

This PWNHealth Informed Consent - COVID-19 Testing applies only if you are receiving services from PWNHealth and applies to the services provided by PWNHealth and not Concentric by Ginkgo.

PWNHealth Informed Consent - COVID-19 Testing

PWNHEALTH WILL NOT PROVIDE ANY SERVICES FOR MEDICAL EMERGENCIES OR URGENT SITUATIONS. IF YOU ARE EXPERIENCING A MEDICAL EMERGENCY, CALL YOUR DOCTOR OR 911 IMMEDIATELY.

YOU SHOULD CONTACT YOUR HEALTHCARE PROVIDER IF YOUR SYMPTOMS GET WORSE OR YOU EXPERIENCE ANY NEW SYMPTOMS.

BY CLICKING "I ACCEPT," YOU ACKNOWLEDGE THAT YOU HAVE READ, ACCEPTED, AND AGREED TO BE BOUND BY THIS INFORMED CONSENT. IF YOU DO NOT CLICK "I ACCEPT", YOU WILL NOT BE ABLE TO USE OR RECEIVE THE SERVICES.

I agree to receive the services provided by PWNHealth, LLC (the administrative services provider of the professional entities), PWN Remote Care Services, PW Medical Professional and certain other affiliated professional entities (collectively, "PWNHealth", "we" or "us") relating to physician oversight of testing for COVID-19 ("Tests"), including, without limitation, evaluation of the test request, ordering of Tests (if appropriate), receipt of Test results ("Results"), consultations via telemedicine with physicians or healthcare providers ("Consults"), customer support and any other related services provided by PWN or its service providers and partners (the "PWNHealth Services"). All clinical services, including services provided by physicians, will be provided through PWN Remote Care Services, PW Medical Professional or their contractually affiliated professional entities.

Throughout this Informed Consent, "you", "your", and "I" refer to the person whose information and sample is being provided for this Test and who will receive the

PWNHealth Services, unless otherwise expressly provided. If you are a parent or guardian requesting a Test and PWNHealth Services for a minor, "you" will refer to "your child", as the context requires.

I acknowledge and agree to the following:

I am the individual who will provide the sample for the Test(s) that I am requesting, or I am the parent or legal guardian of a minor who is providing the sample for testing.

I am at least eighteen (18) years of age or I am the parent or legal guardian of a minor who is providing the sample for testing.

I have read and understand the information provided about the Test(s) that I have been provided on the website where I requested the Test. Additional information is also available at the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

The information I have provided in connection with the PWNHealth Services is correct to the best of my knowledge. I will not hold PWNHealth or its health care providers responsible for any errors or omissions that I may have made in providing such information.

My health information and results may be shared with other PWNHealth health care providers, including physicians, and counselors for purposes of providing care to me.

The PWNHealth Services do not constitute treatment of any condition, disease or illness.

While PWNHealth and the laboratories implement safeguards to avoid errors, as with all laboratory tests, there is a chance of a false positive or false negative result.

I am responsible for checking my email for results notification and logging on to my account to view my results when available.

If I receive an abnormal result on a COVID-19 Test, I understand that a PWNHealth care coordinator will attempt to call me to review the results, offer education and explain the next steps I should take. The PWNHealth care coordinator may leave me a voicemail but will not include my test results in any voicemail message. If I receive an abnormal result and have not connected with a PWNHealth care coordinator, I understand that I should not delay following up with my personal physician. I also understand that if I am not able to be reached, PWNHealth's Care Coordination Team will mail a follow-up letter to the residential address I provided when I requested my Test (the letter will not include my Test Results).

I understand that after receiving my Results, I will have the opportunity for a telemedicine Consult with a PWNHealth physician or other licensed healthcare provider to answer any questions I may have.

I certify that throughout the duration of the PWNHealth Services I receive, including my Consult, I will be physically present in the state of residence I provided or other state of which I have notified PWNHealth.

I am responsible for forwarding any results to my primary care or other personal physician (or, if I am the parent or legal guardian of a minor who is providing the sample for testing, the minor's pediatrician) and for initiating follow up with such physician for care, diagnosis or medical treatment.

I will not make medical decisions without consulting a healthcare provider or disregard medical advice from my healthcare provider or delay seeking such advice based on information as a result of the use of the PWNHealth Services.

If I receive an abnormal result, my name, result and additional required information may be disclosed to my state, local and/or federal health agency in accordance with applicable law.

I understand that PWNHealth Services, including Consults, are delivered by health care providers who are not in the same physical location as I am using electronic communications, information technology or other means, including the electronic transmission of personal health information. I also understand that:

A PWN physician will determine whether or not Test(s) and PWNHealth Services are appropriate for me.

For Consults, the scope of services will be at the sole discretion of the healthcare provider conducting the Consult, with no treatment or prescription. The healthcare provider will determine whether or not the PWNHealth Services being rendered are appropriate for a telehealth encounter.

I have the right to withdraw my consent to the use of telehealth in the course of my care at any time by emailing the PWNHealth's Care Coordination Team at covid19@pwnhealth.com.

Any video feed from the Consult will not be retained or recorded by PWNHealth.

My health and wellness information pertaining to telehealth services are governed by the PWNHealth Terms of Use and PWNHealth Notice of Privacy Practices.

I may need to see a health care provider in-person for diagnosis, treatment and care.

There are potential risks associated with the use of technology, including disruptions, loss of data and technical difficulties.

There are alternative services, such as visiting a primary care provider, an emergency room, or an urgent care facility; however, I chose to proceed with the PWNHealth Services at this time.

I understand that if I have any questions before or after my Test, I can email covid19@pwnhealth.com and I will be connected or directed to a member of the PWNHealth Care Coordination Team, including a physician, if requested or as otherwise applicable.

I authorize PWNHealth to use the email address and phone number I provided at the time I requested the Test (or that I updated by contacting PWN at the email below) to contact me in connection with the PWNHealth Services, including followup after a Consult. I am responsible for contacting PWN at the email address below to notify them of any changes to my mailing address, email address, phone number or other information that I provided in connection with the PWNHealth Services.

I understand that testing is voluntary and that I may withdraw my consent to testing at any time prior to the completion of the Test(s) by contacting PWNHealth's Care Coordination Team by emailing covid19@pwnhealth.com.

Data Authorization

I specifically permit use of my information as described herein and in the PWNHealth Notice of Privacy Practices, including my medical history that I provided, my Test Results and other identifiable health information, submitted by me or about me in connection with the PWNHealth Services, by the following individuals, organizations and their representatives: (a) the company from whom I requested the Test and its affiliates, their staff and agents; (b) PWNHealth and its affiliates, and their staff, agents, and health care providers, including physicians, and (c) the laboratory conducting the

laboratory testing services, to facilitate and execute the PWNHealth Services requested by me or performed with my consent and as required or permitted by law.

I understand that I have a right to receive a copy of the above data disclosure authorization. I have the right to refuse to agree to this authorization in which case my refusal may affect the PWNHealth Services provided to me. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by privacy laws. I have the right to revoke this authorization in writing at any time, except that the revocation will not apply to any information already disclosed by the parties referenced in this authorization. This authorization will expire ten (10) years from the date of signature. My written revocation must be submitted to PWNHealth's General Counsel at: PWN Remote Care Services c/o PWNHealth, LLC Attn: General Counsel 123 West 18th Street, 8th Floor New York, NY 10011

I have read this Informed Consent carefully, and all my questions were answered to my satisfaction. I hereby consent to participate in the PWNHealth Services, including the performance of the Test(s) that I have ordered and a Consult, pursuant to the terms, conditions, standards, and requirements set forth herein, in the PWNHealth Terms of Use and PWNHealth Notice of Privacy Practices or as otherwise provided to me.

These PWNHealth Terms of Use - COVID-19 Testing apply only if you are receiving services from PWNHealth and apply to the services provided by PWNHealth and not Concentric by Ginkgo.

PWNHealth Terms of Use - COVID-19 Testing

PWNHEALTH WILL NOT PROVIDE ANY SERVICES FOR MEDICAL EMERGENCIES OR URGENT SITUATIONS. IF YOU ARE EXPERIENCING A MEDICAL EMERGENCY, CALL YOUR DOCTOR OR 911 IMMEDIATELY. YOU SHOULD

CONTACT YOUR HEALTHCARE PROVIDER IF YOUR SYMPTOMS GET WORSE OR YOU EXPERIENCE ANY NEW SYMPTOMS.

PLEASE READ THESE TERMS OF USE CAREFULLY BEFORE USING OUR SERVICES.

These Terms of Use ("Terms") govern your use of the services provided by PWN Remote Care Services, PW Medical Professional, certain contractually affiliated professional entities and PWNHealth, LLC (the administrative services provider of the professional entities) (collectively, "PWNHealth", "we" or "us") relating to physician oversight of laboratory testing for COVID-19 (the "Test"), including, without limitation, evaluation of the test request, ordering of a Test (if appropriate), receipt of Test results ("Results"), consultations by healthcare providers via telemedicine ("Consults"), customer support and any other related services provided by PWN or its service providers and partners (the "PWNHealth Services"). PWNHealth is not responsible for the laboratory services, the provision of the Test or other services provided by the company from which you requested the Test ("Test Provider") or through or in connection with Test Provider's website. In these Terms, the terms "you" and "yours" refer to the person accessing and/or using the PWNHealth Services. Your use of the PWNHealth Services is subject to our Notice of Privacy Practices, our Informed Consent, any additional consents that you provide and any additional terms or policies of which we provide notice to you. By using the PWNHealth Services, you acknowledge that you have read, understood and agree to be legally bound by and comply with these Terms, the Notice of Privacy Practices, the Informed Consent and any and all additional terms and policies.

IF YOU DO NOT AGREE WITH THESE TERMS, DO NOT USE THE PWNHEALTH SERVICES.

1. Changes to our Terms.

We reserve the right to modify or amend these Terms, in whole or in part, at

any time, and for any reason, in our sole discretion, with or without liability to you or any third party. All changes to these Terms will be effective immediately upon their posting to this webpage. We will notify you of material changes to these Terms by conspicuously posting the changes on the website through which you ordered your test. Continued use of the PWNHealth Services after the effective date of such modified Terms will indicate your acknowledgment and agreement to be bound by the modified Terms. You are expected to check this page from time to time so you are aware of any changes, as they are binding on you. Each version of our Terms will be prominently marked with an effective date at the top of this page. If any of the provisions of these Terms are not acceptable to you, your sole and exclusive remedy is to discontinue your use of the PWNHealth Services.

2. PWNHealth Services.

The PWNHealth Services are provided for informational purposes, and do not constitute treatment of any condition, disease or illness. PWNHealth's physicians do not and will not prescribe or order any drugs or medication in connection with the PWNHealth Services. The PWNHealth Services do not replace your existing primary care or other relationship with your physician. You are solely responsible for forwarding any Results to your primary care or other personal physician and for initiating follow up with such physician for care, diagnosis or medical treatments. PWNHealth will not forward your Results to your personal physician; however you will be provided with Results that you can download and bring to your personal physician. You should not make medical decisions without consulting with a physician. Do not disregard medical advice from your healthcare provider or delay seeking such advice based on the information obtained as a result of your use of the PWNHealth Services. The PWNHealth Services are not intended to make a medical necessity determination for insurance purposes. By accepting the Terms, you understand that PWNHealth and/or the Test Provider may send you messages (including text messages), reports and emails regarding the PWNHealth Services, Tests, Results, and/or any personal or health information you have provided in connection with the PWNHealth Services. You further understand and agree that it is your responsibility to monitor and respond to these messages, reports, and emails.

3. Eligibility.

The PWNHealth Services are intended for individuals located and residing in the United States. However, the PWNHealth Services may not be available in certain U.S. states. You will be notified if the PWNHealth Services are not available in the state in which you are located. You agree that any and all

data you provide or make available in connection with the PWNHealth Services shall relate only to users located in the United States. By using the PWNHealth Services, you confirm that you are located in the United States when you receive the PWNHealth Services. You shall not access the PWNHealth Services outside of the United States and PWNHealth disclaims any responsibility for any attempt by you to do so. You agree that any data submitted or provided by you or on your behalf in connection with the PWNHealth Services is truthful, accurate, and appropriate. You agree that the PWNHealth Services that you request are for your own personal use and that you will not request a Test for another person. You may be ineligible for a Test based on the information that you provide or otherwise. You will be notified if it is determined that you are not eligible for a Test.

4. Payment.

The PWN Services are provided at no cost to you. Additional information is provided on the Test Provider's website.

5. Test Request Evaluation.

PWNHealth affiliated independent physicians evaluate Test requests and determine whether testing is appropriate for you. All PWNHealth Services provided by physicians shall be provided through PWN Remote Care Services or its affiliated professional entities. You will be notified of whether or not your Test request has been approved and ordered. If you have any clinical questions in connection with your Test Request or at any time prior to receiving your results, please email covid19@pwnhealth.com and you will be connected or directed to a member of the PWNHealth clinical team.

6. Results Outreach.

If you receive an abnormal result on a Test, you understand that PWNHealth's Care Coordination Team will attempt to call you to review the results, offer education and explain the next steps you should take. PWNHealth's Care Coordination Team may leave you a voicemail but will not include your test results in any voicemail message. You also understand that if you are not able to be reached, PWNHealth's Care Coordination Team may mail a follow-up letter to the residential address you provided when you purchased the test (the letter will not include your test results). If you receive an abnormal result and have not connected with PWNHealth's Care Coordination Team, you understand that you should not delay following up with your personal physician. PWNHealth may contact you after via phone, email or messaging to follow up with you on your symptoms and customer satisfaction.

7. Consults.

As part of the PWNHealth Services, you are eligible to receive a post-test

telehealth consultation (a "Consult") with a PWN affiliated board certified physician or other healthcare provider licensed in the state where you are located at no additional cost (a "PWN Healthcare Provider"). After you have received your Results, you may arrange a Consult through the PWNHealth Care Coordination Team, either through a call you may receive from the PWNHealth Care Coordination Team regarding your Results or by contacting the PWNHealth Care Coordination Team at the "Contact Us" number below. You will be asked by the PWNHealth Care Coordination Team to complete a brief intake survey to collect necessary health information prior to your Consult, including the state in which you will be located at the time of the Consult. If you have arranged for a Consult, a PWN Healthcare Provider will make up to three (3) attempts to reach you at the contact number you provided. If the PWN Healthcare Provider does not reach you after three (3) attempts, you can contact the PWNHealth Care Coordination Team at the "Contact Us" number below to arrange for additional outreach by a PWN Healthcare Provider. At this time, PWNHealth does not schedule Consults at designated times. During the Consult, you may speak with the physician by phone or video, depending on your state's regulations. During your Consult, you may discuss your Test Results, get educational information, and talk about next steps. However, no treatment or prescriptions will be provided during or in connection with the Consult. You will need to follow up with your personal physician for treatment or prescriptions. PWNHealth may contact you after your Consult via phone, email or messaging to follow up with you on your symptoms and customer satisfaction.

8. Privacy.

Please review the Notice of Privacy Practices, which describes PWNHealth's practices regarding the information that PWNHealth may collect from users of the PWNHealth Services. By using the PWNHealth Services, you hereby consent to all actions we may take with respect to your information consistent with these Terms and our Notice of Privacy Practices.

9. Limitation of Liability.

IN NO EVENT WILL PWNHEALTH OR ITS AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, PARTNERS, LICENSORS, PHYSICIANS, GENETIC COUNSELORS, HEALTHCARE PROVIDERS OR SERVICE PROVIDERS BE LIABLE TO YOU OR TO ANY PARTY FOR ANY CLAIMS, LIABILITIES, LOSSES, COSTS OR DAMAGES UNDER ANY LEGAL OR EQUITABLE THEORY, WHETHER IN TORT (INCLUDING NEGLIGENCE), CONTRACT, STRICT LIABILITY OR OTHERWISE, INCLUDING, BUT NOT LIMITED TO, ANY

INDIRECT, PUNITIVE, INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, INCLUDING LOST PROFITS, LOSS OF DATA OR LOSS OF GOODWILL, SERVICE INTERRUPTION, MOBILE PHONE DAMAGE, SYSTEM FAILURE OR THE COST OF SUBSTITUTE PRODUCTS OR SERVICES, OR FOR ANY DAMAGES FOR PERSONAL OR BODILY INJURY OR EMOTIONAL DISTRESS, INCLUDING DEATH, ARISING OUT OF OR IN ANY WAY CONNECTED WITH ANY ACCESS TO OR USE OF (OR INABILITY TO USE) ANY SERVICES. THE PRECEDING DISCLAIMERS AND LIMITATIONS SHALL APPLY EVEN IF PWNHEALTH OR ITS AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, PARTNERS, LICENSORS, PHYSICIANS, HEALTHCARE PROVIDERS OR SERVICE PROVIDERS HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR LOSSES. IN NO EVENT SHALL THE TOTAL LIABILITY OF PWNHEALTH AND ITS AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, PARTNERS, LICENSORS, PHYSICIANS, HEALTHCARE PROVIDERS AND SERVICE PROVIDERS ARISING IN CONNECTION WITH OR UNDER THESE TERMS EXCEED U.S. ONE HUNDRED DOLLARS (\$100 USD). YOU AGREE THAT ANY CLAIM OR CAUSE OF ACTION ARISING UNDER THESE TERMS OR THE PERFORMANCE OR NON-PERFORMANCE OF THE PWNHEALTH SERVICES MUST BE BROUGHT WITHIN ONE (1) YEAR AFTER SUCH CLAIM OR CAUSE OF ACTION ARISES, OR BE FOREVER BARRED.

10. Disclaimers.

EXCEPT AS SET FORTH IN THESE TERMS, PWNHEALTH AND ITS AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, PARTNERS, LICENSORS, PHYSICIANS, HEALTHCARE PROVIDERS AND SERVICE PROVIDERS HEREBY EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND, WHETHER EXPRESSED OR IMPLIED, AND ALL CONDITIONS WITH REGARD TO THE PWNHEALTH SERVICES AND RELATED CONTENT, INCLUDING, BUT NOT LIMITED TO, ALL IMPLIED WARRANTIES AND CONDITIONS OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, NON-INFRINGEMENT, AND ANY OTHER WARRANTY, WHETHER ORAL OR WRITTEN, WITH RESPECT TO THE PWNHEALTH SERVICES. PWNHEALTH AND ITS AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, PARTNERS, LICENSORS, PHYSICIANS, HEALTHCARE PROVIDERS AND SERVICE PROVIDERS MAKE NO REPRESENTATIONS OR WARRANTIES THAT THERE WILL BE NO DELAY, FAILURE OR CORRUPTION OF DATA

TRANSMITTED IN CONNECTION WITH THE PWNHEALTH SERVICES. PWNHEALTH DOES NOT MAKE ANY REPRESENTATIONS, WARRANTIES OR ENDORSEMENTS REGARDING ANY SERVICES PROVIDED BY THIRD PARTIES INCLUDING, WITHOUT LIMITATION, SERVICES PROVIDED BY THE TEST PROVIDER, AND/OR OTHER PROVIDERS OF LABORATORY SERVICES. PWNHEALTH IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSION IN THE INFORMATION YOU PROVIDE OR THAT IS PROVIDED TO PWNHEALTH ON YOUR BEHALF.

11. Indemnification.

You agree to defend, indemnify and hold harmless PWNHealth, its subsidiaries and its affiliates, and their respective officers, directors, employees, agents, partners, licensors, physicians, healthcare providers and service providers, from and against any and all claims, actions, demands, liabilities, settlements, costs, or expenses, including, without limitation, reasonable legal fees, legal costs, and accounting fees, arising out of, or alleged to arise out of: (i) your violation of these Terms, other policies or any and all applicable laws, rules or regulations; or (ii) your use of materials or features of the PWNHealth Services in an unauthorized manner.

12. Ownership; Intellectual Property and Proprietary Rights.

All content, text, graphics, logos, icons, and images provided by PWNHealth through or in connection with the PWNHealth Services, and all intellectual property rights therein, and any suggestions, ideas or other feedback provided by you, are the sole and exclusive property of PWNHealth or our service or content providers and are protected by United States and foreign intellectual property laws. The PWNHealth Services also contain proprietary and confidential information that is protected under U.S. and foreign intellectual property laws, including copyright, trademarks, service marks, patents or other proprietary rights and laws. Except as expressly authorized by PWNHealth, you may not use, sell, modify, reproduce, distribute, create derivative works of or otherwise exploit any information or content made available to you on or through the PWNHealth Services, in whole or in part. PWNHealth grants you a limited, non-exclusive right to access and use the PWNHealth Services solely for personal, non-commercial purposes on the condition that you comply with these Terms. Any use of the PWNHealth Services other than as specifically authorized herein is strictly prohibited. Certain names, logos, brands and other materials displayed in connection with the PWNHealth Services may constitute trademarks, trade names, services marks or logos ("Trademarks") of PWNHealth or its affiliates. You are not authorized to use any such Trademarks without the express written

permission of PWNHealth or its affiliates. Ownership of all such Trademarks and the goodwill associated therewith remains with us or our affiliates. PWNHealth and our service providers, and our successors and assigns, may use, copy, reproduce, modify, analyze, perform, display, distribute and otherwise disclose to third parties any data for purposes of providing PWNHealth Services to you; conducting research or analyses of such data; and designing, developing, implementing, modifying and/or improving new, current or future features, products and services of PWNHealth using such data. All rights not expressly granted in these Terms are reserved.

13. Term; Termination.

The Terms, as may be amended from time to time, will remain in full force and effect as long as you continue to access or use the PWNHealth Services, or until terminated in accordance with the provisions of these Terms. We, in our sole discretion, with or without notice to you, at any time and for any reason, may terminate, suspend or modify: (i) any of the rights granted by these Terms; (ii) the permission granted to you to access and/or use the PWNHealth Services; and (iii) the PWNHealth Services. You may terminate the Terms at any time by discontinuing use of the PWNHealth Services. Your permission to use the PWNHealth Services automatically terminates if you violate these Terms. PWNHealth shall not be liable if, for any reason, all or any part of the PWNHealth Services is unavailable. Upon termination of these Terms, any provision that by its nature or express terms should survive will survive such termination.

14. Equitable Relief.

You acknowledge and agree that breach of these Terms will result in irreparable harm that would be difficult to measure; and, therefore, that upon any such breach or threat of such breach, PWNHealth shall be entitled to seek injunctive and other appropriate equitable relief from any court of competent jurisdiction (without the necessity of proving actual damages or of posting a bond), in addition to whatever remedies it may have at law, under these Terms, or otherwise.

15. General.

These Terms, the PWNHealth Notice of Privacy Practices, consents and any other agreements incorporated by reference herein constitute the entire agreement between you and PWNHealth with respect to access to and use of the PWNHealth Services. These Terms and your use of the PWNHealth Services are governed by the laws of the State of Delaware, without respect to its conflict of law principles. In the event a dispute arises between the parties under these Terms or that in any way relates to your use of the PWNHealth Services, the parties hereby agree to binding arbitration, which

will be conducted in New York, New York, in accordance with the Commercial Arbitration Rules of the American Arbitration Association. If any provision of these Terms is found to be invalid or unenforceable by any court having competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of these Terms, which shall remain in full force and effect. No waiver of any of these Terms shall be deemed a further or continuing waiver of such term or condition, or of any other term or condition. You may not assign or transfer your rights or obligations under these Terms without our prior written consent, and any assignment or transfer in violation of this provision shall be null and void. There are no third-party beneficiaries to these Terms. PWNHealth may freely assign or transfer these Terms without restriction. Subject to the foregoing, these Terms will bind and inure to the benefit of the parties, their successors and permitted assigns.

16. Contact Us.

Should you have questions about the PWNHealth Services, including about your test or results, you may contact us at: Address: PWNHealth, LLC 123 W 18th Street New York, NY 10011 Email Address: covid19@pwnhealth.com

This Notice of Privacy Practices Regarding Health Information applies only if you are receiving services from PWNHealth and applies to the services provided by PWNHealth and not Concentric by Ginkgo.

Notice of Privacy Practices Regarding Health Information

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

How We May Use and Disclose your Health Information. PWN Remote Care Services, P.A., PWN Remote Care Services, P.C., PW Medical Professional and certain other affiliated professional entities and PWNHealth, LLC (the administrative services provider of the professional entities) (collectively, "PWNHealth", "we" or "us") may use your health information and disclose it to appropriate persons, authorities and agencies, as allowed by federal and state law. Please be aware that state and federal law may have more requirements on how we use and disclose your health information. If there are

specific, more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse. We may do this without your written permission for the following limited purposes:

1. Treatment.
2. Payment.
3. Required by Law.
4. Public Health.
5. Reporting Victims of Abuse or Neglect.
6. Health Care Oversight.
7. Legal Proceedings & Law Enforcement.
8. Death.
9. Serious Threats to Health or Safety.

We may also disclose any information that you provide to use or that is provided on your behalf. You have the right to request a restriction or limitation on the disclosure of such information as set forth below.

Your Health Information Rights. You have the right to:

1. Read and copy your health information.
2. Request to correct your health information.
3. Request to restrict certain uses and disclosures of your information. You have the right to request in writing that we restrict how your health information is used or disclosed. For most requests, under the law, we are not required to agree to your request. In some cases, we may not be able to agree to your request because we do not have a way to tell everyone who would need to know about the restriction. There are other instances in which we are not required to agree with your request. We will inform you when we cannot find a way to carry out your request.
4. Receive a record of how we disclosed your information.
5. Receive notification of a breach and obtain a paper copy of this notice.

Contact us at covid19@pwnhealth.com or 3154017865, PWNHealth, 123 W 18th Street, New York, NY 10011 Attn: Privacy Officer with any questions or concerns regarding the above.

These terms apply to the services provided by Concentric by Ginkgo and not PWNHealth.

Concentric by Ginkgo Informed Consent - COVID-19 Testing

If you are 18 years of age or older, references herein to "you" and "your" shall mean you, the student, faculty, staff, employee, member or affiliate of Organization (as defined below) who is signing this Consent Form on your own behalf. If you are a representative ("Representative") with authority to sign this Consent Form on behalf of the minor who works at, attends, visits or is otherwise affiliated with Organization (the "Minor"), references herein to "you" and "your" shall mean the Minor, except where otherwise specified.

As part of its testing program for SARS-CoV-2, the virus that causes the disease known as COVID-19, Organization (as defined below) has engaged Ginkgo Bioworks, Inc. ("Ginkgo") to provide one or more molecular test(s) and/or antigen test(s) to its students, faculty, staff, employees, members or affiliates ("Members"). Molecular tests detect the genetic material or nucleic acid present inside a virus particle, whereas antigen tests detect one or more specific proteins from a virus particle. Depending on the test, either a saliva specimen or a nasal, nasopharyngeal or throat swab specimen will be collected from you. Each test has been authorized by the United States Food and Drug Administration ("FDA") under an Emergency Use Authorization (EUA) for use by laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) that meet the requirements to perform high complexity tests. In addition, certain

tests are also authorized (1) for use at the point of care (“POC”), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance or Certificate of Accreditation, or (2) when determined to be appropriate by a healthcare provider, for use with specimens that are self-collected at home.

References herein to “this test” or “the test” refer to the applicable molecular test or antigen test that you receive, except where otherwise specified. Neither Ginkgo nor Organization knows if this test will accurately detect SARS-CoV-2 every time it is used or whether it can identify all people infected with COVID-19. This test is not an antibody test and will not provide information regarding immunity to COVID-19.

POC Tests. If you are receiving a POC test, once a healthcare professional authorizes your test (the “Authorizing HCP”), an on-site healthcare professional (“On-Site HCP”) will administer the test and collect a specimen from you. The On-Site HCP will perform analysis of such specimen and will make the results available to you (or to the Minor’s parent or guardian, if applicable) through a web-based, secure application (the “Application”) provided by a third party (the “Application Contractor”).

Laboratory tests. If you are not receiving a POC test, after the Authorizing HCP authorizes your test, a qualified third party (the “Collection Professional”) may oversee the collection of a specimen from you, according to instructions from the laboratory that will process such specimen (the “Lab”). If your test is authorized for self-collection, you will provide a specimen according to the Lab’s instructions. Lab will perform analysis of such specimen and will make the results available to you (or to the Minor’s parent or guardian, if applicable) through the Application.

Why are you being tested?

Because you have symptoms of COVID-19 and because you work at, attend or visit an organization (“Organization”), facility or premises (“Facility”) in which others may be especially vulnerable to COVID-19, you are being asked to have COVID-19 testing

done. Determining whether you have COVID-19 can be a critical step in protecting you and others who may enter the Facility. The test is being requested in accordance with federal, state and/or local guidelines because you work at, attend or visit the Facility. There is no health care provider-patient relationship between you and Ginkgo, Organization, the Lab, the Authorizing Physician, the On-Site HCP or the Application Contractor (each, a “Contractor”), with respect to the testing or otherwise.

If this test is positive, does that mean you have COVID-19?

There is a chance that this test may give a positive result for the SARS-CoV-2 virus when the virus is not present (known as a false positive test result). . There is a chance that this test may give a positive result for the SARS-CoV-2 virus when the virus is not present (known as a false positive test result). Positive results are indicative of the presence of genetic material or nucleic acid from SARS-CoV-2 (if you receive a molecular test) or proteins from SARS-CoV-2 (if you receive an antigen test); clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected in the test may not be the definite cause of disease. You may consider seeking medical advice for a positive result. Neither Ginkgo nor Organization can provide medical advice or make any recommendations in this regard.

You may also be required under federal, state or local laws to practice self-isolation and/or quarantine measures. Lab is required to report all positive results to the appropriate public health authorities. Organization, Ginkgo and/or certain Contractor(s) may also be required by law to report positive results to certain public health agencies, including, but not limited to, the Centers for Disease Control and Prevention (CDC) as well as to the state licensing agency for the Facility. In case of a positive test, you or your legal representative is responsible for complying with the legal requirements for your own jurisdiction.

If this test is negative, does that mean you do not have COVID-19?

This test may give a negative result when you actually have the virus (known as a false negative test result). A negative test result does not prove that a person does not have the virus that causes COVID-19. A negative result does not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions or decisions regarding possible infection if you have symptoms or are otherwise concerned about exposure. Negative results must be combined with clinical observations, patient history and epidemiological information. Negative results from this test should be confirmed by testing of an alternative specimen type if clinically indicated. The test is not a substitute for medical diagnosis or advice. A trained health professional should interpret the results in conjunction with your medical condition, clinical signs and symptoms, and the results of other diagnostic tests.

Are there any risks from the test?

There are no physical risks associated with providing a saliva specimen. If your specimen is obtained using a nasal, throat, or nasopharyngeal swab, it may be uncomfortable for you and present the issues below.

Collection using a throat swab entails inserting a sterile swab into your mouth and swabbing the pharynx, tonsils and other inflamed areas.

Collection using a nasal swab entails inserting a sterile swab less than one inch into one of your nostrils until the swab comes into contact with the turbinates for several seconds. (Turbinates are the small structures inside the nose.) This process is then repeated by using the same swab in your other nostril.

Collection using a nasopharyngeal swab entails inserting a sterile swab into one of your nostrils until the swab comes into contact with the posterior nasopharynx (the upper part

of the throat located behind the nose) for several seconds. Internal abrasions, choking or other injuries may occur even if the specimen is collected properly.

What about privacy?

Either the On-Site HCP or Lab will report your completed test results via the Application to you (or to the Minor's parent or guardian, if applicable) and the Authorizing HCP. In addition, as noted above, positive test results may be reported to public health authorities and any state licensing agency for the Facility in accordance with applicable law. If Organization opts in to receive your results, Organization will only be notified whether your test result was positive or negative. Organization may use and disclose such test results for purposes of maintaining a safe Facility and to protect the safety of its Members. Otherwise, Organization will keep the test results confidential. With regard to any such disclosure, Organization will use reasonable efforts to disclose only the minimum amount of information necessary.

ASSUMPTION OF THE RISK AND RELEASE

There are certain inherent risks associated with undergoing the testing for COVID-19. You hereby knowingly and voluntarily consent for yourself and your heirs, executors, administrators, assigns or personal representatives (or, if you are a Representative, on behalf of the Minor and his or her heirs, executors, administrators, assigns or personal representatives), to having your (or the Minor's, if applicable) specimen collected for testing, at the direction of Organization, and analyzed by Lab or On-Site HCP and the Authorizing HCP ("Activity"). To the extent permitted by law, you hereby waive (or waive on behalf of the Minor) any and all rights, claims, causes of action, damages and/or costs of any kind whatsoever arising out of your (or the Minor's, if applicable) participation in the Activity, and do hereby release and forever discharge Ginkgo, Organization, the Contractors and their respective parents, subsidiaries, affiliates, shareholders, managers, members, agents, attorneys, staff, community owner(s),

volunteers, representatives, predecessors, successors and assigns, from any liability for any physical or psychological injury, including illness, death, economic or emotional loss, that you (or the Minor, if applicable) may suffer as a result of your (or the Minor's, if applicable) participation in the Activity, including a false positive or false negative test result. In the event that you (or the Minor, if applicable) should require medical care or treatment following the Activity, you agree to be (or you agree, on behalf of the Minor, that the Minor's parent or guardian shall be) financially responsible for any costs incurred as a result of such treatment.

Informed Consent for COVID-19 Testing

By clicking "I Agree" (or signing) below, I hereby acknowledge and agree (on behalf of the Minor, if applicable) that I have carefully read and understand this Consent Form and consent (on behalf of the Minor, if applicable) to the following:

1. I hereby authorize (on behalf of the Minor, if applicable), at Organization's direction, the On-Site HCP or Collection Professional to collect a specimen from me (or the Minor, if applicable), which collection may involve use of a nasal, throat, or nasopharyngeal swab, and for the On-Site HCP or Lab (as applicable) to conduct testing on such specimen for COVID-19.
2. I hereby authorize (on behalf of the Minor, if applicable) my test results (or the Minor's test results, if applicable) (the "Test Results") to be disclosed to the Application Contractor for the purpose of the Application Contractor making the Test Results available to me (or the Minor's parent or guardian, if applicable) and if applicable to Organization on the Application.
3. I hereby authorize (on behalf of the Minor, if applicable) the Test Results to be disclosed to the county, state or other governmental entity or other public health authorities as may be required by law.
4. I hereby authorize (on behalf of the Minor, if applicable) the Test Results to be disclosed to, and used by, Organization (in applicable) in order to maintain a safe Facility, and for the safety of its Members.
5. I hereby authorize (on behalf of the Minor, if applicable) appropriate actions that a positive Test Result, although not proof that I have (or the Minor has, if

applicable) COVID-19, may require of Organization to implement (if applicable), including strict isolation protocols and/or to cause me (or the Minor, if applicable) to self-isolate, in an effort to avoid infecting others, or to otherwise take actions to comply with the laws of my (or the Minor's, if applicable) jurisdiction.

6. I hereby acknowledge (on behalf of the Minor, if applicable) that I am not (or the Minor is not, if applicable) creating a patient-healthcare provider relationship with Ginkgo, Organization, or any Contractor by participating in the testing. I further acknowledge that neither Ginkgo, Organization nor any health care provider engaged by or affiliated or associated with Ginkgo or Organization (including the Authorizing HCP who initially ordered the test or the On-Site HCP or Lab that performed the test), is acting as my (or the Minor's, if applicable) medical provider. Testing does not replace treatment by my (or the Minor's, if applicable) medical provider. I assume complete and full responsibility to take appropriate action with regard to the Test Results. I am (or the Minor's parent or guardian is, if applicable) responsible for seeking medical advice, care and treatment from my (or the Minor's, if applicable) medical provider if I have (or the Minor or his or her parent or guardian has, if applicable) questions or concerns, or if my (or the Minor's, if applicable) condition worsens.
7. I hereby acknowledge (on behalf of the Minor, if applicable) that, as with any medical test, there is the potential that false positive or false negative test results can occur.

I (on behalf of the Minor, if applicable) have been informed about the test purpose, procedures and possible benefits and risks, and I have received a copy of this Consent Form. I have been given the opportunity to ask questions before I agree, and I have been told that I can ask other questions at any time.

By clicking "I Agree and Consent" (or signing below), I voluntarily agree (on behalf of the Minor, if applicable) that I (or the Minor, if applicable) will submit to this testing for COVID-19.

If I am a Representative, I certify to Ginkgo that I have the authority to sign this Consent Form on behalf of the Minor.

These terms apply to the services provided by Concentric by Ginkgo and not PWNHealth.

Concentric by Ginkgo Authorization for Release of Information

Section A

If you are 18 years of age or older, references in this Section A to “You” and “Your” shall mean you, the student, faculty, staff, employee, member or affiliate of Organization who is signing this Authorization for Release of Information (this “Authorization”) on your own behalf. If you are a representative (“Representative”) with authority to sign this Authorization on behalf of the minor who works at, attends, visits or is otherwise affiliated with Organization (the “Minor”), references in this Section A to “You” and “Your” shall mean the Minor, except where otherwise specified.

I hereby authorize (or authorize on behalf of the Minor) the use or disclosure of my (or the Minor’s) health information as described below. I understand that this authorization is voluntary. I understand that once disclosed, the released information may no longer be protected by applicable federal or state privacy laws.

Person providing the information: *You, the member or affiliate of Organization*

Persons/organizations receiving the information: *The organization that You are employed by, enrolled at or otherwise affiliated with (“Organization”) if and to the extent it opts in to receive certain information; Ginkgo Bioworks, Inc. (“Ginkgo”); and Ginkgo’s contractors performing COVID-19 testing, fitness for/return to work or school evaluations and related services, including the healthcare professional who orders the test, the on-site healthcare professional or laboratory that performs the test, the sample collection oversight professional (if any) and the software provider (“Contractors”).*

Specific description of information, including duration of this Authorization:

Information and samples collected from or provided by You in connection with Your COVID-19 testing, fitness for/return to work or school evaluations and related services, and the results of such testing, evaluations and services (collectively, “Your Information”). This Authorization will expire at the end of Your employment, enrollment or affiliation with Organization.

Statement of the purpose for the requested use or disclosure of information:

Your Information may be used for the provision of COVID-19 testing, fitness for/return to work or school evaluations and related services.

In addition, Ginkgo and its partners may use Your Information in de-identified and anonymized form for its own business purposes, which may include but are not limited to quality assurance, research and product development. You hereby authorize (or Representative authorizes, on behalf of the Minor) Ginkgo to de-identify samples collected from You for use in accordance with the preceding sentence.

Section B

What is the purpose of the use or disclosure?

Providing COVID-19 testing, fitness for/return to work or school evaluations and related services.

Section C

Please read the following statements and check the corresponding boxes:

I (on behalf of the Minor, if applicable) understand that I may revoke this Authorization at any time by notifying Organization and Reference Genomics Inc. in writing, but if I do revoke this Authorization, it will not have any effect on any actions taken before the revocation is received.

I (on behalf of the Minor, if applicable) understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by Organization for public health purposes, and would no longer be protected if it is redisclosed.

I (on behalf of the Minor, if applicable) understand that this Authorization will expire at the end of my (or the Minor's, if applicable) employment, enrollment or affiliation with Organization.

I (on behalf of the Minor, if applicable) understand that I may see and copy the information described on this form if I request it and I may receive a copy of this form after I sign it.

By clicking "I Agree and Consent" (or signing below), I hereby authorize (on behalf of the Minor, if applicable) the use and disclosure of my (or the Minor's, if applicable) health information as described above.

If I am a Representative, I certify to Ginkgo that I have the authority to sign this Authorization on behalf of the Minor.

*** YOU MAY REFUSE TO SIGN THIS AUTHORIZATION ***