Generation Lab Test Consent

Last Revised: July 29, 2026

I understand, agree, certify, and authorize the following:

- This test is voluntary. I wish to perform this test.
- This test requires at least 250 microliters of blood, collected either with a provided blood collection device or via a draw conducted by a health Provider. It may be uncomfortable or painful. No long-lasting side effects from testing are expected. I understand that there is a rare risk of infection at the collection site. I acknowledge that the nature of the collection will cause slight discomfort.
- Generation Lab has contracted with CLIA-certified laboratories for laboratory analysis and report of my specimen. I authorize these laboratories to perform testing on my specimen and to release test results or other information necessary to Generation Lab, the ordering physician or clinic, the physician who requested the test if applicable, and to me.
- Generation Lab has engaged Spot Health Inc. to provide logistics and testing fulfillment services in connection with these testing services. I authorize Spot Health Inc. to process and handle my specimen and to release test results or other information necessary to Generation Lab as the primary responsible party.
- I understand that I am not entering into a doctor-patient relationship with Generation Lab, Spot Health Inc., or the ordering physician, and that any questions or required follow-up shall be my responsibility to arrange with my own physician.
- I am not a resident of the state of New York.

By registering my test kit, I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree that I and my heirs, executors, and assigns hereby release Generation Lab, including its employees, agents, and contractors (including Spot Health Inc.), from any and all liability and claims.

Date: 2026-07-29