

INVESTIGATOR AGREEMENT

JNJ-61186372 (amivantamab)

Clinical Protocol 61186372NSC4018 Amendment 1

INVESTIGATOR AGREEMENT

I have read this protocol and agree that it contains all necessary details for carrying out this study. I will conduct the study as outlined herein and will complete the study within the time designated.

I will provide copies of the protocol and all pertinent information to all individuals responsible to me who assist in the conduct of this study. I will discuss this material with them to ensure that they are fully informed regarding the study intervention, the conduct of the study, and the obligations of confidentiality.

Coordinating Investigator (where required):

Name (typed or printed): _____

Institution and Address: _____

Signature: _____

Date: _____

(Day Month Year)

Principal (Site) Investigator:

Name (typed or printed):

PRASHANT PANDEY

Institution and Address:

TATA MEDICAL CENTER14 Major Arterial Road (EW),Newtown, Rajarhat, Kolkata - 700160.

Telephone Number:

+91 9804290687

Signature: _____

Prashant Pandey

Date: _____

08/June/2024

(Day Month Year)

Sponsor's Responsible Medical Officer:

Name (typed or printed):

Dr. Nishita Shah

Institution:

Johnson & Johnson Private Limited

Signature: _____

NShah

Date: _____

29-04-2026

(Day Month Year)

Note: If the address or telephone number of the investigator changes during the study, written notification will be provided by the investigator to the sponsor, and a protocol amendment will not be required.

CONFIDENTIAL – FOIA or other similar exemptions apply

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Status: Approved, Date: 29 April 2026

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