

Patient + Provider Discussion Guide



Print and share this guide with your healthcare provider.

Talk to your provider about whether the Galleri® test is right for you.

Who is the Galleri multi-cancer early detection test for?

- The Galleri test is recommended for adults with an elevated risk for cancer, such as those age 50 and older.
- The Galleri test is available by prescription only.
- Use of the Galleri test is not recommended in individuals who are pregnant, 21 years old or younger, or undergoing active
 cancer treatment.

Topics to discuss with your healthcare provider

The following lifestyle factors and health conditions may increase your risk for cancer. Check all that apply to you and discuss these with your provider.^{1,2,3}

- ☐ Age 50 years or older
- Personal history of cancer
- ☐ Current smoker or history of smoking
- □ Obesity
- □ Diabetes
- □ Alcohol
- □ Sun exposure
- ☐ Family history (e.g., parent, sibling, child)
- ☐ Hereditary genetic predisposition (e.g., BRCA 1/2)

- ☐ Occupational and toxic exposures (e.g., burn pits, asbestos)
- ☐ Environmental exposures (e.g., radon, pollutants)
- ☐ Autoimmune chronic inflammatory conditions (e.g., IBD, asthma)
- ☐ Nonautoimmune chronic inflammatory conditions (e.g., cirrhosis, chronic hepatitis B/C)
- ☐ Immunodeficiencies (e.g., primary or viral, such as HIV or HPV)
- ☐ Solid organ transplant
- Share your concerns about cancer and why early detection is important to you.
- Express your interest in the Galleri test and ask if it is right for you.

Pricing — The Galleri test has a list price of \$949

TO RECEIVE \$150 OFF (\$799 self-pay test price), your provider must select *Bill to Patient (Self-pay)* on the Galleri test requisition form. Speak to your provider to determine if they have a different price for the Galleri test in their practice.

- Most health insurance plans do not cover the Galleri test.
 - » TRICARE® a health insurance program for US military members, veterans, and their families now covers the Galleri test for eligible beneficiaries ages 50 and older with an elevated risk for cancer. To learn more, visit <u>Galleri.com/TRICARE</u>.
- The Galleri test may be FSA/HSA eligible. Please check with your plan administrator to confirm your eligibility.

To make the Galleri test more accessible, a variety of payment options are available. Learn more about 0% interest payment plans and other options at <u>Galleri.com/cost</u>.

Important Safety Information: The Galleri test is recommended for use in adults with an elevated risk for cancer, such as those age 50 or older. The test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. The Galleri test is intended to detect cancer signals and predict where in the body the cancer signal is located. Use of the test is not recommended in individuals who are pregnant, 21 years old or younger, or undergoing active cancer treatment. Results should be interpreted by a healthcare provider in the context of medical history, clinical signs, and symptoms. A test result of No Cancer Signal Detected does not rule out cancer. A test result of Cancer Signal Detected requires confirmatory diagnostic evaluation by medically established procedures (e.g., imaging) to confirm cancer. If cancer is not confirmed with further testing, it could mean that cancer is not present or testing was insufficient to detect cancer, including due to the cancer being located in a different part of the body. False positive (a cancer signal detected when cancer is not present) and false negative (a cancer signal not detected when cancer is present) test results do occur. Rx only.

Laboratory/Test Information: The GRAIL clinical laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and accredited by the College of American Pathologists. The Galleri test was developed — and its performance characteristics were determined — by GRAIL. The Galleri test has not been cleared or approved by the Food and Drug Administration. The GRAIL clinical laboratory is regulated under CLIA to perform high-complexity testing. The Galleri test is intended for clinical purposes.

Information for your healthcare provider



Nearly 70% of cancer-related deaths⁴ are caused by cancers that don't have recommended screenings.^{4*}



Only 5 out of >100 known cancer types⁵ have recommended screening options: breast, colorectal, cervical, lung (for those at risk), and prostate.⁶

*Assumes screening is available for all prostate, breast, cervical, and colorectal cancer cases and 43% of lung cancer cases (based on the estimated proportion of lung cancers that occur in screen-eligible individuals older than 40 years).



The Galleri multi-cancer early detection test screens for many of the deadliest cancers, including those with no recommended screening today. Visit Galleri.com/50cancers to learn more.

~400,000 tests completed⁷ 15,000+ prescribing physicians in the US⁸

Test performance validated through large-scale, completed, and ongoing clinical studies with 380,000+ participants^{9,10}



>7x more cancers detected

When adding the Galleri test to routinely recommended single-cancer screenings (breast, cervical, lung, colorectal).^{11†}



Low false positive rate

Optimized for high specificity (99.6%) with a false positive rate of 0.4% to minimize unnecessary imaging and medical procedures.^{11*}

†USPSTF A and B rating, based on the first ~25,000 participants with 1 year of follow-up

 \pm Based on the first ~25,000 participants with 1 year of follow-up.

There are 2 possible test results:



No Cancer Signal Detected

This result means DNA fragments associated with cancer were not found in the blood sample. The test does not detect all cancers and not all cancers can be detected in the blood. This result does not completely rule out the possibility of cancer.

Next steps: Continue with routine cancer screenings.



Cancer Signal Detected

This result means DNA fragments often associated with cancer were found in the blood sample. This result will also include a prediction of the tissue type or organ associated with the cancer signal, called a **Cancer Signal Origin**. 5,12

Next steps: This result is not a cancer diagnosis and requires follow-up diagnostic testing, which may include lab work or imaging to confirm cancer.

The Galleri test does not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur. The Galleri test should be used in addition to healthcare provider recommended screening tests. See Important Safety Information on the previous page.

If the Galleri test is right for your patient to order:





To schedule a blood draw with a GRAIL partner laboratory, patients can visit $\underline{\text{Galleri.com/schedule}}$

Receive the results

The results will be for

The results will be faxed to you about 2 weeks after receiving the sample at the GRAIL laboratory.

Learn more:



Galleri.com/hcp

customerservice@grail.com

833-MY-GALLERI (833-694-2553)

References: 1. American Cancer Society. Cancer facts & figures 2025. https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2025-cancer-facts-figures.html
2. Cong Z, et al. Elevated cancer risk among individuals with combinations of cancer-related risk factors: a large claims database analysis [poster]. ASCO Annual Meeting; 2023 Jun
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Number of tests. [Data on file: GR-2025-0251] 8. Number of customers. [GRAIL, Inc. Data on file: GA-2024-0230] 9. GRAIL, Inc. Sponsor/Collaborator: GRAIL, Inc. ClinicalTrials.gov [cited
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11. Nabavizadeh N, et al. Safety and performance of MCED test in an intended-use population: initial results from the registrational PATHFINDER 2 study [proffered presentation]. ESMO
Congress; 2025 Oct 17-21; Berlin. 12. Schrag D, et al. Lancet. 2023;402(10409):1251-60.



Welcome

Thank you for choosing Galleri, the first-of-its-kind multi-cancer early detection test.

Complete and fax this form

Please ensure the patient information, email, and address are correct and legible: the Galleri kit will be shipped to the patient.

Fax the completed Test Requisition Form (TRF) with cover sheet to this number:

650-999-9000

2 Expect a fax confirmation

Once we receive your order and verify your information, we will fax you a confirmation and your patient will receive a kit within a week.

→ Your test order is not placed until you receive a confirmation from us.

What to know

- GRAIL partners with labs nationwide for blood draw services.
 Your patient will be given information about convenient scheduling options when the collection kit arrives (Galleri.com/schedule).
- If you have a different price for the Galleri test in your practice, discuss the best option for your patient. The list price of the Galleri test is \$949. For your patient to receive \$150 off (\$799 self-pay test price), select Bill to Patient (Self-pay) on the Galleri Test Requisition Form. Blood draw services are included in the price of the test when a Galleri partner lab is used.
- Your patient will be billed directly, once their sample has been processed and the results are made available. Please DO NOT provide a patient's credit card information. We will work with your patient directly to collect this information securely.
- Results will be sent to you via fax to the number indicated on the TRF.





Reminder

Your patient is required to bring a completed TRF with them to their blood draw appointment.

We will send them a copy of the completed TRF via email. Please ensure the patient email address is correct on the form.

Contact GRAIL Customer Service



Galleri.com customerservice@grail.com



833-MY-GALLERI (833-694-2553)



FAX: 650-999-9000



Fax Cover

Fill in the blank fields below, and fax it along with the fully completed Test Requisition Form (TRF) to GRAIL Customer Service at 650-999-9000.

Date:

Number of Pages (including cover sheet):

Recipient Information

To: GRAIL Customer Service

FAX Number: 650-999-9000

Sender Information

From:

Re: New Provider Galleri Order via TRF

FAX Number:

Phone Number:

Message:

CONFIDENTIAL INFORMATION ENCLOSED

STATEMENT OF CONFIDENTIALITY: This facsimile message contains private, privileged, and confidential information intended only for the sole use of the intended individual or entity named above. If the reader of this message is NOT the intended recipient, you are hereby notified that any review, use, dissemination, distribution, sharing, disclosure, or copying of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify us by telephone at 650-771-9752 and destroy the original message. Thank you.



Test Requisition Form

ORDER ID	GRAIL ID
Expiration:	
Internal Use Only	Write

	GRAIL ID
-	
-	Write in the GRAIL ID above or place the TRF label here

	•				
SPECIMEN INFORMATION Galleri® is a multi-cancer screening test and is recommended for use in adults with an					
	ction Date (MM/DD/YYYY) Time (24-hour)	elevated risk of cancer such as those age 50 years and older. The use of the Galleri test is not recommended in individuals who are pregnant, 21 years old or younger, or undergoing			
wo 10mL Whole Blood, cfDNA Streck ICT* Blood Collection Tubes. Interest in Individuals who are pregnant, 21 years old or younger, or undergoing active cancer treatment.					
PATIENT INFORMATION		PATIENT'S CLINICAL INFORMATION			
Patient's First Name MI	Patient's Last Name	ICD-10 codes	Patient Clinical History (Optional)		
		1 2 3	Risk Factors for Cancer E.g. active smoking (or quit in the last 10 years) or exposure		
Date of birth (MM/DD/YYYY) Sex Assigned	at Birth MRN / Other ID	Check if applicable	and the state of t		
Male Male	Female	Solid organ Bone marrow transplant			
Street Address		Check if applicable (for information purpose only	Prior History of Cancer		
		Cancer survivor Cancer suspicion wit Signs or Symptoms	•		
City	State ZIP Code	Active cancer with			
		or without treatment	Family History of Cancer		
Phone Number Ship a sp	ecimen collection kit to this Patient?	Comments	Cancer type and relationship; hereditary cancer syndrome		
Yes	Yes, to a different address (add to the comments)				
Email address					
PROVIDER INFORMATION					
Ordering Provider's NPI (first-time order only)	GRAIL Account ID (if available)	Provider attestation I attest that the patient has been informed about the purp.	and limitations of Calleri and use of their namels		
		and health information. I obtained from the patient author	zation for the: performance and billing of Galleri, and		
Ordering Provider's First Name Orde	irst Name Ordering Provider's Last Name the disclosure to and indefinite retention and use by GRAIL, Inc. (GRAIL) and any third parties of the patient's de- identified sample, health information, and test result for research, product development, and quality-related				
	purposes. I certify the following: I am authorized to order this test (or was delegated authority by an author				
Clinic / Hospital Location Name		patient's care. I agree to provide to GRAIL all patient infor	mation necessary for billing, and any related clinical		
follow-up information for product-or quality-related purposes. Street Address In addition, I attest that the patient has been informed of the following:					
Street Address		If Calleri is hilled to the nationt's health insurer or	CRAIL may share test recults and nations		
City	State ZIP Code	plan, it may not be covered. The patient may be	information with the insurer or plan, and the		
City	State ZIP Code	responsible for any amounts not paid by the plan ar by submitting patient's credit card information on			
this form, the patient authorizes GRAIL to charge Provider / Delegate Signature Phone Number Fax Number their credit card for Galleri.					
) I divinision	2 If the patient does not want their leftover de-			
Email Address		identified sample used as described above, the patient may ask for sample destruction by writing	. I late (MM/DD/VVVV)		
		to the GRAIL Customer Service Department within 60 days after the test results issuance.			
	ate bill type and provide required information				
Bill to Clinic/Employer/Other If	Employer or Other, indicate the Employer/Partnershi	p Program below.			
Employer/Partnership Program (if applicab	ole)				
Bill to Health Insurance If selection	ng this option, attach front and back copy of the insu	urance card(s).			
Primary Insurance Information	Delia Marka (O bas ibas IB	·	omplete prior authorization before ordering		
Insurance Company	Policy Number / Subscriber ID	Group ID Pri	or Authorization Code (if required)		
Relationship to Patient	Policyholder's First Name	Policyholder's Last Name Da	te of Birth (MM/DD/YYYY)		
Self Spouse Other	r olicyholder 3 i list Name	1 olicyffolder 3 East Name	te of Birth (MM/BB/TTH)		
Secondary Insurance Information (if applicable)					
Insurance Company	Policy Number / Subscriber ID	Group ID			
Relationship to Patient	Policyholder's First Name	Policyholder's Last Name Da	te of Birth (MM/DD/YYYY)		
Self Spouse Other	r encytheraet et met Name	Constitution of East Marine			
Son Spouse Striet					
Bill to Patient (Self-pay) Include the patient's email in the Patient Information section above.					
Patient's Credit Card Information © 2021-2025 GRAIL, Inc. Galleri® is a trademark of GRAIL, Inc. All rights reserved. CLAB-FRM-0017 V7.0					
Cardholder's First Name	Cardholder's Last Name] [
		Tel: 833-MY-GALLERI (833-694-2553) Fax: 650-999-9000	LAB USE ONLY		
Credit Card Number (Amex, MC, Visa, Discover	r) Expiration (MM/YY) CVV ZIP (Code Fmails events and a series			

 ${\it Email:} \ \underline{customerservice@grail.com}$

Web: galleri.com