Testing cannot be performed in patients who are pregnant or have a history of allogeneic bone marrow transplant.

**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: FIRST TIME PATIENT DRAW**

**Blood Sample:** Two 10mL Tiger-top Streck Cell-Free DNA BCT® blood tubes

PLUS

One 6mL Lavender-top BD Vacutainer® K2 EDTA blood tube (K3 EDTA blood tube also accepted)

FFPE 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.

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

**SAMPLE REQUIREMENTS: ALL SUBSEQUENT DRAWS**

**Blood Sample:** Two 10mL Tiger-top Streck Cell-Free DNA BCT® blood tubes

**Submission Requirements:**
1) Signed order form  2) Most recent progress/clinical note (highly recommended)  3) Copy of insurance card

**SIGNATERA CRC / ADJUVANT & SURVEILLANCE DRAW SCHEDULE**

<table>
<thead>
<tr>
<th>Tissue (TUMOR)</th>
<th>EDTA</th>
<th>Whole Blood (6mL K2 or K3)</th>
<th>2x Streck</th>
<th>Plasma (10mL Tiger Top)</th>
</tr>
</thead>
</table>

**CRC Adjuvant Program**
(Post-surgery observation or adjuvant chemotherapy)

<table>
<thead>
<tr>
<th>WEEKS</th>
<th>MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>W2 (+2 weeks)</td>
<td>M6</td>
</tr>
<tr>
<td>W6 (+/- 2 weeks)</td>
<td>M9</td>
</tr>
<tr>
<td>W12 (+/- 4 weeks)</td>
<td>M12</td>
</tr>
<tr>
<td>W20 (+/- 4 weeks)</td>
<td>M15</td>
</tr>
</tbody>
</table>

Adjuvant Program recurring order directs Natera to:
1. 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 and/or definitive treatment

**CRC Surveillance Program**
(≥6 months post-surgery)

<table>
<thead>
<tr>
<th>WEEKS</th>
<th>MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>W2 (+2 weeks)</td>
<td>M6</td>
</tr>
<tr>
<td>W6 (+/- 2 weeks)</td>
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<td>M12</td>
</tr>
<tr>
<td>W20 (+/- 4 weeks)</td>
<td>M15</td>
</tr>
</tbody>
</table>

Surveillance Program recurring order directs Natera to:
1. Result the 1st blood sample, and reach out to patient to organize a 2nd blood draw based on the order schedule specified on the opposite side of this form.

**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 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 test results with my insurer/health plan (“plan”) on my behalf, with all benefits of my plan made payable directly to Natera or other provider. I understand that I am responsible for (a) costs not paid by my 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 plan. This testing will not be covered by my 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 behalf negative coverage decisions made by my plan and to assert all rights and claims reserved to me as the beneficiary thereof. The information obtained from my tests may be used in scientific research, publications or presentations, but my specific identity will not be revealed. Natera may contact my healthcare provider to obtain more information regarding clinical correlation and confirmatory testing. My leftover samples may be de-identified 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 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 samples will be destroyed.

Natera, Inc.  |  201 Industrial Road, Suite 410  |  San Carlos, CA 94070  |  signateraccl@natera.com  |  1-650-489-9050  |  Fax 1-650-412-1962  |  NAT-802204