Chugai Pharmaceutical Co., Ltd.
Ver. 2 (November 2020)

Application for Disclosure of Sequence Data

/ / (MM / DD / YYYY)

In accordance with Article 28 of the "Act on the Protection of Personal Information", I request a test contractor, Foundation Medicine, Inc. ("FMI" hereinafter), located in the United States, to disclose the sequence data.

<table>
<tr><td rowspan="5">Individual</td><td rowspan="3">Japanese</td><td colspan="2">Zip code / Address</td></tr>
<tr><td>Furigana
Name</td><td>Tel
( ) -</td></tr>
<tr><td colspan="2">Email address *mobile/smartphone specific address is not valid
@</td></tr>
<tr><td rowspan="3">English*</td><td colspan="2">Zip code / Address</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">First name Last name</td></tr>
<tr><td>Proxy

Enter when application is made by proxy</td><td>Japanese</td><td colspan="2">Zip code / Address</td></tr>
<tr><td></td><td>Furigana
Name</td><td>Tel
( ) -</td></tr>
</table>

* Used for application to FMI

Note: Disclosure of sequence data is delivered on a storage medium, not in writing. It will also be sent directly from FMI to the address indicated on the copy of your public certificate. Please be aware that in the case that you do not receive the data, it is possible that someone else at your address may receive them. However, in case we cannot send the data physically, we may contact you via the email address you provided regarding how to retrieve sequence data.

I request for the disclosure of sequence data upon full understanding of the above and "Explanation Document on Procedures for Providing Sequence Data" (see the attached).

Date of Signature _____ Signature (Individual) _____

Date of Signature _____ Signature (Proxy*) _____

* For application by proxy, it must be signed by both Individual and Proxy. Provided, however, that only if it is difficult for the Individual to sign, consent of the Individual is deemed to have been obtained with the signature of Proxy.

For use by medical institution

JRF No.*	0	4	-					-								
Name of medical institution																

* Test request number on the Chugai FMI Portal System

We certify that the above JRF No. is the test that the Applicant received.

Affiliation _____

Date of Signature _____ Signature _____

Chugai Pharmaceutical Co., Ltd.
Ver. 2 (November 2020)

Entry Example

Application for Disclosure of Sequence Data

/ / (MM / DD / YYYY)

In accordance with Article 28 of the "Act on the Protection of Personal Information", I request a test contractor, Foundation Medicine, Inc. ("FMI" hereinafter), located in the United States, to disclose the sequence data.

Individual	Japanese	Zip code / Address 123-4567 東京都 千代田区 丸の内 〇－〇－〇	
		Furigana トウキョウ タロウ Name 東京 太郎	Tel (000) 1234-5678
		Email address *mobile/smartphone specific address is not valid ttaro@xxxxx	
	English*	Zip code / Address 〇－〇－〇 Marunouchi Chiyoda-ku Tokyo, Japan	
		First name Taro Last name Tokyo	
Proxy Enter when application is made by proxy	Japanese	Zip code / Address	
		Furigana Name	Tel ( ) -

Please state the exact address on the official certificate in Japanese and English.

* Used for application to FMI

Note: Disclosure of sequence data is delivered on a storage medium, not in writing. It will also be sent directly from FMI to the address indicated on the copy of your public certificate. Please be aware that in the case that you do not receive the data, it is possible that someone else at your address may receive them. However, in case we cannot send the data physically, we may contact you via the email address you provided regarding how to retrieve sequence data.

I request for the disclosure of sequence data upon full understanding of the above and "Explanation Document on Procedures for Providing Sequence Data" (see the attached).

It must be signed by the Individual.

Date of Signature _____ Signature (Individual) _____

Date of Signature _____ Signature (Proxy*) _____

* For application by proxy, it must be signed by both Individual and Proxy. Provided, however, that only if it is difficult for the Individual to sign, consent of the Individual is deemed to have been obtained with the signature of Proxy.

For use by medical institution

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Affiliation _____

Date of Signature _____ Signature _____