



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}

- | | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Age 50 years or older | <input type="checkbox"/> Occupational and toxic exposures (e.g., burn pits, asbestos) |
| <input type="checkbox"/> Personal history of cancer | <input type="checkbox"/> Environmental exposures (e.g., radon, pollutants) |
| <input type="checkbox"/> Current smoker or history of smoking | <input type="checkbox"/> Autoimmune chronic inflammatory conditions (e.g., IBD, asthma) |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Nonautoimmune chronic inflammatory conditions (e.g., cirrhosis, chronic hepatitis B/C) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Immunodeficiencies (e.g., primary or viral, such as HIV or HPV) |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Solid organ transplant |
| <input type="checkbox"/> Sun exposure | |
| <input type="checkbox"/> Family history (e.g., parent, sibling, child) | |
| <input type="checkbox"/> Hereditary genetic predisposition (e.g., <i>BRCA</i> 1/2) | |

- 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.

Priority Health Medicare Advantage test benefit eligibility and cost

The Galleri test benefit is available to eligible Priority Health Medicare Advantage members* who meet the eligibility requirements. The Galleri test is available by prescription only.

Eligibility requirements:

- Individuals 65 years or older who are actively enrolled in one of the following Priority Health Medicare plans:
- PriorityMedicareSM Thrive - \$150 copay (a value of \$799)
- PriorityMedicareSM Thrive Plus - \$75 copay (a value of \$874)
- Not currently undergoing active cancer treatment, though history of cancer[†] with treatments completed at least 3 years ago is permitted

*Eligible members can request the Galleri test once every two years.

†Excludes basal or squamous cell carcinoma of the skin

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*}

*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).



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

 The Galleri multi-cancer early detection test screens for many of the deadliest cancers, including those with no recommended screening today.⁵ 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.

#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:

If you are affiliated with a health system, check with your health system administrator for any specific ordering workflows.

1

a) Start ordering online at provider.grail.com/onboarding

OR

b) 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. If you already have Galleri test kits on hand, complete the TRF included in the kit.

2

Complete a blood draw; no fasting required

To schedule a blood draw with a GRAIL partner laboratory, patients can visit Galleri.com/schedule

3

Receive the results

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 2-6; Chicago. https://grail.com/wp-content/uploads/2023/06/Cong_ASCO-2023_Elevated-Risk-Subgroup-Optum_Poster_FINAL.pdf 3. Defense Health Agency. What military service members, family members need to know about airborne hazards [2025 Feb 20]. <https://dha.mil/News/2025/02/21/15/42/What-military-service-members-family-members-need-to-know-about-airborne-hazards> 4. Hackshaw A, et al. Cancer Cell. 2022;40(2):109-13. 5. Klein EA, et al. Ann Oncol. 2021;32(9):1167-77. 6. US Preventive Services Task Force. A,B,C grade recommendations, cancer, screening [cited 2025 Mar 18]. https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?category%5B%5D=15&searchterm= 7. GRAIL, Inc. 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 2025 Jul 17]. <https://clinicaltrials.gov/search?spons=GRAIL,%20Inc.&sort=StudyFirstPostDate&viewType=Table> 10. GRAIL, Inc. SYMPLIFY. ISRCTN ID: ISRCTN10226380 [cited 2025 Jul 17]. 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.

1 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

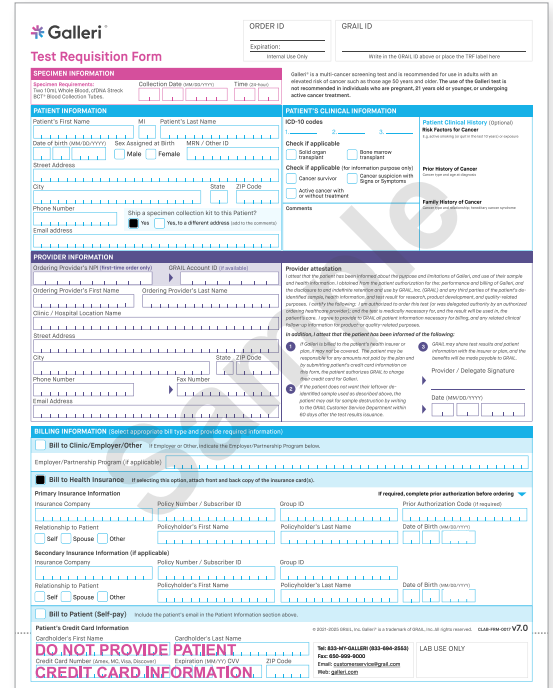
2 Expect a fax confirmation

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.** 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

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)

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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

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Street Address

City

State

ZIP Code

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Ship a specimen collection kit to this Patient?

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Yes

☐

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

Email address

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PATIENT'S CLINICAL INFORMATION

ICD-10 codes

1. 2. 3.

Check if applicable

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Solid organ transplant

☐

Bone marrow transplant

Check if applicable (for information purpose only)

☐

Cancer survivor

☐

Cancer suspicion with Signs or Symptoms

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Active cancer with or without treatment

Comments

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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)

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Ordering Provider's First Name

Ordering Provider's Last Name

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Clinic / Hospital Location Name

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Email Address

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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)

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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)

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

Primary Insurance Information

If required, complete prior authorization before ordering

Insurance Company

Policy Number / Subscriber ID

Group ID

Prior Authorization Code (if required)

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Relationship to Patient

Policyholder's First Name

Policyholder's Last Name

Date of Birth (MM/DD/YYYY)

☐ Self ☐ Spouse ☐ Other

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Secondary Insurance Information (if applicable)

Insurance Company

Policy Number / Subscriber ID

Group ID

Date of Birth (MM/DD/YYYY)

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Relationship to Patient

Policyholder's First Name

Policyholder's Last Name

Date of Birth (MM/DD/YYYY)

☐ Self ☐ Spouse ☐ Other

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☐ **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

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Credit Card Number (Amex, MC, Visa, Discover)

Expiration (MM/YY) CVV

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

Fax: 650-999-9000

Email: customerservice@grail.com

Web: galleri.com

LAB USE ONLY