

Loria Pharmaceutical, LLC
POLICY

Policy No.	112
Subject	Lab Use Fee
Effective Date	3/1/2021

SUMMARY, DESCRIPTION:

The Lab Use Fee shall be \$1,000 per month per Licensee (including payment for any/all Sub-Licensees affiliated with Licensee), paid to Loria Pharmaceutical LLC.

All payments for Lab Use Fees made by Licensee under this Agreement, including payments made by Licensee for all Sub-Licensees:

1. Shall be by wire transfer (instructions below);
2. Are payable to “Loria Pharmaceutical”;
3. Are due and payable by the fifth (5th) day of each month; and
4. Are payable in US Dollars.

Licensor reserves the right to withhold services until all payments due from Licensee are paid in full.

Note: Licensees in a Group Practice will be provided a reduced Lab Use Fee for the first six months upon addition of each new Licensee. The first Licensee of the Group will pay the full amount stated. All subsequent Licensees will pay 50% of the Lab Use Fee for the first six months of the Licensee’s operation.

Wire Transfer Instructions:

LORIA PHARMACEUTICAL

Bank Name & Address

Wells Fargo
8201 NW 36th St.
Miami, FL 33166

Acct. Name: Loria Pharmaceutical LLC

Acct. # 2581704513

Rout.# 063107513

Wire transfer # 121000248

Swift Code WFBIUS6S

LORIA PHARMACEUTICAL LLC
10773 NW 58th St.
Doral, FL 33178