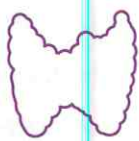


When Your Cytopathology & Genomics Work Together, They Tell a More Complete Story.

Afirma Thyroid FNA Analysis from Veracyte is a proven test that may affect how your thyroid nodule is diagnosed. Here's how Afirma can guide treatment decisions and help avoid unnecessary surgery:



STEP 1 FNA Biopsy

Your physician will collect thyroid nodule cells with a very thin needle (FNA biopsy) for both cytopathology assessment and possible genomic evaluation. Collecting multiple samples at one time will allow you to avoid returning for a second procedure.

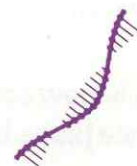


- benign
- indeterminate
- malignant

if **indeterminate** >

STEP 2 Cytopathology

Your thyroid nodule cells are then viewed by a cytopathologist—a doctor trained to examine cells under a microscope. If the result is benign or malignant, Afirma testing is complete. In some instances, the cytopathology results are not clearly benign or malignant. This is called an indeterminate result.



STEP 3 Genomic Testing

If your cytopathology result is indeterminate, Afirma Thyroid FNA Analysis will then evaluate the genes in your thyroid nodule cells. When Afirma genomic testing identifies a sample as benign—which it does in approximately half of indeterminate nodules—the chance of cancer is very low.¹

Reduce wonder, worry, and wait.

Afirma test results will help your doctor confidently recommend a treatment plan, and you may avoid surgery without the need to repeat the biopsy.

Veracyte Customer Care is available to answer your questions at **1.888.9AFIRMA** (888.923.4762), or by e-mail at support@veracyte.com, Monday through Friday from 5:30am – 5:00pm (Pacific).

Visit www.afirma.com to learn more about Afirma Thyroid FNA Analysis.

Reference: 1. Alexander EK, et al. Preoperative diagnosis of benign thyroid nodules with indeterminate cytology. N Engl J Med. 2012;367:705-715.

Afirma Access—Making Afirma Testing Accessible for Patients is Our Priority.

Veracyte is committed to providing thyroid nodule patients with access to Afirma regardless of their personal financial situation.

► **Afirma Access is available to help. Please see the charts to the right to determine your eligibility.**

If you do not have insurance or choose to pay cash, call Veracyte Customer Care at 1.888.9AFIRMA for pricing information.

► **All insurance plans are accepted for Afirma Thyroid FNA Analysis.**

Your insurance company may send you an Explanation of Benefits (EOB) letter stating that Veracyte has submitted a claim to your insurance for reimbursement. *This is not a bill.*

► **Afirma testing is now covered by most major health insurance plans in addition to Medicare.**

If you have questions about billing or your eligibility for Afirma Access, please call, email or fax Customer Care:

1.888.9AFIRMA (888.923.4762)

support@veracyte.com 650.243.6388 (fax)



Veracyte, Inc.
6000 Shoreline Court, Suite 300
South San Francisco, CA 94080

1.888.9AFIRMA (888.923.4762)
support@veracyte.com
www.afirma.com

The Veracyte laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. Veracyte is committed to patient health information privacy. It will be used and disclosed only for treatment, payment, healthcare operations and other purposes permissible by law. Veracyte reserves the right to modify or discontinue the Afirma Access Program with respect to any patient or its entirety at any time and without notice. P396.6.1708 © 2017 Veracyte, Inc. All rights reserved. The Veracyte and Afirma names and logos are marks of Veracyte, Inc. All other logos and names are marks of their respective owners in the United States and other countries.

VERACYTE ACCESS ELIGIBILITY FOR U.S. RESIDENTS*

Patient's household [†] income [‡] must be less than these amounts to qualify for 100% reduction [§]	
Household of 1 person	\$48,240
Household of 2 people	\$64,960
Household of 3 people	\$81,680
Household of 4 people	\$98,400
Add \$16,720 for each additional person	
Patient's household [†] income [‡] must be within these amounts to qualify for 75% reduction [§]	
Household of 1 person	\$48,241–\$60,300
Household of 2 people	\$64,961–\$81,200
Household of 3 people	\$81,681–\$102,100
Household of 4 people	\$98,401–\$123,000
Add \$20,900 for each additional person	

*Non-U.S. residents are not eligible for assistance. Household incomes stated apply to 48 contiguous states and D.C.

[†]Number of dependents and personal exemptions claimed for tax filings

[‡]Based on all income in the prior calendar year by any source before deductions

[§]Relates to what percent of the payment due is reduced

Detach here

Apply for Afirma Access

Submit application within twelve months of Afirma test date to ensure eligibility.

1. Complete the Afirma Access application at right.
2. Include proof of income. Examples: Two recent pay stubs, W-2, or IRS Form 1040
3. Sign and date the Afirma Access application.
4. Send application and documents to:
Veracyte: Afirma Access Program, 6000 Shoreline Court, Suite 300, South San Francisco, CA 94080 or by fax at 650.243.6388

ABOUT THE PATIENT

LAST NAME FIRST NAME

STREET ADDRESS APT.

CITY STATE ZIP

PHONE DATE OF BIRTH (mm/dd/yyyy)

NAME OF ORDERING PHYSICIAN

If I do not have insurance, I certify that I am not eligible for Medicare, Medicaid or any other government health insurance and will not seek reimbursement from any insurance carrier or government agency for Afirma Thyroid FNA Analysis fees waived by Veracyte, Inc.

I certify that the information provided is true and accurate. I have read and understand the Afirma Access Program requirements. I understand and agree that Veracyte, Inc. reserves the right at any time and without notice to modify or terminate this Program; and to audit the information provided on or enclosed with this application.

PATIENT SIGNATURE

DATE

ABOUT THE PATIENT'S HOUSEHOLD

NUMBER OF PEOPLE IN THE HOUSEHOLD, INCLUDING DEPENDENTS:

1 2 3 4 OTHER

GROSS ANNUAL HOUSEHOLD INCOME

PROOF OF PATIENT'S HOUSEHOLD INCOME

PROOF OF TOTAL HOUSEHOLD INCOME INCLUDED (choose one)

TWO RECENT PAY STUBS W-2 IRS FORM 1040 OTHER

PROOF OF UNITED STATES CITIZENSHIP OR RESIDENCY INCLUDED (choose one)

SOCIAL SECURITY NUMBER (write)

U.S. PASSPORT (copy) GREEN CARD (copy)