

## Sponsored Testing Program

Aeglea BioTherapeutics, Inc.

### PR202 AAQP Sponsored Program, Plasma

This form must be filled out completely and included with the specimen to participate in the sponsored testing program. The Amino Acids Program is intended for Health Care Providers with patients suspected of Hereditary Spastic Paraplegia. Confirm that the patient meets the eligibility requirements for the program. The eligibility criteria are:

- 40 years of age or less
- Diagnosed with Hereditary Spastic Paraplegia (no pathogenic variant by genetic sequencing)

### Patient Information (required)

Patient ID (Medical Record No.)*	
Patient Name (Last, First, Middle)*	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm-dd-yyyy)*
Collection Date (mm-dd-yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Client Order Number/Tube Accession Number	
Referring Provider Name (Last, First)	

\*Two of these identifiers must be found on the tube label.

### Fax Reports To (required)

Name (Last, First, Middle)
Fax* (with area code)

\*Fax number given must be from a fax machine that complies with applicable HIPAA regulation.

Your participation in this program includes the following:

- Since Aeglea is reimbursing Mayo Clinic Laboratories (MCL) for the cost of the test, you agree not to seek reimbursement from any third-party payer or the patient for the cost of this test.
- You are authorizing MCL to share your name and contact information (as ordering health care provider) as well as certain de-identified data about your patient's results with Aeglea for research and commercial purposes. Aeglea will not share the data with any third party, but may contact you directly in connection with the program or Aeglea products.
- You understand Aeglea has the right to discontinue the program at any time.
- You understand that the use of this sponsored test is not intended to be, nor should it be construed as, an obligation or inducement for you to recommend, purchase, order, prescribe, promote, administer, or otherwise support any Aeglea product.

### Test Requested

Test ID <b>PR202</b>	Test Name <b>AAQP Sponsored Program, Plasma</b>
-------------------------	--

### Provider Consent (required)

Submitting Provider Name (Last, First)		
Provider Consent Signature ▶		
Provider Consent Date (mm-dd-yyyy)		
Ordering Facility Name		
Mayo Clinic Laboratories Account Number (if unknown, use account 7040496)		
Phone (with area code)		
Ordering Facility Street Address		
City	State	ZIP Code

**NOTE:** Signed request forms **MUST** accompany shipped specimens.

### Use return shipper/label provided to ship specimens to:

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55905

### Customer Service: 800-533-1710

Visit [www.MayoClinicLabs.com](http://www.MayoClinicLabs.com) for the most up-to-date test and shipping information.