Regenative Labs Homologous Use Agreement

This Regenative Labs Homologous Use Agreement (this "Agreement") is made and entered into as of _____, (the "Effective Date") by and between ROW1, Inc. D/b/a Regenative Labs, a Delaware Corporation registered in the state of Florida ("Seller") and _____, a(n_) _____ Corporation ("Customer"). Seller and Customer are sometimes referred to individually as a "Party" and collectively as the "Parties."

Recitals:

Customer has agreed to application of umbilical cord tissue allograft and/or amniotic membrane allograft only under homologous use as stated in 21 CFR 1271.3(c).

21 CFR 1271.3(c) Homologous use is defined as the repair, reconstruction, replacement, or supplementation of a recipient's cells or tissues with an HCT/P that performs the same basic function or functions in the recipient as in the donor.

IN WITNESS WHEREOF, the Parties have caused their authorized representatives to execute this Agreement as of the date first set forth above.

SELLER	CUSTOMER
ROW1, Inc. dba Regenative Labs	_____
_____	_____
Tyler C. Barrett Chief Executive Officer	Signature
_____	_____
Date	Printed Name
	_____
	Title
	_____
	Date

IRB APPROVED STUDY SITE DIRECTOR AGREEMENT

"OBSERVATIONAL DATA COLLECTION THROUGH MEDNGINE™ OF HOMOLOGOUS USE APPLICATIONS USING PROTEXT™, CRYOTEXT™, SECRETEXT™ CORETEXT™, AND AMNIOTEXT™"

Protocol Number: RL-ME-002

Study Site Director:

Clinical Site Requirements:

_____Upload of a current curriculum vitae (CV) of the personnel involved with the study.

I, _____, verify that my medical license is unrestricted, and I have not received disciplinary action from any medical board, medical association, hospital, or surgery center in the last five years. Attachment of active, unrestricted medical license: _____

I, _____, assert that the site can provide a secure, HIPAA compliant environment for study data files with limited access and under lock.

It is understood that the study results may be prepared and submitted for publication. In this event, I consent to being acknowledged for my participation, should I so desire, in data collection under the IRB-approved observational study.

_____ _____

Study Site Director Signature *Date*

_____

Print Name and Title

Regenative LABS

RegenativeLabs.com

How to Submit your Forms

1) Print all pages or open PDF in Adobe Acrobat
2) On page one, fill out the date, name of the clinic, state of clinic registration, and Customer portion at the bottom, starting with the clinic name and your signature.
3) On page two, initial in the blanks that ask for confirmation of CV and license submission, and fill out your name in the remaining blanks.
4) Prepare copies of your CV and medical license.
5) If you filled out the agreement digitally, e-mail the forms, CV, and license to data@regenativelabs.com
6) If you printed the agreement, you can either:
    a: Scan all documents into your computer and email them to data@regenativelabs.com
    b: Fax all documents to 850-542-7773 and send an email confirming your submission to data@regenativeabs.com