

Terms of Agreement

Client

GENETIC LIFESPAN™

# CLIENT

## Terms of Agreement

The undersigned Client agrees to the following terms upon purchasing and participating in AgeCode™, LivinGene™ Nutraceuticals and IMUN™, products and services provided by Genetic LifeSpan, Inc. ("the Company"):

**1. Test Purpose & Intended Use**

The AgeCode™ Test is a Wellness and Informatics Test designed to offer insights into key Genetic and Epigenetic Biomarkers related to Biological Age, Pace of Aging, Immune Function, Metabolic Processes, Oxidative Stress, and More. This test is not intended to diagnose, treat, or cure any disease and should not be used in place of clinical medical advice. Clients are encouraged to consult their healthcare providers before making any changes based on their results.

**2. Sample Handling & Authorization**

I hereby authorize my healthcare provider or designated phlebotomist to collect and disclose necessary protected health information (PHI) to Genetic LifeSpan, Inc. for the purposes of testing, processing, analysis, and reporting. This authorization extends to Genetic LifeSpan's laboratory and contracted service providers involved in fulfilling the test. I understand that results are derived from a "wet" blood specimen and that the laboratory process may take up to 5 weeks. I consent to the use of this information for the purpose of generating a personalized AgeCode™ report.

**3. Confidentiality & Data Use**

All client health data, personal information, and test results will be handled with the strictest confidentiality. Genetic LifeSpan™ abides by HIPAA-compliant protocols and will only disclose personal and/or health information to relevant processing parties. No personal information will be sold or disclosed for marketing or third-party use. Furthermore, I understand that my anonymized health data may be used for research, analytics, and commercial purposes. I acknowledge that all personal identifiers will be removed and that data will only be shared in a de-identified format, in compliance with HIPAA regulations. I have the right to revoke my consent at any time. In accordance with the California Consumer Privacy Act (CCPA), I acknowledge that my de-identified health data may be used for research, analysis, and commercial purposes. I understand that I have the right to know what data is collected, who it is shared with, and to opt out of data sharing at any time by emailing [clientservices@geneticlifespans.com](mailto:clientservices@geneticlifespans.com).

**4. Limitations of the Test**

I acknowledge that the AgeCode™ Test is for informational and wellness purposes only. It does not provide a diagnosis and is not a substitute for medical advice, treatment, or intervention. Any lifestyle recommendations made in the report are general wellness suggestions and should be discussed with a licensed healthcare provider.

**5. Refund & Cancellation Policy**

All sales are final once a blood specimen has been received and processing has begun. If cancellation is requested prior to the AgeCode™ Blood Collection Kit being shipped back for processing, Clients may be eligible for a refund, excluding transaction fees and a \$50 restocking fee. Bundle Package Orders are not refundable after the initial AgeCode™ Blood Collection Kit has been shipped for processing. Bulk orders are not refundable. Dissatisfaction with test results is not eligible for a refund.

**5. Agreement & Consent**

By signing below, I confirm that I have read, understood, and agreed to the terms outlined above. I understand the nature of the AgeCode™ Test, its limitations, the processing timelines, and the intended use of the results.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_