

Always consult with your doctor for final interpretation of clonoSEQ results and next steps in treatment

What is clonoSEQ (clo-no-seek) testing?

clonoSEQ is a Measurable Residual Disease (MRD) test, also known as minimal residual disease, that can detect the number of cancer cells that may remain in your body during and after therapy.

Your doctor's ability to detect these traces of disease may be important for making timely and informed decisions about your treatment plan.

clonoSEQ is a two-part test, which means we need to identify at least one dominant DNA sequence in a Clonality (ID) test before Tracking (MRD) testing can be performed.

clonoSEQ is FDA-cleared for multiple myeloma, ALL, and CLL. And, it is CLIA-validated for DLBCL, MCL, and other lymphoid malignancies.

Measuring MRD with clonoSEQ can help you and your doctor:

Identify the specific DNA sequences associated with your cancer

Predict your potential long-term outcomes

Assess your response to treatment

Inform your treatment plan and potential changes in therapy

Monitor the amount of cancer in your body over time, even in the absence of treatment

Detect potential relapse before physical signs and symptoms arise

Complement other monitoring tools to maximize clinical insights





Here are some questions to consider asking your doctor:

What other test results are important to consider in context with the my clonoSEQ results?

How might clonoSEQ MRD results help inform and shape my treatment plan?

Is MRD-negativity a reasonable goal for me?

At what time points during or after treatment should I receive clonoSEQ MRD testing?

Why is ongoing clonoSEQ MRD testing important?

When might blood-based clonoSEQ MRD testing be right for me?

As a CLL patient, my initial clonoSEQ Clonality (ID) report also included an IGHV result, how does IGHV mutation status impact my treatment plan?

Sample clonoSEQ Clonality (ID) report for a patient enabled for future clonoSEQ Tracking (MRD) tests:



Sample clonoSEQ Clonality (ID) report for a patient who is not enabled for future clonoSEQ Tracking (MRD) testing.

This result means that clonoSEQ was not able to identify any suitable malignant cancer sequences to track. This does not mean the patient is MRD negative. Adaptive will follow-up with the physician to see if another appropriate sample is available for re-testing.

No Dominant Sequence Identified (Polyclonality)
Clone tracking (e.g. MRD determination) is not enabled by this sample

Sample MRD negative clonoSEQ report showing no evidence of residual disease in the sample tested.

No Residual Sequences Detected

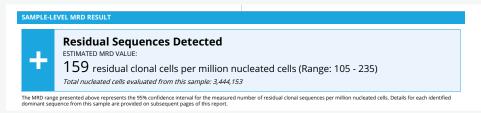
ESTIMATED MRD VALUE:

O residual clonal cells (Range: 0 - <1) **

Total nucleated cells evaluated from this sample: 3,500,194

The MRD range presented above represents the 95% confidence interval for the measured number of residual clonal sequences per million nucleated cells. Details for each identified dominant sequence from this sample are provided on subsequent pages of this report.

Sample MRD positive clonoSEQ report showing residual disease was present in the sample tested.



You should consult your doctor to discuss this result in context with your disease state, other tests, and/or previous clonoSEQ results.

clonoSEQ® is available as an FDA-cleared in vitro diagnostic (IVD) test service provided by Adaptive Biotechnologies to detect measurable residual disease (MRD) in bone marrow from patients with multiple myeloma or B-cell acute lymphoblastic leukemia (B-ALL) and blood or bone marrow from patients with chronic lymphocytic leukemia (CLL). clonoSEQ is also available for use in other lymphoid cancers and specimen types as a CLIA-validated laboratory developed test (LDT). To review the FDA-cleared uses of clonoSEQ, visit clonoSEQ.com/technical-summary.

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