ACKNOWLEDGMENT & AUTHORIZATION

I, _____, hereby acknowledge that I have read, understand, and agree to the conditions of accepting a payment from the Victim Compensation Fund ("Fund") set forth in Attachment F to the Deferred Prosecution Agreement between Magellan Diagnostics, Inc. ("Magellan") and the United States of America, arising out of Case No. 23-cr-_____ (the "DPA"). I have had the opportunity to consult with an attorney before making this decision, and I voluntarily accept payment from the Fund on these terms.

I HAVE READ THIS ACKNOWLEDGMENT & AUTHORIZATION AND UNDERSTAND THE CONTENTS THEREOF.

Signature:_____ Date:_____

Print Name:_____

On Behalf Of:_____
(if applicable)