natera™ | **Signatera™**
Residual disease test (MRD)

1234567-2-X
Please place collection kit barcode here.

Date of Blood Collection (MM/DD/YY):

Inquiries: 1.650.489.9050 When completed Fax to: 1.650.412.1962 or Email to: signateracc@natera.com

1. PATIENT INFORMATION

Patient Last Name | Patient First Name | Date of Birth (MM/DD/YY) | ☐ F ☐ M Biological Sex

Patient Email | Cell Phone | MR Number

Address | City | State | Zip

PATIENT ACKNOWLEDGEMENT: By my signature I acknowledge that I have read and agreed to the following and to the Patient Acknowledgment for testing on the back page.

New York residents must check this box ☐ and sign below to permit Natera to use their samples for research and development; otherwise, their samples will be discarded within 60 days of testing.

By providing the information included herein, I understand and agree I may be contacted via, e.g., e-mail, or cellular or home phone, by text message, automatic telephone dialing system, or computer assisted technology for treatment options, billing/collection matters, and health-related products, services, or studies.

I understand that my/my child's treatment, payment, enrollment, or eligibility for benefits is not conditioned on my providing such consent, and I may opt out at any time or by checking this box ☐.

☐ I hereby authorize Natera, Inc. to obtain my/my child's pathology specimens from the institution named below.

Patient/Guardian Signature | Date

2. PAYMENT INFORMATION

Bill To: ☐ Medicare ☐ Self-pay ☐ Insurance ☐ Natera Employee

Please attach front and back of insurance card.

Insurance Company | Member ID | Group Number

3. TEST ORDER OPTIONS — REQUIRED

Blood draw(s) to be managed by: ☐ **Natera (i.e. Mobile Phlebotomy)** **OR** ☐ **Clinic** **Notes:**

SIGNATERA – BESPOKE ctDNA ASSAY

RECURRING ORDER PROGRAMS ***NOTE: Recurring orders expire 6 months from date of order***

☐ CRC Monitoring Program (Stage II - III CRC only) ***OR*** ☐ Immunotherapy Monitoring Program
Draw every: ☐ 4 weeks ☐ 6 weeks

☐ **Single Test Order** (ABN may be required)
☐ Patient will receive immunotherapy

ALTERA – TUMOR PROFILING ANALYSIS (Can be ordered with or without Signatera)

☐ **Altera** — Whole exome sequencing and RNA fusions with matched normal

For additional test ordering information and draw cadence, see back of page

4. PATIENT HISTORY

☐ **Most recent progress/clinical note attached (NOTE: If recent progress/clinical note is not attached, it may delay test results)**

Cancer Type/Subtype: ☐ Colon ☐ Rectal ☐ Breast ☐ Lung ☐ Bladder ☐ Other Subtype

Date of Diagnosis (MM/DD/YY) | Date of Surgery (MM/DD/YY) | ECOG Rating (0-4) | Recent Imaging: Date and Key Findings (e.g. CR, PR, SD, PD)

Stage at Original Diagnosis: ☐ I ☐ II ☐ III ☐ IV

History of Recurrence: ☐ Yes ☐ No

Current Status: ☐ Active disease ☐ No evidence of disease

Patient Status:
☐ In-patient – Date of Discharge ☐ Out-patient ☐ Non-Hospital Patient ☐ Office/Clinic

ICD-10 CODE (REQUIRED): , , ,

***Please note Signatera can only be performed on solid tumors at this time.**

5. PATHOLOGY (SKIP IF SUBSEQUENT TEST)

☐ **Pathology report attached**

Tissue Collection Date (MM/DD/YY)

Accession # / Block ID #

Please provide most abundant malignant tissue

Pathologist's Name / Contact | Pathology Department Name

Address | City | State | Zip

Email | Telephone | Fax

6. ORDERING CLINICIAN

Clinic or Organization | Additional Report Recipient | Fax

Ordering Clinician | NPI Number

Telephone | Fax

Address

City | State | Zip

STATEMENT OF MEDICAL NECESSITY: I confirm the testing ordered herein is medically necessary and this patient/patient's guardian has been informed of the details of the genetic test(s) ordered, including the risks, benefits, and alternatives, and has consented to testing as may be required by law, including NY CVR §79-l, as applicable.

Ordering Clinician / Authorized Signature | Date

☐ I hereby authorize the pathology laboratory, listed in section 5, to release the patient's FFPE tissue to Natera.

CONTINUED ON BACK

CONTRAINDICATIONS

Testing cannot be preformed in patients who:

- **Have concurrent malignancies**
- **Are pregnant**
- **Have a history of allogeneic bone marrow transplant**
- **Have a history of blood transfusions within three months**

BLOOD DRAW MANAGEMENT

Natera Managed:
If "Natera" is selected, you direct Natera to contact the patient directly and arrange for blood draws through their phlebotomy network. A Natera representative will reach out to your clinic to confirm blood draw date(s) and kits will be shipped directly to the patient.

Clinic Managed:
If "Clinic" is selected, you are indicating that the patient's blood draws & scheduling will be managed by your clinic. A Natera representative will reach out to your clinic to confirm blood draw date(s) and kits will be shipped directly to the patient to bring into the clinic, unless otherwise indicated.

SAMPLE REQUIREMENTS

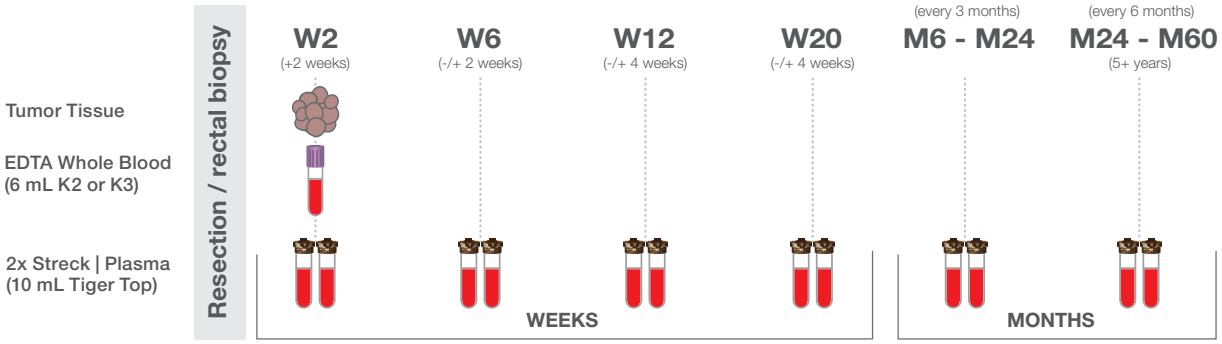
SUBMISSION REQUIREMENTS: 1) Signed order form 2) Pathology Report 3) Most recent progress/clinical note (highly recommended) 4) Copy of insurance card

Sample Type	Initial Signatera order +/- Altera	Signatera follow-on orders	Altera only
Tumor Tissue w/Pathology Report	✓		✓
EDTA | Whole Blood (6mL K2 or K3)	✓		✓
2x Streck | Plasma (10mL Tiger Top)	✓	✓	

FFPE Tumor Tissue: Requires 6-10, 10-micron slides (or comparable amount of tissue) OR a tissue block. BOTH require a contiguous H&E slide.

Note: Please provide the best ***malignant*** tissue available for this patient. Submitting suboptimal samples decreases the likelihood of test success and may lead to requests for additional unstained slides or blocks. When providing slides, please ensure slides are unbaked, unstained & positively charged.

SIGNATERA CRC MONITORING PROGRAM DRAW SCHEDULE



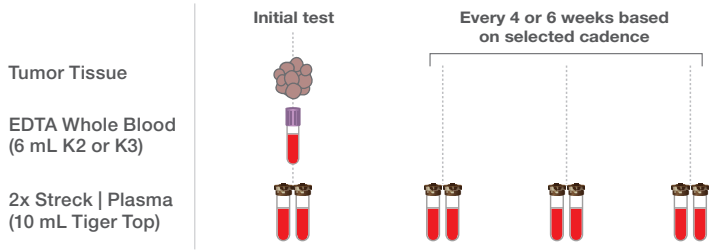
Notes: All initial Signatera testing options require a sample of tumor tissue and one EDTA tube of blood.

Rectal cancer patients may submit pre-surgical sample(s).

CRC Monitoring Program order directs Natera to:

1. Draw and result the 1st blood sample and reach out to the patient to organize a 2nd blood draw approximately 1 month after the 1st sample. (approximately 6-8 weeks post-surgery)
2. Reach out to patient and organize a 3rd blood draw approximately 2 months after 2nd sample. (approximately 12-16 weeks post-surgery)
3. Reach out to patient and organize a 4th blood draw approximately 2 months after 3rd sample. (approximately 20-24 weeks post-surgery)
4. Eligibility and timing of subsequent draws based on date of test order and date of surgery. For patients 6 months post-surgery or later, patients will be scheduled for blood draws approximately every 3 months. For patients 2 years (24 months) post-surgery or later, patients will be scheduled for blood draws approximately every 6 months.

SIGNATERA IMMUNOTHERAPY MONITORING PROGRAM DRAW SCHEDULE



Immunotherapy Monitoring Program order directs Natera to:

1. Draw and result the 1st blood sample, and reach out to patient to organize a 2nd blood draw based on the order schedule cadence specified on the opposite side of this form.

Note: Custom cadence options can be ordered through the Signatera Portal (**oncology.natera.com**) or through the Signatera Customer Experience team by calling **(650) 489-9050.**

ALTERA – TUMOR PROFILING ANALYSIS

Altera is a tissue-based comprehensive genomic profiling assay that leverages whole exome sequencing, whole transcriptome sequencing and germline filtering to confidently detect somatic variations including fusions, SNV's, CNV's, Indels, TMB and MSI, and their established associations with relevant available therapies and clinical trials into a single report.

PATIENT ACKNOWLEDGEMENT (READ AND SIGN THE FRONT OF THIS PAGE)

I have been informed of and understand the details of the test ordered herein for me by my/my child's health care provider, including the risks, benefits, and alternatives, and have consented to testing. I understand that the test results may inform me of a medical condition that may require medical follow-up. I also understand that a negative result does not rule out the possibility of such medical condition. I authorize Natera or other provider to share the information on this form and my/my child's test results with my/my child's insurer/health plan ("plan") on my/my child's behalf, with all benefits of my/my child's plan made payable directly to Natera or other provider. I understand that I am responsible for (a) costs not paid by my/my child's plan directly to Natera for tests ordered, including, without limitation, any copayments, deductibles, or amounts deemed 'patient responsibility' and (b) any amounts paid to me by my/my child's plan. This testing will not be covered by my/my child's plan if it is outside of the plan's coverage guidelines or deemed not medically necessary – (e.g. where prior authorization is required but not obtained) and I will be responsible for the cost of such testing. I assign to Natera the right to appeal on my/my child's behalf negative coverage decisions made by my/my child's plan and to assert all rights and claims reserved to me/my child as the beneficiary thereof. The information obtained from my/my child's tests may be used in scientific research, publications or presentations, but my/my child's specific identity will not be revealed. Natera may contact my/my child's healthcare provider to obtain more information regarding clinical correlation and confirmatory testing. My/my child's leftover samples may be de-identified, including those specimens obtained from other institutions with my consent, and used for research and development. I and my heirs will not receive payments, benefits, or rights to any resulting products or discoveries. If I do not want my/my child's samples used for research and development purposes, I will send a request in writing to Natera Sample Retention Department at the address below within 60 days after test results have been issued and my/my child's samples will be destroyed.