



*CareDx Securities Litigation*

ELECTRONIC CLAIM FILING GUIDELINES



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## Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Proofs of Claim and Release on behalf of themselves and/or others, as well as individuals or entities that are filing Proofs of Claim and Release with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

## Electronic Filing Requirements

### Complete and Sign a Proof of Claim and Release:

- One executed Proof of Claim and Release should be completed per submission. This Proof of Claim and Release serves as a master Proof of Claim and Release for one or all of the accounts included on your file. The Proof of Claim and Release is attached hereto as Appendix B.
- Separate Claims should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim should be submitted on behalf of one legal entity including all transactions made by that entity, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim).
- Complete the first page of the Proof of Claim and Release. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.
- Complete the signature page on the Proof of Claim and Release. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

### Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release. The cover letter must include the total number of accounts; total number of transactions; total number of shares purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.



**Prepare a data file:**

- An Excel spreadsheet or other electronic file containing account information and transactional data **MUST** be prepared in accordance with A.B. Data, Ltd.'s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from [www.CareDxSecuritiesLitigation.com](http://www.CareDxSecuritiesLitigation.com).

**NOTE: If you prepare your own Excel spreadsheet or other electronic claim file, it **MUST** contain each of the fields that appear in the A.B. Data Template, the fields must be in the same order as they appear in the A.B. Data Template, and each file must contain the same descriptive headings as appear in the A.B. Data Template.**

- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at [efiling@abdata.com](mailto:efiling@abdata.com) or you may call 877-423-0707 to speak to an Electronic Claims Filing Specialist.

**Mail your executed master Proof of Claim and Release with a cover letter and media format to:**

CAREDX SECURITIES LITIGATION  
ATTN: ELECTRONIC CLAIMS DEPARTMENT  
C/O A.B. DATA, LTD.  
PO BOX 173096  
MILWAUKEE, WI 53217

Or:

CAREDX SECURITIES LITIGATION  
ATTN: ELECTRONIC CLAIMS DEPARTMENT  
C/O A.B. DATA, LTD.  
3410 WEST HOPKINS STREET  
MILWAUKEE, WI 53216

**Documentation Requirements**

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release and file have been received and processed, even if you provided a letter/affidavit attesting to the truth and accuracy of the data when you initially submitted your file. documentation will be required to be from an independent source (e.g., trade confirmations, monthly statement, or equivalent) and it must be sufficient to verify the validity and accuracy of the data provided in the file.

**FAILURE TO COMPLY WITH THE REQUEST FOR ADDITIONAL DOCUMENTATION MAY RESULT IN THE REJECTION OF ALL CLAIMS IN YOUR ELECTRONIC SUBMISSION.**



## How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You **MUST** use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:

**If shares were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:**

- **SHARES RECEIVED INTO ACCOUNT:** You must account for any received shares by providing the opening position or original purchase or acquisition of these shares from the prior account.
- **SHARES DELIVERED OUT OF ACCOUNT:** You must account for any delivered shares by providing the sale and/or closing position from the subsequent account.
- **NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE:** You must provide the free receipt and/or free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

**If shares were transferred between accounts on your file, you must follow these instructions:**

- **DO NOT** claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the shares most recently should be the account claiming the eligible purchase or acquisition. These shares should already be accounted for in the sales and/or closing position of the most recent account.
- If shares were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales in a single claim. You must also include all opening and closing positions on the claim for that entity.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

## Claim Balancing

All securities for each Claim must balance. This means the opening position plus all purchases/acquisitions (including free receipts) from May 1, 2020, through and including February 1, 2023, **MUST EQUAL** the total sales (including free deliveries) from May 1, 2020, through and including February 1, 2023, plus the closing position. **(O+P+FR=S+FD+C)** for CareDx common stock.

Negative values may only be given for short opening or closing positions. All other transactions must be positive values.



## Appendix A

### Case Specific Information

CLASS DEFINITION:	All persons who purchased the publically traded common stock of CareDx, Inc. (“CareDx”) during the period from May 1, 2020 through November 2, 2022, inclusive.
CLAIM FILING DEADLINE:	November 12, 2025

**The following is a list of eligible Securities:**

SECURITY	TICKER	CUSIP	ISIN
CareDx, Inc. Common Stock	CDNA	14167L103	US14167L1035



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**Common Stock transactions for each account should include:**

<b>Transaction Type</b>	<b>Definition</b>	<b>Valid Dates</b>
<b>O</b>	Total shares held at the beginning of the Class Period.	Close of trading on April 30, 2020.
<b>P</b>	Purchases/acquisitions during the Class Period and 90 Day Lookback Period.	May 1, 2020 through February 1, 2023.
<b>FR</b>	Transfer into account during the Class Period and 90 Day Lookback Period.	May 1, 2020 through February 1, 2023.
<b>S</b>	Sales during the Class Period and 90 Day Lookback Period.	May 1, 2020 through February 1, 2023.
<b>FD</b>	Transfer out of account during the Class Period and 90 Day Lookback Period.	May 1, 2020 through February 1, 2023.
<b>C</b>	Total shares held at the close at end of 90 Day Lookback Period.	Close of trading on February 1, 2023.

**\*\*\*Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



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## Appendix B



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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

PLUMBERS & PIPEFITTERS LOCAL	)	Case No. 3:22-cv-03023-TLT (Securities Case)
UNION #295 PENSION FUND, Individually and	)	
on Behalf of All Others Similarly Situated,	)	<u>CLASS ACTION</u>
	)	
Plaintiff,	)	
	)	
vs.	)	
	)	
CAREDX, INC., et al.,	)	
	)	
Defendants.	)	
	)	

**PROOF OF CLAIM AND RELEASE FORM**

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must complete and sign this Proof of Claim and Release Form (“Claim Form”) and mail it by first-class mail to the below address, **received no later than November 12, 2025 or submit it online at the below website on or before November 12, 2025.**<sup>1</sup>

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to receive any money in connection with the Settlement.

**Do not mail or deliver your Claim Form to the Court, the parties to the Action, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth below.**

*CareDx Securities Litigation*  
c/o A.B. Data, Ltd.  
P.O. Box 173096  
Milwaukee, WI 53217  
Toll-Free Number: 1-877-423-0707

Email: [info@CareDxSecuritiesLitigation.com](mailto:info@CareDxSecuritiesLitigation.com)  
Website: [www.CareDxSecuritiesLitigation.com](http://www.CareDxSecuritiesLitigation.com)

<sup>1</sup> This Claim Form incorporates by reference the definitions in the Stipulation of Settlement (“Stipulation”), which can be obtained at [www.CareDxSecuritiesLitigation.com](http://www.CareDxSecuritiesLitigation.com)

## **PART I – INSTRUCTIONS**

### **A. GENERAL INSTRUCTIONS**

1. This Claim Form is directed to all persons who purchased CareDx, Inc. (“CareDx” or the “Company”) common stock during the period from May 1, 2020 through November 3, 2022, inclusive (the “Class Period”).<sup>2</sup> To recover as a member of the Class based on your claims in the action entitled *Plumbers & Pipefitters Local Union #295 Pension Fund v. CareDx, Inc., et al.*, No. 3:22-cv-03023-TLT (N.D. Cal.) (the “Action”), you must complete and, on page 7 hereof, sign this Proof of Claim and Release Form (“Claim Form”). If you fail to submit a properly addressed (as set forth in paragraph 3 below) Claim Form, your claim may be rejected, and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed settlement of the Action.

2. Submission of this Claim Form, however, does not assure that you will share in the settlement proceeds.

3. THE COURT-APPOINTED CLAIMS ADMINISTRATOR IN THIS CASE MUST RECEIVE YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, AT THE FOLLOWING ADDRESS OR WEBSITE:

*CareDx Securities Litigation*  
c/o A.B. Data, Ltd.  
Claims Administrator  
P.O. Box 173096  
Milwaukee, WI 53217  
[www.CareDxSecuritiesLitigation.com](http://www.CareDxSecuritiesLitigation.com)

YOUR CLAIM FORM MUST BE SUBMITTED ONLINE OR RECEIVED BY MAIL NO LATER THAN NOVEMBER 12, 2025.<sup>3</sup> If you are NOT a member of the Class, as defined below and in the Notice of: (i) Pendency of Class Action, Certification of Class, and Proposed Settlement and Plan of Allocation; (ii) Settlement Fairness Hearing; and (iii) Motion for an Award of Attorneys’ Fees and Litigation Expenses (the “Notice”), DO NOT submit a Claim Form.

4. If you are a member of the Class and you do not timely and validly request exclusion from the Class, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

5. It is important that you completely read and understand the Notice that can be found on the Settlement website, [www.CareDxSecuritiesLitigation.com](http://www.CareDxSecuritiesLitigation.com), including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

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<sup>2</sup> Excluded from the Class are Defendants, the officers and directors of the Company, at all relevant times, members of their immediate families, and their legal representatives, heirs, successors, or assigns, and any entity in which Defendants have or had a controlling interest. Also excluded from the Class are those persons and entities who timely and validly request exclusion from the Class pursuant to the Notice.

<sup>3</sup> Claim Forms that are legibly postmarked will be treated as received on the postmark date. Please be advised that the U.S. Postal Service may not postmark mail which is not presented in person.

## B. CLAIMANT IDENTIFICATION

1. If you purchased or otherwise acquired CareDx common stock during the Class Period and held the common stock in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or otherwise acquired CareDx common stock during the Class Period through a third party, such as a brokerage firm, you are the beneficial owner, and the third party is the record owner.

2. Use Part II of this form entitled “Claimant Information” to identify each purchaser or acquirer of record (“nominee”), if different from the beneficial purchaser or acquirer of the CareDx common stock which forms the basis of this claim. The complete name(s) of the beneficial owner(s) must be entered. **THIS CLAIM MUST BE FILED AND SIGNED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF CAREDx COMMON STOCK UPON WHICH THIS CLAIM IS BASED.**

3. All joint purchasers or acquirers must sign this Claim Form and be identified in Part II. Executors, administrators, guardians, conservators and trustees must complete and sign this Claim Form on behalf of persons represented by them and their authority must accompany this Claim Form and their titles or capacities must be stated. The last four digits of the Social Security Number (or full Taxpayer Identification Number) and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

4. **One Claim Form should be submitted for each separate legal entity.** Separate Claim Forms should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual’s name). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

5. By submitting a signed Claim Form, you will be swearing that you:

- (a) own or owned the CareDx common stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

## C. CLAIM FORM

1. Use Part III of this form entitled “Schedule of Transactions in CareDx Common Stock” to supply all required details of your transaction(s) in CareDx common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to all of your purchases and all of your sales of CareDx common stock that took place at any time on or between and including May 1, 2020, through February 1, 2023, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim. Also, list the number of shares of CareDx common stock held at the close of trading on April 30, 2020, November 3, 2022, and February 1, 2023.

3. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

4. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of CareDx common stock set forth in the Claim Form. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. **THE PARTIES AND THE CLAIMS ADMINISTRATOR DO NOT INDEPENDENTLY HAVE INFORMATION ABOUT YOUR INVESTMENTS IN CAREDx COMMON STOCK. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

5. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, or its *pro rata* share of the Net Settlement Fund, provided any such share is \$10.00 or more. If the prorated payment to any claimant calculates to less than \$10.00, no payment shall be made to that claimant.

6. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, A.B. Data, Ltd., at the address on the first page of the Claim Form, by email at [info@CareDxSecuritiesLitigation.com](mailto:info@CareDxSecuritiesLitigation.com), or by toll-free phone at 1-877-423-0707, or you can visit the website, [www.CareDxSecuritiesLitigation.com](http://www.CareDxSecuritiesLitigation.com), where copies of the Claim Form and Notice are available for downloading.

7. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the ***mandatory*** electronic filing requirements and file layout, you may visit the Settlement website at [www.CareDxSecuritiesLitigation.com](http://www.CareDxSecuritiesLitigation.com) or you may email the Claims Administrator's electronic filing department at [info@CareDxSecuritiesLitigation.com](mailto:info@CareDxSecuritiesLitigation.com). **Any file not in accordance with the required electronic filing format will be subject to rejection.** Only one claim should be submitted for each separate legal entity (*see* above) and the ***complete*** name of the beneficial owner(s) of the securities must be entered where called for (*see* above). **No electronic files will be considered to have been submitted unless the Claims Administrator issues an email to that effect. Do not assume that your file has been received until you receive this email. If you do not receive such an email within ten (10) days of your submission, you should contact the electronic filing department at [info@CareDxSecuritiesLitigation.com](mailto:info@CareDxSecuritiesLitigation.com) to inquire about your file and confirm it was received.**

## **PART II: CLAIMANT INFORMATION**

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Beneficial Owner's Name (First, Middle, Last) or Entity Name (if claimant is not an individual):

Joint Beneficial Owner's Name (if applicable) (First, Middle, Last):

Name of Representative, if applicable (executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner:

Street Address (Street Name and Number):

Address 2 (apartment, unit, or box number):

City

State

Zip Code/Province Code

Country

--	--	--	--

Social Security Number (Last four digits only) or Taxpayer Identification Number (last four digits):

Telephone Number (Home):

Telephone Number (Cell):

--	--

Email Address:

Account Number (if filing for multiple accounts, file a separate Claim Form for each account):

Claimant Account Type (check appropriate box):

Individual (includes joint owner accounts)	<input type="checkbox"/>	Pension Plan	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Estate	<input type="checkbox"/>
IRA/401k	<input type="checkbox"/>	Trust	<input type="checkbox"/>

Other \_\_\_\_\_ (please specify)

**PART III: SCHEDULE OF TRANSACTIONS IN CAREDX COMMON STOCK**

Please be sure to include proper documentation with your Claim Form as described in detail in ¶C.4 of the Instructions. Do not include information regarding securities other than CareDx common stock.

**1. HOLDINGS AS OF APRIL 30, 2020** – State the total number of CareDx common stock held at the close of trading on April 30, 2020. (Must be documented.) If none, write “zero” or “0.”

**2. PURCHASES/ACQUISITIONS OF CAREDX COMMON STOCK** – Separately list every purchase/acquisition of CareDx common stock from after the opening of trading on May 1, 2020, through February 1, 2023, inclusive<sup>4</sup> (Must be documented.):

**IMPORTANT: If any purchase listed covered a “short sale,” please mark Yes: ☐ Yes**

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

**3. SALES OF CAREDX COMMON STOCK** – Separately list each sale/disposition of CareDx common stock from after the opening of trading on May 1, 2020, through and including the close of trading on February 1, 2023. (Must be documented.)

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

**4. END HOLDINGS** – State the total number of shares of CareDx common stock held as of the close of trading on November 3, 2022. If none, write “zero” or “0.” (Must be documented.)

**5. END HOLDINGS** – State the total number of shares of CareDx common stock held as of the close of trading on February 1, 2023. If none, write “zero” or “0.” (Must be documented.)

**If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.**

<sup>4</sup> Information requested about your purchases or acquisitions on November 4, 2022, through and including the close of trading on February 1, 2023, is needed only in order for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases or acquisitions during this period are not eligible for a recovery because they were made outside the Class Period.

**YOU MUST READ AND SIGN THE RELEASE ON PAGE 7. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**

**PART IV – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

I (We) submit this Claim Form under the terms of the Stipulation described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of California with respect to my (our) claim as a Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases or sales of CareDx common stock during the Class Period and know of no other Person having done so on my (our) behalf.

**PART V – RELEASES, WARRANTIES AND CERTIFICATION**

1. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Stipulation and that I am (we are) not excluded from the Class.

2. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever release, relinquish, waive, and discharge all of the Released Claims (including Unknown Claims) against each and all of the Released Defendants Parties (as these terms are defined in the Stipulation).

3. This release shall be of no force or effect unless and until the Court approves the Stipulation and it becomes effective on the Effective Date.

4. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof and have not submitted any other claim covering the same purchases of CareDx common stock and know of no other person having done so on my (our) behalf.

5. I (We) hereby warrant and represent that I (we) have included all requested information about all of my (our) purchases of CareDx common stock during the Class Period, as well as the number of shares held at the close of trading on April 30, 2020, November 3, 2022, and February 1, 2023.

6. The number(s) shown on this form is (are) the correct SSN/TIN(s).

7. I (We) waive the right to trial by jury, to the extent it exists, and agree to the determination by the Court of the validity or amount of this claim, and waive any right of appeal or review with respect to such determination.

8. I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of §3406(a)(1)(C) of the Internal Revenue Code.

(NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out the prior sentence.)

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ (Month/Year), in \_\_\_\_\_, \_\_\_\_\_. (City) (State/Country)

---

Signature of Claimant

---

Signature of Joint Claimant, if any

---

Print Name of Claimant

---

Print Name of Joint Claimant, if any

---

(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor, or Administrator)

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above release and acknowledgment.
2. Remember to attach copies of supporting documentation.
3. Do not send original stock certificates. Attach only ***copies*** of acceptable supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. If you move, please send us your new address.
6. If you have any questions or concerns regarding your claim, contact the Claims Administrator at *CareDx Securities Litigation*, c/o A.B. Data, Ltd., P.O. Box 173096, Milwaukee, WI 53217, by email at [info@CareDxSecuritiesLitigation.com](mailto:info@CareDxSecuritiesLitigation.com), or by toll-free phone at 1-877-423-0707, or you may visit [www.CareDxSecuritiesLitigation.com](http://www.CareDxSecuritiesLitigation.com). DO NOT call CareDx, the other Defendants, or their counsel with questions regarding your claim.

## **Appendix C**

### **Authorization Requirements**

**If you are a nominee filing on behalf of your account holders, you must include the following documentation:**

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proofs of Claim and Release on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; and
- Authorization to sign on your account holders' behalf.

**If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:**

- Your entity has the legal right and authorization from the nominee to file and sign any Proofs of Claim and Release on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proofs of Claim and Release on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the Action.

**If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:**

- Your entity has the legal right and authorization from the other party to file and sign any Proofs of Claim and Release on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the Action.

**If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claim as follows:**

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Settlement Class Period through the end of the Settlement Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



**Appendix D**  
**Sample Cover Letter**

LETTERHEAD

Re: *CareDx Securities Litigation*

Date:

Enclosed is a fully executed master Proof of Claim and Release with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for CareDx common stock as well as the opening and closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of CareDx common stock shares purchased or acquired [##.##] for the amount of [\$0.0000] and CareDx common stock shares sold [##.##] for the amount of [\$0.0000] can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).



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## Appendix E

### Electronic Claim Filing Template Mapping Instructions

Column	Field Name	Max Length	CareDx (CDNA) Common Stock FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = Foreign.
F	Care of:	40	Name of the entity to which items should be mailed.
G	Attn:	40	Name of the person to whose attention items should be mailed.
H	Street 1	40	Street Address 1
I	Street 2	40	Street Address 2
J	City	25	City
K	State	2	State
L	Zip Code	5	Zip code
M	Province	40	NON-US ONLY: Province and Postal Code for fund distribution.
N	Country	40	Country
O	CUSIP/ISIN	10	CUSIP number or ISIN for common stock.
P	Transaction Type/Holdings	2	<b>O</b> = Opening position - shares held at close of trading on April 30, 2020. <b>P</b> = Purchases made between May 1, 2020 through February 1, 2023, inclusive; <b>FR</b> = Free receipts made between May 1, 2020 through February 1, 2023, inclusive; <b>S</b> = Sales made between May 1, 2020 through February 1, 2023, inclusive; <b>FD</b> = Free deliveries made between May 1, 2020 through February 1, 2023 inclusive; <b>C</b> = Closing position – shares held at close of trading on February 1, 2023.
Q	Trade Date (MM/DD/YYYY)	10	Trade date for transaction or holding date for closing position.
R	Number of Shares of Stock	19	Number of shares associated with a transaction. No commas: use decimal point if needed. Up to four digits after decimal point.
S	Price Per Share <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Price per share (USD), excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.

**\*All eligible common stock shares for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period and 90-Day Lookback Period MUST EQUAL the total sales and free deliveries during the Class Period and 90-Day Lookback Period plus the closing position (O+P+FR=S+FD+C).**

**\*You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

**Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation.**



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## Appendix F

### Electronic Claim Filing Template Mapping Instructions Wire Request (Optional)

Column	Field Name	Max Length
A	Settlement Name	
Domestic Wire		
B	Beneficiary Name*	
C	Beneficiary Account #*	25
D	Bank Routing # (ABA#)*	9
E	Bank Name*	
F	Bank Address*	
G	Further Credit or other instructions	
International Wire***		
I	Swift #*	11
J	Bank Name*	
K	IBAN #*	34
L	Currency*	
M	Country	
N	Beneficiary Address	
O	Intermediary Bank Name	
P	Intermediary Bank Routing # (ABA#)	9
Q	Further Credit or other instructions	

**\*Required Fields**

**\*\*Eligible claims that meet the requirements for a share of the distribution in this submission, will be paid via mailed check unless the wire template is filled out in its entirety. Any missing or inaccurate information provided will result in default of the payment being sent via mailed check. The Claims Administrator reserves the right to send paper checks for any payment.**

**\*\*\*If wire details are for a domestic transfer, please leave international wire section blank.**