

# CORGENIX

## FORM 1: U.S. CONSUMER PRIVACY DO NOT SELL OR SHARE MY PERSONAL INFORMATION INCLUDING SENSITIVE INFORMATION

Although Corgenix does not “sell” or “share” personal information for commercial purposes as those terms are defined in the U.S. state consumer privacy laws enacted to date, Corgenix nevertheless allows residents of states with consumer privacy laws to request that their name and contact details be added to a “Do Not Sell My or Share Personal Information Log” that Corgenix maintains. We have implemented the Log as an additional measure to help ensure that your personal information including sensitive personal information, is not ‘sold’ or “shared” in the future.

If you would like to be added to that Log, please complete the information below. The information you provide will only be used in connection with verifying your identity, and to process the request. The information provided in connection with this request will not be used for unrelated purposes.

Once submitted, you will receive an email (at the address provided), confirming that Corgenix has received and is processing your request.

AT THIS TIME, THE STATES THAT INCLUDE THE RIGHT TO OPT-OUT OF THE SALE OR SHARING OF PERSONAL INFORMATION INCLUDING SENSITIVE PERSONAL INFORMATION ARE CALIFORNIA, VIRGINIA, AND NEVADA.

I am making this request on my own behalf.

I am making this request as an authorized agent on behalf of a resident of California. (Please note that authorized agents are not permitted in Virginia or Nevada.)

I am making this request as a parent or guardian, on behalf of a minor or an incapacitated spouse.

Check as applicable to help us identify the resident requesting the opt-out (do not sell or share my information):

- Customer
- Healthcare professional
- Patient
- Employee, former employee or temporary employee
- Business partner /vendor
- Supplier
- Client
- Website visitor
- Other (specify): \_\_\_\_\_

Provide the following information about the individual whose data is the subject of the opt-out request.

Full Name\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City, State, Zip Code\*: \_\_\_\_\_

Email Address \*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_

If the request is being made by an authorized agent on behalf of a California resident, provide the following:

Full Name of Authorized Agent\*: \_\_\_\_\_

Business Name of Authorized Agent (if applicable) \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_

Email Address of Authorized Agent \*: \_\_\_\_\_

Phone Number of Authorized Agent\*: \_\_\_\_\_

If the request is being made by a parent or legal guardian on behalf of a minor or an incapacitated spouse, please provide the following:

Your Full Name \_\_\_\_\_

Your relationship to the California resident (e.g., parent, legal guardian, spouse): \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

*Please note that Corgenix does not knowingly collect information from minors or use that information for any commercial purposes.*

**Individual Certification:** I submit this form on my own behalf, to request that Corgenix not “sell” or “share” my personal information. I confirm that the information provided above is accurate to the best of my knowledge and belief. I also understand that if I submit information that is knowingly fraudulent or incorrect, I will be violating the law and can be subject to civil or criminal penalties. I certify that I am at least 16 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorized Agent Certification:** I submit this form on behalf of the California resident named above, to request that Corgenix not “sell” or “share” the personal information of that individual. I confirm that I am authorized by the resident to act on his/her behalf in making this request, and also confirm that have obtained a letter from that individual documenting that authorization also understand that if I submit information that is knowingly fraudulent or incorrect information, either about myself or the California resident, I will be violating the law and can be subject to civil or criminal penalties. I certify that I am at least 16 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian Certification:** I submit this form in my capacity as a parent or legal guardian on behalf of the above-named individual, to request that Corgenix not “sell” or “share” that individual’s personal information. I confirm that the information provided above is accurate to the best of my knowledge and belief. I also understand that if I submit information that is knowingly

submit fraudulent or incorrect information, I may be violating the law and can be subject to civil or criminal penalties. I certify that I am at least 16 years of age.

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Signature

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Date

**PLEASE EMAIL THE COMPLETED AND SIGNED FORM TO: [privacy@corgenix.com](mailto:privacy@corgenix.com)**

If you have any questions, you may also contact us at that email address.

Thank you.