The Envisia Genomic Classifier is a new genomic test that aids your physician in differentiating between idiopathic pulmonary fibrosis (IPF) and other interstitial lung diseases (ILD), without having to do a surgical lung biopsy.

Envisia detects a genomic pattern of usual interstitial pneumonia (UIP), which helps to predict IPF.

The test results enable your doctor to more confidently diagnose and treat your condition.

The test analyzes lung tissue samples collected during a transbronchial biopsy (TBB), a nonsurgical procedure commonly used to diagnose lung diseases.

HOW THE ENVISIA TEST WORKS

Your doctor collects 3–5 tissue samples during a transbronchial biopsy (TBB) and sends them to the lab.

The test looks at 190 genes commonly associated with fibrosis or inflammation.

The results indicate either positive or negative for usual interstitial pneumonia (UIP), which helps guide next steps.
Veracyte Access Program

PROGRAM DETAILS

Because our testing may resolve important medical decisions, Veracyte is committed to providing all patients with access to our innovative and actionable genomic tests, regardless of their personal financial situation.

+ For Medicare patients, there is no copayment
+ For privately insured patients, copay is determined by the individual plan
+ The Veracyte Access Program provides financial support for both uninsured and commercially insured patients with financial need

If you have any questions regarding your Veracyte bill, insurance Explanation of Benefits (EOB) or eligibility, please contact a Veracyte Customer Care representative rather than your healthcare provider.

We are here to help at 844.464.LUNG (844.464.5864) or support@veracyte.com

To learn more about Envisia, visit veracyte.com/lung.

APPLY FOR VERACYTE ACCESS

Submit application within 12 months of Veracyte test date to ensure eligibility.

1. Complete the Veracyte Access application at right.
2. Include proof of income. Examples: Two recent pay stubs, W-2 or IRS Form 1040
3. Sign and date the Veracyte Access application.
4. Send application and documents to:
   Veracyte: Veracyte Access Program
   6000 Shoreline Court, Suite 300 South San Francisco, CA 94080
   or fax to 650.243.6388

About the patient

Last name __________________________ First name __________________________
Street address __________________________ Apt.
City __________________________ State __________ ZIP __________
Phone __________________________ Date of birth (mm/dd/yyyy) __________
Name of ordering physician __________________________

If I do not have insurance, I certify that I am not eligible for Medicare, Medicaid or any other government health insurance, and will not seek reimbursement from any insurance carrier or government agency for fees waived by Veracyte, Inc.
I certify that the information provided is true and accurate. I have read and understand the Veracyte Access Program requirements. I understand and agree that Veracyte, Inc. reserves the right at any time and without notice to modify or terminate this Program, and to audit the information provided on or enclosed with this application.

Patient signature __________________________ Date __________

About the patient’s household

Number of people in the household, including dependents: □ 1 □ 2 □ 3 □ 4 □ Other
Gross annual household income __________________________

Proof of patient’s household income

Proof of total household income included (choose one)
□ Two recent pay stubs □ W-2 □ IRS Form 1040 □ Other
Proof of United States citizenship or residency included (choose one)
□ Social Security number (write) __________________________
□ U.S. passport (copy) □ Green card (copy)

VERACYTE ACCESS ELIGIBILITY FOR U.S. RESIDENTS*

Patient’s household income¹ must be less than these amounts to qualify for 100% reduction²

<table>
<thead>
<tr>
<th>Household of 1 person</th>
<th>$48,240</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household of 2 people</td>
<td>$64,960</td>
</tr>
<tr>
<td>Household of 3 people</td>
<td>$81,680</td>
</tr>
<tr>
<td>Household of 4 people</td>
<td>$98,400</td>
</tr>
</tbody>
</table>

Add $16,720 for each additional person

Patient’s household income¹ must be within these amounts to qualify for 75% reduction³

<table>
<thead>
<tr>
<th>Household of 1 person</th>
<th>$48,241 – $60,300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household of 2 people</td>
<td>$64,961 – $81,200</td>
</tr>
<tr>
<td>Household of 3 people</td>
<td>$81,681 – $102,100</td>
</tr>
<tr>
<td>Household of 4 people</td>
<td>$98,401 – $123,000</td>
</tr>
</tbody>
</table>

Add $20,900 for each additional person

*Non-U.S. residents are not eligible for assistance. Household incomes stated apply to 48 contiguous states and D.C.
†Number of dependents and personal exemptions claimed for tax filings
‡Based on all income in the prior calendar year by any source before deductions
§Relates to what percent of the payment due is reduced

*6000 Shoreline Court, Suite 300
  South San Francisco, CA 94080
  T 844.464.LUNG (844.464.5864)
  T +1.650.243.6335 (International)
  F 650.243.6388
  E support@veracyte.com

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