

INVESTIGATOR AGREEMENT

I confirm that I have read and that I understand this protocol, the Investigator's Brochure, prescribing information, and any other product information provided by the sponsor. I agree to conduct this trial in accordance with the requirements of this protocol and also to protect the rights, safety, privacy, and wellbeing of trial participants in accordance with the following:

- The ethical principles that have their origin in the Declaration of Helsinki.
- International Council for Harmonisation, E6 Good Clinical Practice: Consolidated Guideline.
- All applicable laws and regulations, including, without limitation, data privacy laws and regulations.
- Regulatory requirements for reporting SAEs defined in Section 8.4 of this protocol.
- Terms outlined in the clinical trial site agreement.
- Responsibilities of the investigator (Section 10.1.1.2).

I further authorize that my personal information may be processed and transferred in accordance with the uses contemplated in Section 10.1.1.3 of this protocol.

Arijit Nag

16 DE 2025

Signature of Investigator

Date

Dr Arijit Nag

Investigator Name (print or type)

Principal Investigator

Investigator's Title

Kolkata, West Bengal

Location of Facility (City, State/Province)

India

Location of Facility (Country)

CONFIDENTIAL