INVITAE KIDNEYCODE

KIDNEYCODE Program Eligibility Criteria

FM191-1

Patients with a suspected diagnosis of progressive renal disease are invited to take part in KIDNEYCODE, a sponsored genetic testing program brought to you by Reata Pharmaceuticals and Invitae Corporation. The patient must meet the eligibility criteria below to qualify for the program. Please fill out, print, and sign this form and include it when sending in the specimen. Additional information about the ordering process can be found at www.invitae.com/kidneycode. To submit orders for genetic testing outside of this program, please order through Invitae's online portal or use a standard requisition form, accessible at www.invitae.com/order-forms.

Patient first name	Patient MI	Patient last name	Date of birth (MM/DD/YYYY)

KIDNEYCODE PROGRAM ELIGIBILITY CRITERIA

Required patient information (please check all that apply):

☐ eGFR ≤ 90mL/min/1.73m^2

AND

At least one of the following (check all that apply):

☐ Hematuria

☐ Family history of kidney disease

☐ Biopsy confirming FSGS

OR

☐ Family member with a confirmed or suspected diagnosis of Alport syndrome or Focal Segmental Glomerulosclerosis (FSGS)

REATA KIDNEYCODE PROGRAM CLINICAL INFORMATION

Medical history (check all that apply):

☐ Hypertension
☐ Type 1 diabetes
☐ Type 2 diabetes
☐ Cardiovascular disease
☐ Hearing loss
☐ Eye disease that is NOT related to vision correction
☐ Renal replacement therapy
  ☐ Dialysis ☐ Transplant
☐ Had kidney biopsy (if yes, enter diagnosis below)
  Diagnosis: _____

Lab values (most recent):

Serum creatinine _____mg/dL
eGFR _____mL/min/1.73m^2
Urine albumin (ACR) _____ or Urine Protein (PCR) _____

Is the patient:

☐ Commercially insured
☐ Federally insured (Medicare, Medicaid, SCHIP, DOD TRICARE, VHA, or IHS)
☐ Uninsured

Has patient ever been diagnosed with any of the following forms of CKD:

☐ Diabetic related
☐ Hypertension related
☐ IgA nephropathy
☐ FSGS
☐ Alport syndrome
☐ APDKD
☐ Familial hematuria
☐ Benign familial hematuria
☐ Congenital familial hematuria
☐ Benign hereditary nephritis
☐ Thin basement membrane disease

Family history of CKD (check all that apply):

☐ Mother
☐ Father
☐ Son
☐ Daughter
☐ Sibilings
☐ Maternal grandmother or grandfather
☐ Paternal grandmother or grandfather

By signing this form, the medical professional acknowledges that the individual/family member authorized to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing, substantially as set forth in Invitae's Informed Consent for Genetic Testing (www.invitae.com/patient-consent) and in connection with the Program, and has been informed that Invitae may notify them of clinical updates related to genetic test results (in consultation with the ordering medical professional as indicated). The medical professional warrants that he/she will not seek reimbursement for this no-cost test from any third party, including but not limited to federal healthcare programs. The medical professional also hereby acknowledges that organization and clinician contact information provided in the order may be shared with third parties, including Reata Pharmaceuticals, that may contact the medical professional directly in connection with the Program, and that they have made the Patient aware that third parties including Reata Pharmaceuticals may contact their medical professional regarding de-identified information gathered through the Program. In addition to the above, I attest that I am the ordering physician, or I am authorized by the ordering physician to order this test, or I am authorized under applicable state law to order this test.

Medical professional signature (required)	Date