

REQUESTED DELIVERY DATE:		SOURCE CODE			David Caddell, EC3Health		
Last Name		First Name				Suffix	
Company							
Shipping Address							
City			State		Zip	Zip Code	
Email		Phone					
PRODUCT	VOLUME	PRICE		QTY	1	TOTAL	
XoGlo® Exosomes	1ml/1bil	\$ 375			\$		
XoGlo® Exosomes	5ml/5bil	\$1250			\$	\$	
XoGlo® PRO Exosomes 3X CONCENTRATION	1ml/3bil	\$1000			\$		
XoGlo® PRO Exosomes 3X CONCENTRATION	5ml/15bil	\$ 3300			\$		
Amnio2X® Amniotic Fluid	1ml/300bil	\$400			\$		
		\$			\$		
		\$			\$		
		\$			\$		
				SUBTO	TAL \$		
All product is shipped FedEx Priority Plus Overnight. Shipping rates to			to be	SHIPPI	NG \$		
determined at time of shipment. Rates are \$100+ depending or location and volume, with handling and dry ice included.				TOTA	λL \$		

PAYMENT AUTHORIZATION

Card Type:	Visa	Mastercard	American Exp	ress D	iscover			
Card Number:				EXP:	CVV:			
I wish to authorize the purchase of service/merchandise from Kimera Labs using this Credit Card Authorization Form. I agree								
that I will pay for this purchase and indemnify and hold Kimera Labs harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card slip.								
Print Name:				Billin	g Zip Code:			
Signature:				Date	:			

- All Kimera Labs products are shipped FedEx Priority Plus Overnight on dry ice. Tracking information will be provided. Most shipments arrive around 10:30 AM (unless First Delivery is requested).
- Be prepared to receive signature is required for delivery.
- All products arrive frozen and must be transferred to an appropriate freezer (-20C to -80C) within 24 hours of shipment time.
- DO NOT STORE ANY KIMERA PRODUCT IN LIQUID NITROGEN OR CRYOGENIC FREEZER. Kimera Labs may not be held responsible if vials fracture with improper storage.
- Product can be thawed at room temperature. Keep product frozen until use. Use thawed product within 24 hours (kept refrigerated).



CONSENT FORM

EXOSOMES

Exosomes are a biological product that must be delivered to and signed for by a properly licensed medical professional. All biological products are for licensed medical professional use only and are not for resale or redistribution.

EVERY LICENSED MEDICAL PROFESSIONAL THAT WILL BE UTILIZING KIMERA LABS PRODUCTS WILL NEED TO SIGN A COPY OF THIS CONSENT.

IF MULTIPLE LOCATIONS A CONSENT FORM IS REQUIRED FOR EACH LOCATION.

SHIPMENT & DELIVERY

Kimera Labs will ship products once the order has been submitted and payment received by Exosomes.com. Product(s) are shipped frozen on dry ice with an expiration time of 48 hours. Kimera Labs will provide a tracking number to client at time of shipment or shortly thereafter.

Client is responsible for having a medical professional or authorized employee available to sign for delivery of product(s). Shipping charges are billed separate from the order of products.

Product(s) REQUIRE an appropriately licensed medical professional or employee thereof to sign for receipt of product(s). If licensed medical professional or employee thereof does not sign for the product(s) at time of delivery the product(s) could be rendered unusable. Kimera Labs and Exosomes.com are not liable for any loss that occurs due to no delivery for lack of signature.

CLIENT INFORMATION

Clinic Name:		
Shipping Address:		
Medical Professional Name: _		
Medical Professional Designat	n (MD, DO, etc.):	
Email:	Phone:	
NPI #:	Medical License #:	
	and understand the above information/requirements, am a medically lice distribute any biological products ordered.	ensed
Signature:	Date:	

Note: By signing this consent from, you acknowledge that the FDA has not approved any stem-cell based products for use, other than cord-blood derived hematopoietic progenitor cells (blood derived stem cells) for certain indications and that Kimera Labs exosomes are sold for topical use.

EC3 Health Customer Source Code: EC3
ORDERS@KIMERALABS.COM