

## **Pandecta Inc.**

*The Ultimate Health Analytics:  
Because You Deserve More*

Proactive Health Monitoring via Pandecta's Health Analytics

Effective Date: March 1, 2025

Prepared by: Pandecta Inc.

### **CLIENT INFORMATION**

**Customer Identifier:**

### **MEDICAL & HEALTH INFORMATION**

Pandecta Inc. ("Pandecta") is committed to providing personalized health insights through our Deep Protein Scan. Collecting medical and health information before this proteomic analysis allows us to provide more accurate, personalized, and meaningful insights based on your unique health background. Protein levels naturally change with age, and factors such as pre-existing conditions, medications, lifestyle, and family history can also influence biomarker levels. Understanding these factors helps us enhance interpretation accuracy, provide personalized risk assessments, improve actionable insights and support long-term health monitoring.

Providing medical and health information is absolutely voluntary and you can choose not to provide medical & health information. However, not providing that information may limit the extent of the service we provide. If you choose to provide such information, rest assured that all information provided will remain confidential. Please refer to our Privacy Policy and Terms of Use and Service for more information. If you have any questions about this questionnaire, you may contact us at [info@pandecta.ca](mailto:info@pandecta.ca).

1. What is your age?

- 18 - 35 years
- 36 - 45 years
- 46 - 55 years
- 56 - 65 years
- 66 - 75 years
- 76 - 85 years
- Above 86 years of age
- Prefer not to disclose

2. What is your gender

- Male
- Female
- Non - binary
- Other: (Please specify)
- Prefer not to disclose

3. What is your ethnicity?

- Indigenous (e.g. First Nations, Metis, Inuit)

- Black or African descent
- East Asian (e.g. Chinese, Japanese, Korean)
- South Asian (e.g. Indian, Pakistani, Bangladeshi)
- South Asian (e.g. Indian, Pakistani, Bangladeshi)
- Southeast Asian (e.g. Filipino, Vietnam, Thai)
- Middle Eastern
- Hispanic or Latino
- White or European Descent
- Pacific Islander or Native Hawaiian
- Other: (Please specify)
- Prefer not to disclose

4. Do you have any of the following underlying conditions? (Check all that apply)

- None
- Cardiovascular disease (e.g. hypertension, heart attack, stroke)
- Diabetes (Type I, Type 2)
- Cancer: (Please specify)
- Autoimmune disorders
- Neurological disorders (e.g., Alzheimer's, Parkinson's, epilepsy)
- Respiratory disorders (e.g., asthma, COPD, pulmonary fibrosis)
- Chronic kidney disease
- Chronic liver disease
- Endocrine disorders
- Gastrointestinal disorders
- Musculoskeletal disorders
- Infectious diseases
- Other: (Please specify)
- Prefer not to disclose

5. Do you currently take any medications for chronic conditions?

- None
- I take medications for these conditions: (Please specify)
- I currently undergo chemotherapy
- Prefer not to disclose

6. Do you smoke or use tobacco?

- Yes
- No
- No, but I used to for more than 5 years
- No, but I used to for more than 10 years
- Prefer not to disclose

7. Do you use alcohol?

- Not at all
- Very rarely

- Sometimes
- Prefer not to disclose

8. Do you have a family history of chronic diseases (e.g., heart disease, cancer, diabetes)?

- No
- Yes, please specify
- Prefer not to disclose

9. What is your primary reason for purchasing this test?

- General health monitoring
- Family history of disease
- Existing health concerns
- Tracking health overtime
- Optimizing Lifestyle and wellness
- Other: (Please specify)

## CONSENT & ACKNOWLEDGMENT

- I understand that by purchasing Pandecta's Deep Protein Scan, I will be provided with a written report (the "**Report**") based on an analysis of protein biomarkers from my blood sample that summarizes Pandecta's proteomic analysis and offers recommendations in respect of my health and wellness, and that the Report is not a diagnostic tool.
- I acknowledge that the Report (and/or Pandecta's services) is not a substitute for medical care and that I should discuss the Report with a healthcare provider.
- I consent to the collection and analysis of my blood sample for proteomic health assessment.
- I agree to Pandecta's Privacy Policy and Terms of Use and Service and understand how my data will be stored and used.

I confirm that the information provided is accurate to the best of my knowledge

Signature: \_\_\_\_\_

Date: \_\_\_\_\_