

TrueMRD™ Monitoring Test for MIBC

The TrueMRD Monitoring Test for Muscle-Invasive Bladder Cancer (MIBC) helps you and your doctor understand whether cancer cells may still be present in your body after treatment, known as minimal residual disease (MRD). The test can provide information that may not always be detected by standard imaging to help your doctor guide follow-up care.

The TrueMRD for MIBC test is for patients with clinical stage T2-T4 muscle-invasive bladder cancer.

Ask your doctor if the TrueMRD for MIBC 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 | customer care@veracyte.com | [veracyte.com](https://www.veracyte.com)



Frequently asked questions about the TrueMRD for MIBC test



Who orders the TrueMRD for MIBC test?

Your physician or healthcare provider will order the test.



What is needed to perform the test?

TrueMRD for MIBC uses archived tumor tissue from your transurethral resection of bladder tumor (TURBT) and blood collected 2-4 weeks after treatment.



How does the TrueMRD for MIBC test work?

The test creates a TrueMRD Personalized Signature, like a genome-wide molecular fingerprint specific to your tumor. It then uses blood tests over time to detect whether pieces of that tumor DNA are present over a set threshold.



How do I get my test results?

Your doctor will receive the test results, which will indicate whether your MRD status is positive or negative. They will review the report with you and discuss how it may guide your treatment.

We are committed to making the TrueMRD Monitoring Test for MIBC accessible for eligible patients

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

Commitment to patient access

The Veracyte Access Program can help reduce out-of-pocket costs for eligible uninsured and commercially insured patients. Please review the 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
2026 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.*

* The Veracyte Access Program eligibility is based on total annual household income, insurance status, and household size. Some eligibility restrictions apply. Veracyte offers certain TrueMRD 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. The 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.

Detach here


Apply for the Veracyte Access Program


Submit application within twelve months of testing 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

About the patient

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

About the patient's household

Number of people in the household, including dependents	<input type="text"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other	Gross annual household income
	<input type="text"/>

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 TrueMRD Analysis fees waived by Veracyte.

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 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