

# Power of Attorney

The following representative, or the person he or she appoints, is hereby authorised to vote for all the undersigned's shares in LifeAssays AB (publ), reg. no. 556595-3725 at the extraordinary general meeting of LifeAssays AB (publ) to be held on Tuesday 9 March 2021.

For .....  
(Name of proxy) (Proxy's national identification number)

.....  
(Proxy's address) (Proxy's phone number daytime)

.....  
(Proxy's postal code) (Proxy's postal address)

.....  
(Place) (Date)

.....  
(Shareholder's name)

.....  
(Signature) (Clarification of signature)

.....  
(Shareholder's national identification number or registration number) (Shareholder's phone number daytime)

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*The power of attorney and, if the power of attorney is issued by a legal person, registration certificate or equivalent authorisation document for the legal person, should be submitted in due time before the extraordinary general meeting to:*

*LifeAssays AB (publ), Ideongatan 3A, SE-223 62 Lund, Sweden.*