

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number (Last four digits only) or Taxpayer Identification Number (last four digits):

Telephone Number (Home):

Telephone Number (Cell):

<input type="text"/>	<input type="text"/>
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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)

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Signature of Claimant

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Signature of Joint Claimant, if any

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Print Name of Claimant

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Print Name of Joint Claimant, if any

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(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.