

2**Financial Information**Total Gross Household Income**
Monthly Income:**-OR-** Yearly Income:

Number of Persons in Household:

Total medical expenses for the prior 12 month period:

3**Patient Certification**

Adaptive Biotechnologies will perform an upfront audit of patients applying for the Patient Support Program. Patients who are selected for the audit will receive a letter from Adaptive Biotechnologies informing them that they may qualify for assistance, but that documentation will be required to confirm qualification. Selected patients will then be required to provide a tax return, W-2, recent pay stub, or comparable document demonstrating financial need within 45 days of notification of their selection to participate in the audit. If the patient does not submit the required documentation within 45 days, or is determined to be ineligible based on the documentation submitted, the patient will be notified that they will not be eligible for the program.

I certify that the information contained in this application is complete and correct to the best of my knowledge.
_____ (initial)

I certify that I will comply with the audit requirements of the Adaptive Biotechnologies Patient Support Program if I am selected for an audit. _____ (initial)

I certify that I will notify Adaptive Biotechnologies within 30 days if there is any change in my status with regard to income or healthcare coverage. _____ (initial)

I also understand that enrollment in the Patient Support Program will be contingent on my willingness to support denied claims appeals that Adaptive Biotechnologies may pursue on my behalf. _____ (initial)

Patient Name: _____

Signature: _____ Date: _____

If the patient is a minor less than 18 years of age, a parent/legal guardian is required to sign below:

Parent / Guardian Name: _____

Signature: _____ Date: _____

Submit Application

Please submit your completed and signed application form via email, fax, or mail.

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Email:
AdaptiveBiotech@mylabbill.com

-OR-

Fax:
1-440-788-2137

-OR-

Mailing Address:
Adaptive Biotechnologies
Dept LA 24084
Pasadena, CA 91185-4084

In most cases, Adaptive Biotechnologies will send a notification letter indicating your final program eligibility determination within 10 working days following receipt of your fully completed and signed application.

An incomplete form may result in delays to processing and/or enrollment.

****Total Gross Household Income is the amount of money all persons in a household earn from all sources (e.g. salary, wages, tips, capital gains, interest, pensions) before taxes. Total Gross Household Income and Number of Persons in household are required fields and will be used to help determine eligibility for financial assistance.**

clonoSEQ is an FDA-cleared test used 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 as a CLIA-validated laboratory developed test (LDT) service. For important information about the FDA-cleared uses of clonoSEQ including test limitations, please visit clonoSEQ.com/technical-summary.