

Exhibit 2



December 3, 2015

Stericycle Customer #: <CustId>-<ShipToId>

<Company>
<Contact>
<Address1>
<Address2>
<City>, <State> <Zip>

CONFIDENTIAL RESPONSE REQUIRED BY DECEMBER 31, 2015.

Dear Valued Customer,

At Stericycle Inc. we are committed to providing services and products that help our customers meet their regulatory obligations. To ensure that both Stericycle and the generator of regulated medical waste are in full compliance with applicable local, state and federal regulations, it is important that proper identification, classification, segregation and packaging is followed.

Our Service Agreement and Waste Acceptance Protocol states:

“In addition, Stericycle cannot accept bulk liquids, radioactive materials or complete human remains (including heads, full torsos and fetuses).”

As generator, it is your responsibility to ensure compliance with the established Waste Acceptance Protocol (WAP) requirements. For your convenience attached you will find Stericycle’s WAP with this section highlighted for your review. If you have any additional questions regarding your waste and the restrictions within the WAP please contact 1-855-783-7411.

As a routine measure to reinforce our Regulated Medical Waste Acceptance Policy, we need you to complete the attached acknowledgement form. This will ensure that Stericycle can continue to properly and compliantly service your medical waste needs. Please fax your completed form to **1-888-649-0625** by December 31st, 2015.

If your facility generates Complete Human Remains waste, please contact your local mortuary or crematory for further assistance. Per most state regulations and the attached Stericycle WAP, these materials must be managed through these means **and may not be placed in Stericycle regulated medical waste containers.**

Thank you for your prompt attention to this request. Working together, we can ensure compliance with the established Waste Acceptance Protocol requirements.

Respectfully Yours,

A handwritten signature in black ink, appearing to read "Selin Hoboy", written over a horizontal line.

Selin Hoboy
VP – Legislative and Regulatory Affairs
Stericycle, Inc.

•• IMPORTANT ••
TO ENSURE CONTINUED COMPLIANCE

PLEASE COMPLETE AND FAX TO: 1-888-649-0625

by **DECEMBER 31, 2015**

<Company>
<Contact>
<Address1>
<Address2>
<City>, <State> <Zip>

Customer #: <CustId>-<ShipToId>

I acknowledge that the following information is accurate and complete regarding all wastes generated at the above location. I understand and acknowledge that **Stericycle cannot accept** Complete Human Remains as regulated medical waste and have presented this information to the necessary individuals on staff at this facility. (*Examples of Complete Human Remains include heads, torsos, and fetuses*).

Please check only the statements that are applicable to the location listed above:

_____ No Complete Human Remains as described are generated at this location.

_____ All Complete Human Remains as described generated at this location are properly segregated and managed of through licensed providers. Therefore, we do **not** dispose of Complete Human Remains waste in Stericycle Regulated Medical Waste containers.

_____ *For additional information or questions regarding this matter I have been informed that I can contact my customer service at 1-855-783-7411.*

Print Name: _____

Date: _____

Signature: _____

Title: _____

Phone Number: (_____)_____

Email: _____

Stericycle respects your privacy — all fax responses are received in a secure eFax environment (arriving as email in a privately-monitored inbox).

FAX COMPLETED FORM TO 1-888-649-0625



REGULATED MEDICAL WASTE ACCEPTANCE POLICY

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the minimum requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information. You may also call (866) 783-7422.

REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this **excludes** RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including *controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle **cannot accept** bulk liquids, radioactive materials, or complete human remains (including heads, full torsos and fetuses). Stericycle **cannot accept** these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.

** Un-dispensed from DEA Registrant*

WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any waste found to be non-conforming to this Waste Acceptance Policy identified in route to, or at a Stericycle location, may be returned to the generator for proper packaging and disposal, or may be rerouted for appropriate destruction; this may include improperly marked regulated medical waste which should have been identified for incineration (i.e. pathological, chemotherapy or non-hazardous pharmaceuticals). Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic, and exposed ends of dental wires.
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RCRA hazardous material by the generator. Excludes all DEA scheduled drugs, including controlled substances*
- **California Only** - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone

REGULATED MEDICAL WASTE NOT ACCEPTED BY STERICYCLE

- Untreated Category A Infectious Substances
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- RCRA Hazardous Pharmaceutical Waste and all DEA Federal and State controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer, fluorescein
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Hazardous or Universal Waste - any other waste determined by Federal or State EPA regulations including but not limited to batteries, bulbs, heavy metals, etc.
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials

**Consult Stericycle Representative for specific requirements*

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at (866) 783-7422.

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IMPORTANT Read, review, sign and return via fax to **888-649-0625 by December 31, 2015.**

Customer: <Company>

Customer #: <CustID>-<SiteID>

I have read and understand the above policy.

Printed Name: _____

Signature: _____

Date: _____



January 18, 2015

Stericycle Customer #: <CustId>-<ShipToId>

<Company>
<Contact>
<Address1>
<Address2>
<City>, <State> <Zip>

2ND REQUEST

CONFIDENTIAL RESPONSE REQUIRED BY FEBRUARY 29, 2015.

Dear Valued Customer,

At Stericycle Inc. we are committed to providing services and products that help our customers meet their regulatory obligations. To ensure that both Stericycle and the generator of regulated medical waste are in full compliance with applicable local, state and federal regulations, it is important that proper identification, classification, segregation and packaging is followed.

Our Service Agreement and Waste Acceptance Protocol states:

“In addition, Stericycle cannot accept bulk liquids, radioactive materials or complete human remains (including heads, full torsos and fetuses).”

As generator, it is your responsibility to ensure compliance with the established Waste Acceptance Protocol (WAP) requirements. For your convenience attached you will find Stericycle’s WAP with this section highlighted for your review. If you have any additional questions regarding your waste and the restrictions within the WAP please contact 1-855-783-7411.

As a routine measure to reinforce our Regulated Medical Waste Acceptance Policy, we need you to complete the attached acknowledgement form. This will ensure that Stericycle can continue to properly and compliantly service your medical waste needs. *To avoid interruption of your services including the pickup of regulated medical waste at your site, please fax your completed form to 1-888-649-0625 by February 29th, 2015.*

If your facility generates Complete Human Remains waste, please contact your local mortuary or crematory for further assistance. Per most state regulations and the attached Stericycle WAP, these materials must be managed through these means **and may not be placed in Stericycle regulated medical waste containers.**

Thank you for your prompt attention to this request. Working together, we can ensure compliance with the established Waste Acceptance Protocol requirements.

Respectfully Yours,

A handwritten signature in black ink, appearing to read "Selin Hoboy".

Selin Hoboy
VP – Legislative and Regulatory Affairs
Stericycle, Inc.

• **IMPORTANT** •
TO ENSURE CONTINUED COMPLIANCE

PLEASE COMPLETE AND FAX TO: 1-888-649-0625

by **February 29, 2015**

<Company>
<Contact>
<Address1>
<Address2>
<City>, <State> <Zip>

Customer #: <CustId>-<ShipToId>

I acknowledge that the following information is accurate and complete regarding all wastes generated at the above location. I understand and acknowledge that **Stericycle cannot accept** Complete Human Remains as regulated medical waste and have presented this information to the necessary individuals on staff at this facility. *(Examples of Complete Human Remains include heads, torsos, and fetuses).*

Please check only the statements that are applicable to the location listed above:

_____ No Complete Human Remains as described are generated at this location.

_____ All Complete Human Remains as described generated at this location are properly segregated and managed of through licensed providers. Therefore, we do **not** dispose of Complete Human Remains waste in Stericycle Regulated Medical Waste containers.

_____ *For additional information or questions regarding this matter I have been informed that I can contact my customer service at 1-855-783-7411.*

Print
Name: _____
Signature: _____
Phone Number: (_____) _____

Date: _____
Title: _____
Email: _____

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FAX COMPLETED FORM TO 1-888-649-0625



regulated medical waste acceptance policy

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* Un-dispensed from DEA Registrant

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MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any waste found to be non-conforming to this Waste Acceptance Policy identified in route to, or at a Stericycle location, may be returned to the generator for proper packaging and disposal, or may be rerouted for appropriate destruction; this may include improperly marked regulated medical waste which should have been identified for incineration (i.e. pathological, chemotherapy or non-hazardous pharmaceuticals). Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

accepted regulated medical waste

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic, and exposed ends of dental wires.
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accepted regulated medical waste which must be identified and segregated for incineration

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RCRA hazardous material by the generator. Excludes all DEA scheduled drugs, including controlled substances*
- **California Only** - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone

regulated medical waste not accepted by stericycle

- Untreated Category A Infectious Substances
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- RCRA Hazardous Pharmaceutical Waste and all DEA Federal and State controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer, fluorescein
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Hazardous or Universal Waste - any other waste determined by Federal or State EPA regulations including but not limited to batteries, bulbs, heavy metals, etc.
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials

*Consult Stericycle Representative for specific requirements

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at (866) 783-7422.

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important Read, review, sign and return via fax to **888-649-0625** by **February 29, 2015**.

I have read and understand the above policy.

Printed Name: _____

Signature: _____

Date: _____

Customer: <Company>

Customer #: <CustID>-<SiteID>

• **IMPORTANT** •
TO ENSURE CONTINUED COMPLIANCE

PLEASE COMPLETE AND FAX TO: 1-888-649-0625

by **February 29, 2015**

<Company>
<Contact>
<Address1>
<Address2>
<City>, <State> <Zip>

Customer #: <CustId>-<ShipToId>

I acknowledge that the following information is accurate and complete regarding all wastes generated at the above location. I understand and acknowledge that **Stericycle cannot accept** Complete Human Remains as regulated medical waste and have presented this information to the necessary individuals on staff at this facility. *(Examples of Complete Human Remains include heads, torsos, and fetuses).*

Please check only the statements that are applicable to the location listed above:

_____ No Complete Human Remains as described are generated at this location.

_____ All Complete Human Remains as described generated at this location are properly segregated and managed of through licensed providers. Therefore, we do **not** dispose of Complete Human Remains waste in Stericycle Regulated Medical Waste containers.

_____ *For additional information or questions regarding this matter I have been informed that I can contact my customer service at 1-855-783-7411.*

Print
Name: _____
Signature: _____
Phone Number: (_____)_____

Date: _____
Title: _____
Email: _____

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FAX COMPLETED FORM TO 1-888-649-0625



February XX, 2016

Stericycle Customer #: <CustId>-<ShipToId>

<Company>
<Contact>
<Address1>
<Address2>
<City>, <State> <Zip>

FINAL REQUEST
CONFIDENTIAL RESPONSE REQUIRED BY MARCH 7TH, 2016.

Dear Valued Customer,

At Stericycle Inc. we are committed to providing services and products that help our customers meet their regulatory obligations. To ensure that both Stericycle and the generator of regulated medical waste are in full compliance with applicable local, state and federal regulations, and Stericycle policies, it is important that proper identification, classification, segregation and packaging is followed.

Our Service Agreement and Waste Acceptance Protocol states:

“In addition, Stericycle cannot accept bulk liquids, radioactive materials or complete human remains (including heads, full torsos and fetuses).”

Stericycle’s Waste Acceptance Protocol (WAP) may go beyond some state regulations in defining what is regulated medical waste. As a corporate policy Stericycle does not accept complete human remains including fetuses. If there is an indication that a generator cannot meet these requirements we will take the necessary actions toward discontinuing services. As a generator, it is your responsibility to ensure compliance with the established WAP requirements. For your convenience attached you will find Stericycle’s WAP for your review. If you have any additional questions regarding your waste and the restrictions within the WAP please contact 1-855-783-7411.

As a routine measure to reinforce our Regulated Medical Waste Acceptance Policy, we need you to complete the attached acknowledgement form. This will ensure that Stericycle can continue to properly and compliantly service your medical waste needs. *To avoid cancelation of your services including the pickup of regulated medical waste at your site, please fax your completed form to 1-888-649-0625 by March 7th, 2016. If you are unable to comply with the Waste Acceptance Policy as outlined we will discontinue service and cancel the contract without further penalty and schedule a final pickup by March 25th, 2016.*

If we do not receive your completed form by March 7th, Stericycle will schedule a final pickup to take place no later than March 25th, 2016 and the contract will be cancelled.

If your facility generates Complete Human Remains waste, please contact your local mortuary or crematory for further assistance. Per most state regulations and the attached Stericycle WAP, these materials must be managed through these means **and may not be placed in Stericycle regulated medical waste containers.**

Thank you for your prompt attention to this request. Working together, we can ensure compliance with the established Waste Acceptance Protocol requirements.

Respectfully Yours,

A handwritten signature in black ink, appearing to read "Selin Hoboy".

Selin Hoboy
VP – Legislative and Regulatory Affairs Stericycle, Inc.

• **IMPORTANT** •
TO ENSURE CONTINUED COMPLIANCE

PLEASE COMPLETE AND FAX TO: 1-888-649-0625

by **March 7, 2016**

<Company>
<Contact>
<Address1>
<Address2>
<City>, <State> <Zip>

Customer #: <CustId>-<ShipToId>

I acknowledge that the following information is accurate and complete regarding all wastes generated at the above location. I understand and acknowledge that **Stericycle cannot accept** Complete Human Remains as regulated medical waste and have presented this information to the necessary individuals on staff at this facility. *(Examples of Complete Human Remains include heads, torsos, and fetuses).*

I have been notified that if I cannot comply with the Regulated Medical Waste Acceptance Policy that service will be discontinued, contract will be cancelled and final pick up of waste will be scheduled by March 25, 2016 with no further fees or penalties.

Please check only the statements that are applicable to the location listed above:

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Print
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Signature: _____
Phone Number: (____) _____

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Title: _____
Email: _____

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regulated medical waste acceptance policy

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STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

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regulated medical waste not accepted by stericycle

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I have read and understand the above policy.

Printed Name: _____

Signature: _____

Date: _____

Customer: <Company>

Customer #: <CustID>-<SiteID>