

**CORGENIX**  
**FORM 4: US CONSUMER PRIVACY**  
**REQUEST TO AMEND PERSONAL INFORMATION**

The purpose of this form is to collect relevant information in relation to a Request to Amend Personal Information made by a resident of a U.S. state that has enacted a consumer privacy law containing that right (see below). The information that you provide will only be used for the purposes of verifying your identity and processing your request, and not for unrelated purposes.

Once submitted, you will receive an email (at the address you provided), confirming that Corgenix has received and is processing your request. You will also receive additional notification in relation to whether we were able to fulfill your request or require additional information from you, such as any evidence that you may have as to why you believe the information that we hold about you is incorrect or requires amendment.

Corgenix processes requests for amendment of an individual's data within 45-days of receipt. In the rare event that we require additional time, we will contact you and let you know the reason why we require additional time. If so, your request will be processed no later than 90 days from receipt.

**PLEASE NOTE THAT THE RIGHT TO REQUEST AMENDMENT OF YOUR PERSONAL INFORMATION FOR U.S. RESIDENTS IS ONLY AVAILABLE AT THIS TIME FOR RESIDENTS OF CALIFORNIA AND VIRGINIA. PLEASE CHECK BACK AT A LATER TIME FOR THE ADDITION OF OTHER STATES.**

Please also note that the right to request amendment is not absolute. In accordance with the consumer privacy laws, there are certain exceptions that apply. Corgenix will process your request in accordance with the requirements of your state's consumer privacy law, taking into account those exceptions.

**Check One:**

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. (At this time, Virginia does not allow authorized agents to make requests for amendment on behalf of another individual.)

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

**Check as applicable to help us identify the individual requesting amendment of his/her personal information:**

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

**Provide the following information about the individual seeking amendment of his/her personal information:**

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

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

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

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

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

Last Four Digits of Your Social Security Number: \_\_\_\_\_

Last Four Digits of Your Driver's License Number: \_\_\_\_\_

Description of the personal information for which you are seeking amendment as well as the specific changes to that information that you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate dates when your personal information was collected by Corgenix: \_\_\_\_\_

Corgenix business collecting your information, if known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name, email address, and mailing address of the individual or organization to which you are requesting that your data be transferred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the request is being made by an authorized agent on behalf of another individual, 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\*: \_\_\_\_\_

As noted above, at this time, Virginia does not permit requests for portability to be made by an 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: \_\_\_\_\_

Corgenix does not knowingly collect use information from minors for commercial purposes.

Additional Information to help us identify the relevant personal information in our files:

**Individual Certification:** I confirm under penalty of perjury that I am the individual identified on this form, and make this request on my own behalf, to request that Corgenix transfer to the above designated individual or agent the information about me that I have described above. 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 may be subject to enforcement by Corgenix and/or law enforcement agencies and may also be subject to a lawsuit by the individual who I am representing myself to be. I also confirm that I am at least 16 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorized Agent Certification:** I confirm under penalty of perjury that I am the authorized agent of the individual identified on this form and am submitting this request for portability on behalf of the above-named California resident. I confirm that I am authorized by that California resident to act on his/her behalf in making this request, and also expressly confirm that have obtained a letter from that individual documenting that authorization. I understand that I may be required to submit a copy of that letter to Corgenix in order to proceed with the opt-out request as an authorized agent. I 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 confirm under penalty of perjury that I am the parent or legal guardian of the individual identified on this form. I understand that I may be required to submit additional verification to Corgenix to confirm my authority to act on that individual's behalf. I also understand that if I submit information that is knowingly false or incorrect, either about myself or the minor or incapacitated individual who is the subject of this request, 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

**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.