

Novitium Pharma LLC

Employee Consent Form

I, _____, here by authorize my employer, Novitium Pharma LLC to release my personnel information including address, phone number and social security number to the Drug Enforcement Administration (DEA) or to a private security clearance firm to verify my personal details and / or to conduct a criminal background check. I understand that verification of personal details and / or criminal background check are required by Novitium procedures to have access to Controlled Drug Substances (CDS) while I am employed at Novitium Pharma.

The foregoing authorization shall continue in force until revoked by me in writing. A photocopy of this authorization shall have the same force and effect as the original.

(Employee Signature)

(Witness)

Date

Date

Copy to: Employee Personal File