Consulting Agreement Form

Version 17

(Please forward completed form to [djlg@biocomposites.com](mailto:djlg@biocomposites.com))

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Request Date:** |  | |  |  | |  | |  | |  |  |
| **Consultant Full Name:** | |  | | | | **Tax Payer ID #:** | | |  | | |
| **Consultant’s Full Address to be noted on agreement(Office or Residential):** | |  | | | | | | | | | |
| **Telephone #:** | |  | | | | **Email:** | |  | | | |
| **Exhibit A:** | | *Presentations concerning the Biocomposites’ Device, at Grand rounds, dinner meetings and speaking events (meetings, symposiums, training sessions, etc.). Phone call discussions regarding the Device with surgeons, and an advisor for the sales representatives and surgeons for peer discussions.* | | | | | | | | | |
| **Products to be noted on Agreement:** | | Stimulan | | | | | | | | | |
| **Levels** | | | | | | | | | | | |
| Level 1 | | | | |  | | | | | | |
| *Includes, but is not limited to, advisory board, taking peer to peer telephone calls, attending meetings, dinner meetings, speaking engagements, presentations, and training for Biocomposites’ sales force.* | | | | | | | | | | | |
| Level 2 | | | | |  | | | | | | |
| *Includes, but is not limited to, carry out product evaluations, clinical reviews and white papers.* | | | | | | | | | | | |
| Level 3 | | | | |  | | | | | | |
| *Travel and pre-approved preparation time.* | | | | | | | | | | | |
| Daily Honorarium | | | | |  | | | | | | |
| **Please attach the below information before forwarding the form (please tick)** | | | | **Please only list the hospitals where the Consultant is an employee.** | | | | | | | |
| Compliance Checklist: |  | | |  | | | | | | | |
|  |  | | |
| **Signatures** | | | | | | | | | | | |
| ***Requester:*** *I confirm that the proposed consulting services complies with the Anti-Kickback regulations, bribery Act and the Sunshine Act. I also confirm that the Consulting Services do not require the consultant to discuss off label use of the product, and the Consultant has been made aware of Biocomposites’ use with other substances policy.* | | | | **Name:** | | | Robert Pelosi | | | | |
| **Signature:** | | |  | | | | |
| **Position:** | | | Executive Vice President | | | | |
| **Date:** | | |  | | | | |
| ***Compliance:*** *I confirm that the proposed consulting services complies with the Anti-Kickback regulations, bribery Act and the Sunshine Act.* | | | | **Name:** | | | Kathleen Moon | | | | |
| **Signature:** | | |  | | | | |
| **Position:** | | | Compliance Manager | | | | |
| **Date:** | | |  | | | | |
| ***Corporate Compliance Department:*** *I confirm that I have reviewed the consulting services and they comply with Biocomposites’ policies.* | | | | **Name:** | | | Simon Fitzer | | | | |
| **Signature:** | | |  | | | | |
| **Position:** | | | Compliance Director | | | | |
| **Date:** | | |  | | | | |
| ***Corporate Commercial Department:*** *I confirm that there is no conflict of interest with Biocomposites’ existing agreements.* | | | | **Name:** | | | Debbie Le Goff | | | | |
| **Signature:** | | |  | | | | |
| **Position:** | | | Commercial Director | | | | |
| **Date:** | | |  | | | | |