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 www.axialbiotech.com

International Request Form

(This form is available in an editable format at www.axialbiotech.com/forms)

DESCRIPTION OF TEST:

The ScoliScore™ AIS Prognostic Test is intended for *in vitro* use only. This test utilizes DNA extracted from saliva specimens and the polymerase chain reaction to detect the genotypes for genetic markers found in clinical trials to be associated with risk of severe curve progression in patients diagnosed with Adolescent Idiopathic Scoliosis (AIS). An algorithm derived through logistic regression, which utilizes the genetic markers as well as the patient's initial Cobb Angle, assigns a Curve Progression Score ranging between 1-200. This score will indicate the potential risk for progression to a severe curve in AIS patients.

INDICATIONS FOR USE

Directions for collecting DNA samples are included in the ScoliScore AIS Prognostic kit. We can only accept specimens for patients who meet the following criteria:

| | |
|-------------|--|
| Diagnosis | Adolescent Idiopathic Scoliosis |
| Age Range | 9 - 13 Years of Age |
| Gender | Male or Female |
| Ethnicities | Caucasian (North American, South American, European, Eastern European, Middle Eastern) |
| Curve Type | Mild Curve (10 - 25° Cobb Angle) |

PAYMENT INFORMATION

The price for ScoliScore is \$2,950 USD and payment must be received prior to testing. Acceptable payment includes Credit Card or Certified Funds *made payable to Axial Biotech, Inc.* If preferred, the patient's family can call Axial Biotech before the test is sent at +1-801-984-9098 to make their credit card payment or for additional information.

Please complete the information below in place of the Billing Information section of the ScoliScore test Requisition Form.

Patient Name _____

Physician Name _____

Payment Method (Please check one of the following):

- Credit Card Certified Funds (certified bank check, cashier's check, money order, or traveler's check)

For CREDIT CARD payment, include:

- Card type: MasterCard Visa American Express Discover

Credit Card # _____ Credit Card Expiration (mm/yy) _____

Name as it appears on credit card: _____

Billing party phone number: _____ Country Name or Code: _____

Place ScoliScore kit, Requisition Form, International Request Form, and Certified Funds into a FedEx package and return to Axial Biotech, Inc. at 2749 East Parleys Way, Suite 200, Salt Lake City, UT 84109-9921.

Questions? Call Axial Biotech, Inc. at (877) 294-2598.

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