

The Prosigna[®] Breast Risk of Recurrence Test

The Prosigna test helps you and your doctor better understand your breast cancer and decide on the treatment that may be right for you. It provides important information about:

- The unique biology of your tumor
- The chance that your cancer could return over the next 10 years
- Whether chemotherapy is likely to benefit you

The Prosigna test is for patients with hormone receptor-positive (HR+) breast cancer.

Ask your doctor if the Prosigna test is right for you.

Veracyte Customer Care is available to answer your questions by phone or email, Monday through Friday from 5:30am–5:00pm PT

888.923.4762 | support@veracyte.com | [veracyte.com](https://www.veracyte.com)



Here's how the Prosigna test works



Step 1: Prosigna request

Your physician will order the Prosigna Risk of Recurrence Test.



Step 2: Tissue sample

Samples from your tumor, that were taken during your biopsy or surgery, are sent to Veracyte's laboratory in San Diego, CA.



Step 3: Prosigna analysis

The samples are prepared and the Prosigna test is performed.



Step 4: Prosigna report

The Prosigna test results are given to your doctor. The Prosigna report provides an accurate assessment of the likelihood your cancer will return, and whether you may safely avoid chemotherapy.

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The Veracyte[®] Access Program – making the Prosigna[®] test accessible to eligible patients is our priority.

Veracyte is committed to providing patients with access to the Prosigna test, regardless of their personal financial situation.

Broad coverage

Covered by many commercial payers throughout the country.

Commitment to patient access

The Veracyte Access Program can help reduce out-of-pocket costs for eligible uninsured and commercially insured patients. Please review table to the right to assess eligibility.

People in home	\$0 cost to patient if income is less than:	\$100 cost to patient if income is less than:	\$295 cost to patient if income is less than:
1	\$46,950	\$54,775	\$62,600
2	\$63,450	\$74,025	\$84,600
3	\$79,950	\$93,275	\$106,600
4	\$96,450	\$112,525	\$128,600
5	\$112,950	\$131,775	\$150,600
2025 maximum household income*			

Received an EOB Letter?

You may receive an EOB (Explanation of Benefits) letter from your insurance company stating that Veracyte has submitted a claim to your insurance for reimbursement. *This is not a bill.*

* Veracyte Access Program eligibility is based on total annual household income, insurance status, and household size. Some eligibility restrictions apply. Veracyte offers certain Prosigna tests at a reduced cost to eligible applicants except where otherwise restricted. Residents of the United States, District of Columbia and Puerto Rico are eligible to apply. Veracyte Access Program does not constitute health insurance. You must meet certain income requirements set forth above. We may request documentation to verify your income, including recently filed tax returns and other supporting documentation. By requesting assistance, you certify, to the best of your knowledge, that you are eligible for assistance and that you have insufficient financial resources to pay for the ordered test. We may discontinue or change this program at any time for any reason without notice.

Apply for the Veracyte Access Program

Submit application within twelve months of Prosigna test date to determine eligibility.

Instructions

1. Complete the Veracyte Access Program application on this page.
2. Sign and date the Veracyte Access Program application.

Send completed application to:

 patientfinancialservices@veracyte.com

 866.524.5768

If unable to email or fax, mail to: Veracyte Access Program, P.O. 511406, Los Angeles CA 90051

Detach here

About the patient

<input type="text"/>	
Last name	First name
<input type="text"/>	
Street Address	City, State, ZIP
<input type="text"/>	
Phone	Date of birth (mm/dd/yyyy)

About the patient's household

Number of people in the household, including dependents

1 2 3 4 Other

Gross annual household income

I understand that I am providing written permission for Veracyte, Inc. to obtain information from financial reporting agencies or other sources to verify my eligibility for the Veracyte Access Program. I authorize Veracyte to obtain such information solely to determine Veracyte Access Program eligibility.

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 Prosigna Analysis 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