



PATIENT INFORMATION AND ACKNOWLEDGMENT FORM

Your healthcare provider would like to order the AdvanceAD-Tx gene expression profile (GEP) test for you. This form gives you information regarding what the test is and what it involves.

Purpose of the test:

The purpose of the AdvanceAD-Tx GEP test is to help your healthcare provider select a medication to help treat your moderate-to-severe atopic dermatitis (AD). It can be used in AD patients aged 12 years and older.

Some patients respond best to a class of medication called Janus kinase inhibitor (JAKi) while others may respond best to a class of medication called T-helper type 2 (Th2). Your healthcare provider will collect a non-invasive skin sample from one of your AD lesions. The test will examine gene-expression patterns from your skin sample to help identify which of these classes of medication would likely work best for you.

Risks / Benefits of testing:

There is no direct risk to you from having this test done. Conversely, it is not possible to tell if the information from the test result will provide direct benefit.

Your healthcare provider may use the AdvanceAD-Tx test result as part of your treatment planning. These results can provide additional information to guide discussions about your care, based always on what you and your healthcare provider determine is best.

Testing for gene expression analysis is not always 100% accurate. Additionally, this test may not capture all biological factors influencing how your atopic dermatitis behaves or responds to medication treatment.

If you have further questions about the test or would like more information, please contact the Castle Biosciences, Inc. customer service team at **866-788-9007, option #1**. You may also learn more about the AdvanceAD-Tx test on the web at [Castlebiosciences.com/advancead-tx](https://castlebiosciences.com/advancead-tx). Specific information regarding test results or how they apply to you can only be obtained from your healthcare team. An insurance claim may be submitted on your behalf to cover the cost of the test. If you have questions regarding the insurance claim submission process, please contact the Castle Biosciences reimbursement team at **866-788-9007, option #3**.

Acknowledgment statement:

By signing this form, you acknowledge you have been informed of, and agree with, your healthcare provider's intent to order AdvanceAD-Tx test.

Printed name/ Signature of patient

Date

Printed name/ Signature of person obtaining acknowledgment

Date

Date of sample collection

