

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.**

To help you screen for more cancers, for a limited time receive **\$150 off the Galleri test list price.***

Use the attached Test Requisition Form to receive the offer.

Who is the Galleri test for?

- The Galleri test is recommended for adults with an elevated risk for cancer, such as those ages 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.^{1,2}

Check all that apply to you and discuss these with your provider.

- ☐ Age 50 years or older
- ☐ Personal history of cancer
- ☐ Current smoker or history of smoking
- ☐ Obesity
- ☐ Diabetes
- ☐ Family history of cancer (first degree relative)
- ☐ Hereditary genetic predisposition (e.g., *BRCA* 1/2)
- ☐ Occupational and toxic exposures (e.g., burn pits, asbestos)
- ☐ Environmental exposures (e.g., alcohol consumption, sun exposure)

Medical conditions:

- ☐ Autoimmune chronic inflammatory conditions (e.g., IBD, asthma)
- ☐ Non-autoimmune chronic inflammatory conditions (e.g., cirrhosis, chronic hepatitis B/C)
- ☐ Immunodeficiencies (e.g., primary or viral, such as HIV or HPV)
- ☐ Solid organ transplantation

- 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 **For a limited time receive \$150 off***

If the Galleri test is right for you, your provider will need to complete the attached test requisition form to receive \$150 off the list price of \$949. A test request and blood draw must be completed between June 10 and July 31, 2025 to take advantage of this offer.

Most health insurance companies do not cover the cost of the Galleri test.

- You may be eligible for a 12-month, 0% interest, flexible payment plan. Call GRAIL Customer Service at 833-694-2553 to learn more.
- The Galleri test may be eligible for FSA or HSA coverage. Check with your plan to confirm eligibility.

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.

*Limited time offer valid only for Galleri test orders placed June 10, 2025, midnight PST through July 31, 2025. Valid for Galleri test orders requested and approved by your independent healthcare provider using the GRAIL-provided Test Requisition Form specifically for this offer. Valid only if the blood draw for the Galleri test is completed by July 31, 2025. Offer does not confirm your eligibility for the Galleri test. Valid only for one-time use on domestic US Galleri test orders only. Offer valid only for a discount off the Galleri test list price (\$949). Offer cannot be: (1) combined or used with any other discount, promotion, special pricing, or payment plan; (2) used to request a credit on a test order placed prior to the offer period; or (3) posted online or on any other publicly available forum. GRAIL reserves the right to change the terms and conditions, substitute an offer of equal or greater value, and end the offer at any time without notice.

Information for your healthcare provider



Around 70% of cancer deaths are caused by cancers without recommended screening.^{3,4*}



Only 5 out of >100 known cancer types have recommended screening options: breast, colorectal, cervical, lung (for those at risk), and prostate.⁴

What is the Galleri test?

The Galleri multi-cancer early detection test screens for many of the deadliest cancers, including those with no recommended screening today.^{3,4,5*} Galleri identifies DNA shed by cancer cells into the bloodstream before symptoms appear⁶ and can be taken annually. In the case of a Cancer Signal Detected result, the test will predict the most likely origin of the cancer signal, helping guide the diagnostic workup.⁶ Visit [Galleri.com/50cancers](https://www.grail.com/50cancers) to learn about what cancers the Galleri test screens for.

*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).

200,000+ tests completed, 11,000+ prescribing physicians across the US

Test performance validated through large-scale clinical studies with 20,000+ participants^{5,6}



2x the cancers detected

In a clinical study, adding the Galleri test to standard-of-care screening* approximately doubled the number of cancers detected.^{4,5**}



Low false positive rate

(1 in 200 people without cancer) helps minimize unnecessary diagnostic procedures to confirm cancer.^{5,6}

*Standard-of-care screening recommended by USPSTF (United States Preventive Services Task Force) for breast, cervical, colorectal, lung, and prostate cancer.

**Cancers detected by the early version of the Galleri test that were confirmed by a diagnostic workup.

There are two 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 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**.*

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.

*GRAIL, Inc. Data on file: VV-TMF-59592

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:

If you already have Galleri test kits, you may use the TRF in the kit. To apply the \$150 discount, write ENT581 on the Employer/Partnership Program line in the Billing Information section.

OR

1

Complete and fax the Cover Sheet and Test Requisition Form (TRF) to 650-999-9000

The specimen collection kit will be mailed directly to the patient. Please ensure the patient's mailing address is complete and accurate on the TRF.

2

Complete a blood draw, no fasting required

To receive a limited time offer of \$150 off the list price of \$949, the blood draw needs to be completed between June 10 and July 31, 2025. To schedule a blood draw with a GRAIL partner laboratory, patients can visit [Galleri.com/schedule](https://www.grail.com/schedule).

3

Receive the results

The results will be faxed to you and emailed to the patient about two weeks after receiving the sample at the GRAIL laboratory.



Scan to learn more or visit [Galleri.com/hcp](https://www.grail.com/hcp)



customerservice@grail.com



833-694-2553

1. American Cancer Society. Cancer facts & figures 2025. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acf.pdf> 2. Cong Z, et al. Elevated cancer risk among individuals with combinations of cancer-related risk factors: A large claims database analysis. American Society of Clinical Oncology (ASCO) [poster]; 2023 Jun 2-6; Chicago. https://grail.com/wp-content/uploads/2023/06/Cong_ASCO-2023_Elevated-Risk-Subgroup-Optim_Poster_FINAL.pdf 3. American Cancer Society. Cancer facts & figures 2022. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html> [GRAIL, Inc. Data on file: GA-2021-0065] 4. US Preventive Services Task Force. A,B,C grade recommendations, cancer, screening [cited 2023 Oct 23]. https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results 5. Klein EA, et al. Clinical validation of a targeted methylation-based multi-cancer early detection test using an independent validation set. Ann Oncol. 2021;32(9):1167-77. doi: 10.1016/j.annonc.2021.05.806 6. Schrag D, et al. Blood-based tests for multi-cancer early detection (PATHFINDER): a prospective cohort study. Lancet. 2023;402:1251-60. doi: 10.1016/S0140-6736(23)01700-2

Thank you for choosing the Galleri® multi-cancer early detection test.

To apply the \$150 discount, write **ENT581** on the Employer/Partnership Program line in the Billing Information section.

OR

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

650-999-9000

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

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

Test Result Form

ORDER ID:

GRAIL ID:

Expiration:

Access Code(s):

Visit to the GRAIL Doctor to discuss the Test Results

SPECIMEN INFORMATION	
Specimen Source: <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other: _____	Collection Date (mm/dd/yyyy): <input type="text"/> Time (am/pm): <input type="text"/>
PATIENT INFORMATION	
First Name: ELIZA Last Name: R MITCHELL	
Date of Birth (mm/dd/yyyy): <input type="text"/> Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 54321ERH68	
Address: 567 MAPLE STREET	
City: BAKWOOD State: CA ZIP Code: 94210	
Phone: (555)1234567 <input type="checkbox"/> Yes, is a different address than the one on file with the laboratory.	
Email: ELIZA.MITCHELL68@GMAIL.COM	
PROVIDER INFORMATION	
Physician (include M.D. or D.O. after name): 1,2,3,4,5,6,7,8,9,0	GRAIL Account ID (if available): <input type="text"/>
Physician's Office: EVELYN HAWTHORNE	
Clinic / Hospital Location: EARLY DETECTION CLINIC	
Address: 123 WILLOW LANE	
City: SAN FRANCISCO, CA ZIP Code: 94112	
Phone: (415)1234567 <input type="checkbox"/> (415)1234568	
Email: EVELYN.HAWTHORNE@EARLYDETECTIONCLINIC.COM	
BILLING INFORMATION (Select appropriate bill type and provide required information)	
<input checked="" type="checkbox"/> Bill to Clinic/Employer/Other: If Employee or Other, indicate the Employer/Partnering Program below.	
Employer/Partnership Program (if applicable): ENT581, valid until July 31, 2025	
<input type="checkbox"/> Bill to Health Insurance: If available, the terms apply when the test is paid for by the insurance carrier(s).	
Primary Insurance Information	
Insurance Company: _____	Policy Number / Subscriber ID: _____
Relationship to Patient: _____	Group ID: _____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	Prior Authorization Code (if required): _____
Secondary Insurance Information (if applicable)	
Insurance Company: _____	Policy Number / Subscriber ID: _____
Relationship to Patient: _____	Group ID: _____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	Date of Birth (mm/dd/yyyy): _____
<input checked="" type="checkbox"/> Bill to Patient (Self-pay): Include the patient's name in the Patient Information section above.	
Patient's Credit Card Information	
Cardholder's Last Name: _____	
Card Number: DO NOT PROVIDE PATIENT CREDIT CARD INFORMATION.	
ZIP Code: _____	Exp. Date (mm/dd/yyyy): _____
Cardholder's Signature: _____	
Date: _____	

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Call 1-800-451-4646 (1-800-451-4646) for more information.

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- 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).
- **The list price of the test is \$949. For a limited time patients can receive \$150 off when a test request and blood draw are completed between June 10 and July 31, 2025 using the unique TRF attached. If you already have GRAIL contracted pricing, discuss what price is best for your patient.** Blood draw services are included in the price of the test when a Galleri-contracted site is used. Please select 'Bill to Patient (Self-Pay)' on the Test Requisition Form.
- 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 and emailed to the patient about 2 weeks from when the sample is received at our lab.

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-GALLERY
(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 Discussion Guide

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

Expiration:

Internal Use Only

GRAIL ID

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

SPECIMEN INFORMATION

Specimen Requirements:
Two 10mL Whole Blood, cfDNA Streck
BCT® Blood Collection Tubes.

Collection Date (MM/DD/YYYY)

Time (24-hour)

Galleri® is a multi-cancer screening test and is recommended for use in adults with an 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 active cancer treatment.**

PATIENT INFORMATION

Patient's First Name MI Patient's Last Name

Date of birth (MM/DD/YYYY) Sex Assigned at Birth MRN / Other ID

Male Female

Street Address

City State ZIP Code

Phone Number

Ship a specimen collection kit to this Patient?

Yes Yes, to a different address (add to the comments)

Email address

PATIENT'S CLINICAL INFORMATION

ICD-10 codes

1. 2. 3.

Check if applicable

Solid organ transplant Bone marrow transplant

Check if applicable (for information purpose only)

Cancer survivor Cancer suspicion with Signs or Symptoms

Active cancer with or without treatment

Comments

Patient Clinical History (Optional)

Risk Factors for Cancer

E.g. active smoking (or quit in the last 10 years) or exposure

Prior History of Cancer

Cancer type and age at diagnosis

Family History of Cancer

Cancer type and relationship; hereditary cancer syndrome

PROVIDER INFORMATION

Ordering Provider's NPI (first-time order only) GRAIL Account ID (if available)

Ordering Provider's First Name Ordering Provider's Last Name

Clinic / Hospital Location Name

Street Address

City State ZIP Code

Phone Number Fax Number

Email Address

Provider attestation

I attest that the patient has been informed about the purpose and limitations of Galleri, and use of their sample and health information. I obtained from the patient authorization for the: performance and billing of Galleri, and 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 authorized ordering healthcare provider); and the test is medically necessary for, and the result will be used in, the patient's care. I agree to provide to GRAIL all patient information necessary for billing, and any related clinical follow-up information for product-or quality-related purposes.

In addition, I attest that the patient has been informed of the following:

1 If Galleri is billed to the patient's health insurer or plan, it may not be covered. The patient may be responsible for any amounts not paid by the plan and by submitting patient's credit card information on this form, the patient authorizes GRAIL to charge their credit card for Galleri.

2 If the patient does not want their leftover de-identified sample used as described above, the patient may ask for sample destruction by writing to the GRAIL Customer Service Department within 60 days after the test results issuance.

3 GRAIL may share test results and patient information with the insurer or plan, and the benefits will be made payable to GRAIL.

Provider / Delegate Signature

Date (MM/DD/YYYY)

BILLING INFORMATION (Select appropriate bill type and provide required information)

Bill to Clinic/Employer/Other If Employer or Other, indicate the Employer/Partnership Program below.

Employer/Partnership Program (if applicable) ENT581

Bill to Health Insurance If selecting this option, attach front and back copy of the insurance card(s).

Primary Insurance Information

Insurance Company Policy Number / Subscriber ID Group ID Prior Authorization Code (if required)

Relationship to Patient Policyholder's First Name Policyholder's Last Name Date of Birth (MM/DD/YYYY)

Self Spouse Other

Secondary Insurance Information (if applicable)

Insurance Company Policy Number / Subscriber ID Group ID

Relationship to Patient Policyholder's First Name Policyholder's Last Name Date of Birth (MM/DD/YYYY)

Self Spouse Other

Bill to Patient (Self-pay) Include the patient's email in the Patient Information section above.

Patient's Credit Card Information

Cardholder's First Name Cardholder's Last Name

Credit Card Number (Amex, MC, Visa, Discover) Expiration (MM/YY) CVV ZIP Code

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

Fax: 650-999-9000

Email: customerservice@grail.com

Web: galleri.com

LAB USE ONLY