

Consumer Information

Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Relevant GRAIL Customer (if applicable)

Name: _____

Address: _____

I. Relationship to GRAIL (check all that apply)

- GRAIL partner (e.g., health care provider, employer, payer, insurer)
- Prospective GRAIL partner
- Website user
- Current employee
- Prospective employee
- Former employee
- Supplier/vendor/contractor
- Other: _____

II. California Residency (check one)

I am a resident of the State of California.

- Yes
- No

III. Info Request/Right to Know (check all that apply)

I hereby request that GRAIL provide me with the following information, in each case with respect to GRAIL's processing of my Personal Information:

- The categories of Personal Information that GRAIL has collected about me
- The specific pieces of Personal Information that GRAIL has collected about me
- The categories of sources from which GRAIL has collected my Personal Information
- GRAIL's business or commercial purpose for collecting, selling or sharing my Personal Information
- The categories of third parties to whom GRAIL has disclosed my Personal Information

- The categories of my Personal Information that GRAIL has disclosed to third parties for a business purpose and the categories of third parties to whom GRAIL disclosed each particular category of Personal Information
- The categories of my Personal Information that GRAIL has sold or shared to third parties and the categories of third parties to whom GRAIL sold or shared each particular category of Personal Information

IV. Request to Opt-Out of Sale or Sharing of Personal Information (check if applicable)

- I hereby request that GRAIL not sell or share to third parties Personal Information it has about me. GRAIL does not generally sell or share information as the terms “sell” or “sharing” are traditionally understood; to the extent “sale” or “sharing” under the CCPA/CPRA are interpreted to include advertising technology activities, GRAIL complies with applicable law.

V. Request to Delete (check if applicable)

- I hereby request that GRAIL delete all Personal Information it has about me

VI. Request to Correct Inaccurate Information (check if applicable)

- I hereby request that GRAIL correct the following inaccurate Personal Information it has about me:

VII. Request to Limit Use and Disclosure of Sensitive Personal Information (check if applicable)

- I hereby request that GRAIL limit the use of my sensitive personal information to that which is necessary to perform the services or provide the goods reasonably expected by an average consumer who requests those goods or services, or for the following business purposes: (1) helping to ensure security and integrity to the extent the use of my sensitive personal information is reasonably necessary and proportionate for the purposes described in GRAIL’s website privacy policy; (2) short-term, transient use, including, but not limited to, nonpersonalized advertising shown as part of my current interaction with GRAIL, provided that my sensitive personal information is not disclosed to another third party and is not used to build a profile about me or otherwise alter my experience outside my current interaction with GRAIL; (3) performing services on behalf of GRAIL, including maintaining or servicing accounts, providing customer service, processing or fulfilling orders and transactions, verifying customer information, processing payments, providing financing, providing analytic services, providing storage or providing similar services on behalf of GRAIL; or (4) undertaking activities to verify or maintain the quality or safety of a service or device that is owned, manufactured, manufactured for, or controlled by GRAIL and to improve, upgrade, or enhance the service or device that is owned, manufactured, manufactured for, or controlled by GRAIL.

VIII. Form of Response (check one)

I request that GRAIL respond to this request by the following means:

- By mail to the address provided above

Electronically to the following email address: _____

IX. Authorized Agent (check one)

I am an authorized agent submitting this request on the consumer's behalf.

Yes

No

If you checked yes above, you must provide written proof that you are authorized to act on the consumer's behalf, such as a signed and notarized Power of Attorney, except in the case of a request to opt-out of the sale or sharing of Personal Information.

Consumer or Agent Signature: _____

Printed Name of Signatory: _____

Date Submitted: _____

Please contact us at 833-694-2553 or privacy@grailbio.com if you have any questions about this form.