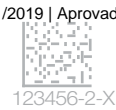


Signatera
Residual disease test (MRD)



Please place collection kit barcode here.

PATIENT INFORMATION

<input type="text"/>		<input type="text"/>	
Patient Last Name		Patient First Name	
<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="text"/>	
Date of Birth (DD/MM/YY)		Biological Sex	
<input type="text"/>		<input type="text"/>	
Address		Country	Telephone
<input type="text"/>	City	<input type="text"/>	<input type="text"/>

ORDERING CLINICIAN

<input type="text"/>			<input type="text"/>		
Clinic or Organization			Ordering Clinician		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Natera® LIMS ID	Telephone	Fax	Address		
<input type="text"/>			<input type="text"/>		
Email			City	Country	
<input type="text"/>			<input type="text"/>	<input type="text"/>	

I hereby authorize the pathology laboratory listed below to release the patient's FFPE tissue to Natera.

SIGNATERA™ TEST ORDERING - MUST CHECK ONE

SIGNATERA INITIAL TEST	Sample Requirements: FFPE Tissue: Requires 6-10, 10-micron slides (or comparable amount of tissue) OR a tissue block. BOTH require a contiguous H&E slide.	<input type="text"/>
	Blood Sample: Two 10mL Streck tubes, PLUS one 6mL EDTA tube	Initial Date of Blood Collection (DD/MM/YY)
SUBSEQUENT TEST	Sample Requirements: Blood Sample: Two 10mL Streck tubes	Subsequent Date of Blood Collection (DD/MM/YY)
		<input type="text"/>

PATIENT HISTORY (PROVIDE MOST RECENT PROGRESS REPORT)

Cancer Type/Subtype: Local or Regional CRC Breast Lung Bladder Other _____ Subtype _____

Date of Diagnosis (DD/MM/YY) Date of Surgery (DD/MM/YY) ECOG Rating (1-4) Recent Imaging: Date and Key Findings (e.g. CR, PR, SD, NR)

Stage: I II III IV Recurrent Metastatic

Most recent clinical note attached

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

PATHOLOGY (SKIP IF SUBSEQUENT TEST)

Pathologist is ordering physician **Pathology report attached:** Yes No

Pathologist Name Institution Name Address

City Country Telephone Fax

Email Tissue Collection Date (DD/MM/YY) Block Identifier (e.g. "Block A-left") Slide Thickness Surgical ID Number

DISPOSITION OR RETENTION OF SAMPLES

Laboratory (Reseller) represents and confirms that the patient has given informed consent in compliance with applicable law to Natera's following sample disposition or retention policy: PATIENT UNDERSTANDS AND CONSENTS THAT: (i) her/his sample will be sent to the United States for performance of the test; (ii) Natera may retain the patient's leftover, de-identified samples to use for medical and technology advancement, research & development, product validation and quality assurance, independently or in collaboration with third-party partners, either in or outside the United States; and (iii) patient and patient's heirs will not receive any payments, benefits, or rights to any resulting products or discoveries.