

Customer Compliance Certification

Required for account activation. Return completed and signed to compliance@dermalynx.co.

CUSTOMER INFORMATION

Legal entity name:

DBA (if applicable):

Facility type:

Street address:

City / State / ZIP:

Primary contact name / title:

Email:

Phone:

State license number(s):

NPI / Tax ID:

CUSTOMER CERTIFICATIONS

By signing below, Customer certifies, represents, and warrants to Dermalynx Distribution, LLC that each of the following statements is true as of the date of signature and will remain true throughout the duration of any commercial relationship:

1. Licensure. Customer is a licensed healthcare facility, practitioner, or government agency authorized under applicable federal and state law to purchase, possess, and use human cell, tissue, and cellular and tissue-based products (HCT/Ps) regulated under 21 CFR Part 1271.

2. Exclusion Status. Neither Customer nor any of its owners, officers, directors, managing employees, or agents is currently excluded, debarred, or otherwise ineligible to participate in any federal or state healthcare program, and none is under active investigation for any such conduct. Customer will notify Dermalynx in writing within five (5) business days of any change in this status.

3. Anti-Kickback Statute. Customer understands and complies with the Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b). No payment, discount, or other remuneration received from Dermalynx is intended or

offered to induce the referral of items or services payable by any federal healthcare program.

4. False Claims. Customer will not submit, and has not submitted, any false or fraudulent claim for payment to any federal or state healthcare program in connection with products purchased from Dermalynx. All billing and coding will be accurate and supported by clinical documentation.

5. Clinical Independence. Customer acknowledges that product selection and clinical use decisions rest solely with the treating clinician. Dermalynx representatives do not direct, influence, or receive compensation tied to clinical decisions.

6. Intended Use. Customer will use products consistent with each manufacturer's FDA-cleared or FDA-authorized indications and labeled instructions. Customer will not resell, redistribute, or transfer products to any unlicensed third party.

7. Storage & Chain of Custody. Customer will maintain products under manufacturer-specified storage conditions, will retain lot-level receipt and disposition records for a minimum of ten (10) years, and will cooperate with any recall, investigation, or audit.

8. Ongoing Cooperation. Customer will cooperate with Dermalynx's customer due-diligence processes, including quarterly exclusion re-screening and annual recertification.

AUTHORIZED SIGNATURE

Printed name:

Title:

Signature:

Date:

Return to compliance@dermalynx.co. Dermalynx will confirm receipt and provide onboarding next steps within two (2) business days.