Company Fact Sheet



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 Stats¹

Founded in 2004

2015

Employees >900

>100 distribution partners in ~ OO countries

Clinicians, PhDs, and scientists

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 reported¹

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 times²⁻⁷

Organ Transplantation

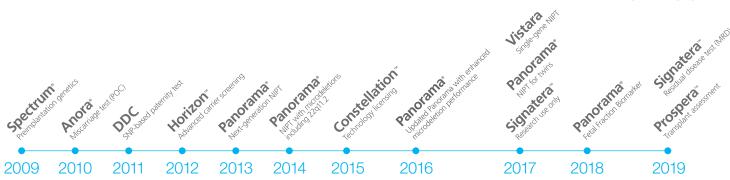


Natera's core technology has been validated to precisely identify renal transplant rejection—even in difficult biologically-related donorrecipient cases.⁸⁻¹¹

Identifies T cell-mediated rejection and subclinical rejection with high precision^{8,10}

History of Product Innovations

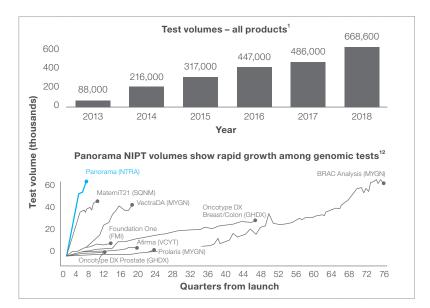
~20% of revenue was reinvested in R&D in 2018¹





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 singlegene 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

Heterances:

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(1):2221-2232. 11. Griskovic 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. 44. Pergament E, et al. Obstet Gymecol. 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 Gymecol. 2015 Jan;212(1):79.e1-79.e9.

