

Consent for Galleri Cancer Screening Test:

Galleri® Multi-Cancer Early Detection Test

Patient Consent and Self-Pay Acknowledgment

1525 O'Brien Drive, Menlo Park, CA 94025 | (833) 694-2553 | GRAIL.com

1. Purpose of the Galleri Test

You are being offered the Galleri multi-cancer early detection blood test, which is a screening test that looks for signals that may be associated with many different types of cancer.

This test does not diagnose cancer; any abnormal result will need additional testing and follow-up with your healthcare provider.

A “cancer signal not detected” result does not mean that you are free of cancer.

A “cancer signal detected” result does not mean you definitely have cancer and will require further evaluation and testing arranged by your provider.

Galleri is recommended for use in adults who do not have symptoms and who have an increased risk of cancer (for example, age 50 and older).

It is not recommended for people who are pregnant, age 21 or younger, or currently receiving active cancer treatment.

This test is meant to complement, not replace, standard cancer screenings such as colonoscopy, mammography, Pap tests, and other guideline-recommended tests

2. Use of My Sample and Information

By signing this form, you agree to have your blood sample collected and tested by GRAIL, Inc. using the Galleri test.

You allow GRAIL and third parties working with GRAIL to keep, use, and share your de-identified sample, health information, and test results for research, product development, and quality-related purposes.

If you do not want your leftover de-identified sample used for these purposes, you may request that your sample be destroyed by writing to the GRAIL Customer Service Department within 60 days after your test result is issued.

3. Cost and Self-Pay (No Insurance Billing)

You understand and agree that:

- The Galleri test is being ordered and provided for you as a self-pay service.
- The cost of this test will not be submitted to your health insurer or health plan.

- Our office would not provide a Superbill for creating an insurance claim.
- You are personally and fully responsible for paying the full cost of the Galleri test out of pocket.
- Any credit card or other payment information you provide may be used to charge you directly for the test.

Because this is a self-pay test, GRAIL will not submit claims or share your information with your insurer or plan for billing or payment for this test.

4. Privacy and Information Sharing

Your identifiable health information and test results will be shared with your ordering healthcare provider and handled according to applicable privacy laws.

GRAIL will not share your information with your health insurer or health plan for billing or payment of this test, since it is strictly self-pay.

Additional information about the Galleri test is available at galleri.com/infosheet, and you may review this information or ask your healthcare provider any questions before deciding.

5. Patient Acknowledgment and Consent

By signing below, you acknowledge and agree that:

- You have read (or had read to you) and understand this consent form.
- You have had the chance to ask questions about the Galleri test, and your questions have been answered to your satisfaction.
- You consent to the collection of your blood sample and the performance of the Galleri test by GRAIL, Inc.
- You consent to the use, retention, and disclosure of your de-identified sample, health information, and test results as described above, with the option to request destruction of your leftover sample within 60 days after results are issued.
- You understand and accept that the Galleri test is self-pay, will not be billed to your insurance, and you are fully responsible for the cost of the test.

Patient Name (print): _____ Date of Birth: _____

Patient Signature: _____ Date: _____

Ordering Healthcare Provider Name (print): _____

Provider Signature (if required by clinic): _____ Date: _____