



# MORE ABOUT YOU.™

Ask for the thyroid nodule test that reveals more about you.

## Afirma

The Afirma test is an advanced diagnostic test that may help determine if thyroid surgery is necessary or assist your physician to customize your care plan.<sup>1</sup>

### HERE'S HOW THE AFIRMA TEST WORKS:



#### STEP 1: FNA BIOPSY

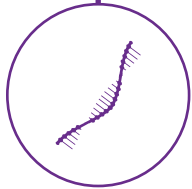
Your physician will collect thyroid nodule cells with a very thin needle (FNA biopsy) for both cytopathology assessment and Afirma genomic evaluation. Collecting multiple samples at one time will allow you to avoid returning for a second procedure.



#### 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, Afirma genomic testing is not necessary. In some instances, the cytopathology results are not clear. This is called an indeterminate result.

if indeterminate



#### STEP 3: AFIRMA GENOMIC TESTING

If your cytopathology result is indeterminate, Afirma testing will then evaluate the genes in your thyroid nodule cells. When Afirma genomic testing identifies a sample as benign—which it does in approximately 2/3 of indeterminate nodules—the chance of cancer is very low.<sup>1</sup> If your cytopathology is malignant, Afirma testing may help inform next steps.

## MORE ABOUT YOU.™

Your diagnostic questions need clear answers, right from the start. Get insights and answers to critical questions that can help you and your doctor confidently customize your care with the Afirma test.

Veracyte Customer Care is available to answer your questions at [1.888.9AFIRMA](tel:18889AFIRMA) (888.923.4762) or by e-mail at [support@veracyte.com](mailto:support@veracyte.com), Monday through Friday from 5:30am–5:00pm (Pacific).

Visit [AskForAfirma.com](http://AskForAfirma.com) to learn more about the Afirma test.

Afirma is a CLIA regulated Lab Developed Test.

**Reference:** 1. Ali SZ, et al. *Cancer Cytopathol.* 2019.



6000 Shoreline Court, Suite 300  
South San Francisco, CA 94080

**T** 650.243.6300  
**T** +1 650.243.6335 (International)

**F** 1.650.243.6388  
**E** [support@veracyte.com](mailto:support@veracyte.com)

# VERACYTE ACCESS—MAKING AFIRMA TESTING ACCESSIBLE FOR PATIENTS IS OUR PRIORITY.



Veracyte is committed to providing all patients with access to the Afirma test, regardless of their personal financial situation.



## BROAD COVERAGE AND LOW COST SHARING

Covered by Medicare with \$0 out-of-pocket and covered by most commercial payers (over 260 million patients)



## COMMITMENT TO PATIENT ACCESS

The Veracyte Access Program minimizes or eliminates out-of-pocket costs for all eligible uninsured and commercially insured patients

### Received an EOB Letter?

You may receive an EOB (Explanation of Benefits) letter from your insurance company stating that Veracyte has submitted a claim to your insurance for reimbursement.

*This is not a bill.*

If you have any questions regarding your Veracyte bill, insurance Explanation of Benefits (EOB) or eligibility, **please contact a Veracyte Customer Care representative rather than your healthcare provider.**

We are here to help at **1.888.9AFIRMA** (888.923.4762)  
Email: **support@veracyte.com** Fax: **650.243.6388**

## VERACYTE ACCESS ELIGIBILITY FOR U.S. RESIDENTS\*

Patient's household<sup>†</sup> income<sup>‡</sup> **must be less than** these amounts to qualify for **100% reduction<sup>§</sup>**

Household of 1 person	<b>\$48,240</b>
Household of 2 people	<b>\$64,960</b>
Household of 3 people	<b>\$81,680</b>
Household of 4 people	<b>\$98,400</b>

Add **\$16,720** for each additional person

Patient's household<sup>†</sup> income<sup>‡</sup> **must be within** these amounts to qualify for **75% reduction<sup>§</sup>**

Household of 1 person	<b>\$48,241-\$60,300</b>
Household of 2 people	<b>\$64,961-\$81,200</b>
Household of 3 people	<b>\$81,681-\$102,100</b>
Household of 4 people	<b>\$98,401-\$123,000</b>

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 DC. HI and AK thresholds differ.

† 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.

## Apply for Veracyte Access

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

### INSTRUCTIONS

- Complete the Veracyte Access application on this page.**
- Include proof of income.**  
Examples: Two recent pay stubs, W-2, or IRS Form 1040
- Sign and date the Veracyte Access application.**
- Send application and documents to:**  
Veracyte 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

### 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)

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 Veracyte 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