LIFEX
RESEARCH CORP

Assessment Questionnaire

As an applicant to become a Research Associate Employee for LifeX Research Corporation I acknowledge that misrepresentation of the questions on this application will result in termination of employment.

Part A

Is the applicant, spouse/domestic partner/significant other, dependent children, or any other member of their household currently being treated for, **or expect to be treated for any of the following currently or over the next 12 months? (No to all – Continue to Part B)**

Y	N	
☐	☐	**Organ failure,** leading to **Bone Marrow** or Organ Transplant.
☐	☐	Any genetic condition that requires cell or gene therapy treatments.
☐	☐	Any **cancer that requires chemotherapy, radiation, bone marrow treatments, and/or cell therapy treatments.**
☐	☐	**Kidney failure** requiring dialysis treatments.
☐	☐	**Hemophilia, or other blood clotting disorders.**
☐	☐	Inpatient Mental Health and/or Substance or Alcohol Treatment.

Part B

Y	N	
☐	☐	Is any individual listed on this application: • Currently pregnant or an expecting parent • Seeking or receiving infertility services to become pregnant

Part A

In the **last 5 years, has the applicant, spouse/partner, significant other, or any dependent child** seen a doctor, received medical care, stayed in a hospital, or are they currently getting treatment or taking medication for any of the conditions listed below? This includes any current treatment/medications/prescriptions.

Y	N	**Condition**
☐	☐	**Cancer** (ONLY exclusion is Basal Cell Carcinoma)

Y	N	Condition
☐	☐	**Heart Disease** (such as, but not limited to heart surgery, including bypass surgery/CABG, heart attack, stroke, heart failure - does not include high blood pressure)
☐	☐	**Home bound,** incapacitated or incapable of carrying out daily activities (such as dressing, bathing, or feeding) or receiving end of life, palliative, or hospice care.
☐	☐	**Autoimmune or Blood Disease,** such as but not limited to Lupus, Multiple Sclerosis/MS, Iron Deficiency Anemia (IDA), AIDS, HIV, Hashimoto's, Immunodeficiency, Hemophilia, IBS, or Crohn's Disease or Ulcerative Colitis, Psoriasis with systemic involvement (see attached sample list)
☐	☐	**Organ Failure/Transplant** for kidney, liver, lung or heart
☐	☐	**Organ Support,** such as dialysis or ECMO
☐	☐	**Hospitalized,** have you been hospitalized in the past five years for which you are still receiving treatment, taking medication, or attending follow-up appointments with a healthcare provider (this includes skilled nursing, mental health, substance treatment, and rehabilitation facilities)?
☐	☐	**Respiratory Disorders,** such as COPD, emphysema, chronic bronchitis, or chronic pneumonia (does not include asthma)
☐	☐	**Musculoskeletal Disorders,** such as but not limited to, sciatica, osteoporosis, cervical/neck/back disorder (including any type of injection or procedure), muscular dystrophy, cerebral palsy, dermatomyositis, compartment syndrome
☐	☐	**Substance Abuse or Dependency** (including but not limited to alcohol, cocaine, meth, heroin, opioids)- whether diagnosed or undiagnosed
☐	☐	**Type I Diabetes**
☐	☐	**Major Surgery,** (please see attached list for reference but not limited to only the items listed) in the past 5 years for which you are still receiving treatment, taking medication, or attending follow-up appointments with a healthcare provider or any planned or recommended surgeries in the next 12 months
☐	☐	**Neurological Disorder,** , such as Parkinson's Disease, epilepsy, stroke, Alzheimer's, MS (multiple sclerosis), ALS (amyotrophic lateral sclerosis), Major Depressive Disorder or Schizophrenia

Agent Signature

Date

Applicant Name

Date Collected