



DNA Memorial Banking Agreement

This Agreement is between C.G. Labs Inc. and the person who is signing this Agreement. This Agreement contains provisions for the banking of a person's (the Depositor's) DNA. The person signing this agreement may be the Depositor, but in cases where the Depositor is:

- a child under the age of majority,
- an adult incapable of providing consent,
- a deceased person,

the person signing the Agreement will be different from the Depositor. The signatory must have authority to sign on behalf of the DNA Depositor such as a legal guardian (in the case of a child), or direct family member in the case of a deceased person. By signing this Agreement you enter into a contract for services and have indicated that you give authority to C.G. Labs Inc. to extract and store the Depositor's DNA.

C.G. Labs Inc.

After the DNA has been banked, a copy of the ratified Banking Agreement will be sent to you, as well as your representative (if required). The signed copy of the Agreement should be stored safely among your important papers. The Agreement will contain your Depositor Number which is crucial in making withdrawals.

Your Responsibilities

You are responsible for notifying C.G. Labs Inc. of all changes in your name or address and for any changes in the name or address of your Representative. It is important that you provide us with updated information when there are changes.

C.G. Labs Inc.'s Responsibilities and Services

C.G. Labs Inc. is responsible for securely storing the DNA for a minimum period of 25 years to no maximum from the date of deposit.

C.G. Labs Inc. will safely retain the information provided by you in the DNA Memorial Banking Agreement and Depositor Information Forms for as long as the DNA sample is stored and will not share or sell any information with outside agencies for any reason.

While you are capable of providing consent, C.G. Labs Inc. will not sell, give, or otherwise transfer the Depositor's DNA to anyone else without your express written permission. Similarly, if you become incapable of providing consent, we will not sell, give, or otherwise transfer the Depositor's DNA to anyone else without the express written permission of the Representative.

While you are capable of providing consent, no testing will be performed at C.G. Labs Inc. on the Depositor's DNA without your express written permission. If you become incapable of providing consent, no testing will be performed at on the Depositor's DNA without the express written permission of the Representative.

If C.G. Labs Inc. closes its DNA Bank, C.G. Labs Inc. will provide written notice to you or the Representative at the last known address no less than sixty days before the closing date. You or the Representative must provide C.G. Labs Inc. with written instructions regarding the disposition of the DNA sample at least two weeks prior to the closing of the DNA Bank. If C.G. Labs Inc. does not receive such instructions, C.G. Labs Inc. will transfer the sample to another Bank which will honor the provisions of this Agreement.

For a modest fee and upon receiving your signed written instructions, C.G. Labs Inc. will withdraw a portion of the Depositor's DNA and ship it to the address that you provide. Such withdrawals are typically made for the purpose of DNA testing. A withdrawal form is available from the C.G. Labs Inc. website. C.G. Labs Inc. will retain the remainder of the DNA.

Upon receiving your signed written instructions, C.G. Labs Inc. will destroy the Depositor's DNA sample.

C.G. Labs Inc. provides a rapidly growing number of DNA tests. If you choose to have the banked DNA tested at C.G. Labs Inc., withdrawal fees will be waived.

Depositor Information (Check box: Depositor deceased Depositor not deceased)

The Depositor is the person whose DNA will be banked.

DEPOSITOR NUMBER: _____ (CG Labs assigns this number)

Last name: _____

First name: _____

Middle name(s) or initial: _____

Sex (male or female): _____

Date of Birth: _____

CG Labs will mail this form to:

Street Address: _____

City: _____

Province/State: _____

Country: _____

Phone Number: _____

I have read the above and agree to all provisions of the C.G. Labs Inc.'s DNA Memorial Banking Agreement. I also agree to all of the Terms and Conditions listed. I will retain a copy of this signed Agreement for my records.

Signature

Date

Witness

Date

Mail completed form to:

CG Labs Inc., McKellar LifeCenter, 325 S. Archibald St. Ste.107, Thunder Bay, ON P7E 1G6