Tripartite Institution Contract Amendment OUS Lilly LoA Amendment Template Global Version: 01 2018 Affiliate Version: April 2018

Amendment No. 1 to the Clinical Trial Agreement Related to Protocol I6T-MC-AMAM, "A Phase 3, Multicenter, Randomized, Double-Blind, Placebo- and Active- Controlled, Treat-Through Study to Evaluate the Efficacy and Safety of Mirikizumab in Patients with Moderately to Severely Active Crohn's Disease (VIVID-1)" (hereinafter referred to as "Study")

This letter (hereinafter referred to as "Amendment no. 1"), amends the change of the clinical trial agreement (hereinafter referred to as "Agreement") related to the above-referenced Study, which was concluded between:

Oblastní nemocnice Náchod a.s.

With its Registered Office in: Purkyňova 446, 547 01 Náchod, Czech Republic

Represented by: Identification number: 26000202

(hereinafter referred to as "Institution")

and

MUDr. With a residence at: Date of birth:

(hereinafter referred to as "Investigator")

And

Eli Lilly Cork Limited,

Address: Island House, Eastgate Road, Eastgate Business Park, Little Island, Cork, Ireland

IČO: 615384, DIČ: IE3508310BH

(hereinafter referred to as "Lilly")

dated

The parties wish to make the following amendments to the Agreement:

1) All charts in **Exhibit 1** "Budget" of the Agreement are replaced with new charts in Exhibit 1 of this Amendment no. 1.

Dodatek č. 1 ke smlouvě o provedení klinického protokolu hodnocení dle **I6T-MC-AMAM** "Multicentrické, randomizované, dvojitě zaslepené, placebem a aktivním komparátorem "treat kontrolované. through" klinické hodnocení fáze 3 hodnotící účinnost a bezpečnost Mirikizumabu u pacientů se středně těžkou až těžkou aktivní Crohnovou chorobou (VIVID-1)" (dále jen jako "Studie")

Tento dodatek (dále jen jako "Dodatek č. 1") upravuje změnu smlouvy o provedení klinického hodnocení (dále jen jako "smlouvu") uvedeného výše, která byla uzavřena mezi:

Oblastní nemocnice Náchod a.s.

se sídlem: Purkyňova 446, 547 01 Náchod, Česká republika

zastoupená Lič: 26000202

(dále jen "zdravotnické zařízení")

а

Trvalým bydlištěm: Datum nar.:

(dále jen jako "zkoušející")

Α

Eli Lilly Cork Limited,

Adresa: Island House, Eastgate Road, Eastgate Business Park, Little Island, Cork, Irsko.

IČO: 615384, DIČ: IE3508310BH

(dále jen jako "Lilly")

podepsána dne

Smluvní strany si přejí ve smlouvě provést tyto změny:

1) Veškeré tabulky v **Příloze 1** "Rozpočet" Smlouvy se ruší a nahrazují se tabulkami v příloze novými tabulkami v Příloze 1 tohoto dodatku.

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- 2) This Amendment is made part of the Agreement 2) Tento Dodatek mění smlouvu a představuje and is an integral part of it at the date of its signature by all contracting parts.
- 3) As hereby amended, the Agreement remains in full force and effect.
- její nedílnou součást ke dni podpisu tohoto Dodatku všemi smluvními stranami.
- 3) Mimo změn Dodatkem provedených zůstává smlouva v plné účinnosti a beze změn.

Eli Lilly Cork Limited				
Date / Datum:				
AGREED AND ACCEPTED/SOUHLASÍ A PŘIJÍMÁ:				
Institution/Zdravotnické zařízení:				
Date / Datum:				
Investigator/Zkoušející:				
Date / Datum:				

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**Exhibit 1A: Budget** 

Příloha 1: Rozpočet

The below Budget Tempalte is complete	d where there are MULTIPLE PAYEES listed in the contract	
STUDY BUDGET NOTES:		
The start of the clinical trial is planned for A minimum of randomised patients and up to	ent recruitment is expected to be completed in recruitment is expected to be completed in randomised patients are planned for this site. The pro-rata payment will be made p	
evaluable patient.	ZK) excl. VAT. Should any of the services performed by the Investigator and/or Institution	
	he Investigator and/or Institution is entitled to charge VAT at the legally applicable rate.  I6T-MC-AMAM	_
Please confirm the site number:		 
Eli Lilly Contracting Entity	Eli Lilly Cork Limited	
PAYEE DETAILS (for Payee #1)		
Payee Name:		
Supplier Information Form completed and signed? Payee Type (select from the list)	Yes Institution	
Email Address for ALL payments/finance corresondence  Note: All payments will be made according to local fiscal req	uirements.	
PAYEE DETAILS (for Payee #2)		_
Payee Name: Supplier Information Form completed and signed?	Yes	
Payee Type (select from the list) Email Address for ALL payments/finance corresondence	Principal Investigator	<u>-</u> -
Note: All payments will be made according to local fiscal req	uirements.	
PAYEE DETAILS (for Payee #3)		<del>_</del>
Payee Name:		
Supplier Information Form completed and signed? Payee Type (select from the list)	Yes Sub Investigator	
Email Address for ALL payments/finance corresondence  Note: All payments will be made according to local fiscal req	<b>1                                    </b>	<del>-</del> -
	<del>-</del>	
PAYEE DETAILS (for Payee #4)		
Payee Name: Supplier Information Form completed and signed?	Yes	
Payee Type (select from the list) Email Address for ALL payments/finance corresondence	Study Nurse	
Note: All payments will be made according to local fiscal req	uirements.	
PAYEE DETAILS (for Payee #5) Payee Name:		٦
Supplier Information Form completed and signed? Payee Type (select from the list)	Yes Study Nurse	
Email Address for ALL payments/finance corresondence  Note: All payments will be made according to local fiscal req		 
Note. All payments will be made according to local fiscal req	un omente.	
Please select appropriate box:	☑ Naive Site	☐ Worked with Lilly
Payment Split Details:		
"The amount of the remuneration due to the Institution sh	of the total remuneration for the performance of this Trial, while remuneration remuneration. Investigator shall confirm the split between Payee #2 - Payee #5."	neration due to the
NOTE: If there are other payees please confirm their percent		
If there is no payment split and Payee #1 receives 100%	remuneration please tick here:	
If payment split is not confirmed in the contract ( & inve	stigator will confirm the split prior to payment) please tick here:	<b>☑</b>

