HeartCare®

Go Beyond Surveillance Biopsies with HeartCare

The first and only multi-modal test with studies demonstrating a significant reduction in surveillance biopsies and revolutionizing post heart transplant care

Sam D, heart transplant recipient, and his wife

CareDx®
Your Partner in Transplant Care™

Heart Transplant Surveillance is Complex

Risk of long-term complications require a holistic approach

TOO MUCH IMMUNOSUPPRESSION

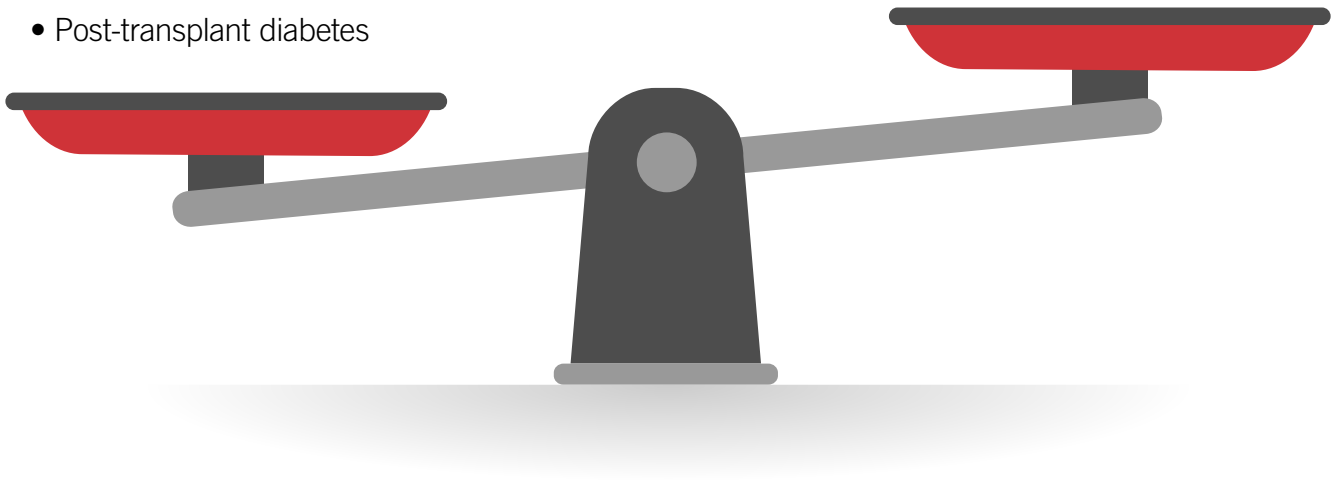
Increased risk of:

- Infections
- Kidney injury
- Malignancy
- Post-transplant diabetes

TOO LITTLE IMMUNOSUPPRESSION

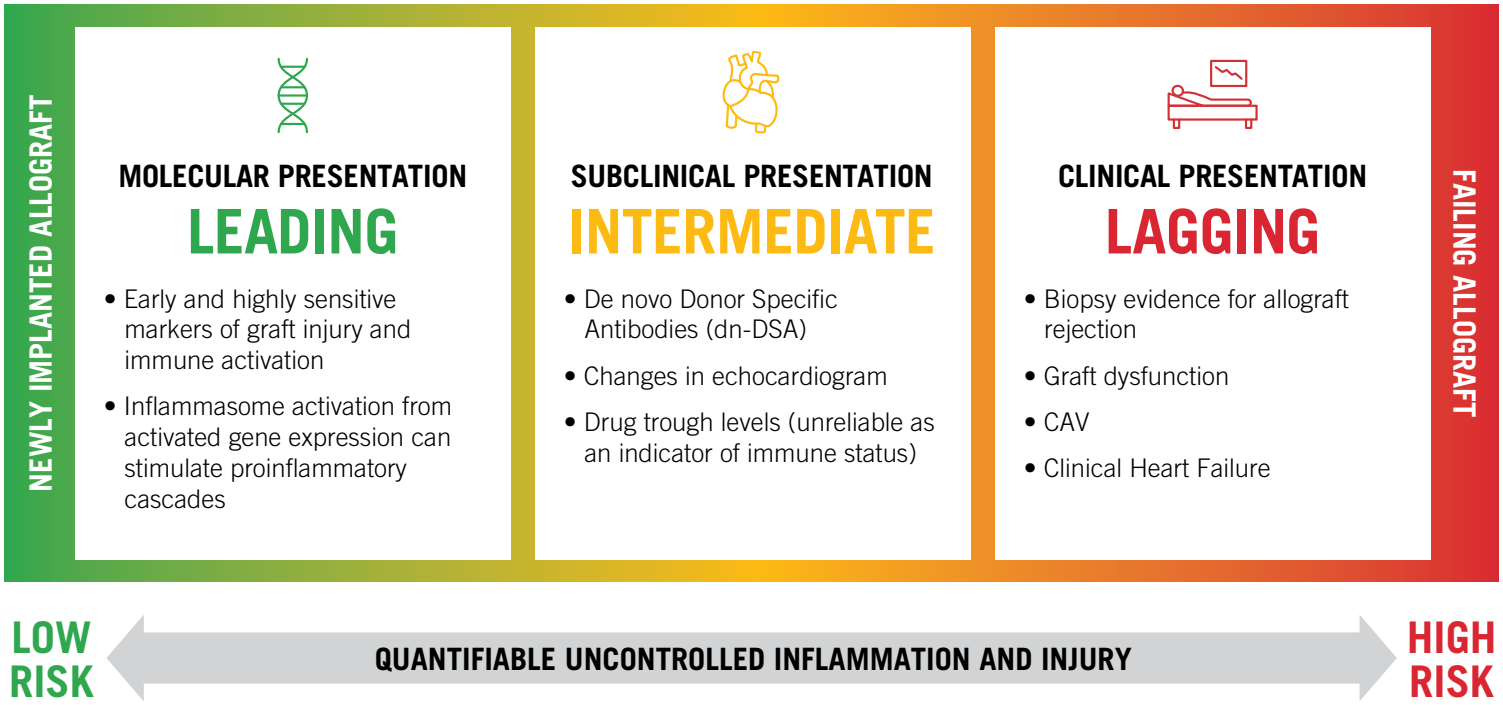
Increased risk of:

- Rejection leading to potential failure of the organ
- Cardiac Allograft Vasculopathy (CAV)



Traditional Tools for Surveillance Monitoring May Not Allow for Early Intervention

This may impact long term outcomes



HeartCare®

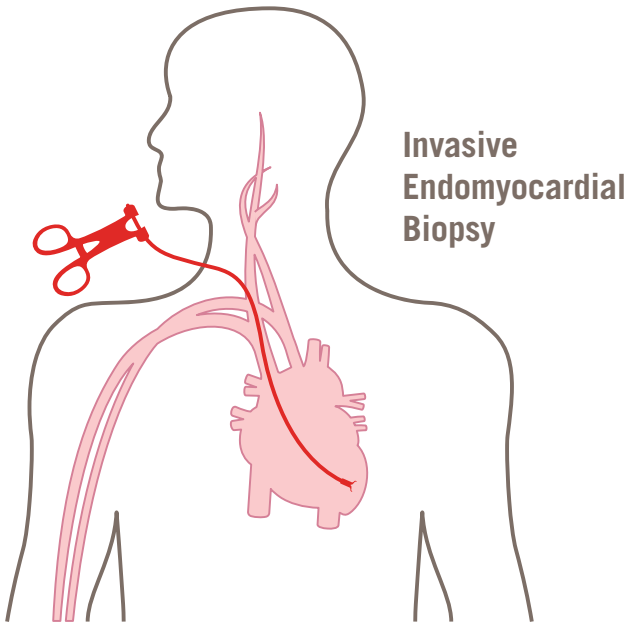
Unmet Need

Traditional Biopsies Have Significant Limitations for Rejection Surveillance

- Resource intensive
- Risk of exposure to pathogens
- Sampling errors and limitations
- Invasive, painful, and frequent (sometimes >10 Biopsies in the 1st year post-transplant)
- Interobserver variability in interpretation – for example:

Almost 40% of rejections called by local pathologists were downgraded when reviewed by a panel of central pathologists

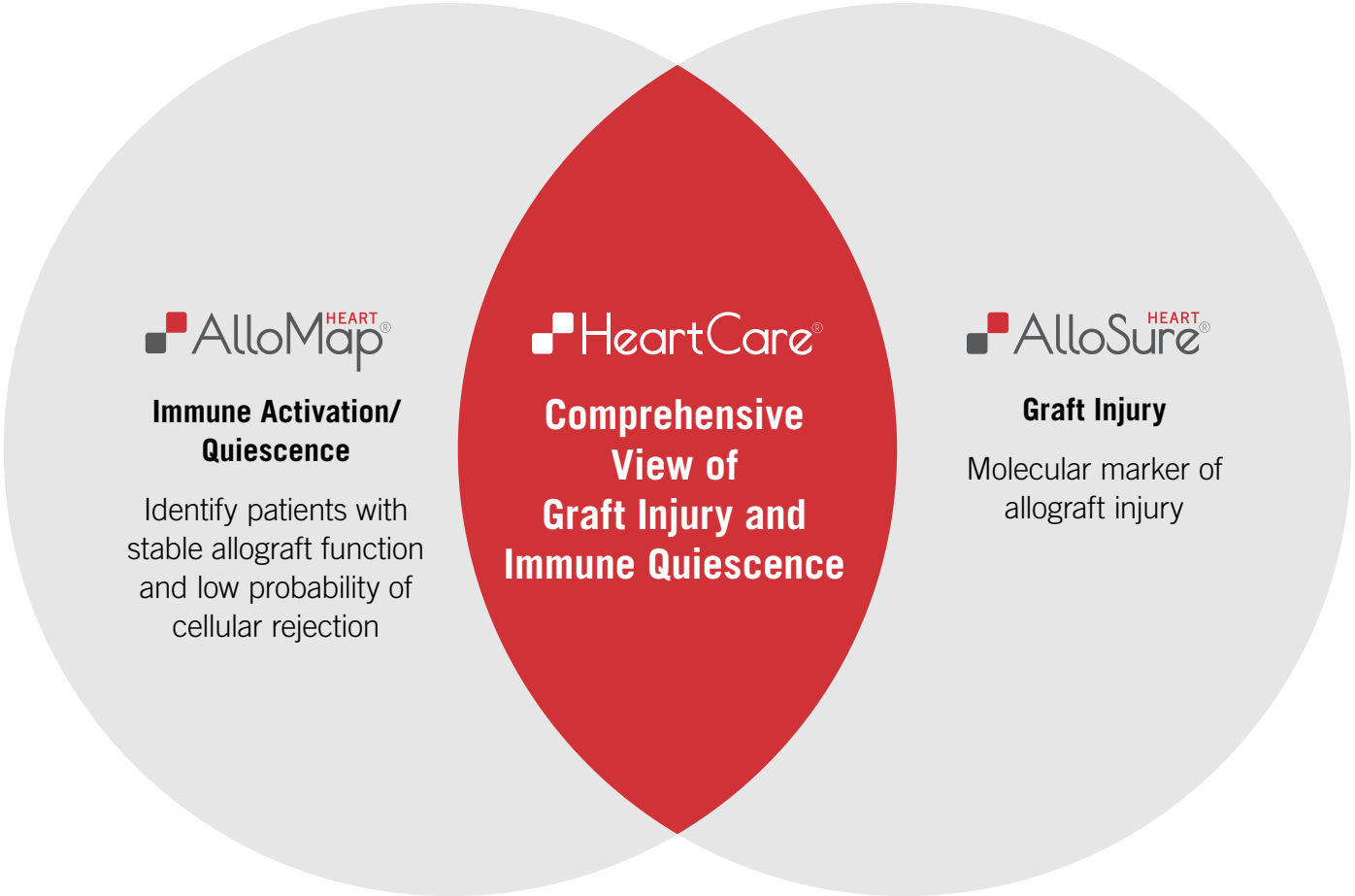
Agreement between local and central pathology for rejection[1]		
	Central Grades	
Local Grades	2R Rejection	< 2R Rejection
2R Rejection	46/76 (60.5%)	**30/76 (39.5%)**
< 2R	63/862 (7.3%)	799/862 (92.7%)



Invasive Endomyocardial Biopsy

Introducing HeartCare

HeartCare is a non-invasive leading indicator of graft injury and immune activation/quiescence



HeartCare Is a Multi-Modality Approach that Utilizes Two Complementary Technologies

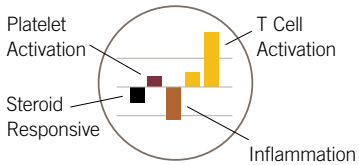
HeartCare®

Immune Quiescence	Detection	
	ACR	AMR
+++	+++	+++

AlloMap® HEART

Gene Expression Profiling

Recipient Immune Activity



Genes in the AlloMap Signature

- Lymphocyte Activation: **SEM7A**
- Cell Migration: **RHOU**
- T Cell Priming: **PDCD1, ITGA4**
- Inflammation (Hematopoietic Proliferation): **MARCH8, WDR40A**
- Steroid Sensitive: **IL1R2, FLT3, ITGAM**
- Platelet Activation: **PF4, C6orf25**

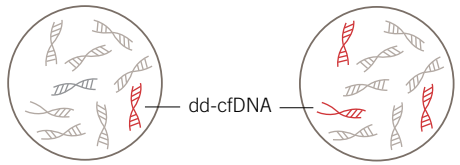
Immune Quiescence	Detection
	ACR
+++	++

+

AlloSure® HEART

Donor-Derived Cell-Free DNA

dd-cfDNA No Graft Injury **dd-cfDNA During Graft Injury**



Detection	
ACR	AMR
++	+++

AlloMap Heart is an Established Standard in Heart Transplant

AlloMap® HEART

90%

Used in 90% of US heart transplant centers and 1 in 2 new patients

ISHLT

Guideline recommended in 2010 and 2023*

NEJM

Extensively validated including publication in NEJM

COVERED BY MEDICARE**

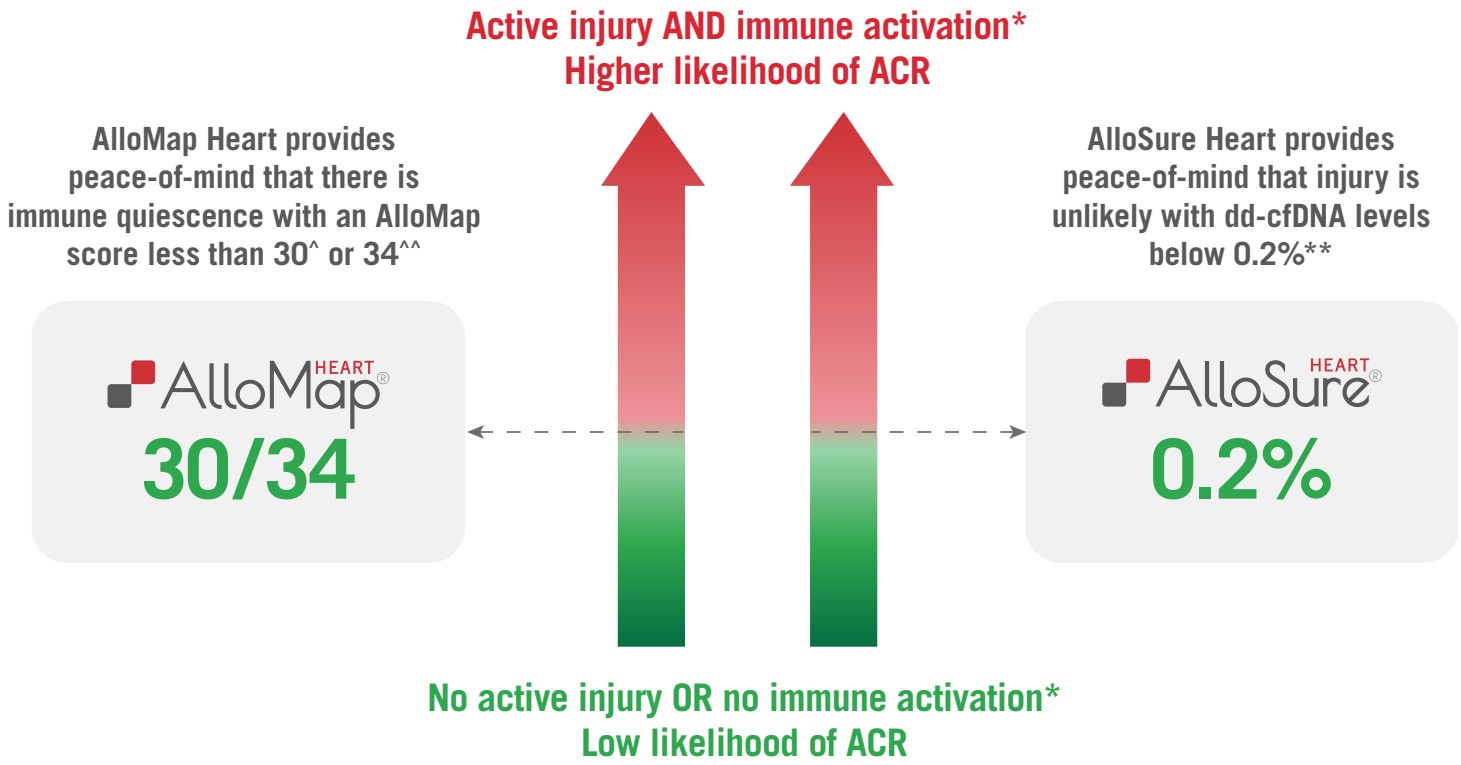
****When coverage criteria is met**

FDA CLEARED IN 2008 & 2023

FDA 510(k)-cleared to identify recipients at low probability of ACR ≥55 days post-transplant and ≥15 years old

* References to ISHLT are offered solely to support AlloMap's FDA indications and should not be construed as supporting any other use.

HeartCare Provides Peace-of-Mind During Surveillance



^ Post-transplant Period ≥2-6 months
^^ Post-transplant period ≥6 months

* clinical correlation is required
** as defined by their institutional protocol

New ISHLT Guidelines[2] Support Use of HeartCare Solutions, AlloMap Heart and AlloSure Heart, in Routine Monitoring of Heart Transplant Patients

The new 2023 ISHLT Guidelines mention the following:

2010 Guideline Recommendation	2023 Update Guideline Recommendation
Earlier use of AlloMap Heart starting at two months post-transplant based on strength of clinical studies.	
Gene Expression Profiling (Allomap) can be used to rule out the presence of ACR of grade 2R or greater in appropriate low-risk patients, starting at 6 months after HT. *Class IIa, Level of Evidence: B*	Gene Expression Profiling (GEP) (i.e., Allomap) of peripheral blood can be used in low-risk patients starting at 2 months after HT to identify adult recipients who have low risk of current ACR to reduce the frequency of EMB. *Class IIa, Level of Evidence: B*
AlloMap gene expression profiling (GEP) and donor-derived cell-free DNA (dd-cfDNA) for routine post-transplant monitoring.	
No mention of non-invasive monitoring in the follow up visits to monitor rejection	Follow-up visits to monitor for rejection may include non-invasive rejection monitoring - Gene Expression Profiling [AlloMap] and donor-derived cell-free DNA *Class I, Level of Evidence B.*
Remote use of GEP and dd-cfDNA heart transplant surveillance (HeartCare), as evidenced during the COVID pandemic.	
No recommendation	Patient Management During a Pandemic Efforts should be made to reduce visits by clinically stable heart transplant patients to medical facilities by shifting blood testing to the patients' homes. Remote drawing of blood samples can include screening tests to determine if patients require endomyocardial biopsies using gene expression profiling and donor derived cell-free DNA assays. *Class I, Level of Evidence C*

CareDx is the ONLY provider of Gene Expression Profiling (AlloMap Heart) and Donor-Derived Cell-Free DNA (AlloSure Heart) for heart transplant recipients

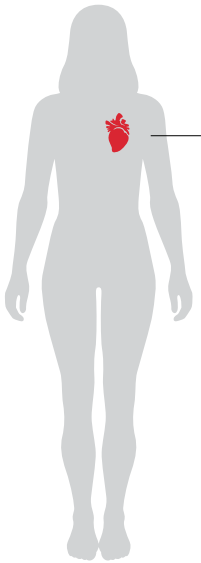
References to ISHLT are offered solely to support AlloMap's FDA indications and should not be construed as supporting any other use. AlloMap should be solely used in conjunction with standard clinical assessment

HeartCare Offers a Synergistic Approach to Post-transplant Surveillance

HeartCare®

A Non-Invasive Surveillance Tool

- **Enhanced ACR identification that is superior to using one test**
- **Significant Reduction in Surveillance Biopsies (confirmed by multiple studies)**



AlloMap® HEART

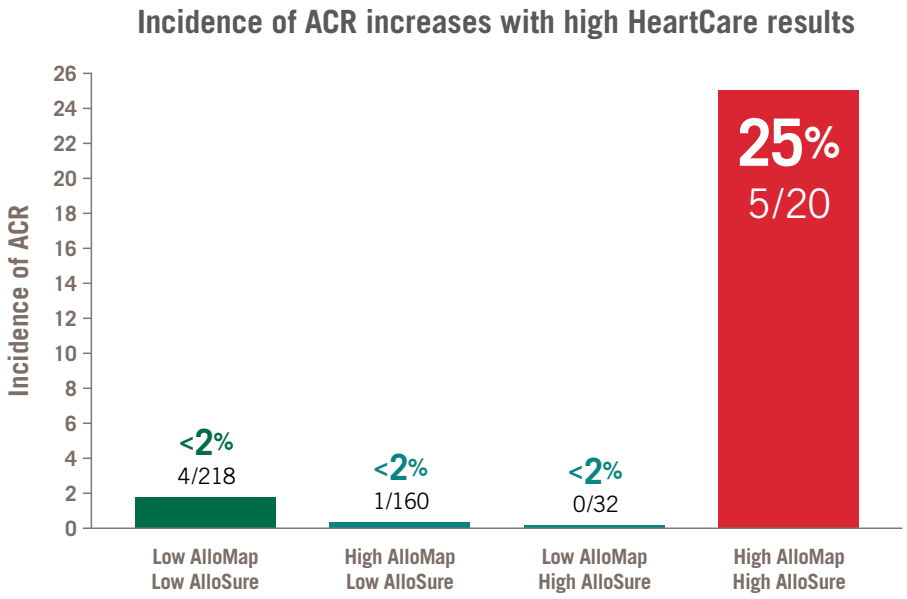
- Measures mRNA of the recipient
- Measures immune response
- Originates from WBCs

AlloSure® HEART

- Measures dd-cfDNA from the transplanted heart
- Originates from the graft

High HeartCare Results are Associated with a Higher Chance of ACR

Results from two independent studies[3,4] demonstrate increased ACR with concordantly elevated HeartCare results

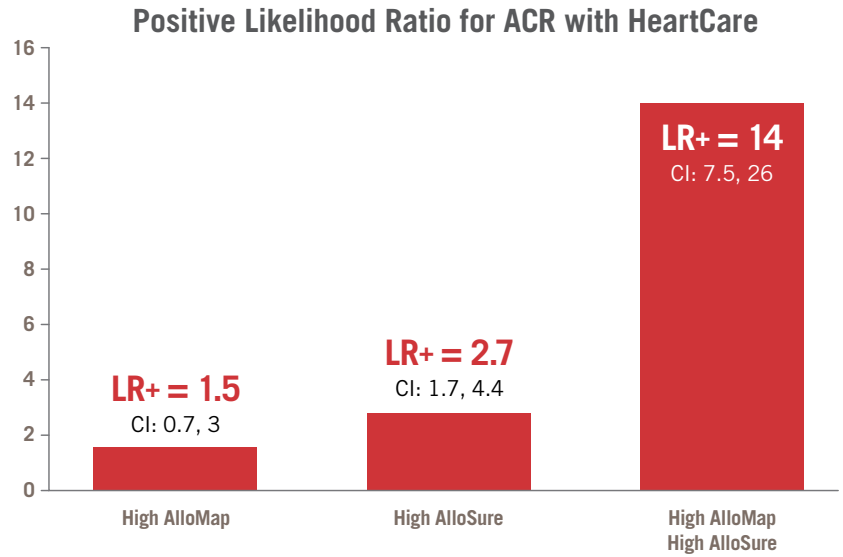


High AlloMap is: ≥30 for ≥2-6 months or ≥34 for ≥6 months | High AlloSure is ≥0.2%

High HeartCare Results Increased the Odds of ACR by ~14X

Data derived from the combination of two independent single center studies[3,4]

The chance of a biopsy revealing ACR is greater with a high HeartCare than with either a high AlloMap or a high AlloSure alone

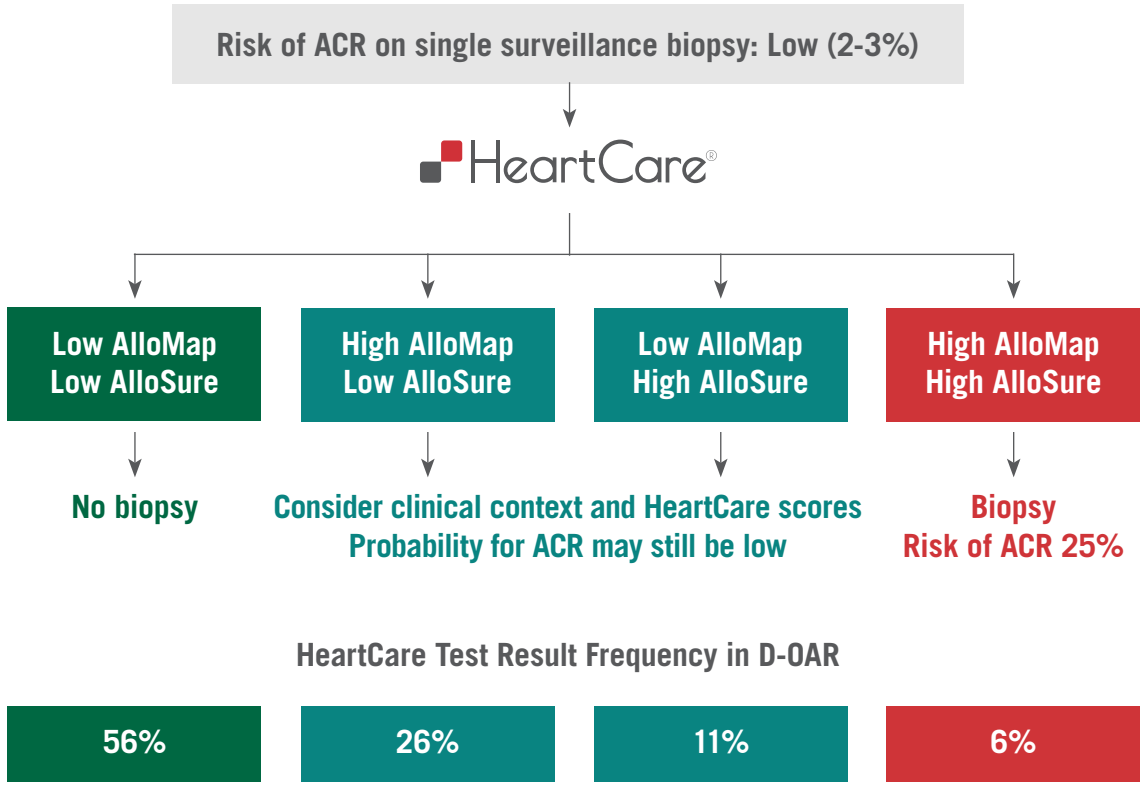


Positive Likelihood Ratio gives the change in the odds of having a diagnosis in patients with a positive test.

A LR+ is mathematically defined as sensitivity / (1-specificity)

High AlloMap is: ≥30 for ≥2-6 months or ≥34 for ≥6 months | High AlloSure is ≥0.2%

ACR Surveillance with HeartCare – Proposed Management[1,3,4,5]



High AlloMap is ≥30 for ≥2-6 months or ≥34 for ≥6 months | High AlloSure is ≥0.2%

Clinical Interpretation for HeartCare - ACR Surveillance

HeartCare helps clinicians precisely identify patients who are at higher risk of ACR

HIGH ALLOMAP / LOW ALLOSURE

A biopsy is unlikely to reveal ACR

Consider biopsy or repeat HeartCare testing earlier if:

- AlloMap elevation is new and AlloSure level has risen or is near threshold

Consider other pathological causes of an increased AlloMap:

- CMV infection

Medication adherence review recommended

HIGH ALLOMAP / HIGH ALLOSURE

Relatively high probability that ACR is present

- Biopsy should be considered

Medication adherence review recommended

LOW ALLOMAP / LOW ALLOSURE

Low Likelihood of ACR

- A biopsy is unlikely to reveal ACR
- Continue protocol immuno-optimization

LOW ALLOMAP / HIGH ALLOSURE

A biopsy is unlikely to reveal ACR

Consider a biopsy or repeat HeartCare testing earlier if:

- Recent treatment for rejection (<21 days) or current prednisone >20mg
- At risk of Antibody Mediated Rejection / markedly elevated AlloSure level
- AlloSure elevation is new and AlloMap level has risen or is near threshold

Consider other possible pathological causes of an increased AlloSure:

- Cardiac allograft vasculopathy
- Severe infection
- Antibody Mediated Rejection (AMR) / Donor specific antibodies

Medication adherence review recommended

The table is provided for informational purposes only and is not intended as medical advice. A physician's test selection and interpretation, diagnosis, and patient management decisions should be based on his/her education, clinical expertise, current guidelines, and assessment of the patient.

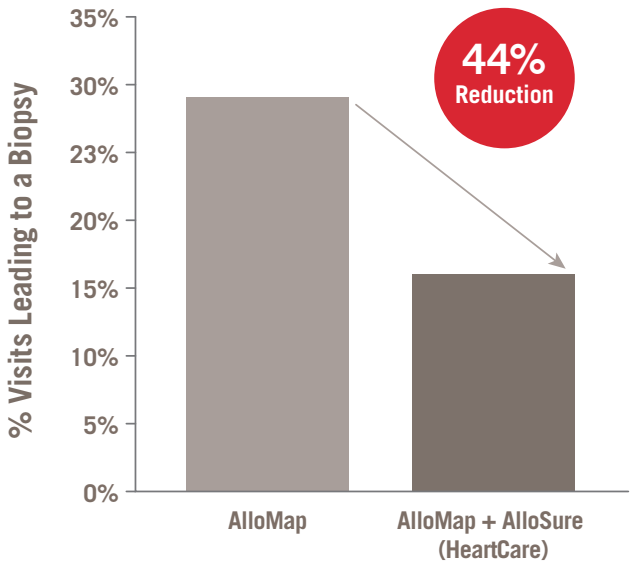
This table is designed for the context of surveillance testing for ACR; For patients that are at risk of AMR or being tested in other clinical context, different guidance may apply.

High AlloMap is ≥30 for ≥2-6 months or ≥34 for ≥6 months | High AlloSure is ≥0.2%

Note: Tables for illustrative purposes, please refer to publications for detailed clinical discussion
Clinical interpretation of AlloSure in Heart Transplantation graph is based on data from all commercial samples

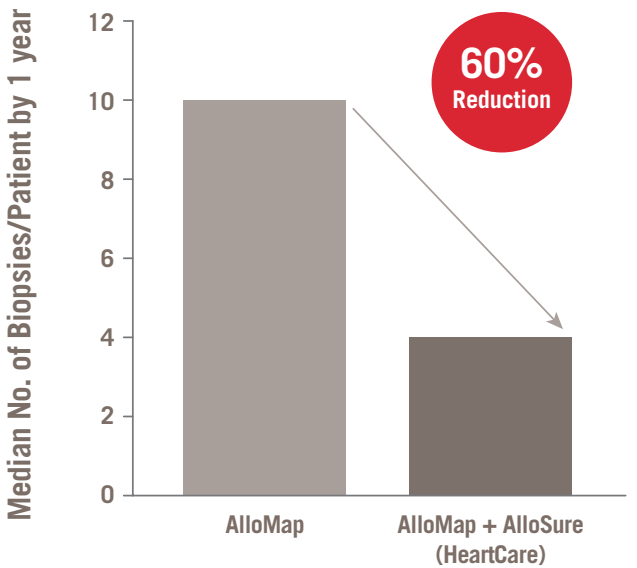
Two Independent Studies[4,6] Demonstrate Significant Reduction In Surveillance Biopsies When Using HeartCare

Gondi et al[4]: 44% Reduction in Biopsies with HeartCare



N=153 patients[4]

Henricksen et al[6]: 60% Reduction in Biopsies in Year 1 Post-transplant



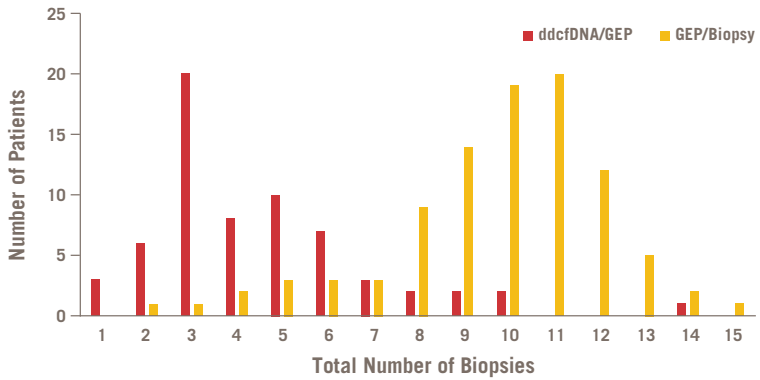
N=159 patients

HeartCare Allows for Reduction in Biopsies Without Impacting the Outcomes vs. GEP Alone

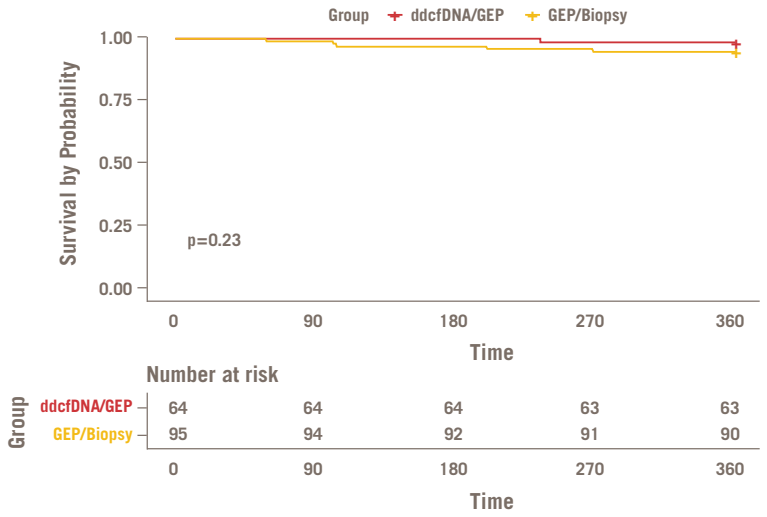
This independent study[6] compares paired use of AlloSure dd-cfDNA and AlloMap GEP testing against GEP testing alone

The results were similar to the post-transplant survival, rejection free survival and graft function at 1 year, while requiring significantly fewer endomyocardial biopsies

Total Biopsies in the First Year Post Transplant



First Year Rejection Free Survival from Acute Cellular Rejection 2R/3R by Protocol



Clinicians Rely on HeartCare When Making Clinical Decisions

An independent study[6] shows that clinicians find individual value in AlloMap and AlloSure, and use both tests for patient management

In patients with a High AlloSure and a Low AlloMap,
More than 75% of ACR Surveillance biopsies were deferred

Only AlloSure Heart

If 10 Patients had a High AlloSure

10 BIOPSIES

HeartCare Testing

If 10 Patients had a High AlloSure with a Low AlloMap

~2 BIOPSIES

~8 Biopsies Deferred

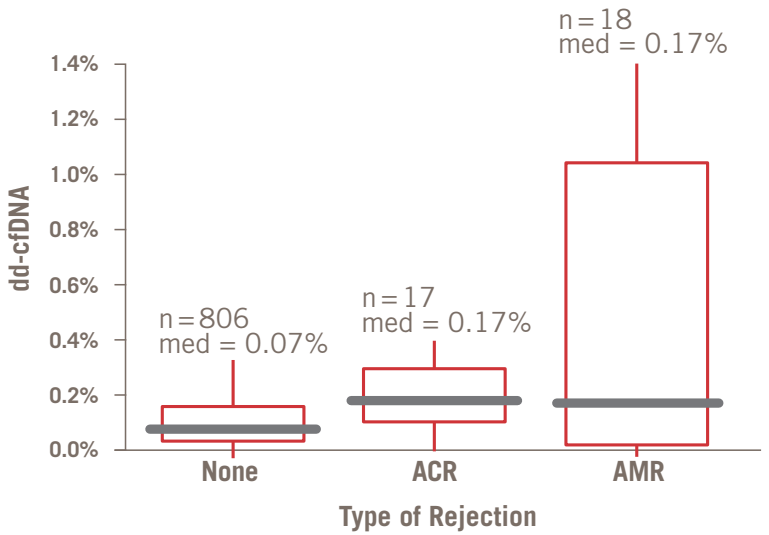
Data from Henricksen et al[6]

AlloSure Heart Has Been Clinically Validated to Differentiate Rejection vs. No Rejection

AlloSure Heart was clinically validated in the multi-center prospective D-OAR study[5]

Clinical Validation:

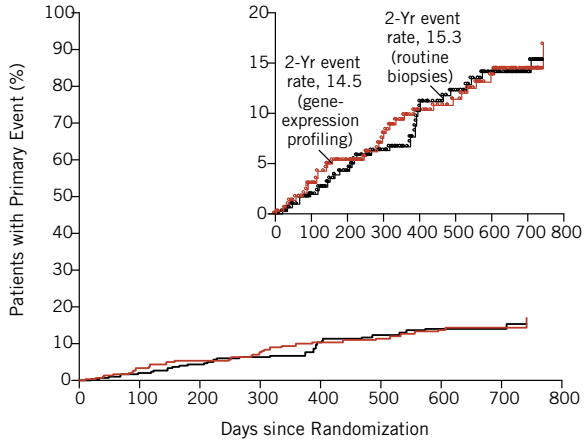
- **dd-cfDNA levels are over 2X greater in the rejection groups vs. the no rejection group**
- **No rejection vs. all rejection, p= 0.005**



- ACR = Grade 2R and Grade 3R
- Grades 0R and 1R are in the No Rejection group
- AMR = pAMR1 and pAMR2

AlloMap's Surveillance was Compared to Biopsy in the Landmark NEJM Paper[7]

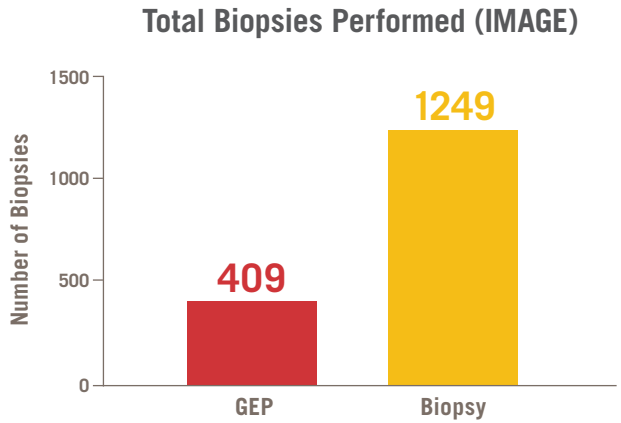
This was followed by the ISHLT-cited eIMAGE randomized trial[8] in which AlloMap was compared to biopsy beginning at 55 days after transplant.

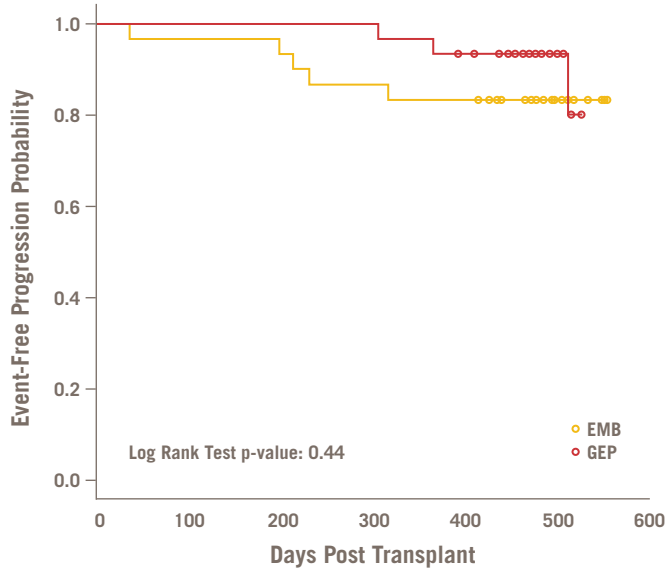


No. at Risk

Routine biopsies	305	278	252	221	181	160	137	137	73
Gene-expression profiling	297	273	252	207	177	162	133	130	36

Kaplan–Meier Estimates of the Time to the Composite Primary Outcome (in IMAGE): This image shows the time to the first occurrence of any of the following primary events: rejection with hemodynamic compromise, graft dysfunction due to other causes, death, or retransplantation. Only the first event that was part of the composite primary outcome was considered.



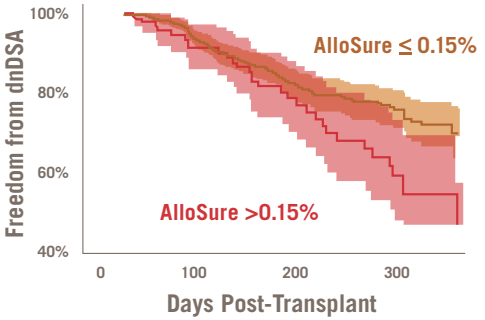


eIMAGE: Kaplan–Meier curve demonstrating probability of eventfree progression for GEP and EMB groups in the first 18 months post transplant

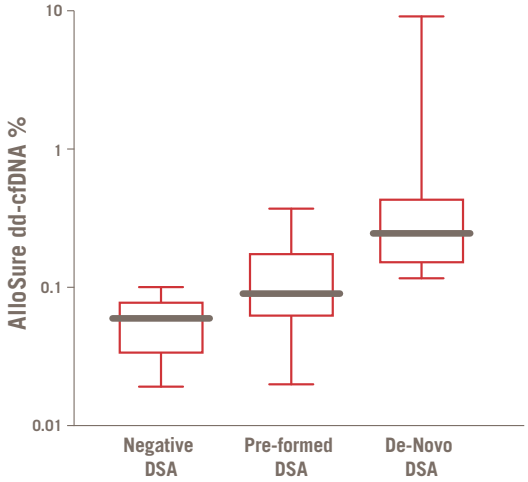
AlloSure Heart Can Provide Information on DSA and CAV

REJECTION

Patients with AlloSure Heart levels >0.15% were more likely to develop De Novo DSAs within year 1 post-transplant[9]

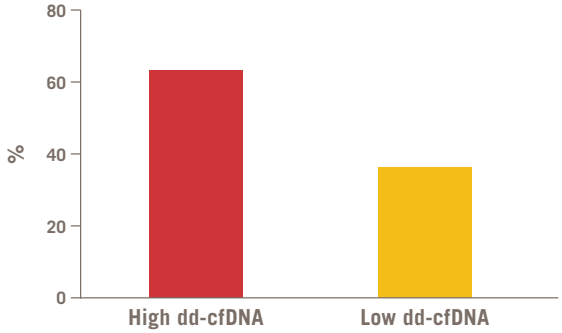


Elevated AlloSure Levels are an Independent Predictor for dnDSA (p<0.001)[10]



Elevated AlloSure Levels are Associated with Cardiac Allograft Vasculopathy[11]

	High dd-cfDNA	Low dd-cfDNA	P-value
CAV + n (%)	20(63)	9 (35)	0.047



Significant CAV was present in 63% of patients with high levels of dd-cfDNA compared to 35% in the low dd-cfDNA group (p=0.047)

HeartCare Has Been Clinically Validated in Multi-Center Prospective Studies Including >4,500 Patients

2006	**Cardiac Allograft Rejection Gene Expression Observation (CARGO)** First multicenter validation of GEP test to identify heart txp at low risk mod/severe rejection	***AJT***	**N = 222**
2010	**Invasive Monitoring Attenuation through Gene Expression (IMAGE)** Prospective, randomized, controlled, multi-center trial where Surveillance for rejection with AlloMap (gene expression profiling) was compared to routine biopsy (standard of care)	***NEJM***	**N = 602**
2015	**Early Invasive Monitoring Attenuation through Gene Expression (eIMAGE)** Randomized controlled trial comparing GEP to EMB as early as 55 days post transplant	***Circ: Heart Fail.***	**N = 60**
2016	**CARGO II** The CARGO II study validated the CARGO I study findings of GEP score performance in a predominantly European based cohort	***Eur Heart J.***	**N = 472**
2019	**Outcomes AlloMap® Registry (OAR)** Registry 5-year follow-up of patients from 2013-2019	***JHLT***	**N = 1,504**
2019	**Donor-derived cell free DNA Outcomes AlloMap Registry (D-OAR)** Subset of patients co-enrolled in OAR Prospective, Multi-center Registry with 26 Centers to determine whether dd-cfDNA level in a HT recipients' blood can differentiate rejection from no rejection	***AJT***	**N = 740**
2021	**Surveillance HeartCare Outcomes Registry (SHORE)** Prospective registry aimed to capture events in patients during their first 5 years post-transplant	**In progress**	**N = 2707**

The Evolution of AlloMap → AlloSure → HeartCare

2006 CARGO

2010 IMAGE

2015 eIMAGE

2016 CARGO II

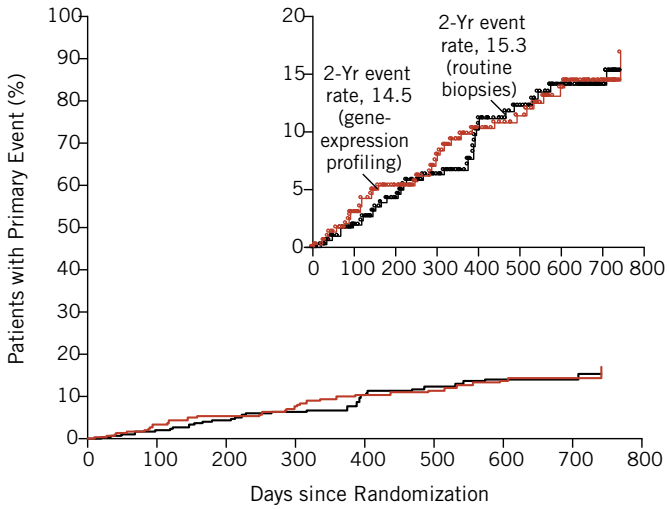
2019 OAR

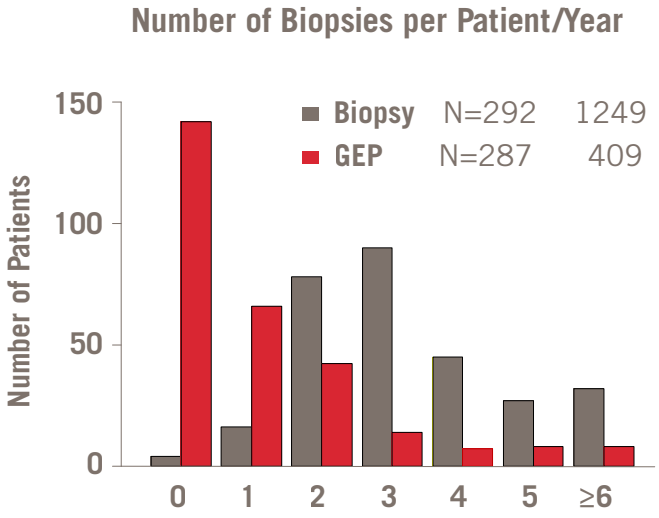
2019 D-OAR

2021 SHORE (in progress)

Invasive **M**onitoring **A**ttenuation through **G**ene **E**xpression (**IMAGE**) was a prospective, randomized, controlled, multi-center trial[7]

Surveillance for rejection with AlloMap® (gene expression profiling) was compared to routine surveillance biopsy (standard of care)





The Evolution of AlloMap→AlloSure→HeartCare

2006 CARGO

2010 IMAGE

2015 **eIMAGE**

2016 CARGO II

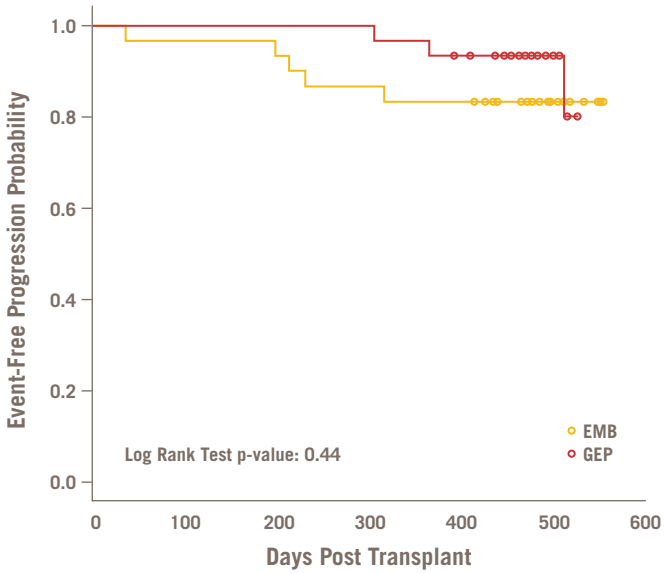
2019 OAR

2019 D-OAR

2021 SHORE (in progress)

Early **I**nvasive **M**onitoring **A**ttenuation through **G**ene **E**xpression (**eIMAGE**) was a single center, randomized, parallel 2-arm study beginning at **55 days** post heart transplant.[8]

- **The primary endpoints between GEP and EMB groups were compared (p= .45)**
- **Components of the composite primary endpoints were: first year IVUS results and 1 year echo LV ejection fraction**
- **Patient satisfaction score for method of surveillance at 1-year was higher in the GEP vs. EMB group (p = .003)**



Primary endpoint (composite): death or re-transplantation, hemodynamic compromise with rejection, graft dysfunction (hemodynamic compromise without rejection)

Co-primary endpoint: first-year IVUS changes post-transplant

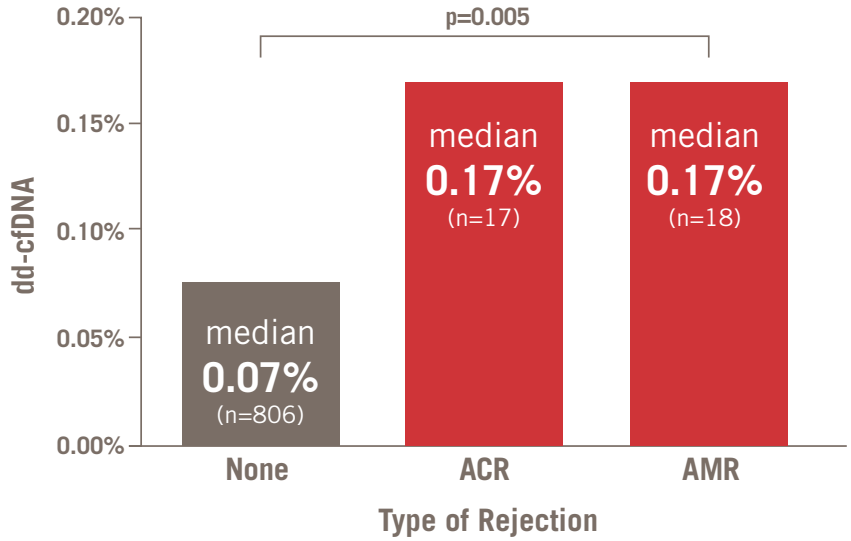
Kaplan–Meier curve demonstrating probability of eventfree progression for GEP and EMB groups in the first 18 months post transplant

The Evolution of AlloMap → AlloSure → HeartCare

2006 CARGO
2010 IMAGE
2015 eIMAGE
2016 CARGO II
2019 OAR
2019 D-OAR
2021 SHORE (in progress)

Donor-Derived Cell-Free DNA-**O**utcomes **A**lloMap **R**egistry (**D-OAR**) was a prospective, multi-center registry with 26 centers to determine whether dd-cfDNA level in a HT recipients' blood can differentiate rejection from no rejection.[5]

AlloSure levels were over 2x greater in the rejection groups vs. the no rejection group



ACR = 2R and 3R; AMR = pAMR1 and pAMR2

HeartCare - Summary

Proven multi-modality surveillance for heart transplant recipients.

HeartCare can be used to provide a comprehensive overview of graft injury and immune quiescence.

HeartCare can be used for post-transplant surveillance to identify stable patients who are at a higher than anticipated risk of current rejection

HeartCare can also better distinguish between the subset of the population with a higher probability of rejection than either AlloMap or AlloSure Heart alone

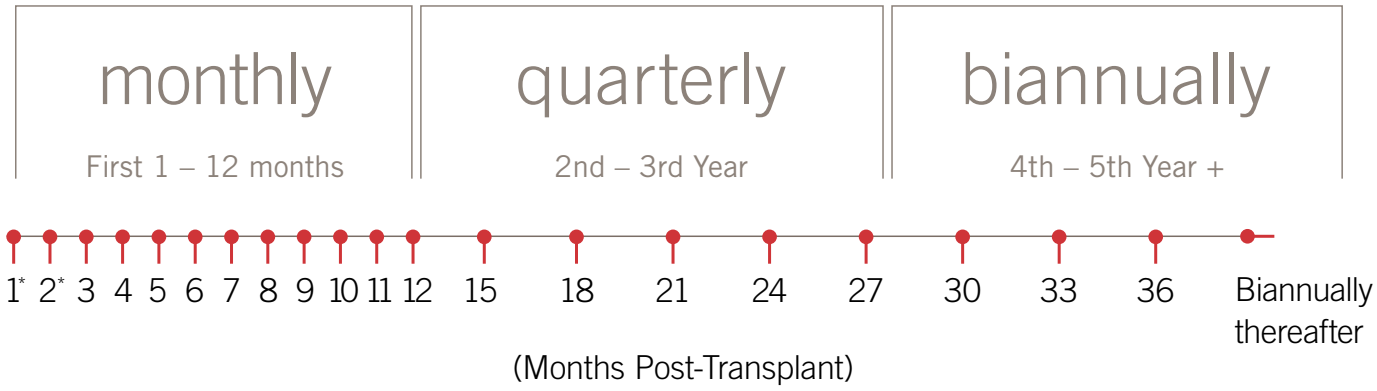
Two independent publications have demonstrated that with HeartCare, the avoidance of biopsies is superior to either AlloMap or AlloSure Heart alone

HeartCare Can Be Used For Longitudinal Surveillance

The Heart Allograft Routine Testing Schedule (HARTS)

The Heart Allograft Routine Schedule is recommended based upon the use of AlloMap in the IMAGE and eIMAGE trials and use in clinical practice. All testing should be performed when medically necessary, in accordance with a physician's guidance. The SHORE registry study is assessing the clinical utility of this testing interval.

HARTS Timeline



*Under FDA-cleared labeling, AlloMap is indicated for use in heart transplant patients who are ≥15 years old and ≥55 days post transplant. All specimens submitted for testing and billed to third party payers must support the medical necessity of testing when a test is ordered consistent with clinical judgment and applicable payer policies

https://clinicaltrials.gov/ct2/show/NCT03695601

Real-World HeartCare Surveillance*

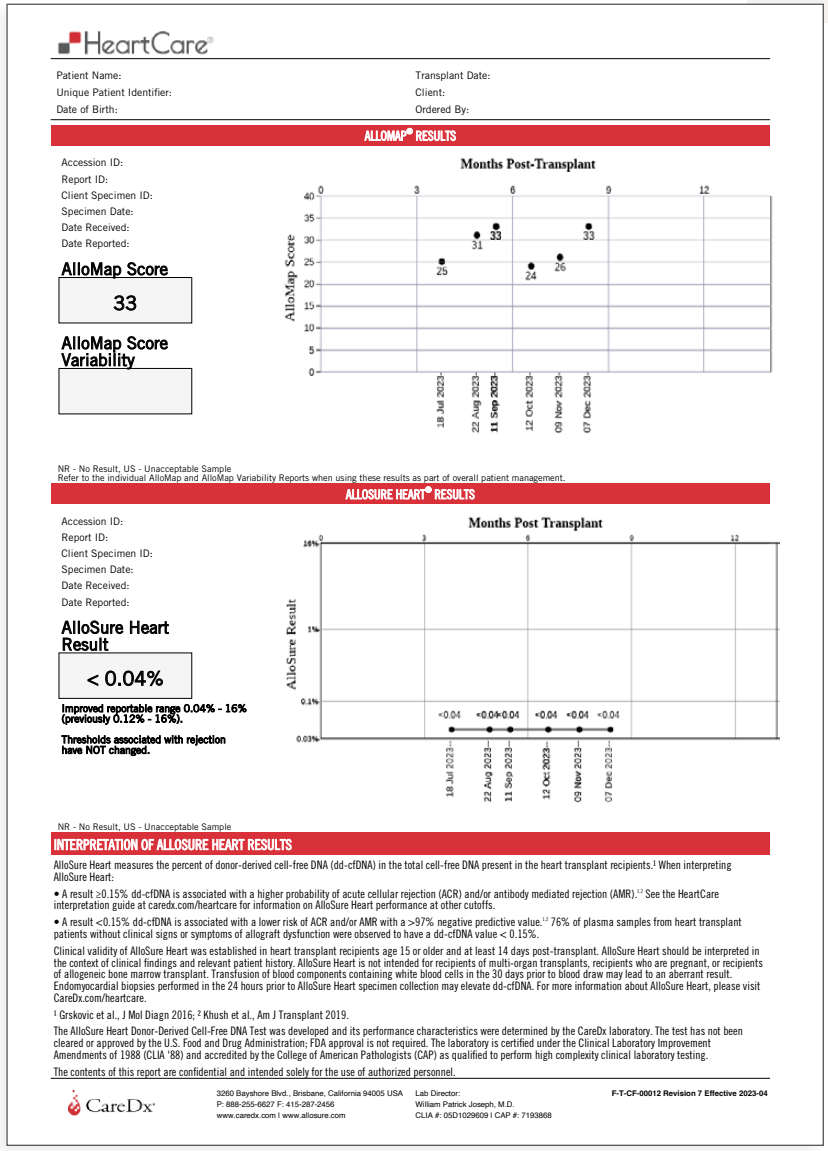
The Stanford University heart transplant protocol for rejection surveillance

Time	Surveillance	Donor Specific Antibody	Echocardiogram	Right Heart Catheterization
Week 2	Biopsy	If antibody crossed	—	Yes
Week 3	Biopsy	If antibody crossed	—	Yes
1 month	AlloSure/Biopsy	Yes	Limited	Yes
Week 6	AlloSure/Biopsy	—	—	Yes
2 months	HeartCare or Biopsy	—	Limited	Yes
3 months	HeartCare or Biopsy	Yes	—	Yes
4 months	HeartCare or Biopsy	—	Limited	—
5 months	HeartCare or Biopsy	—	—	—
6 months	HeartCare or Biopsy	Yes	Limited	—
8 months	HeartCare or Biopsy	—	—	—
10 months	HeartCare or Biopsy	Yes	—	—
12 months	HeartCare or Biopsy	Yes	Full or DSE if no angiogram	Yes
15 months	HeartCare or Biopsy	—	—	—
18 months	HeartCare or Biopsy	—	Limited	—
21 months	HeartCare or Biopsy	—	—	—
24 months	HeartCare or Biopsy	Yes	Full or DSE if no angiogram	Yes (if angiogram)

*This protocol is provided as an example only. All clinical decisions should be made directly by the referring provider.
DSE: Dobutamine Stress Echocardiogram

Sample Report - HeartCare

- **Individual test results (AlloMap or AlloSure Heart) are released when available on individual reports**
- **Combined HeartCare results are provided on an integrated report that includes both AlloMap and AlloSure Heart when both test results are available**



HeartCare®

Patient Name:
Unique Patient Identifier:
Date of Birth:
Transplant Date:
Client:
Ordered By:

ALLOMAP® RESULTS

Accession ID:
Report ID:
Client Specimen ID:
Specimen Date:
Date Received:
Date Reported:

AlloMap Score

33

AlloMap Score Variability

Months Post-Transplant

AlloMap Score

25 31 33 24 26 33

18 Jul 2023 | 22 Aug 2023 | 11 Sep 2023 | 12 Oct 2023 | 09 Nov 2023 | 07 Dec 2023

NR - No Result, US - Unacceptable Sample
Refer to the individual AlloMap and AlloMap Variability Reports when using these results as part of overall patient management.

ALLOSURE HEART® RESULTS

Accession ID:
Report ID:
Client Specimen ID:
Specimen Date:
Date Received:
Date Reported:

AlloSure Heart Result

< 0.04%

Improved reportable range 0.04% - 16% (previously 0.12% - 16%).

Thresholds associated with rejection have NOT changed.

Months Post Transplant

AlloSure Result

<0.04 <0.04 <0.04 <0.04 <0.04 <0.04

18 Jul 2023 | 22 Aug 2023 | 11 Sep 2023 | 12 Oct 2023 | 09 Nov 2023 | 07 Dec 2023

NR - No Result, US - Unacceptable Sample

INTERPRETATION OF ALLOSURE HEART RESULTS

AlloSure Heart measures the percent of donor-derived cell-free DNA (dd-cfDNA) in the total cell-free DNA present in the heart transplant recipients.[1] When interpreting AlloSure Heart:

- A result ≥0.15% dd-cfDNA is associated with a higher probability of acute cellular rejection (ACR) and/or antibody mediated rejection (AMR).[1,2] See the HeartCare interpretation guide at caredx.com/heartcare for information on AlloSure Heart performance at other cutoffs.
- A result <0.15% dd-cfDNA is associated with a lower risk of ACR and/or AMR with a >97% negative predictive value.[1,2] 76% of plasma samples from heart transplant patients without clinical signs or symptoms of allograft dysfunction were observed to have a dd-cfDNA value < 0.15%.

Clinical validity of AlloSure Heart was established in heart transplant recipients age 15 or older and at least 14 days post-transplant. AlloSure Heart should be interpreted in the context of clinical findings and relevant patient history. AlloSure Heart is not intended for recipients of multi-organ transplants, recipients who are pregnant, or recipients of allogeneic bone marrow transplant. Transfusion of blood components containing white blood cells in the 30 days prior to blood draw may lead to an aberrant result. Endomyocardial biopsies performed in the 24 hours prior to AlloSure Heart specimen collection may elevate dd-cfDNA. For more information about AlloSure Heart, please visit CareDx.com/heartcare.

[1] Grskovic et al., J Mol Diagn 2016; [2] Khush et al., Am J Transplant 2019.

The AlloSure Heart Donor-Derived Cell-Free DNA Test was developed and its performance characteristics were determined by the CareDx laboratory. The test has not been cleared or approved by the U.S. Food and Drug Administration; FDA approval is not required. The laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) and accredited by the College of American Pathologists (CAP) as qualified to perform high complexity clinical laboratory testing.

The contents of this report are confidential and intended solely for the use of authorized personnel.

CareDx®

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Ordering HeartCare

HeartCare may be ordered in several ways:

CarePortal

HeartCare may be ordered electronically, via the CarePortal. One-time tests or custom orders are available through the portal.

HeartCare Test Requisition Form (TRF)

A paper test requisition form is available for ordering HeartCare. Please contact Customer Care for delivery of the hardcopy HeartCare TRFs

Direct EMR Integration

HeartCare may be ordered directly from a hospital EMR by integrating with CareDx's lab software

SKIP TO SECTION:

Unmet Need

Introducing HeartCare

HeartCare as a Surveillance Tool

Monitoring Rejection and Beyond with HeartCare

Clinical Studies

Logistics Data

Your Partner in Transplant Care

Your Partner in Transplant Care

Solutions Throughout the Transplant Journey

A suite of innovative transplant management solutions, enabling more cohesive care

Operational Support and Quality Improvement

TxAccess™

Referral Management

Connects referring provider, transplant center, and patient data

XynCare™

Customizable Administrative Service

Manages specific tasks for a transplant center

XynQAPI®

Quality Management Software

Aggregates data and leverages predictive analytics to help transplant centers improve quality metrics

Informed Decision Support

AiKidney™

Informed Decisions

A suite of AI-derived offerings that leverage multiple clinical inputs to assist clinicians in making more informed decisions

AlloSure®

Donor-Derived, Cell-Free DNA

Provides early signal of allograft injury

HeartCare®

AlloMap + AlloSure

Provides insights into allograft injury and immune quiescence via dd-cfDNA and gene expression profiling

Patient Management

TheTransplantPharmacy™

Specialty Pharmacy

Provides comprehensive pharmacy support via Patient Care Teams to increase adherence

MedActionPlan®

Medication Management and Education

Simplifies complex medication regimens to increase adherence

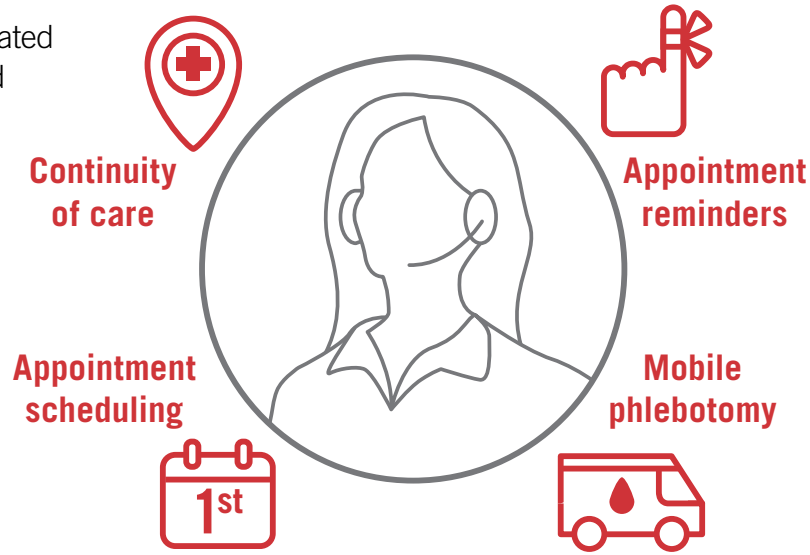
AlloHome™

Remote Patient Monitoring

Provides real-time, at home vital sign measurements

CareDx is Your Dedicated Partner in Transplant Care

CareDx supports our providers and patients by providing dedicated Patient Care Managers to facilitate appointment scheduling and blood draw logistics at no additional cost.*



Services

Patient Care Managers

Our Patient Care Managers include nurses and former transplant coordinators who understand the complexity in managing heart transplant patients.

RemoTraC®

CareDx provides mobile phlebotomy services for patient tests. There are no additional out of pocket costs beyond any coinsurance or deductible required by the patient's health plan.

MedActionPlan

CareDx offers a robust medication adherence platform to support transplant patients with better medication adherence to optimize their transplant outcomes

*CareDx provides specimen collection through mobile phlebotomists as part of its laboratory service so patients should not have additional out of pocket expenses beyond any coinsurance/deductibles required by their health plans for the test

HeartCare®

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