personalized treatment.

Select treatment

ctDNA can identify actionable variants and combined with tissue testing identified **9%** of actionable variants not observed in tissue.

Test at progression

8-26% of NSCLC patients with disease progression on osimertinib therapy develop EGFR C797S resistance mutations.

40% of HR+/HER2- metastatic breast cancer patients develop ESR1 mutations after initial endocrine therapy.

46% of CRC patients treated with EGFR inhibitors develop RAS/RAF pathway mutations.

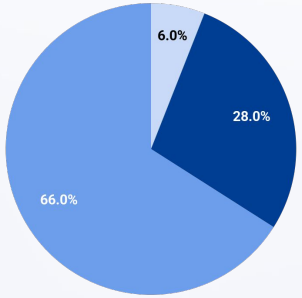
Inform prognosis and treatment considerations

ctDNA clearance during the course of treatment may correlate with improved PFS and OS

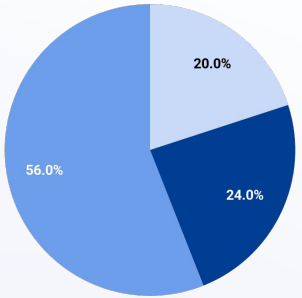
Tempus concurrent tissue and liquid testing uncovers more targetable variants across multiple cancers than tissue alone.

Tempus real-world data based on xT and xF, published in Jama Network Open

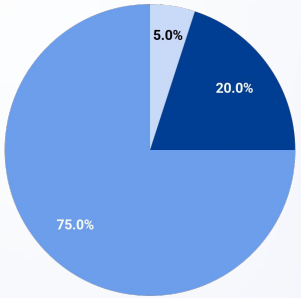
38% of patients with actionable results (n=490/1302)



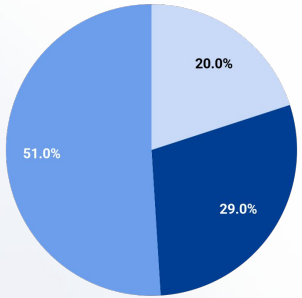
53% of patients with actionable results (n=352/6600)



61% of patients with actionable results (n=565/923)



13% of patients with actionable results (n=41/324)



Tissue Only **Liquid Only** **Concordant**

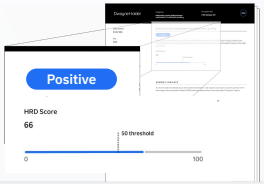
Based on a retrospective study involving a cohort of randomly selected patients with breast, colorectal, lung, and prostate cancer. Iams, WT, MacKay M, Ben-Shachar R, et al. Concurrent tissue and circulating tumor DNA molecular profiling to detect guideline-based targeted mutations in a multicancer cohort. JAMA Netw Open. 2024. Clinically actionable variants were identified using indication-matched recommendations from NCCN guidelines

We embed predictive and prognostic insights into our tests by virtue of the connected platform we have built that links outcomes to biomarkers

These algorithmic insights are now attached to >40% of Tempus orders

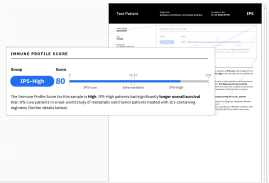
Tempus HRD (xT CDx or xR)

Measuring homologous recombination deficiency pan-cancer



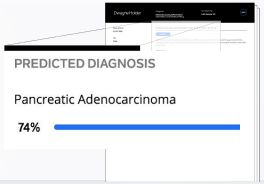
Tempus Immune Profile Score (xT CDx and xR OR xT and xR)

Prognostic biomarker for immune checkpoint inhibitor candidates



Tempus TO (xR)

Refining diagnosis for cancers with uncertain origins

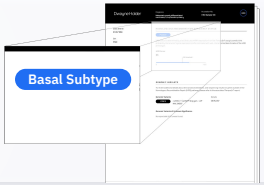


Paige Predict (xT CDx or xT)

Optimize tissue use and provides biomarker predictions from an H&E slide.

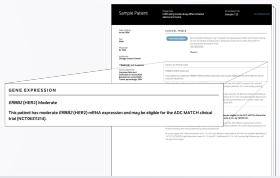
PurIST® (xR)

Classifying pancreatic ductal adenocarcinomas into one of two subtypes (basal-like or classical)



Tempus IHC Prediction (xR)

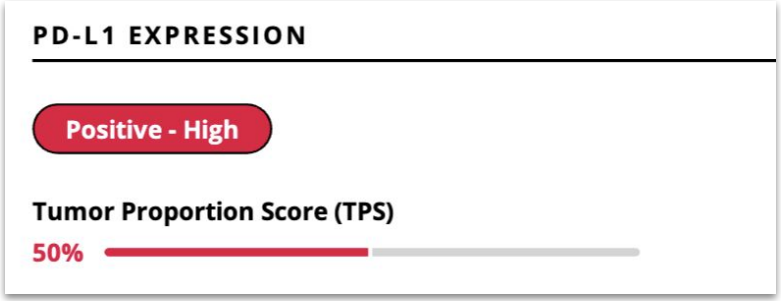
Utilizing RNA expression to predict IHC positivity for HER2, TROP2 and Nectin-4



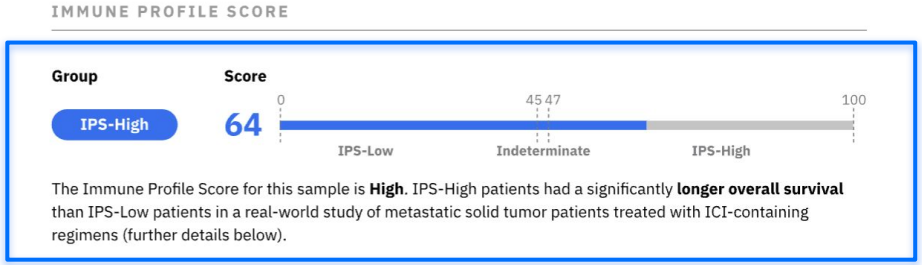
ADRIAN SMITH

Metastatic non-small cell lung cancer

For patients with PD-L1≥50%, the choice between IO-monotherapy versus combination chemo+IO remains a difficult treatment decision.



Tempus IPS results can inform key clinical decisions, indicating patients that may derive significant survival benefit from ICI therapy.



> *Tempus Immune Profile Score (IPS) is a more accurate predictor for immune checkpoint inhibitor (ICI) real-world overall survival, outperforming traditional immune biomarkers*

Therapy Selection growth drivers could *double our CGP volumes* over time

Physician Adoption

Physician adoption is currently estimated at ~40-50%, and could approach 100% in the coming years.

Staging Expansion

Currently more pervasive in late-stage metastatic disease, continued guideline expansion should shift testing to earlier stage (Stage I and II) disease.

Testing Trends

Current trend is toward more concurrent and longitudinal testing to maximize detection of actionable variants.

Intelligent Portfolio

AI should improve the utility of genomic profiling. Our Integrated portfolio provides end-to-end solutions, with intelligence imbedded throughout our tests.

TEMPUS

MRD and Monitoring

We offer a comprehensive MRD portfolio

Powered by our vast multimodal underlying data model, we are building a suite of tests across Tumor-Informed and Tumor-Naive

~400K multimodal patients
(Clinical, imaging, molecular)

>1M residual samples

Whole Genome Sequencing (WGS)

Clinical studies running in parallel

Multiple tumor indications

DNA, RNA, Epigenomics, Spatial

MRD DATA MODEL

xM NeXT Personal

Tumor Informed

A highly sensitive assay designed for cases where tissue is prevalent

xM Tissue Free

Tumor Naive

Liquid biopsy only, can be collected in all patients, regardless of tissue

xM (NeXT Personal® Dx)

Tumor-informed, ultra sensitive whole genome assay for solid tumors.

- Detect recurrence 5 to 15 months earlier than imaging: test tracks up to **1.8K variants**, [1,2,3]
- Confidently detect disease in the ultrasensitive range: with **sensitivity down to 1.67 PPM**
- Accurately assess recurrence risk: demonstrated >99% **sensitivity & >99% NPV**, [4]
- Predict immunotherapy outcomes early: an early molecular response to IO therapy predicts over **3x longer overall survival** (20.6 vs 5.7 mos)[5]

1 Northcott J, Bartha G, Harris J, et al. Analytical validation of NeXT Personal, an ultra-sensitive personalized circulating tumor DNA assay. Oncotarget. 2024;15:200-218.
2 Black JRM, Karasaki T, Abbott CW, et al. Longitudinal ultrasensitive ctDNA monitoring for high-resolution lung cancer risk prediction. Cell. 2025;188(25):7083-7098.e18.
3 Garcia-Murillas I, Abbott CW, Cutts RJ, et al. Whole genome sequencing-powered ctDNA sequencing for breast cancer detection. Ann Oncol. 2025;36(6):673-681.
4 Vasconcelos JPS, et al. Identifying the optimal post-surgical timing of molecular residual disease (MRD) detection in colorectal cancer using an ultra-sensitive assay: Interim results from the VICTORI study. J Clin Oncol. 2025;43(4_suppl):275.
5 Garralda, E., et al. Broad utility of ultrasensitive analysis of ctDNA dynamics across solid tumors treated with immunotherapy. Clin Cancer Res. 2026;32(2):333-349.

TEMPUS

1 **TUMOR-INFORMED**

Utilizes a tumor-informed methodology and provides a personalized assessment of residual disease based on information specific to the patient's tumor DNA

2 **ULTRASENSITIVE**

Capable of detecting molecular markers at concentrations, as low as 1.67 parts per million

3 **WHOLE GENOME**

Identifies up to 1800 somatic variants through whole genome sequencing, filtering out confounding factors such as CH and germline variants through a tumor normal matched approach

4 **MRD RESULT**

Results include a ctDNA status call (detected/not detected) and a quantitative result

Executing on a robust clinical evidence generation strategy in MRD

Establishing xM NeXT Personal as the global standard of care across the patient journey

35+

active clinical studies

12+

cancer types

xM

Tumor-naive, finely tuned assay for colorectal cancer (CRC).

Detects ctDNA in patients with CRC following curative intent treatment. This assay provides information to clinicians on residual disease or a patient's risk of recurrence when considering intensive therapy.

1

TUMOR-NAIVE

A non-invasive blood-based assay that seamlessly integrates into a patient's routine blood draw schedule, minimizing the burden to clinical practices

2

ACCELERATED TAT

Eliminates operational delays due to baseline sample tissue procurement as tumor-naive assay

3

SOPHISTICATED TECHNOLOGY

Leverages a multimodal database and advanced machine learning to return a positive or negative MRD result

4

DEVELOPING NEXT GENERATION

Currently working on a more sensitive version of the assay with the goal of getting down to 50-100 PPM

We are generating clinical evidence *in over 5,500 patients across tumor types*

xM v1

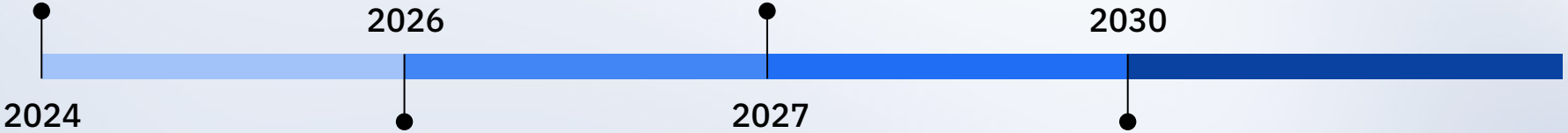
Launched xM v1, a tumor naive assay, in CRC to enter the $20B MRD market

xM v2

Improved assay chemistry and AI/ML model improvements, gets to 50-100 ppm sensitivity in tumor-naive

Launch LDTs and submit to MolDx for reimbursement across pan-tumor indications

Suite of ultrasensitive TI and TN MRD, Monitoring approaches across tumor types covering the top 7 tumor indications.



CRC

Surveillance:
GEMINI CRC*

Clinical Utility:
ERASE CRC

NSCLC

Neoadjuvant & Surveillance:
MERCURY Japan *

Surveillance:
GEMINI NSCLC*

Breast

Surveillance:
GEMINI Breast*

Head & Neck

HNSCC Surveillance:
PHOENIX

IO

Pan-Cancer Treatment Response Monitoring IO:
ARIES

Other

PDAC Surveillance:
UCinn - Sohal*

Pan-Cancer Surveillance:
KRONOS Japan*

MIBC Surveillance:
BLAST

*Recruiting

TEMPUS

Hereditary Profiling for Inherited Risk

TEMPUS

Demand in *hereditary cancer testing* has potential to fuel outsized growth

ACTIVE NETWORK

~1,700

genetic counselors ordering tests

MARKET GROWTH

~12%

normalized annual market growth

MARKET OPPORTUNITY

2M → 70M

tests performed annually today versus internal estimates of covered lives based on guidelines

Access to Systems

Our growth is centered on unlocking massive pent-up demand by working with systems through our **revamped CARE program** to screen and test patients at risk.

Target Expansion

Our goal is not just to get back to mid teens growth, but to **unlock growth** levels materially higher by tapping into this larger population over time

Our comprehensive *hereditary testing* portfolio spans over 100 tests

Featuring CancerNext-*Expanded*®/CancerNext® +RNAinsight®

CancerNext®

Panel that includes the most common genes associated with hereditary cancers

BENEFITS

- 40 genes
- Add RNAinsight® to support the classification and detection of DNA variants

CancerNext-*Expanded*® (xG)

Expanded panel with genes associated with hereditary cancers

BENEFITS

- 77 genes
- Add RNAinsight® to support the classification and detection of DNA variants

BRCAplus®

A guideline-based, disease-specific test for hereditary breast cancer

BENEFITS

- 13 genes
- Expedited turnaround time

TEMPUS

With Emerging Assays for Rare Disorders

The Tempus portfolio now includes *Rare* offerings powered by Ambry Genetics

Whole Exome Sequencing

ExomeNext is a comprehensive test analyzing ~20k genes which has been successful in ending the diagnostic odyssey for many undiagnosed patients.

ExomeReveal includes supplemental RNA analysis and has a ~20% relative increase in diagnostic yield over standard exomes.

These tests are uniquely positioned to analyze **genes that are both related to and outside of the clinician's differential diagnoses.**

Whole Genome Sequencing (WGS)

Launching summer 2026

GenomeNext is a short-read whole genome sequencing (WGS) product that analyzes ~20k coding and noncoding genes, providing detailed information on novel discoveries to improve patient outcomes.

GenomeReveal is a supplementary RNA analysis that provides additional information to help interpret a specific type of variant.

Whole Genome Sequencing: An advanced solution to increase diagnostic yield, reduce disparities, and *continuously deliver answers as science evolves*

~2/3
of patients with suspected genetic conditions remain undiagnosed by other testing methods [1,2]

~80%
of rare diseases have a genetic origin[3]

~40%
of patients receive a diagnosis through WGS[1,4]

Professional Society Guidance Supports WGS: Professional guidelines consistently recommend WGS for pediatric patients with intellectual disabilities (ID) and developmental delay (DD), as well as patients with congenital abnormalities and unexplained epilepsy. [1, 5, 6]

GenomeNext™
Whole genome sequencing designed to provide a more complete view of a patient's DNA across diverse ancestral backgrounds, to better support the identification of disease-causing variants.

GenomeReveal™

Optional RNA analysis performed for clinically relevant variants requiring functional evidence.

1: Manickam, K., McClain, M.R., Demmer, L.A. et al. Exome and genome sequencing for pediatric patients with congenital anomalies or intellectual disability: an evidence-based clinical guideline of the ACMG. Genet Med 23, 2029–2037 (2021) 2: Srivastava S, Love-Nichols J A, Dies KA, et al. Meta-analysis and multidisciplinary consensus statement: exome sequencing is a first-tier clinical diagnostic test for individuals with neurodevelopmental disorders. Genet Med. 2019;21(11):2413–2421. doi:10.1038/s41436-019-0554-6 3: Rare Disease Facts" Global Genes, https://globalgenes.org/rare-disease-facts/. Accessed 29 April 2026 4: Wojcik, M. H., et al. Genome Sequencing for Diagnosing Rare Diseases. NEJM. 2024;21:1985–1997. 5: Smith, L., Malinowski, J ., Ceulemans, S., et al. Genetic testing and counseling for the unexplained epilepsies: An evidence-based practice guideline of the NSGC. J Genet Couns 32, 266–280 (2023) 6: Lance H. Rodan, MD; Joan Stoler, MD, FAAP; Emily Chen, MD, PhD; Timothy Geleske, MD, FAAP; Council on Genetics Pediatrics (2025) 156 (1): e2025072219. https://doi.org/10.1542/peds.2025-072219

Patient for Life™ Advantage provides continuous reanalysis, providing *new answers to patients* with initial negative/uninformative exomes

1 in 3

Standard Exome testing provides answers in approximately 35% of patients [1]

1 in 20

Our continuous reanalysis provides new answers to 1 in 20 patients with negative or uninformative exomes [2]

2 in 3

Over 2/3 of reclassifications are based on new gene-disease associations [3]

Research review: Our clinical scientists review the latest findings on gene-disease relationships and updates to variant classifications.

Continuous reanalysis: Patients' data are continuously analyzed based on new scientific findings.

Revised reporting: Ordering providers are issued a full updated report detailing the reclassification and receive outreach from a Genomic Science Liaison (often a certified genetic counselor) to discuss the new findings.

1: Srivastava S et al.2014, Farwell KD et al 2015, Retterer K et al., Srivastava S et al. 2019. Used under license CC BY. 2: Towne MC et al. 2025. 3: Ambry Genetics Medical Affairs White Paper

TEMPUS

Connected and Intelligent Diagnostic Platform

EHR connectivity allows providers to *save time* with diagnostic testing, *identify patients* that meet guidelines, *accelerate accrual* to clinical trials, and *deliver* AI-enabled precision care

DIAGNOSTICS

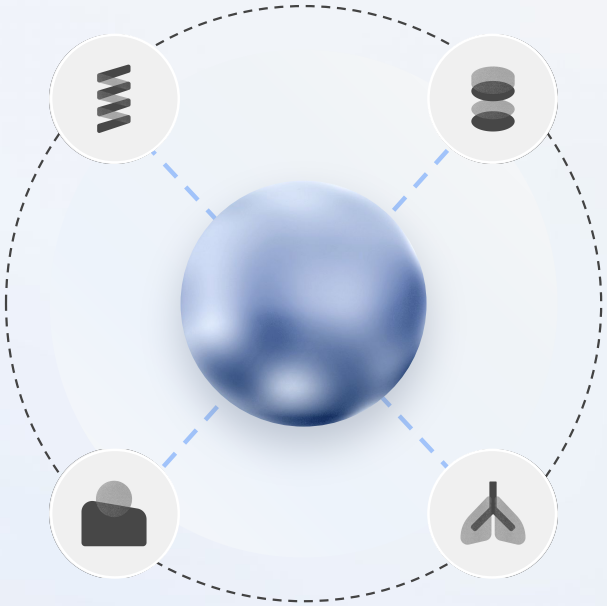
ORDERS & RESULTS REFRESHED OVER TIME

Place orders and receive results directly through EHR.

PROVIDER CO-PILOT

AGENTIC TOOLS: HUB and ONE

Provide comprehensive patient insights, automate time-consuming tasks, and deliver the latest treatment guidelines and research.



PATIENT IDENTIFICATION

HEREDITARY RISK and Care Gaps

AI-platform that enables healthcare systems to deliver guideline-based care across specialties

CLINICAL TRIAL ENABLEMENT

NEXT Trials and TIME

AI-enabled clinical trial matching and just-in-time clinical trial activation

We have over 5,000 healthcare integrations through Epic, Cerner, Flatiron OncoEMR, Meditech, IKnowMed, Veradigm (Allscripts), and more.

AI is integrated throughout all of our products

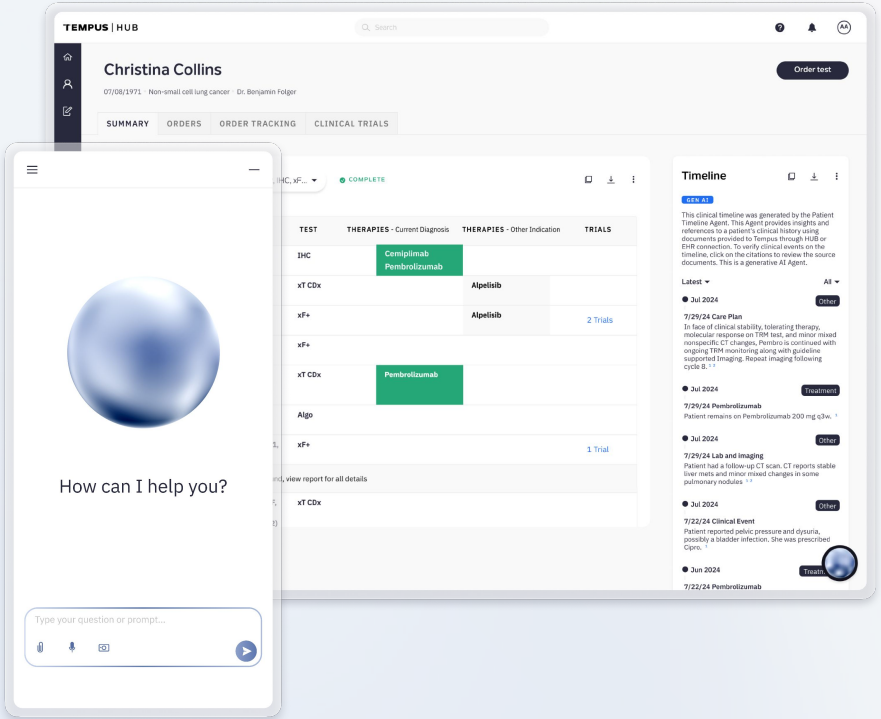
> What is the status of [my patient's] report?

> Which of my patients have a [EGFR mutation]?

> Open [my patient's] report

CONCIERGE FEATURE

> Change the next blood draw for [my patient] to mobile phlebotomy.



TEMPUS

Hub Demo

This demonstration is for illustrative purposes and actual results may vary.

We are also leveraging AI to *build a large scale foundation model for oncology diagnostics*

We will utilize the foundation model we are developing in collaboration with AstraZeneca and Pathos to generate insights that we can infuse into our diagnostic offerings, leveraging our unique flywheel and further differentiating our tests - bringing the benefits of AI to clinical decision support.

Predict treatment response with unmatched precision

Develop multimodal signatures to predict patient response and identify non-responders with biologic rationale

Enrich disease subtyping correlated with prognosis & response

Leverage DNA, RNA, spatial, TME patterns to cluster patients by subtypes not identified by genomics/pathology alone

Improve patient early relapse prediction months before imaging

ctDNA, DNA, RNA with radiographic images could provide a dynamic understanding of disease progression

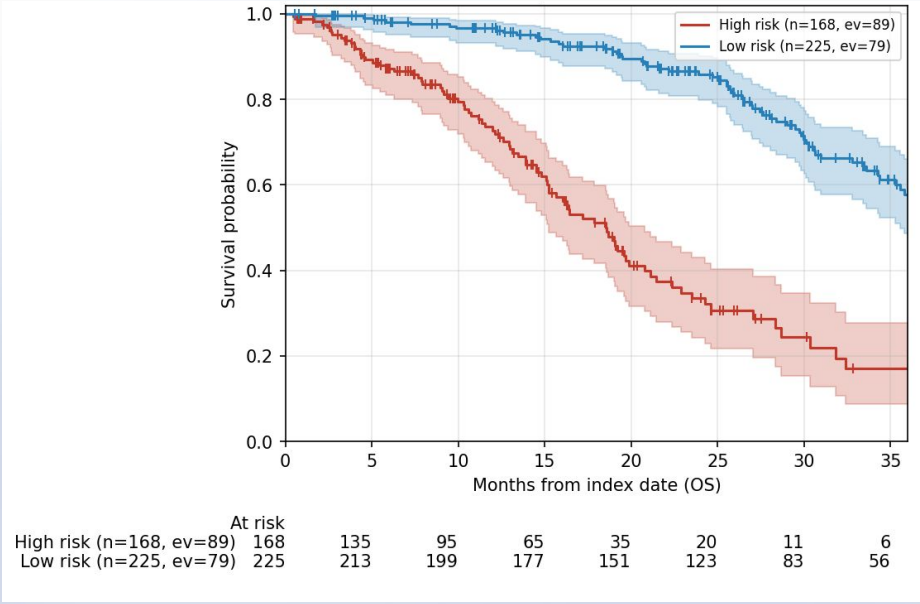
Generate metastatic risk profiles

Patterns across radiomics, genomics and pathology may forecast site of metastasis informing treatment intensification

Differentiating diagnostics while powering scalable biopharma insights

Predicting rwOS in EGFR-*mut* NSCLC

EGFR+ NSCLC patients (n=393) treated with Osimertinib



Marker / Risk Stratifier	Hazard Ratio	C-index	P Value
Patient Trajectory Model (High vs Low Risk)	**4.54 (3.29–6.25)**	0.80	**<0.0001**
CoxPH on prognostic covariates (High vs Low Risk)	**1.51 (1.12–2.06)**	0.61	**0.0077**
ECOG Status	**1.38 (0.68–2.83)**	0.51	0.38
Age (High vs Low age, split on median)	**1.20 (0.84–1.72)**	0.53	0.32
P53 mutant	**0.75 (0.52–1.08)**	0.55	0.12
Brain metastasis	**1.05 (0.72–1.53)**	0.50	0.82

We trained a model on >1.2M multimodal patient records to predict OS

We evaluated on 393 unseen EGFR+ NSCLC patients with Osimertinib treatment

The foundation model outperforms well-characterized prognostic biomarkers at predicting patient outcomes.

Introducing Tempus Preview

Leveraging AI to surface *rapid pre-report* clinical insights, because every day counts.

The initial days following a metastatic cancer diagnosis are critical for strategic treatment planning. Preview delivers clinically relevant information, starting within 72 hours of sample receipt.

Focusing on high-impact biomarkers where early predictions can direct the initial therapeutic approach:

MSI-H status across multiple indications

Infer response to checkpoint inhibitors and identify potential hereditary risk factors for further follow-up

EGFR mutations in NSCLC

May decrease frontline immunotherapy administration in this population

FGFR2/3 fusions in bladder and hepatobiliary

Flags rare, yet clinically significant fusions which would indicate potential response to targeted TKIs

DWAYNE HOLDER

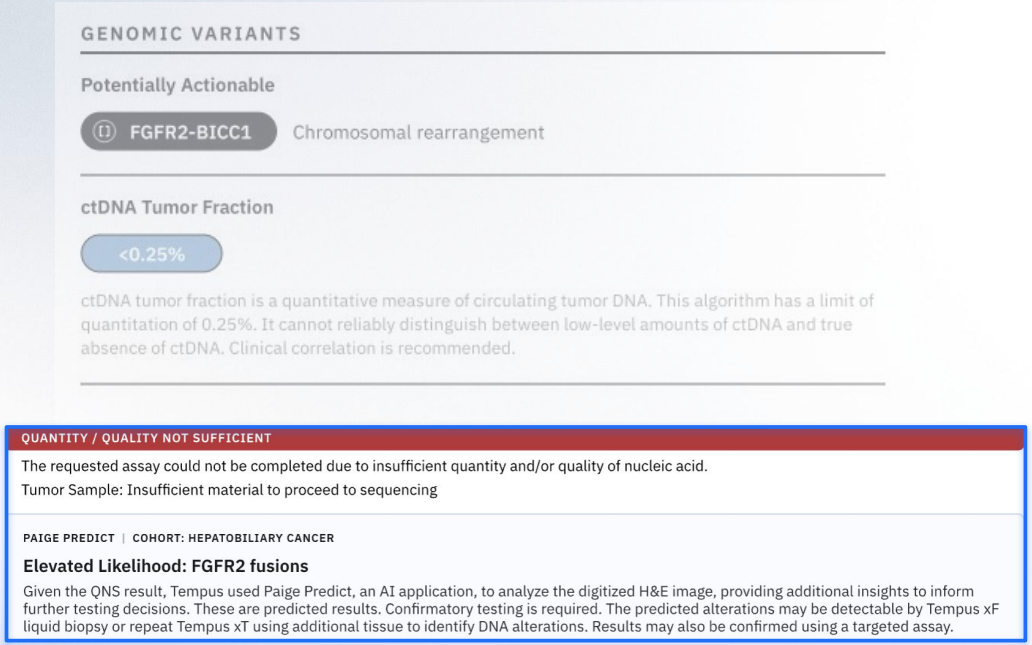
Cancer Diagnosis:
Cholangiocarcinoma

Physician ordered xT CDx, xF+
Results: xT CDx QNS

Paige Predict insight: Elevated likelihood of FGFR2 fusion
FGFR2 fusion confirmed via hotspot PCR and xF+ liquid biopsy

Treatment initiation with targeted therapy

When tissue sequencing was QNS, Paige Predict flagged a high likelihood of FGFR2 fusion, which was concordant with xF+ liquid biopsy testing.

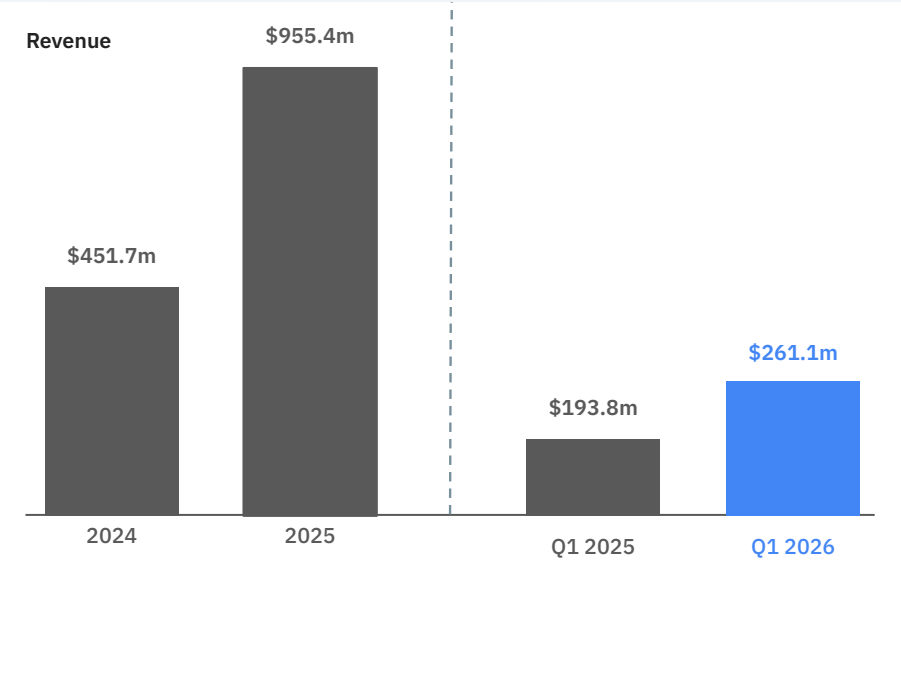


1,000+ *Paige Predict reports delivered, providing insights to patients and providers who previously would have received no information at all.*

TEMPUS

Diagnostics Financials

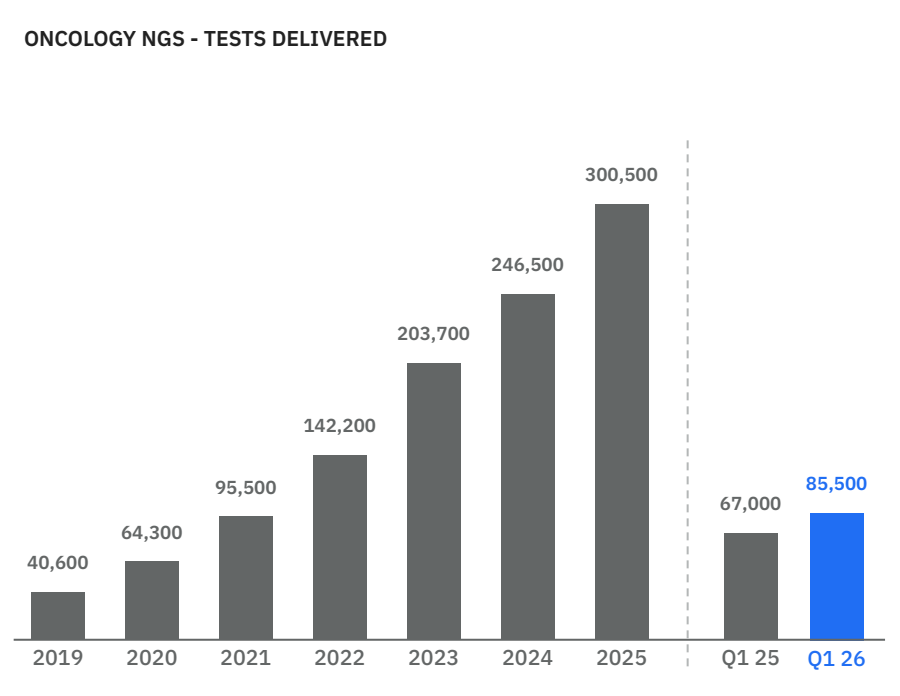
Strong and sustained revenue growth across our Diagnostics business

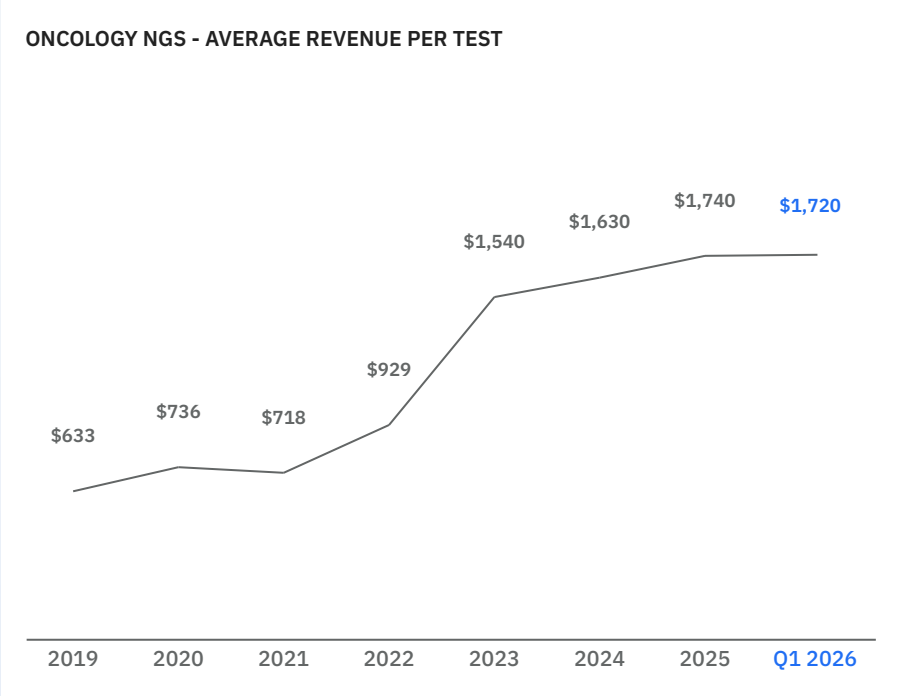


- Achieved 28% volume growth in Q1 2026, building on strong oncology momentum from 2025, driven by our differentiated offering
- Favorable ASP tailwinds supported by reimbursement improvement and migration to xT CDx
- Expanded hereditary cancer screening capabilities and unlocked additional disease opportunities through the strategic acquisition of Ambry Genetics

Oncology growth accelerates on strong volume and ASP expansion

Our differentiated, technology-enabled platform is accelerating growth (28% unit growth in Q1 2026, **with orders in April / May tracking at a similar pace)**





Volume and ASP, for both current and historical periods, have been recast to reflect the inclusion of xG as part of our hereditary testing portfolio

Oncology ASP expected to rise significantly over the next several years

Tailwinds from reimbursement to expected to drive ASP growth of >$500* over next several years

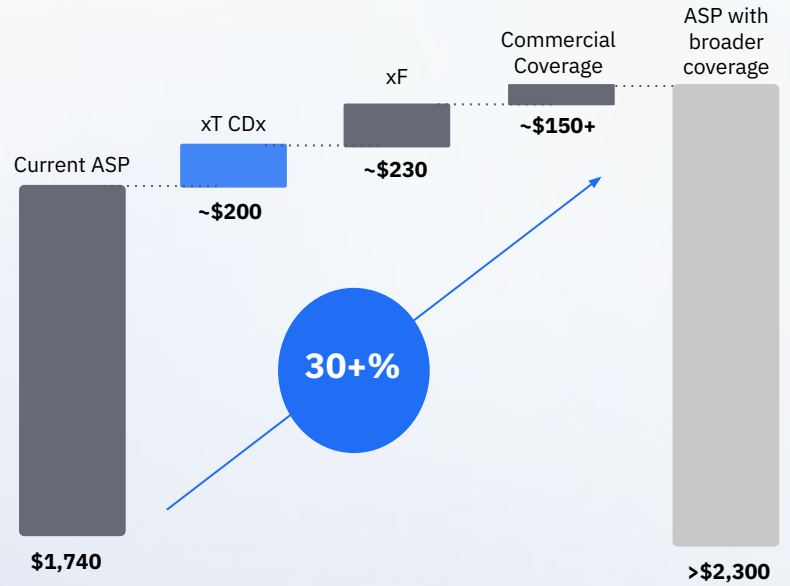
Reimbursement Milestones

Following FDA approval of tumor only xT CDx, entire DNA solid tumor portfolio will be migrated from LDT (~$2,900) to xT CDx ($4,500) beginning in 2027

xF FDA clearance to drive increased ASP

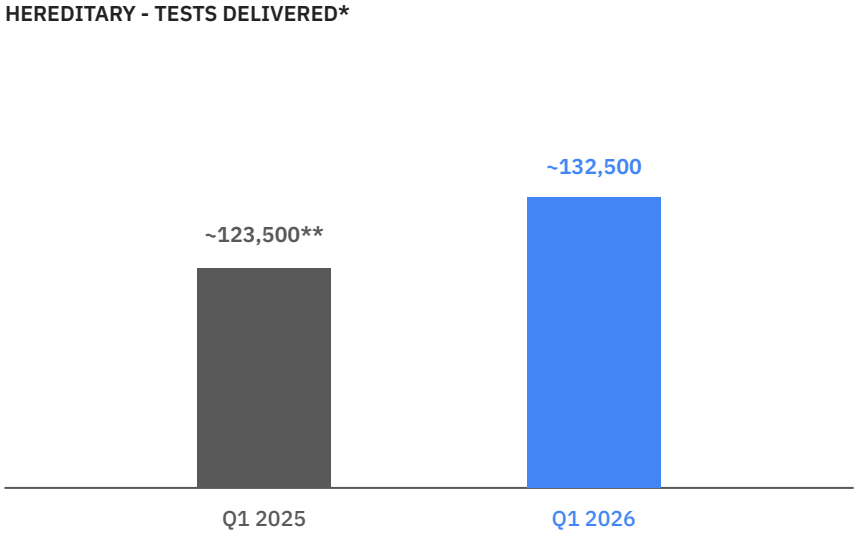
Broader commercial coverage over time

Illustrative path to >$2300 ASP*



*Assuming Q4 2025 assay and payor mix

Hereditary growth normalizing as expected with mid-teens trajectory intact



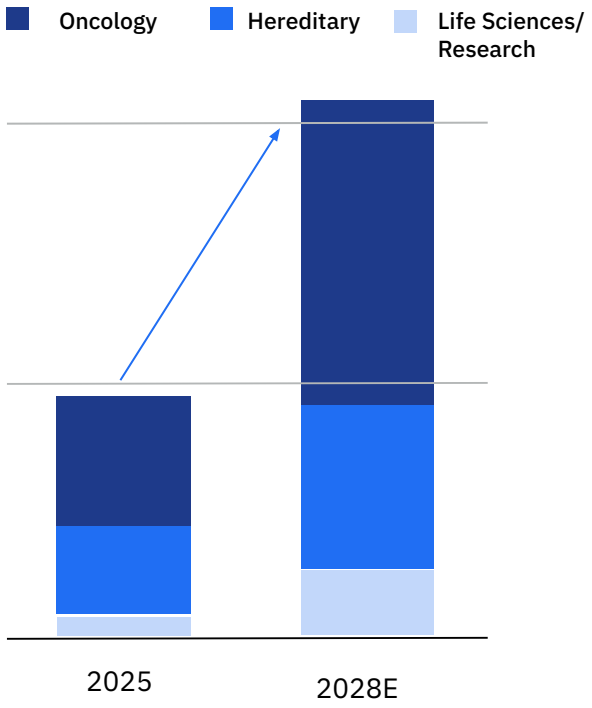
Average reimbursement per test of ~$750 in Q1 2026

Transitioning from share-driven outperformance to sustainable growth

- Growth moderating as expected as prior-period share gains are lapped
- Underlying demand remains strong, supported by continued adoption
- 1H moderation with acceleration expected in 2H

**Reflects xG as part of hereditary testing portfolio ** Includes January 2025*

We project ~$1.9 of annual revenue across all Dx offerings by 2028, representing 25% three-year CAGR



NEAR TERM

Oncology Volumes: Continued strength in oncology volumes driven by adoption of our AI-enabled products and overall market growth

Oncology ASPs: Executing reimbursement strategy for xT and xF

Hereditary Cancer: Normalization of growth rates following outsized share gains in 2025

LONG TERM

MRD: Advancing our commercial efforts to steadily drive ASP appreciation over time and capture additional market share

Rare Disease: Capitalize on strength as leader in HCT with genetic counselors to build meaningful Rare business

Hereditary Cancer: Leveraging the Tempus platform to tap into 70+ million eligible lives

TEMPUS

Dx Q&A

Email *investorrelations@tempus.com*
to submit a question virtually

TEMPUS

Tempus AI, Inc.
Data & Applications

We've seen the impact Data and AI can have on other industries like finance, *that same scale of change is going to come to healthcare*

The Data & AI Revolution in Finance

Just a few decades ago, the stock market was orchestrated by humans relying on "gut feeling".

Today the real work happens in cold, silent data centers. This shift is what emerged following the birth of **algorithmic trading**, where machines process data - from global news feeds to historical price patterns - to execute trades in microseconds.

Era	Primary Method	Estimated % of Trades by Algorithms	Execution Speed
1970s	Floor Trading (Human/Phone)	**< 1%**	Minutes
1990s	Electronic Routing / Human	**~10%**	Seconds
2005	Hybrid / Early Algos	**~25%**	Milliseconds
2015	Algorithmic Domination	**~75%**	Microseconds
2025	AI & High-Frequency (HFT)	**~80% – 90%**	Nanoseconds

Our *45 million+* unique patient cases comes from a diverse range of sources, powering our large and growing data business

Molecular data largely comes from our NGS & Algorithmic Diagnostics.

SOURCE DATA CONNECTIONS

MOLECULAR

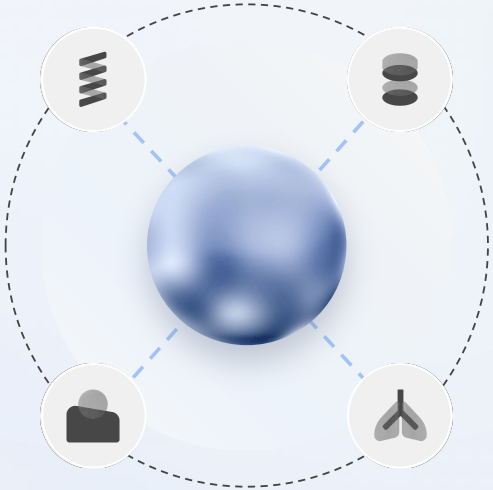
TEMPUS GENERATED

Next-generation sequencing

CLINICAL

EHR INTEGRATIONS

Structured EHR fields and unstructured notes



CLAIMS + MORTALITY

THIRD-PARTY PARTNERS

Payer, appointment, code information, and date of death*

IMAGING

RAW AND PROCESSED

H&E, radiology (CT/MRI), digital pathology, mammogram, breast tomosynthesis,

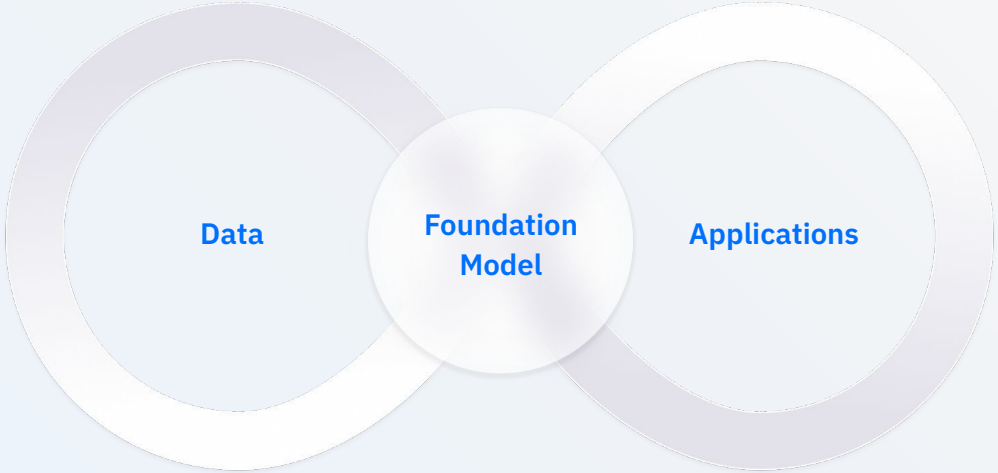
INTEGRATED WITH TOKENIZATION

Clinical Data largely comes from EHR and data warehouse connections across a wide range of products

Creating a virtuous cycle of *AI-enabled intelligence*

As more clinicians use our AI Applications they contribute more data to our platform, creating a self-reinforcing cycle of intelligence.

This network effect has led to compounding growth in our multimodal dataset in oncology and other disease areas.



This proprietary data asset allows us to create AI-enabled research, *enhancing biopharma decision making*

Everyday scientists and drug developers *face critical questions without the right information* to make a call

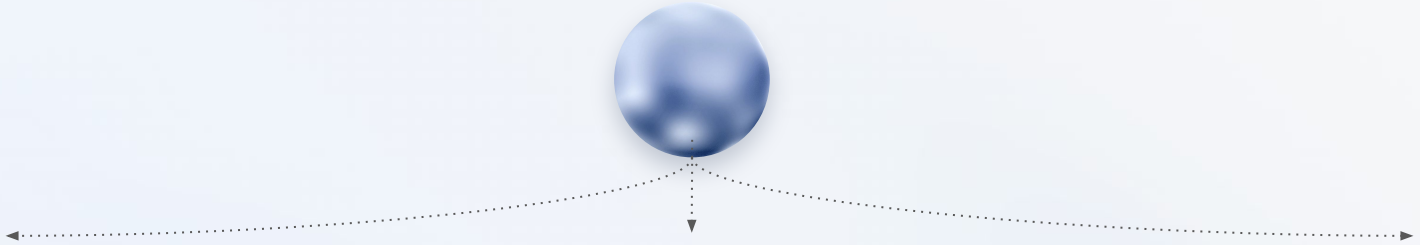
Do I have the right target?

Do I have the right therapeutic indication?

Do I have the right biomarker defined population?

Do I have the right clinical trial design?

We help biopharma at *every stage* of drug discovery & development



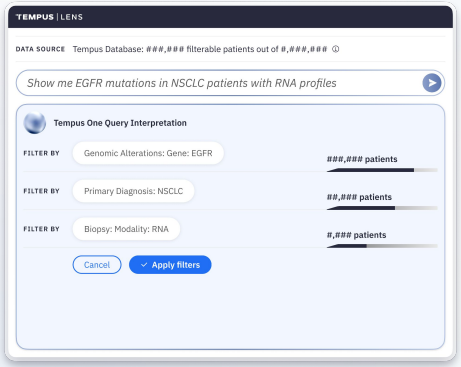
RESEARCH	CLINICAL DEVELOPMENT	COMMERCIALIZATION
Disease Biology	Biomarker Strategy	Clinical Trial Design	Clinical Trial Execution	Care Gaps Closure
Characterizing Unmet Needs	Indication Selection	IUO Val & CDx Dev	Real-world Outcomes & Value
Novel Target Identification	Target Validation & Lead Optimization		

We license libraries of de-identified data, provide a suite of analytic and AI tooling in our Lens platform, and partner closely to *convert this data to insights*

We empower drug developers with the precise context to better understand the molecular drivers that cause poor patient outcomes, in both clinical trials and the real world.

Our agentic platform (Lens) *accelerates the path to action* and powers scientific discovery

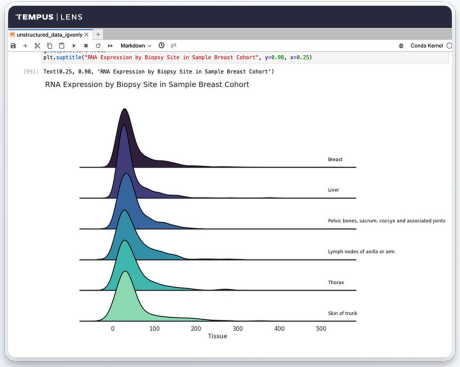
QUERY



Quickly search for cohorts of patients using natural language to apply rich molecular and clinical filters.

Easily stratify populations by indication, somatic mutations, treatment, outcomes, and more.

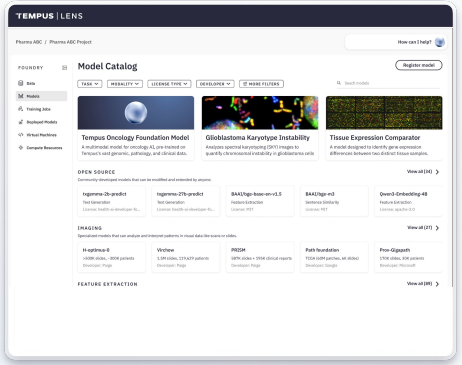
ANALYZE



Analyze data in Workspaces, your dedicated cloud environment, and leverage a library of tools to answer common scientific questions.

Apply AI agents to explore de-id data, including unstructured clinical notes, and unlock new features.

TRAIN



Train and fine-tune foundation models within a dedicated Model Garden to optimize open-source algorithms for your specific research.

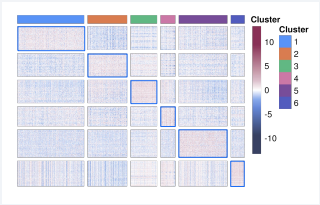
Utilize an integrated GPU cluster to build and scale custom models, while leveraging AI coding assistants.

TEMPUS

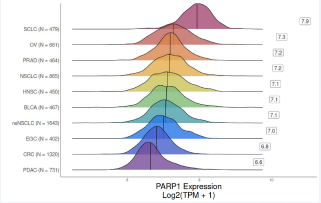
Lens Demo

This demonstration is for illustrative purposes and actual results may vary.

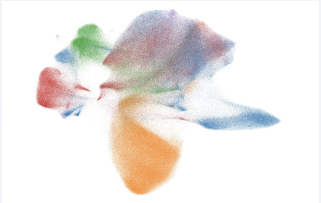
Early Development teams *address research aims and reach pivotal preclinical milestones* with Tempus data and patient derived organoids



Target identification and validation

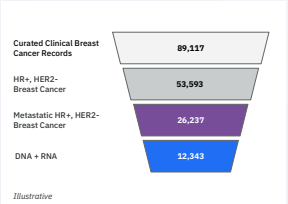


Indication selection and landscape assessment

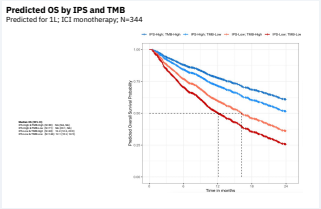


Patient segmentation and prioritization

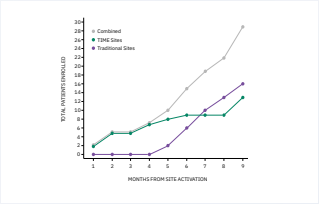
Clinical development teams *optimize trial design* to increase Probability of Success and *enroll the right patients faster* leveraging Tempus' data, AI-enabled diagnostics, and clinical network



Validate assumptions and optimize enrollment parameters

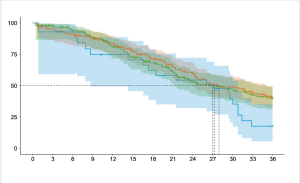


Biomarker validation and assay strategy

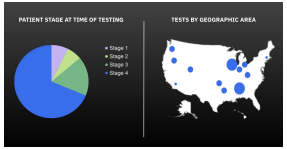


Patient identification and enrollment

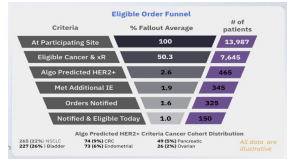
Commercial teams *study real-world use, refine market access strategy, and close clinical care gaps* leveraging Tempus' data and AI-applications deployed in the clinic



Understand rwOS rates of patients across indications, stratified by biomarker



Precisely characterize target patient populations to support commercial launch



Close real-world care gaps, like patients who do not receive guideline-directed testing

Unlocking *next-generation IO targets* at a scale competitors cannot replicate

RESEARCH | DISEASE BIOLOGY | NOVEL TARGET IDENTIFICATION

THE CHALLENGE

A biopharma partner needed to understand the molecular drivers of acquired versus primary resistance to immunotherapy to fuel its next-generation therapeutic pipeline.

This required analyzing rare pre- and post-treatment tumor samples at a scale that is historically difficult and costly to replicate.

THE TEMPUS SOLUTION

Tempus analyzed its real-world database to systematically compare the molecular features of acquired versus primary resistance.

1. **Analysis**
   Integrated clinical data with pre- and post-treatment DNA and RNA sequencing from over 5,000 pan-cancer patients.

2. **Insight:**
   Identified distinct clinical phenotypes, a universal immunophenotype, and novel genetic drivers of resistance.

PROVEN OUTCOMES

For the customer

- Identified four novel targets with $5B+ peak sales potential.
- Defined a universal immunophenotype for next-gen asset design.
- Provided publication-grade evidence to anchor clinical strategy.

For Tempus' business

- Proved our data's power for novel target identification.
- Accelerated a key partner's drug discovery pipeline.
- Showcased the unique value of our longitudinal data.

5,000+	4	$5B+	30-50x ROI
pan-cancer patients	novel targets identified	peak sales potential	on a single follow-on asset[1]

[1] Based on internal assumptions and financial modeling

De-risking a *$200M+ Phase III go-decision* in colorectal cancer

CLINICAL DEVELOPMENT | TRIAL DESIGN | BIOMARKER STRATEGY

THE CHALLENGE

Phase III oncology trials run $200-500M each. A single wrong assumption can sink the trial, kill the asset, and erase $1B+ in NPV on a single readout.

Decisions are made on thin Phase II data often without contemporaneous real-world context.

The customer needed to confirm key protocol assumptions with a much larger evidence base before committing to a $200M+ investment.

THE TEMPUS SOLUTION

Tempus provided a deeper, multimodal evidence base to stress-test the trial design and increase confidence before the Phase III commitment.

1 **Control Arm Validation:**
Built propensity-matched synthetic control arms from real-world CRC patients to validate the trial's control-arm performance assumptions.

2 **Enrichment Strategy:**
Used multimodal data to surface hidden response drivers and validate a biomarker-driven patient selection approach.

PROVEN OUTCOMES

For the customer

- Increased the evidence base for trial assumptions by 5x.
- Identified new response drivers, raising trial's scientific rigor and opening label-expansion.
- Delivered a regulatory-grade enrichment strategy for a more valuable patient label.

For Tempus' business

- Embedded Tempus at the Phase III gate, the highest-stakes decision in drug development.
- Monetized probability gains directly into hundreds of millions in NPV.
- Established a repeatable, portfolio-wide business model.

$200M+	$1B+	5X	$500M+
phase III decision	potential loss in NPV[1]	the evidence for trial assumptions	decision de-risked through RWD[1]

[1] Based on internal assumptions and financial modeling

De-risking a *multi-billion-dollar 1L launch decision* in mTNBC

CLINICAL DEVELOPMENT | COMMERCIALIZATION | BIOMARKER STRATEGY | REAL-WORLD OUTCOMES

THE CHALLENGE

A biopharma partner needed to de-risk a first-line (1L) launch decision for an antibody-drug conjugate (ADC) in the $1B+ mTNBC market.

They lacked real-world evidence on how PD-L1 status impacts clinical outcomes and economic burden, which was critical for the go/no-go decision on a ~$200M+ Phase III trial.

THE TEMPUS SOLUTION

Tempus conducted a retrospective analysis linking four distinct data layers at scale, a capability competitors cannot replicate.

1. **Data Integration:** Linked PD-L1 status with real-world treatment pathways, claims data (HCRU), and unstructured clinical notes.
2. **Insight Generation:** Characterized the distinct clinical journeys and economic burdens for PD-L1 positive and negative patient cohorts.

PROVEN OUTCOMES

For the customer

- De-risked trial design by defining distinct PD-L1 subgroup journeys.
- Quantified the commercial opportunity with real-world economic burden data.
- Enabled the go-decision for a multi-billion-dollar 1L program.

For Tempus' business

- Proved our data is decision-grade for major commercial launches.
- Demonstrated our "category-of-one" platform advantage.
- Positioned Tempus upstream of major launches.

~$1B+	+5 months	2.4x	$200M+
peak sales potential	OS gap identified	higher infusion burden	Trial investment de-risked

Our integrated solutions are now *deeply embedded* within biopharma

19 out of 20 of the largest pharmaceutical companies

Over 250 biotech companies

$2 billion+ in Data and Applications contracts signed to date

$87.0 million of Data and Applications revenue in Q1'26, with 44.1% growth in Insights (data licensing)

Large strategic partnerships with AZ, GSK, BMS, Pfizer, Novartis, Merck, Recursion, Pathos, Boehringer Ingelheim, and others

Delivered over 8 million de-identified patient records to biopharma to advance drug discovery & development

As of 3/31/2026

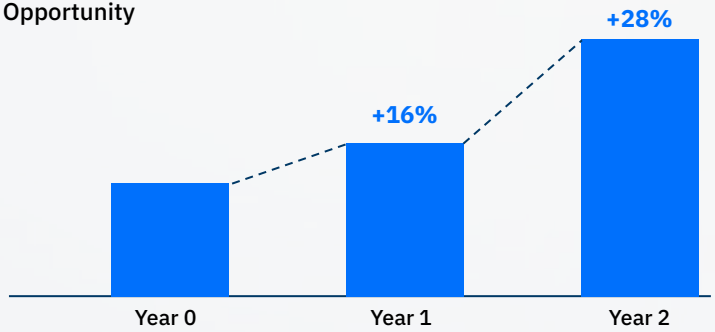
Delivering 5x ROI for our Strategic Partners through R&D Optimization

Our Strategic Partners (+$100M over 3-5 yrs) have seen an estimated $500M+ in value across their entire oncology portfolio via three levers:

- **Cut:** Cut low-probability studies early (save Capital).
- **Optimize:** De-risk assumptions (increase PTRS).
- **Scale:** Maximize eNPV of winning assets.

Cutting opportunities with low PTRS	Baseline	-15%	-10%
Average PTRS increase per study	Baseline	+2pp	+7pp

Improving eNPV per Opportunity across the portfolio



** Results based on +30 analyses from Tempus to increase PTRS across multiple strategic partners. $500m in value* implies ~$1.8B avg. Strategic Partner portfolio at baseline

Our deep and expanding partnership model allows *our business to scale* with each customer

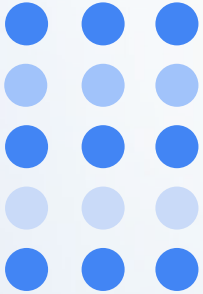
We start by helping with **one decision** for **one asset**

$500k - $2mm

Our data is then often used to **support multiple programs**

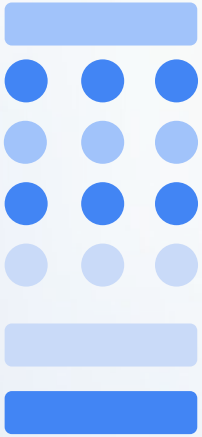
$2mm - $10mm

Our **teams and technology** are then **embedded across the Oncology portfolio**



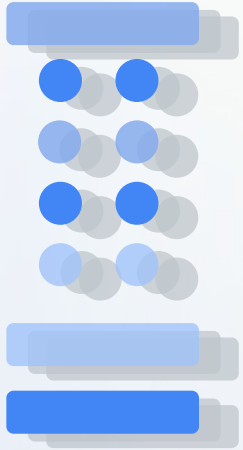
$10mm - $50mm

We then **expand our partnerships** with other services



$50mm - $100mm

Expanding and **institutionalizing for all indications** that matter



$100mm+

Our deep and expanding partnership model allows *our business to scale*

HIGHLIGHTED STRATEGIC PHARMA PARTNERSHIPS

AstraZeneca

2018: Licensing of clinical data records in NSCLC

2020: Signed 3-year multimodal data subscription in NSCLC and Breast Cancer

2021: Signed 3-year enterprise agreement including data, clinical trial enrollment and genomic sequencing to advance drug discovery and development across their oncology portfolio

2022: Launched **Biomarker Studies** to acquire fully consented biospecimens and generated bespoke Multi-Omics datasets

2023: Deepened commercial partnership by launching **Tempus Next** to support guideline-directed care pathway monitoring for multiple assets

2025: Entered 3-year alliance with Pathos to construct industry's largest multimodal generative **AI foundation model** in oncology

GlaxoSmithKline

2020: Tempus selected NGS partner for enterprise screening study to generate CGP and build database

2021: PAVO trial partnership, opens fastest trial in GSK history

2022: Signed 3-year enterprise agreement to improve drug targets, clinical trial design and speed up clinical trial enrollment

2024: **Agreement extended for 3 years** to include clinical trial matching, services, algorithm development

2025: Scaled collaboration to include a 35% increase in licensed records and **expanded into digital pathology** following acquisition of Paige

2026: Broadened data collaboration further to include **Lens Unlimited,** reflecting significant impact from use of Tempus data

Merck

2023: **Initiated an agile pilot** to license structured, de-identified clinical data for breast and lung cancer

2024: **Signed perpetual data licensing agreement focused on ADCs,** utilizing multi-omic datasets to validate resistance mechanisms and identify novel biomarker signatures

2025: Building on resistance validation data, **established a formalized, enterprise-wide agreement** to develop and accelerate its growing ADC pipeline

2026: **Partnership scaled to a 4-year strategic enterprise agreement** to accelerate biomarker discovery across precision oncology and Immunology & Inflammation, granting researchers access to Lens analytical platform and GPU-powered Workspaces to fine tune and develop foundational models

Scaling & expanding *biopharma relationships* by increasing customer breadth and expanding strategic engagements to support long-term growth

Growth in Partnerships

240

Companies in 2025
(vs. 35 in 2020)

Substantial increase in the number of biotech and pharmaceutical companies collaborating with Tempus.

Increasing Revenue Diversification

~59%

Top 5 Customer Concentration
(down from ~85% in 2020)

Diversification of revenue through decreased reliance on largest customers.

Increasingly our customers don't just want data insights, *they want AI models to deploy across their entire pipeline*

To advance this we began by building *a large scale multimodal foundation model,* starting in oncology

Predict treatment response with unmatched precision

Develop multimodal signatures to predict patient response and identify non-responders with biologic rationale

Enrich disease subtyping correlated with prognosis & response

Leverage DNA, RNA, spatial, TME patterns to cluster patients by subtypes not identified by genomics/pathology alone

Improve patient early relapse prediction months before imaging

ctDNA, DNA, RNA with radiographic images could provide a dynamic understanding of disease progression

Generate metastatic risk profiles

Patterns across radiomics, genomics and pathology may forecast site of metastasis informing monitoring / treatment intensification

We have built an ecosystem of foundation models and agentic workflows

Multimodal foundation models are unlocking insights for both diagnostics and life sciences applications

AstraZeneca

Partner Specific Models

Leverages Tempus' de-identified oncology data, model architectures, and compute; Trained to partner specifications

Paige

Paige Foundation Models

Title Level: Virchow, 2, 2G

Slide Level: Prism 1, 2

H&E and IHC based feature extraction for imaging-based applications

Patient Trajectory Model

Takes temporal and longitudinal components into patient representations

Genomics Foundation Model (GFM)

DNA, RNA, TCR
Single Gene
Gene Expression Profiles

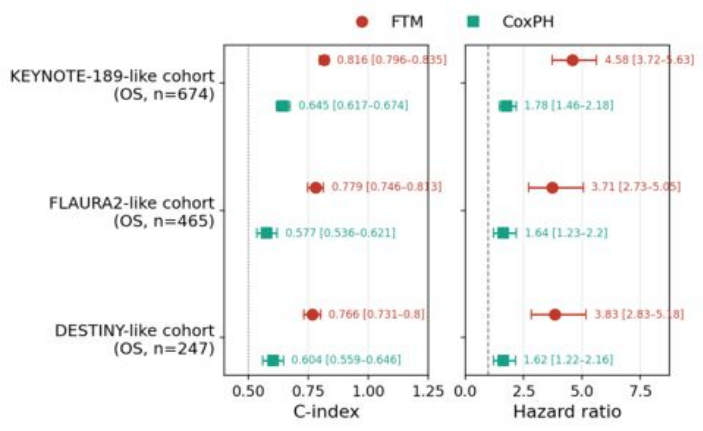
Lens (agentic analytical platform)

We have procured compute capacity to train our next series of fully owned and architected foundation models with 1000+ H200s and 500+ GB200s

Our latest foundation model is a feature trajectory model (FTM) that evaluates patients over time and, when paired with agentic workflows, unlocks insights

Feature Trajectory Model outperforms baseline Cox-PH models evaluating survival in cohorts similar to hallmark clinical trials

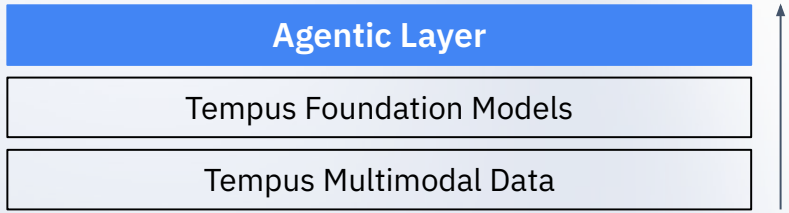
Baseline: Cox-PH trained on prognostic biomarkers



An agentic layer reasons over our suite of foundation models and data with natural language

Agentic Layer:

1. Cohorting & Feasibilities
2. Rapid featurization
3. Biomarker discovery, predictive modeling



Leveraging AI to accelerate novel therapeutics is only one part of the solution, *we must also embed AI into health systems to enhance physician decision making*

We do this through *AI-enabled Applications and Algorithms*

Everyday physicians *face critical questions without the right information* to make a call

Does my patient have any critical biomarkers I can target?

What are my therapeutic options at this point?

Are there any clinical trials my patients is eligible for?

Given the complexity of care, did I overlook something based on the guidelines?

AI & Agentic Applications

We have a suite of applications that live both inside EHRs and in our own proprietary applications, enabling providers to leverage Tempus technology in a seamless manner.

TIME: Clinical trial matching

AI-enabled clinical trial matching and just-in-time clinical trial activation

NEXT: Care gap intelligence

AI-platform that enables healthcare systems to deliver guideline-based care across specialties

These AI applications are designed to improve patient care, accelerate research, and support physicians in everyday tasks

Clinical Pathways

AI-enabled care pathway intelligence platform **deployed at 100 hospitals across >2M patients** designed to support clinicians in delivering up to date guideline-driven care throughout the patient journey

Cardiology
60+ algorithms to detect potential care gaps across 15 cardiovascular conditions, including aortic stenosis, mitral regurgitation, and congestive heart failure.

Oncology
Portfolio of **18 algorithms to surface patients eligible for biomarker testing** to improve personalized therapy decisions

Incidental Pulmonary Nodule (IPN)
Drive earlier detection and intervention of actionable IPN to help improve outcomes

Trial Matching Capabilities

Clinical trial matching technology deployed across 15+ academic medical centers and large community providers with >30 million patients of all disease areas - allowing clinical research teams to match to trials at their institution across all diseases.

Screening

Integrated Workflows

ONE

AI Agents

Feasibility

Portfolio Management

Dashboards

Analytics & Research

In the future, co-pilot tools could make physicians superhuman

AI will augment the notion of medical specialization with models that can perform tasks across multiple sub specialties while uncovering novel diagnostic insights only possible from deep machine learning.

With Tempus data, we are on this journey by building models that underpin medical co-pilots and surface novel causal diagnostic insights.

TODAY

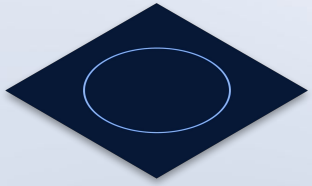
Trained on the internet

Base text and image models

Llama, Claude, etc.

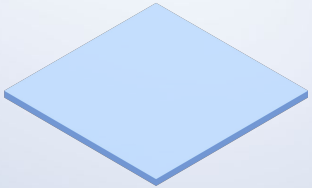
TOMORROW

Specialized training with molecular, imaging, and clinical data



Healthcare co-pilots

Specialized agentic apps supporting physicians, patients, and researchers

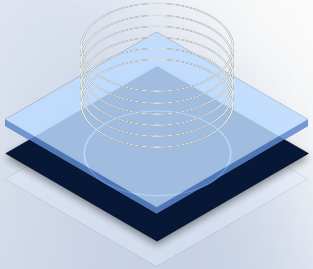


Novel diagnostic insights

Leveraging deep omic data and cross modality inputs to generate novel insights

FUTURE

Novel cross-specialty training



Super medical intelligence

PCP, oncologist, radiologist, pathologist, and scientist all in one

Next Frontier → *algorithmic diagnostics*

Our AI models can now serve as diagnostic tools in themselves and identify risks and treatments that traditional tests miss.

While these algorithms are currently driving clinical value, we are building the evidence base to make these algorithms eligible for routine reimbursement, transforming each model into a significant catalyst for our financial results.

Algorithms in Action

We have already built, validated and deployed many Algorithmic Diagnostic tests

In pathology, we have 8 FDA approved algorithms and others pending.

In cardiology, our FDA-cleared algorithms have demonstrated that certain undiagnosed patients will experience disease such as Atrial Fibrillation or Low Ejection Fraction within the following year.

Pathology

- **Paige Prostate Suite:** Prostate Detect, Grade & Quantify, and Perineural Invasion
- **Paige Breast Suite:** Detect & Neoplasm, Mitosis, Lymph Node
- **Paige GI Suite**: Detect & Subtyping, Colon Detect, and Colon MSI Detect
- **PanCancer Detect:** Omni Cancer screening

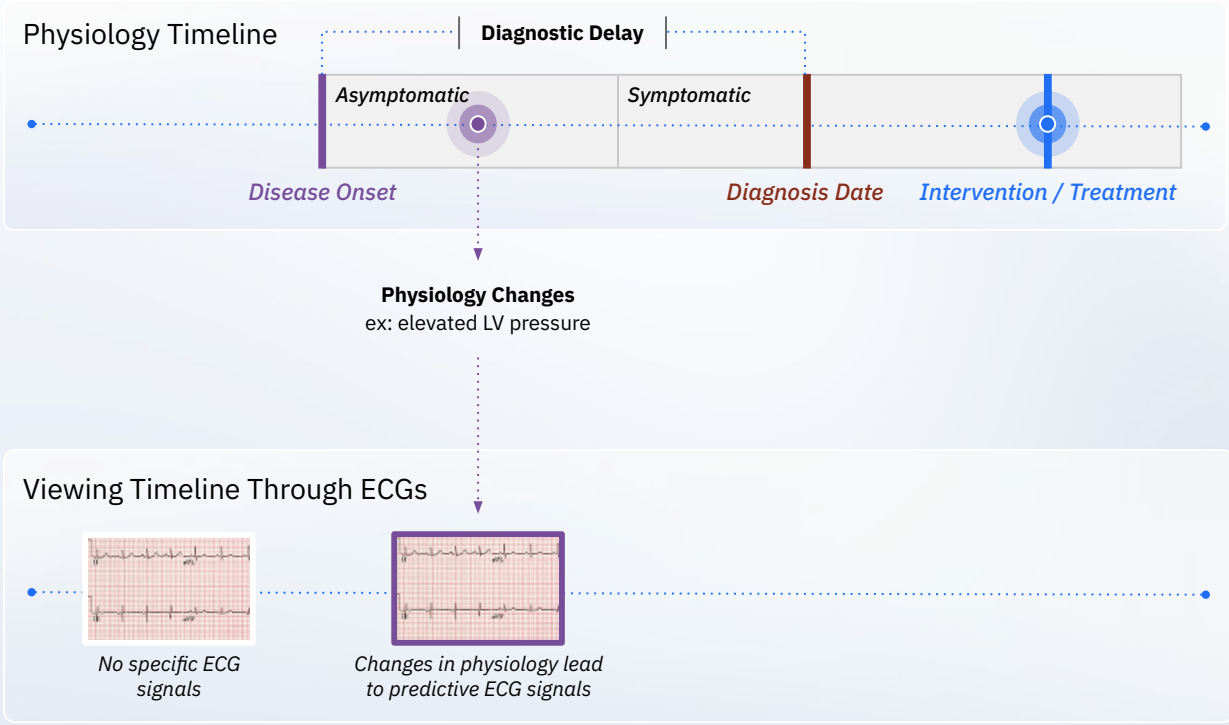
Cardiology

- **ECG-AF:** Detect signs of atrial fibrillation or flutter within 12 months
- **ECG-Low EF:** Detect signs associated with having a low left ventricular ejection fraction

Our ECG-based cardio algorithm is one example of how these algorithms could become standard of care

Tempus Cardiology Applications have broad clinical deployment with FDA clearance

- **60+** algorithms spanning 15 major diseases across 140+ hospitals
- **~2.5M** patients screened and analyzed by cardio care gap algos
- FDA cleared ECG-AF in 2024 and ECG-Low EF in 2025
- CMS established CPT code at $128/test, provides path for hospitals to be reimbursed



Illustrative revenue opportunity for ECG-AI Atrial Fibrillation

Directional example of potential monetization of one algorithm

Scaling over time with annual growth to additional health systems could reach >**$200 million annually from A-fib alone**

Resulting in **~ $2 million** in potential Tempus revenue per year per hospital, assuming hospital is reimbursed **~$128/ECG-AI run**

One Hospital performs an estimated **35,000 indicated ECGs/year**

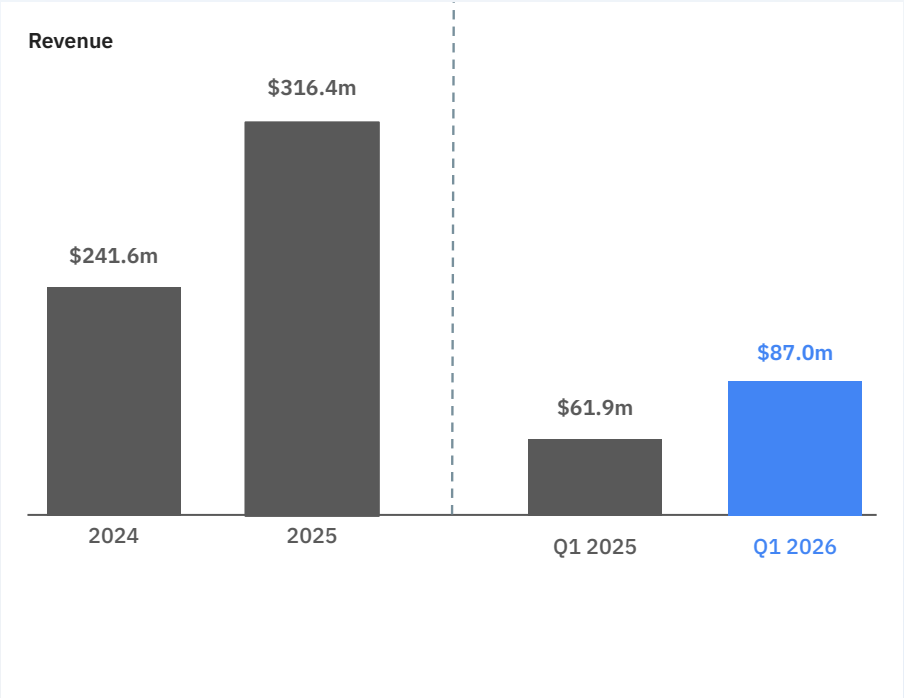
Illustrative framework for discussion only, not guidance.

TEMPUS

Data & Applications Financials

Data & Applications growth accelerates on strong partnership expansion

Our differentiated, technology-enabled platform is increasingly fundamental to our pharma and biotech partners



- Achieved 41% year-over-year revenue growth in Q1 2026, driven by execution on existing agreements and contribution from newly signed agreements
- Announced expanded collaborations with Merck, Gilead, and BMS in 2026

Data & Applications Financial Metrics

$316 Million

2025 Revenue

126%

Net Revenue Retention

>$1.1 Billion

Year End 2025 Total Remaining Contract Value

~$410 Million

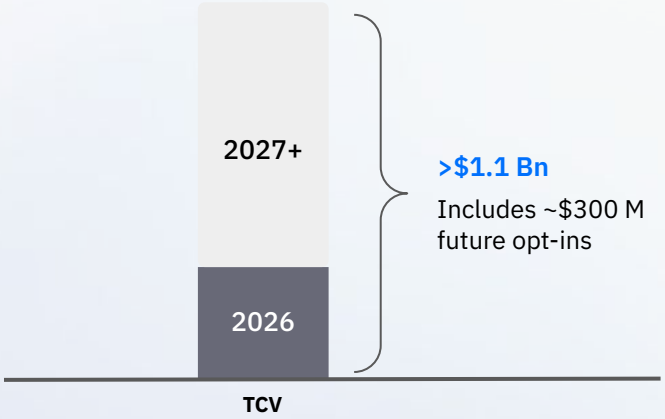
2026 Guidance, representing ~30% year-over-year growth

*As of December 31, 2025 approximate TCV is equal to the total potential value of signed contracts and assumes the exercise of all contract options, all discretionary opt-ins, and no early termination. It excludes any revenue recognized to date on these contracts or any future adjustments made to the contractual value as a result of amendments or terminations. Many of our agreements contain termination clauses, including the ability of our counterparty to terminate for convenience, and there can be no guarantee that contracts will not be terminated, that contractual options and discretionary opt-ins will be exercised, or that we will achieve the full amount of potential revenue represented by these contracts in the time periods set forth above or at all. TCV is not a calculation of revenue and should be viewed independently of revenue and deferred revenue, as TCV is not intended to be combined with or replace these items. Similarly, TCV is not a forecast of future revenue, which can be impacted by, among other things, contract start and end dates and the exercise of contractual options. Moreover, Remaining TCV may differ from similarly titled metrics presented by other companies and may not be comparable to such other metrics.

Total Remaining Contract Value (TCV) at record levels

Q1 2026 bookings expand TCV, highlighting strong demand and increased forward revenue visibility

TCV expansion supported by committed backlog
Q1 bookings meaningfully increased

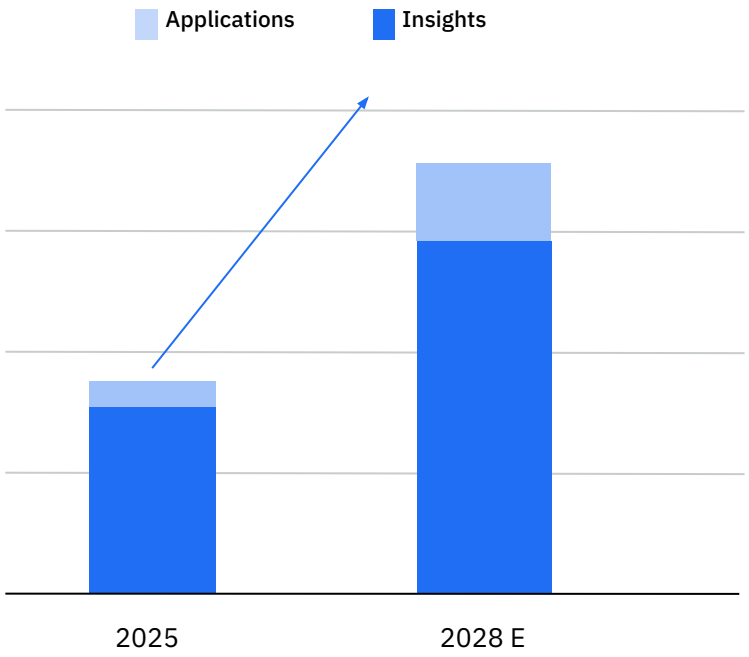


Contracted backlog underpins sustainable revenue growth

- New bookings continue to replenish and expand TCV as revenue is recognized
- ~$350 million of TCV relates to 2026 providing strong forward visibility
- We also have a long history of signing and delivering revenue within the year, as ~$100 million of revenue for 2025 was signed in 2025

*As of December 31, 2025 approximate TCV is equal to the total potential value of signed contracts and assumes the exercise of all contract options, all discretionary opt-ins, and no early termination. It excludes any revenue recognized to date on these contracts or any future adjustments made to the contractual value as a result of amendments or terminations. Many of our agreements contain termination clauses, including the ability of our counterparty to terminate for convenience, and there can be no guarantee that contracts will not be terminated, that contractual options and discretionary opt-ins will be exercised, or that we will achieve the full amount of potential revenue represented by these contracts in the time periods set forth above or at all. TCV is not a calculation of revenue and should be viewed independently of revenue and deferred revenue, as TCV is not intended to be combined with or replace these items. Similarly, TCV is not a forecast of future revenue, which can be impacted by, among other things, contract start and end dates and the exercise of contractual options. Moreover, Remaining TCV may differ from similarly titled metrics presented by other companies and may not be comparable to such other metrics.

We project at least $650M of annual revenue across all Data products by 2028, representing 25%+ three-year CAGR.



NEAR TERM

Current Total Contract Value (TCV) and Net Revenue Retention (NRR): Delivering on existing contracts, along with contribution from newly announced deals

LONG TERM

AI Model Building: Shifting from licensing to building in our environment.

Disease Expansion: Scaling into new areas like Alzheimer's.

HEOR AI Abstraction: Replacing competitors with superior AI-driven oncology records.

LONGER TERM

Proprietary Algorithms

Scaling clinical impact through advanced diagnostic algos.

A future where advanced AI tools achieve full commercial reimbursement.

TEMPUS

Data & Applications Q&A

Email *investorrelations@tempus.com*
to submit a question virtually

Financial Overview

The Tempus economic model is a framework for durable growth, operating leverage, and long-term value creation

DIAGNOSTICS

- Existing provider base and integrations drive recurring demand
- Improving ASPs in Oncology lead to increased gross margins
- Scaled testing infrastructure drives operating leverage
- Data generation fuels downstream revenue

DATA AND APPLICATIONS

- Existing Total Remaining Contract value provides high visibility into growth over the next several years
- Broad customer base, the majority of which are still early on in the adoption of our technologies in their drug development efforts
- History of high retention and expansion
- AI Applications can be developed using our dataset and deployed on our network, providing catalyst for long-term growth

2026 FY Guidance

Strategic focus to drive long-term growth and continued EBITDA improvement

REVENUE

$1.59-1.60 billion

~25% growth year-over-year

ADJ. EBITDA

~$65 million

~$72M improvement over 2025

Key Drivers

Diagnostics:

-Continued strong oncology volumes, along with improving ASPs

- Normalization of Hereditary growth rates after lapping 2025 share gains

Data & Applications

-Executing on existing agreements

-Continued expansion of relationships to expand visibility for 2027 and 2028+

Key Drivers

-Revenue growth resulting in significant increase in gross profit, of which only a portion is being invested back into the business

Balance Sheet Items

Use of proceeds from May 2026 $400M convertible note offering will save $30M+ annually in interest expense, ***allowing us to achieve positive free cash flow by ~Q4 2026***

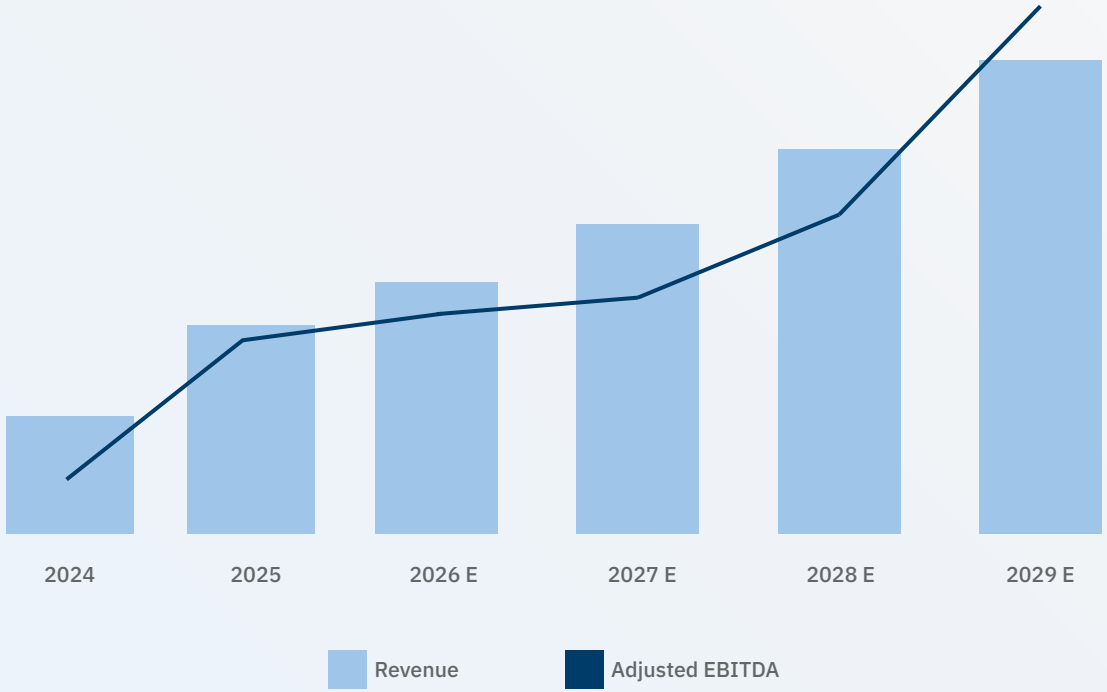
Our revenue and adjusted EBITDA guidance reflect targets and are therefore noted to be approximate values. Given the unique nature of our business, it is difficult to predict these numbers with complete accuracy; as such, the word "approximately" implies a modest range.

Balancing near-term reinvestment with long-term Adjusted EBITDA expansion

We **expect 25% top-line growth over the next 3 years** supported by continued strength in Diagnostics and expanding scale in our Data and Applications business.

Over the next several years, we plan to reinvest the majority of incremental gross profit growth to accelerate platform expansion, while **still generating meaningful Adjusted EBITDA and free cash flow**.

As the platform matures, we expect increasing operating leverage to allow a greater portion of growth to flow to adjusted EBITDA.



Illustrative long-term framework; does not constitute formal financial guidance

Takeaways

Diagnostics Continuing to Gain Market Share: Integrated technology platform is driving high growth in CGP with sustainable momentum

Comprehensive MRD Solutions for Every Patient: Our tumor-informed and tumor-naive offerings span the continuum of care and are deeply integrated into our connected & comprehensive oncology portfolio

Data-Driven Innovation: Our integrated platform generates a powerful, compounding data moat that fuels proprietary precision diagnostics and biopharma research

Accelerating Drug Development with AI Insights: Our expanding biopharma partnerships leverage our multimodal data and modeling capabilities to optimize and accelerate therapeutics development resulting escalating TCV

Foundation Models Unlocking Insights: Our Foundation model efforts are just beginning to deliver diagnostic and drug discovery and development insights. With more coming, this should increase the moat around our main businesses

Momentum in Revenue Growth and Accelerating Path to Profitability: Company poised for sustainable growth with improving economics, reaching free cash flow positivity in ~Q4 2026

TEMPUS

Financials Q&A

Email *investorrelations@tempus.com*
to submit a question virtually

This is the future of precision medicine.

This is Tempus.

Reporting Overview

DIAGNOSTICS:

Oncology + Hereditary + Other Dx

- **CGP**
  xT, xF, xR, xE
- **MRD**
  xM, xM NeXT
- **Germline**
  xG
- **Inherited Risk**
  Ambry
- Pharma Sequencing

DATA & APPLICATIONS:

Insights + Applications

- **Data Licensing**
  Customers who want our data or want access to our analytic tools
  Lens
- **AI Modeling**
  Leveraging our data to build proprietary models
- Next
- TIME
- Algos