Company Fact Sheet

natera®
Conceive. Deliver. Thrive.

About Natera

Natera® is a global leader in cell-free DNA testing. The mission of the company is to change the management of disease worldwide with a focus on reproductive health, cancer, and organ transplantation. The company offers proprietary testing services for physicians, researchers and clinicians in cancer including biopharmaceutical companies, and genetic laboratories through its cloud-based software platform.

Company Stats[1]

Founded in	IPO	Employees	>100 distribution partners in	Clinicians, PhDs, and scientists
2004	2015	>900	~90 countries	>100

Breakthroughs in Science and Technology

Reproductive Health

Pioneered SNP-based technology for use in non-invasive prenatal testing, products of conception, and pre-implantation genetic screening and diagnosis.

Over 2 million cell-free DNA cases reported[1]

Oncology

The first custom-built circulating tumor DNA (ctDNA) test for molecular residual disease detection and surveillance.

May detect molecular recurrence prior to clinical or radiological recurrence, with clinically meaningful lead times[2-7]

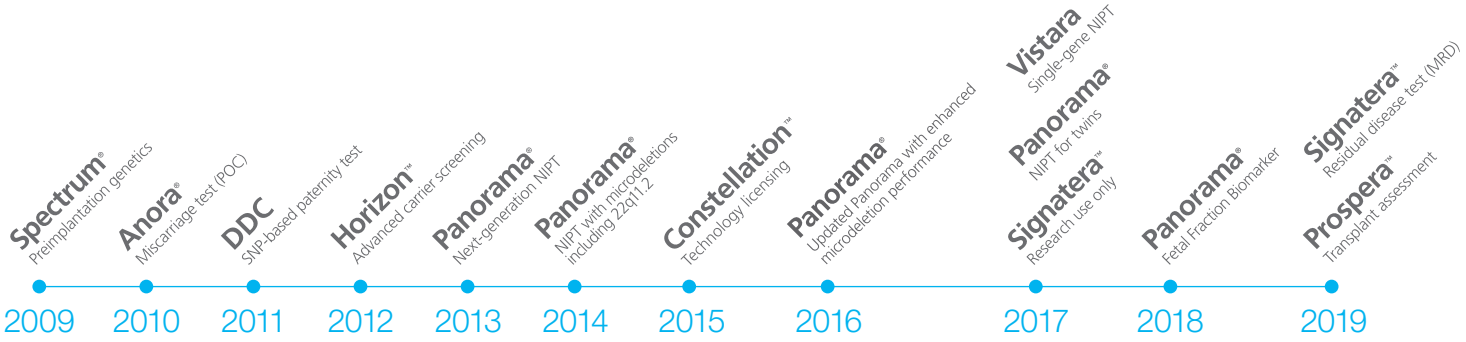
Organ Transplantation

Natera's core technology has been validated to precisely identify renal transplant rejection—even in difficult biologically-related donor-recipient cases.[8-11]

Identifies T cell-mediated rejection and subclinical rejection with high precision[8,10]

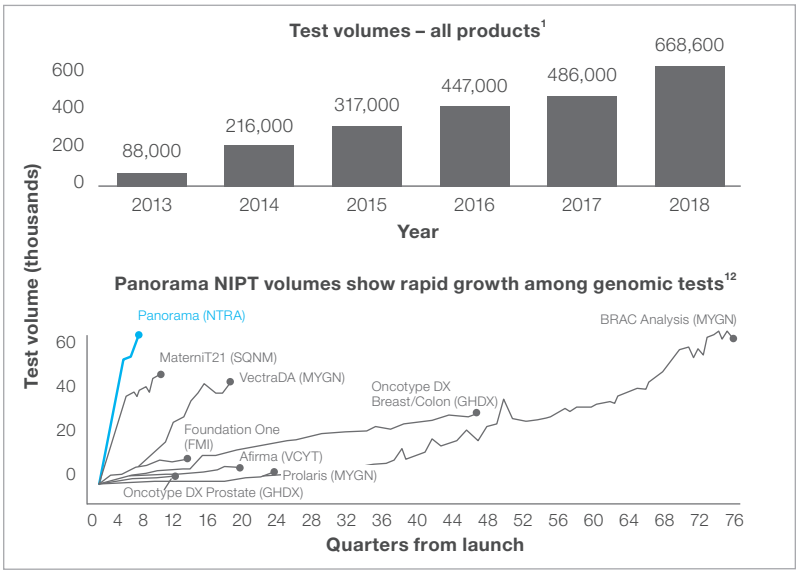
History of Product Innovations

~20% of revenue was reinvested in R&D in 2018[1]



Market Leader in Reproductive Health Genetic Testing

- The unique use of SNPs to analyze DNA allows Natera's Panorama® non-invasive prenatal test to achieve the industry's lowest false negative and false positive rates.[13-16]
- Only Panorama provides zygosity information in twin pregnancies,[17] and detects triploidy and complete molar pregnancies in singleton pregnancies.[16,18]
- Natera delivers a suite of high-quality products that support families in their journey from preconception to pregnancy, and birth.
- Products include: Horizon™ advanced carrier screening, Spectrum® preimplantation genetics, Panorama next-generation NIPT, Vistara single-gene NIPT, Anora® miscarriage test (POC), and Constellation™ technology licensing.



Pioneering Truly Personalized Cancer Care

- Signatera™ is the first circulating tumor DNA (ctDNA) assay custom-built for molecular residual disease (MRD) detection and surveillance in cancer.
- The Signatera method identifies 16 unique, clonal, somatic variants individualized to each patient's tumor, followed by multiplex PCR and ultra-deep sequencing for serial ctDNA analysis of whole blood samples.
- It is a highly sensitive and specific approach for detecting molecular residual disease in the blood and may identify recurrence months or years earlier than the standard of care.[2-7]
- The assay's pan-tumor potential has been demonstrated across multiple tumor types, including breast, bladder, colorectal, and lung.[2-7]

Pursuing Earlier, More Precise Assessment of Organ Transplant Rejection

- Natera is applying its expertise in cell-free DNA (cfDNA) to non-invasively identify organ transplant rejection before kidney transplant failure occurs.
- The Prospera™ test assesses kidney rejection by measuring the fraction of donor derived-cfDNA (dd-cfDNA) in the recipient's blood, without the need for prior donor or recipient genotyping.
- The test has been clinically and analytically validated for test performance regardless of donor relatedness,* rejection type, and clinical presentation.
- Studies show Prospera's superior precision and clinical accuracy, relative to other commercially available dd-cfDNA assays.[8-11]
- Prospera is the first dd-cfDNA assay with high sensitivity to both T cell-mediated and antibody-mediated rejection, and it is the first to identify subclinical rejection.[8-11]

*Except in cases of identical twins

References:
1. Natera data on file, November 2019. 2. Reinert T, et al. *JAMA Oncol.* 2019. 3. Ferlay J, et al. *Int J Cancer.* 2015;136(5):E359-E386. 4. Christensen E, et al. *J Clin Oncol.* 2019 Jun 20;37(18):1547-1557. 5_Coombes RC, et al. *Clin Cancer Res.* 2019 Jul 15;25(14):4255-4263. 6. Magbanua M, et al. San Antonio Breast Cancer Symposium. 2018 Jan. Abstract 1259. 7. Abbosh C, et al. *Nature.* 2017; 545(7655):446–451. 8. Sigdel TK, et al. *J Clin Med.* 2019;8(1):19. 9. Altug Y, et al. *Transplantation.* 2019 Feb. 10. Bloom RD, et al. *J Am Soc Nephrol.* 2017;28(7):2221-2232. 11. Grskovic M, et al. *J Mol Diagn.* 2016;18(6):890-902. 12. Adapted from Wells Fargo Securities Equity Research, 2016 June. 13. Nicolaides KH, et al. *Prenatal Diagn.* 2013 June;33(6) 575-9. 14. Pergament E, et al. *Obstet Gynecol.* 2014 Aug;124(2 Pt 1):210-8. 15. Ryan A, et al. *Fetal Diagn Ther.* 2016; 40(3): 219-223. 16. Nicolaides KH, et al. *Fetal Diagn Ther.* 2014; 35(3):212-7. 17. Norwitz ER, et al. *J Clin Med.* 2019 Jun;8(7). pii: E937. 18. Kirsten J Curnow, et al. *Am J Obstet Gynecol.* 2015 Jan;212(1):79.e1-79.e9.

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