

VOLUNTARY SELF-IDENTIFICATION FORM (GENDER, RACE, ETHNICITY)

For equal employment opportunity and affirmative action purposes, **Biocartis US Inc.** is required to invite applicants and employees to voluntarily self-identify their race/ethnicity and to report the gender makeup of our workforce. The information will be kept separate from other employment papers and records. Submission of this information is **VOLUNTARY** AND WILL NOT BE USED TO MAKE EMPLOYMENT DECISIONS. The information is used only in accordance with state and federal regulations.

Please print:

APPLICANT NAME:

Last

First

MI

Please check:

GENDER:

Male

Female

RACE/ETHNICITY:

Are you Hispanic or Latino?

Yes

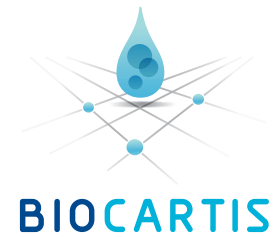
No

I do not wish to self-identify

If you choose to not self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

If you answered "Yes," you have completed this section.

If you answered "No," please select race from the options below.



VOLUNTARY SELF-IDENTIFICATION FORM (GENDER, RACE, ETHNICITY) - CONTINUED

RACE/ETHNICITY:

American Indian or Alaska Native (Non-Hispanic or Latin):

A person having origins in any of the original peoples of North and South American (including Central America), and who maintain a tribal affiliation or community attachment.

Asian (Non-Hispanic or Latin): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (Non-Hispanic or Latin): A person having origins in any of the original peoples of the black racial groups of Africa.

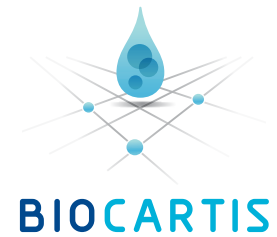
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latin): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (Non-Hispanic or Latin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or More Races (Non-Hispanic or Latin)

Please select race:



VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

WHY ARE YOU BEING ASKED TO COMPLETE THIS FORM?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

HOW DO I KNOW IF I HAVE A DISABILITY?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

PLEASE CHECK ONE OF THE BOXES BELOW:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

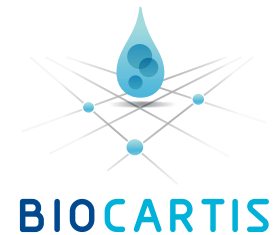
YOUR NAME:

TODAY'S DATE:

REASONABLE ACCOMMODATION NOTICE

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

(1) Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.



VOLUNTARY SELF-IDENTIFICATION FORM (VETERAN STATUS)

Biocartis US Inc. may become a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act, which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **“disabled veteran”** is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs;
 - or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **“Armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

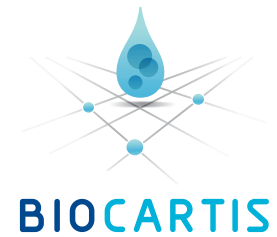
Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

“PRE-OFFER” INVITATION

[THE FOLLOWING TEXT SHOULD BE USED WHEN EXTENDING THE “PRE-OFFER” INVITATION AS REQUIRED BY 41 CFR 60-300.42(a).]

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN



VOLUNTARY SELF-IDENTIFICATION FORM (VETERAN STATUS) - CONTINUED

“POST-OFFER” INVITATION

[THE FOLLOWING TEXT SHOULD BE USED IF REQUIRED TO EXTEND THE “POST-OFFER” INVITATION DESCRIBED IN 41 CFR 60-300.42(b). THE DEFINITIONS OF THE SEPARATE CLASSIFICATIONS OF PROTECTED VETERAN INCLUDED IN THE POST-OFFER INVITATION MUST ACCOMPANY THIS SELF-IDENTIFICATION REQUEST.]

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> DISABLED VETERAN | <input type="checkbox"/> I am a protected veteran, but I choose not to self-identify the classifications to which I belong. |
| <input type="checkbox"/> RECENTLY SEPARATED VETERAN | |
| <input type="checkbox"/> ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN | <input type="checkbox"/> I am NOT a protected veteran. |
| <input type="checkbox"/> ARMED FORCES SERVICE MEDAL VETERAN | |

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

YOUR NAME:

TODAY’S DATE:

SAVE FORM

(1) Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.