Fax

StemExpress
Concord
209-343-3880
Holly/Clarissa
12/4/12

Comments:

Next Days Schedule: Potential Patients: US/MAB ____________ PT ____________ ROB ____________ AB ____________
Time of First Appt: ____________
Send To: StemExpress Concord
500 Bay Rd 3880 Clarissa
Date: 12/06/12
Total Pages: (Includes Cover)

Fax

Comments:

Next Days Schedule: Potential Patients: US/MAB PT ROB AB

Time of First Appt: __________
<table>
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<tbody>
<tr>
<td>Blood</td>
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<tr>
<td>Total</td>
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<table>
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<tr>
<th>Number of Consents Signed</th>
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<tbody>
<tr>
<td>Number of Appointments Kept</td>
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<tr>
<td>Number of Appointments Scheduled</td>
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<table>
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<tr>
<th>Name</th>
<th>Melissa</th>
<th>Location</th>
<th>Date</th>
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<tbody>
<tr>
<td>Melissa</td>
<td>Concord</td>
<td>1/4/12</td>
<td></td>
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High Request Organs such as Liver, Thymus, Pancreas, Heart.
Delivery Instructions:  ☑ Billed/Recipient  □ Billed/StemExpress

Ship To:

Name  CINDY CISNEROS/DESIREE HOLLEMON  Email:  ccisneros@ariosadx.com

C/O  ARIOSA DIAGNOSTICS  Email 2:  dhollemon@ariosadx.com

Address  5945 OPTICAL COURT  Email 3:

Address 2

City  SAN JOSE  State  CA  Zip  95138  Cell Phone

Country  USA  Alt. Phone #

FedEx Account  3334-0773-6  Tracking #  8010 3927 3797

Ref#  PO#449  Local Delivery:  □ AM  □ PM  Deliver By

Procurement Tech  26  Additional Techs  23  Location  Concord

<table>
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<th>PATIENT#</th>
<th>SPEC#</th>
<th>GEST</th>
<th>SPECIMEN</th>
<th>SEX</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| 01B  | 0830 | 1206122601B | NP002121 | 10.2wks | Maternal Blood | F | 40cc  
|     |      |           |        |       |           |    | Age: 24  
|     |      |           |        |       |           |    | Ethnicity: White |
TDx-003 Case Report Form

CHECK EACH ITEM AFTER COMPLETING
1. Collect blood tubes and invert each tube 10 times ✓
2. Complete all items on this form ✓
3. Prepare blood samples to send to sponsor ✓

1. Date of Blood Draw (MM/DD/YYYY, example 10/31/2010): 12/06/2012
3. Number of blood tubes collected: 4
4. Clinical site name: STEW
5. Name of person completing this form: 26
6. Mother’s age (years): 24    7. Current Gestational age: 10 weeks 2 days
8. Ethnicity of subject (check all that apply):
   ☑ White    ☐ Hispanic    ☐ Black    ☐ Asian    ☐ Other, specify: 
9. Date of previous study blood draw, if applicable (MM/DD/YY): N/A

Comments:

Questions? Call (408) 299-7500 or email clinical@ariosadx.com