



CONSENT FORM

(SomaPeep testing)

I, _____, acknowledge and agree that:
(insert full employee name)

1. I have discussed the details of the SomaSignal tests ordered herein for me with a health care provider, including risks, benefits and alternatives.
2. I voluntarily elect and consent to participate in SomaSignal testing and results (the "Testing"), and I hereby agree to **accept and assume any and all risks** arising out of my participation in the Testing. I understand that, while the Testing is provided to me at no charge as a benefit of my employment, I will be responsible for paying any applicable taxes required to be withheld from me based on the value of this benefit.
3. I understand that SomaLogic is undertaking measures to protect the privacy of the Information, including providing me with a code to be used in place of my name, obscuring my birth date using a standard method, and ensuring that the key to my name and birthdate will be held by the ordering nurse and will not be available to anyone within SomaLogic.
4. I understand this is an employer provided fringe benefit subject to taxable withholdings. As such, Finance will require disclosure of my name. Names will be disclosed in monthly batched reports, available only to personnel responsible for calculating and recording the taxable benefit. I understand that SomaLogic cannot guarantee 100% security of the Information and that certain information used or disclosed pursuant to this Consent may be disclosed by SomaLogic and may not be protected by federal or state law.
5. I understand that by participating in the Testing, I hereby grant to SomaLogic, Inc. ("SomaLogic") the right and permission to use my name, date of birth, test results, and any other information procured during the testing process (collectively, "Information") for use in connection with the Testing.
6. I warrant that I am 18 years of age or older and I am competent to contract in my own name, and I am receiving no compensation or remuneration for signing this Consent.
7. I understand that I have the right to revoke this Consent with respect to the use of all or part of the Information, in writing, at any time, by notifying SomaLogic at: 2945 Wilderness Place, Boulder, CO 80301, Attn: Legal Dept.,

or by emailing privacy@somallogic.com. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on this Consent.

8. Unless revoked, this Consent will expire one (1) year after the date below.
9. I understand that (i) participating in the Testing is optional; and (ii) my participation in the Testing is subject to my signing this Consent; however, my employment and eligibility for benefits will not be conditioned on whether or not I sign this Consent.
10. I understand that SomaLogic (i) is offering the Testing for my personal use and (ii) is not assuming responsibility for my health care. I will discuss the SomaSignal tests that are available with the scheduling nurse, who will choose the appropriate SomaSignal tests for me, in consultation with the health care provider that will be reviewing my SomaSignal results with me.
11. I understand that the doctor ordering the SomaSignal tests on my behalf will review my SomaSignal results with me either by telephone or in-person at my request. After I have reviewed the SomaSignal results with the doctor, my report will be made available to me.
12. I understand that the doctor ordering the SomaSignal tests will not be assuming responsibility for my health care. The doctor may advise me to follow up with my healthcare provider.
13. I understand that the Information will not be used by SomaLogic in any way, other than to provide me with the Testing and the necessary tax and payroll adjustments. For the avoidance of doubt, SomaLogic will not use the Information nor my participation in the Testing to impact my professional affiliation with SomaLogic in any way.

I hereby declare that I have read the foregoing Consent, fully understand the representations and affirmations I have made, and sign the Consent of my free will.

NAME (PLEASE PRINT)	
SIGNATURE	
DATE	