Why choose Color?

Affordable and accessible genetic testing for hereditary cancer

- Color offers the lowest self-pay price of any comparable genetic test.
- Payment is simple and transparent for you and your patients.
- Complimentary access to our team of board-certified genetic counselors for both patients and providers.

Cutting-edge lab, team and processes generate results you can trust

- Our CAP-accredited and CLIA-certified laboratory uses the newest technology, including 2D barcoded tubes and advanced liquid-handling robots, to ensure the integrity of every result.
- Our Ph.D. and M.D. scientists use state-of-the-art tools to classify variants according to ACMG guidelines. Every clinically actionable variant that is reported is confirmed by another independent test methodology.
- Reported variants are re-reviewed every 6 months. Color will contact you and your patient if a variant is reclassified.

Color performed two blinded studies to assess the validity of our test[8]

700+	0	≥ 99.5%
Validation samples	False positives & negatives	Accuracy

Top institutions and scientists collaborate with Color to advance cancer research

Color partners with leading academic institutions. Our advisors include scientists and clinicians such as Mary-Claire King, PhD, recipient of the National Medal of Science and the scientist who discovered the BRCA1 gene.

UCSF UW Medicine Penn Medicine Abramson Cancer Center

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color.com/providers

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+1 (650) 651-7130 (Global)

For references visit color.com/brochurereferences.

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Help your patients learn their genetic risk for the most common hereditary cancers.

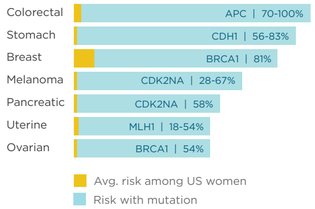
In partnership with BRCATEST UK

Importance of genetic testing

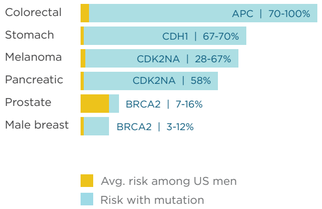
Inherited genetic mutations increase the lifetime risk of developing cancer

The 30 genes on the Color Test were selected based on their association with increased cancer risk. Mutations in the genes below may increase cancer risk as shown.[1-7]

Cancer risk for women with gene mutation



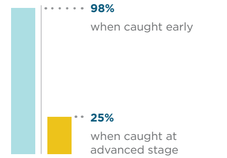
Cancer risk for men with gene mutation



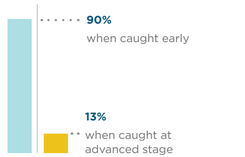
Early detection improves the odds of survival

The 5-year survival rates for the cancers covered by the Color Test increase dramatically when caught at an earlier and more treatable stage.

Breast cancer survival rate after 5 years



Colorectal cancer survival rate after 5 years



Knowing one's mutation status can be valuable information for relatives

Men are just as likely as women to pass a mutation on to their children, and daughters and sons are equally likely to inherit it. If an individual has a mutation, there is a 50% chance that their siblings and children also have the same mutation.

Genes covered by the Color Test

The Color Test analyzes the most relevant genes for mutations that could increase your patient's risk for breast, colorectal, melanoma, ovarian, pancreatic, prostate, stomach, and uterine cancers.

Gene	Breast	Ovarian	Uterine	Colorectal	Melanoma	Pancreatic	Stomach	Prostate*
BRCA1	•	•				•		•
BRCA2	•	•			•	•		•
MLH1		•	•	•		•	•	
MSH2		•	•	•		•	•	
MSH6		•	•	•			•	
PMS2***		•	•	•				
EPCAM**		•	•	•		•	•	
APC				•		•	•	
MUTYH				•				
MITF**					•			
BAP1					•			
CDKN2A					•	•		
CDK4**					•			
TP53	•	•	•	•	•	•	•	•
PTEN	•		•	•	•			
STK11	•	•	•	•		•	•	
CDH1	•						•	
BMPR1A				•		•	•	
SMAD4				•		•	•	
GREM1**				•				
POLD1**				•				
POLE**				•				
PALB2	•	•				•		
CHEK2	•			•				•
ATM	•					•		
NBN	•							•
BARD1	•	•						
BRIP1	•	•						
RAD51C		•						
RAD51D		•						

* Please note that research and screening guidelines for genes associated with hereditary prostate cancer are still in their early stages. It is part of the Color service to keep you updated if any information related to your results changes.

** Only positions known to impact cancer risk analyzed: CDK4: only chr12:g.58145429-58145431 (codon 24) analyzed, EPCAM: only large deletions and duplications including 3' end of the gene analyzed, GREM1: only duplications in the upstream regulatory region analyzed, MITF: only chr3:g.70014091 (including c.952G>A) analyzed, POLD1: only chr19:g.50909713 (including c.1433G>A) analyzed, POLE: only chr12:g.133250250 (including c.1270C>G) analyzed.

*** PMS2: Exons 12-15 not analyzed.

Using Color in your practice

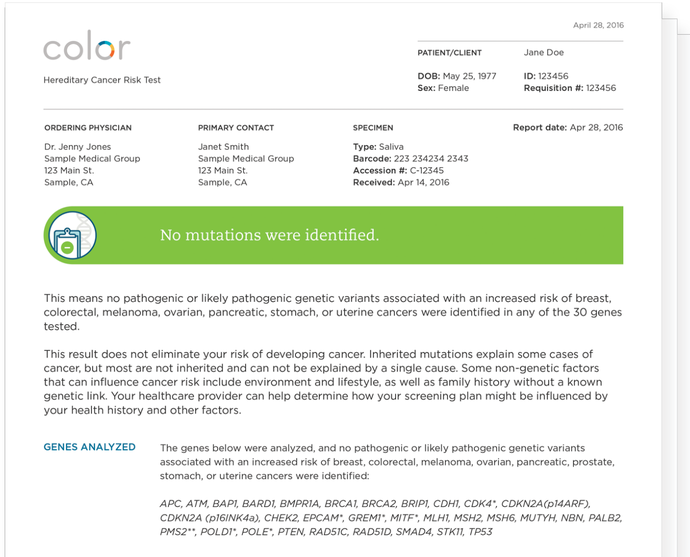
Color reports actionable information that directly impacts patient care

Genetic testing can help you develop tailored screening plans to improve the chances of early detection for your patients. You can consider using the Color Test for anyone who wants to know their hereditary risk for cancer including:

- Patients with a personal or family history of cancer
- Patients and their families with a known family mutation
- Patients with an ancestry that increases their chances of an inherited mutation
- Patients who do not meet criteria or have been denied by insurance
- Patients who are interested in learning more about their genetics

Your patient's privacy is our priority

Color takes privacy very seriously and only collects the information that is needed to provide a high-quality experience. We comply with HIPAA requirements regarding protected health information.



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Hereditary Cancer Risk Test

April 28, 2016

PATIENT/CLIENT Jane Doe

DOB: May 25, 1977 **ID:** 123456
Sex: Female **Requisition #:** 123456

ORDERING PHYSICIAN
Dr. Jenny Jones
Sample Medical Group
123 Main St.
Sample, CA

PRIMARY CONTACT
Janet Smith
Sample Medical Group
123 Main St.
Sample, CA

SPECIMEN
Type: Saliva
Barcode: 223 234234 2343
Accession #: C-12345
Received: Apr 14, 2016

Report date: Apr 28, 2016

No mutations were identified.

This means no pathogenic or likely pathogenic genetic variants associated with an increased risk of breast, colorectal, melanoma, ovarian, pancreatic, stomach, or uterine cancers were identified in any of the 30 genes tested.

This result does not eliminate your risk of developing cancer. Inherited mutations explain some cases of cancer, but most are not inherited and can not be explained by a single cause. Some non-genetic factors that can influence cancer risk include environment and lifestyle, as well as family history without a known genetic link. Your healthcare provider can help determine how your screening plan might be influenced by your health history and other factors.

GENES ANALYZED

The genes below were analyzed, and no pathogenic or likely pathogenic genetic variants associated with an increased risk of breast, colorectal, melanoma, ovarian, pancreatic, prostate, stomach, or uterine cancers were identified:

APC, ATM, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A(p14ARF), CDKN2A (p16INK4a), CHEK2, EPCAM*, GREM1*, MITF*, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2**, POLD1*, POLE*, PTEN, RAD51C, RAD51D, SMAD4, STK11, TP53*