

**PRVNÍ DODATEK KE SMLouvĚ O KLINICKÉM  
HODNOCENÍ**

První dodatek („**Dodatek**“) ke Smlouvě o klinickém hodnocení, uzavřené s účinností od 24. dubna 2023 („**Smlouva**“), mezi **Fakultní nemocnicí Hradec Králové**, Sokolská 581, 500 05 Hradec Králové - Nový Hradec Králové, Česká republika, IC: 00179906, DIC: CZ00179906, zastoupenou MUDr. Alešem Hermanem, Ph.D., ředitelem („**Poskytovatel zdravotních služeb**“) a [REDACTED] IV. Interní hematologická klinika, zaměstnance Poskytovatele zdravotních služeb („**Hlavní zkoušející**“) a **AbbVie, s. r. o.**, Metronom Business Center, Bucharova 2817/13, Stodůlky, 158 00 Praha 5, Česká republika, IČ: 24148725, DIČ: CZ24148725, zastoupené Mgr. Janem Balzerem, Country Clinical Operations Manager, na základě plné moci („**AbbVie**“) na poskytování služeb uvedených v Protokolu č. **M20-621** s názvem „**Randomizovaná otevřená studie fáze 3 hodnotící bezpečnost a účinnost epcoritamabu v kombinaci s R-CHOP ve srovnání s R-CHOP u osob s nově diagnostikovaným difuzním velkobuněčným B-lymfomem (DLBCL)**“.

S ohledem na řádné plnění tohoto Dodatku a v souladu s podmínkami Smlouvy, se smluvní strany dohodly pozměnit Smlouvu následovně:

1. Rozpočet stanovený v Příloze A Smlouvy se zrušuje v celém svém rozsahu a nahrazuje se příloženou Přílohou A.

Pojmy, jež zde nejsou definovány jinak, mají stejný význam, který je jim připisován ve Smlouvě. Kromě podmínek, které se výslovně změnily tímto Dodatkem, zůstávají všechny ostatní podmínky této Smlouvy v plné platnosti a účinnosti během trvání této Smlouvy.

Předpokládaná hodnota Smlouvy ve znění tohoto Dodatku představuje **15,916,375.00 Kč**.

**FIRST AMENDMENT TO THE CLINICAL STUDY  
AGREEMENT**

First Amendment (the “**Amendment**“) to that certain Clinical Study Agreement effective 24 April 2023 (the “**Agreement**“), between **Fakultní nemocnice Hradec Králové**, Sokolská 581, postcode 500 05 Nový Hradec Králové, Czech Republic, Company ID: 00179906, Tax ID: CZ00179906, represented by MUDr. Aleš Herman, Ph.D., Director (the “**Provider of Medical Services**“) and [REDACTED], IV. Hematology Clinic, employee of Provider of Medical Services (the “**Principal Investigator**“) and **AbbVie s.r.o.**, Metronom Business Center, Bucharova 2817/13, Stodůlky, 158 00 Praha 5, Czech Republic, ID: 24148725, VAT ID: CZ24148725, represented by Mgr. Jan Balzer, Country Clinical Operations Manager, upon power of attorney (“**AbbVie**“) for services relating to Protocol No **M20-621** entitled “**A Phase 3, Randomized, Open-Label Study to Evaluate Safety and Efficacy of Epcoritamab in Combination with R-CHOP compared to R-CHOP in Subjects with Newly Diagnosed Diffuse Large B-Cell Lymphoma (DLBCL)**“.

Subject to the full execution of this Amendment and in accordance with the terms of the Agreement, the parties hereby agree to amend the Agreement, as follows:

1. The Budget set forth in Exhibit A of the Agreement shall be deleted in its entirety and replaced with the attached Exhibit A.

Terms not otherwise defined herein shall have the meanings ascribed to such terms in the Agreement. Except as specifically amended by this Amendment, all other terms and conditions of the Agreement shall continue in full force and effect during the term of the Agreement.

Anticipated value of the Agreement amended by the Amendment is **CZK 15,916,375.00**

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**NA DŮKAZ ČEHOŽ** každá smluvní strana prostřednictvím svých řádně zmocněných zástupců uvedla tuto smlouvu v platnost svým podpisem.

**IN WITNESS WHEREOF**, each of the parties has caused this Amendment to be executed by its authorized representative in its name and on its behalf.

**AbbVie s.r.o.**

**Fakultní nemocnice Hradec Králové**

By/Podepsal: \_\_\_\_\_

By/Podepsal: 22. 9. 2023

Name/Jméno: **Mgr. Jan Balzer**

Name/Jméno: **MUDr. Aleš Herman, Ph.D.**

Title/Funkce: Country Clinical Operations Manager  
Upon the power of attorney / Na základě plné moci

Title/Funkce: Director / ředitel

Date/Datum: 14. 9. 2023

Date/Datum: 25. 9. 2023

\_\_\_\_\_

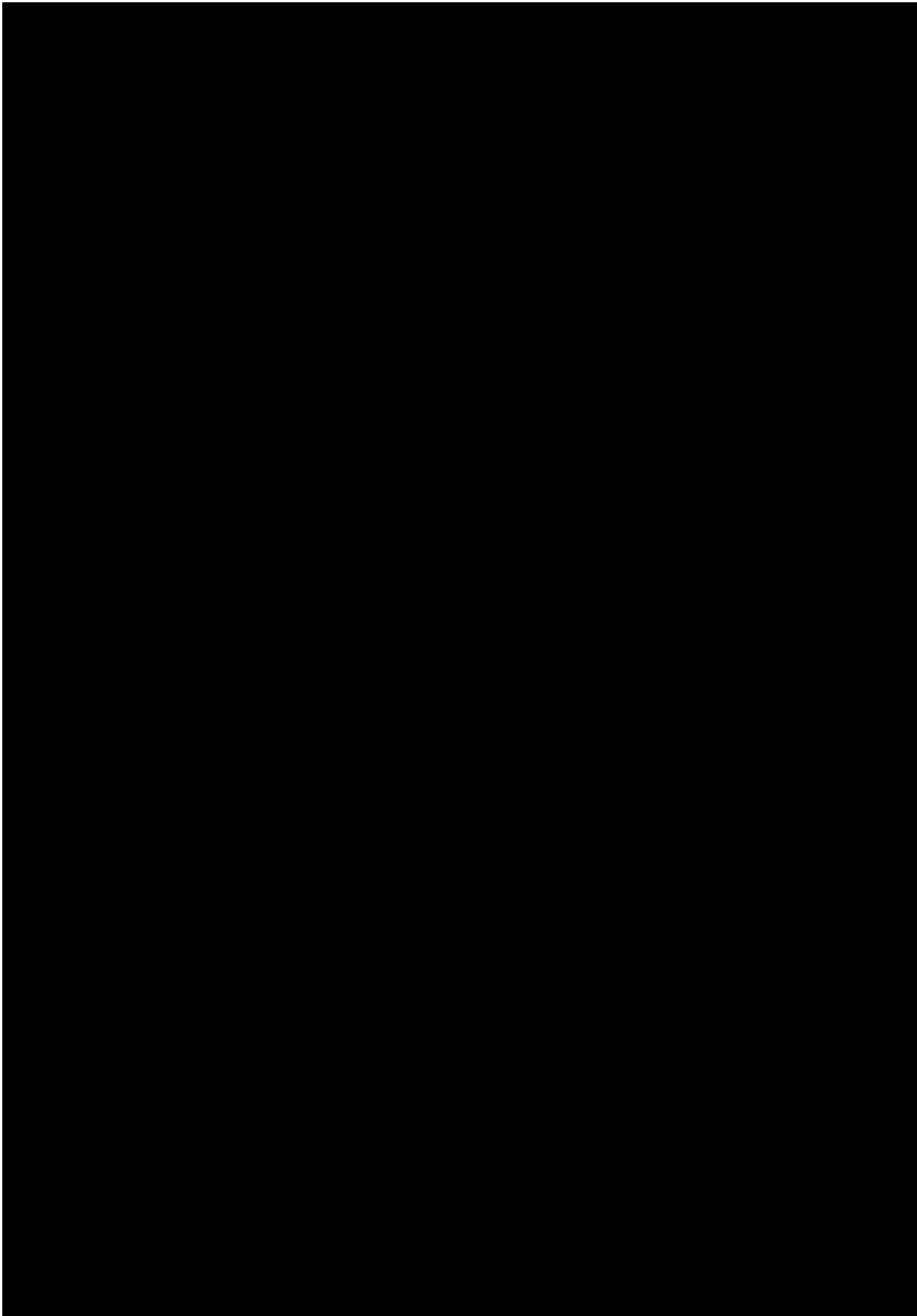
By/Podepsal: \_\_\_\_\_

Name/Jméno: d[\_\_\_\_\_]

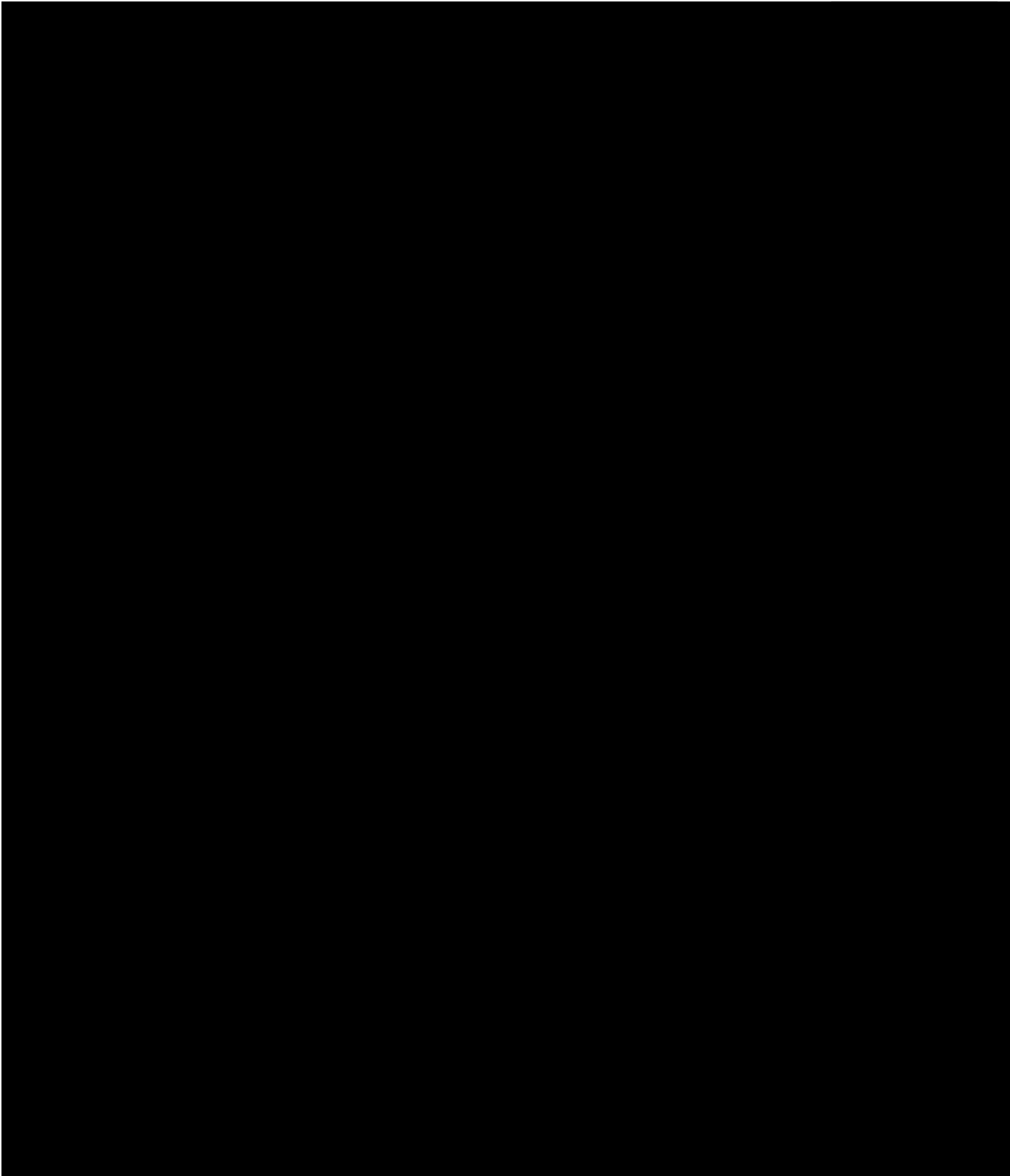
Title/Funkce: Principal Investigator / Hlavní zkoušející

Date/Datum: \_\_\_\_\_

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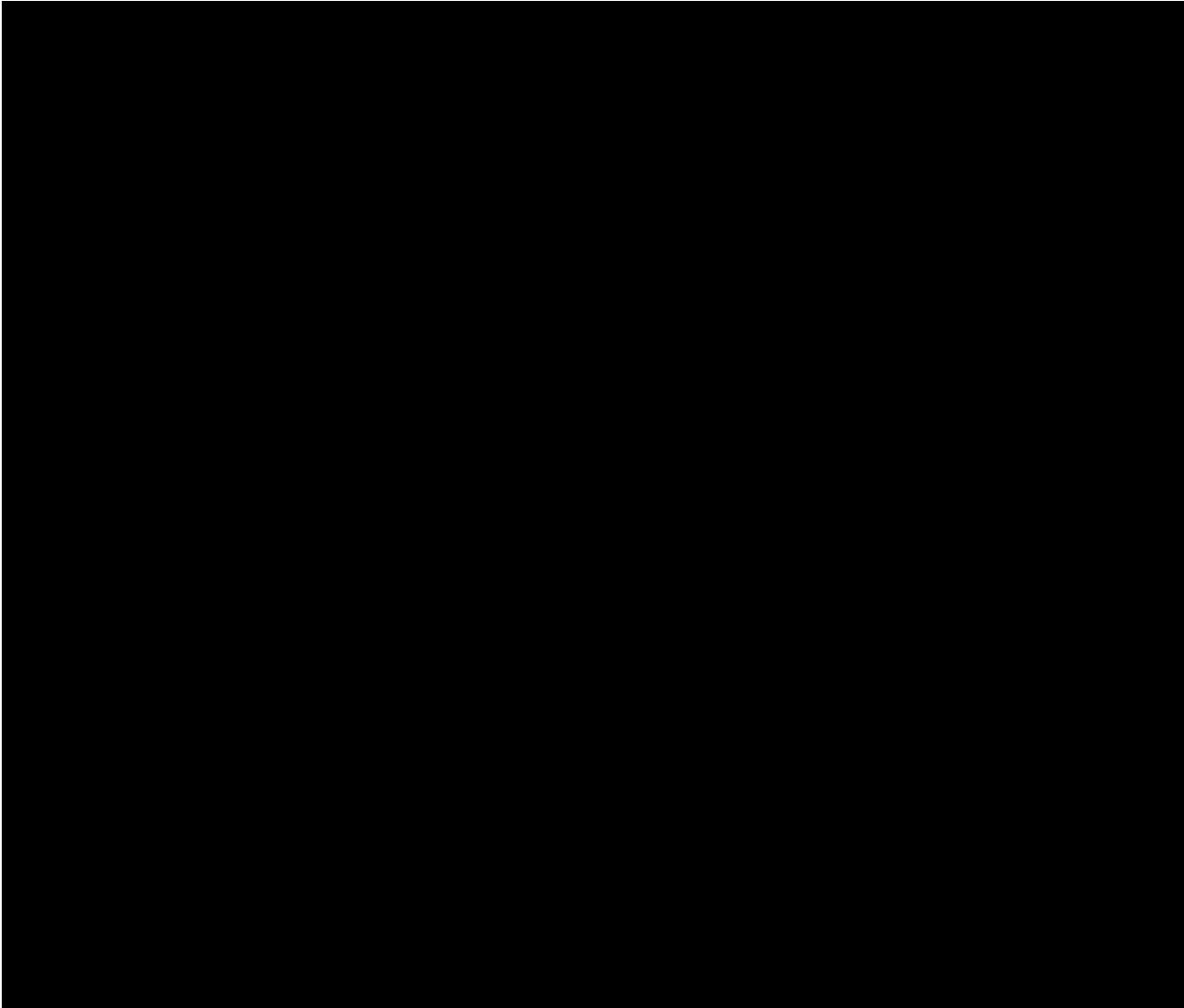
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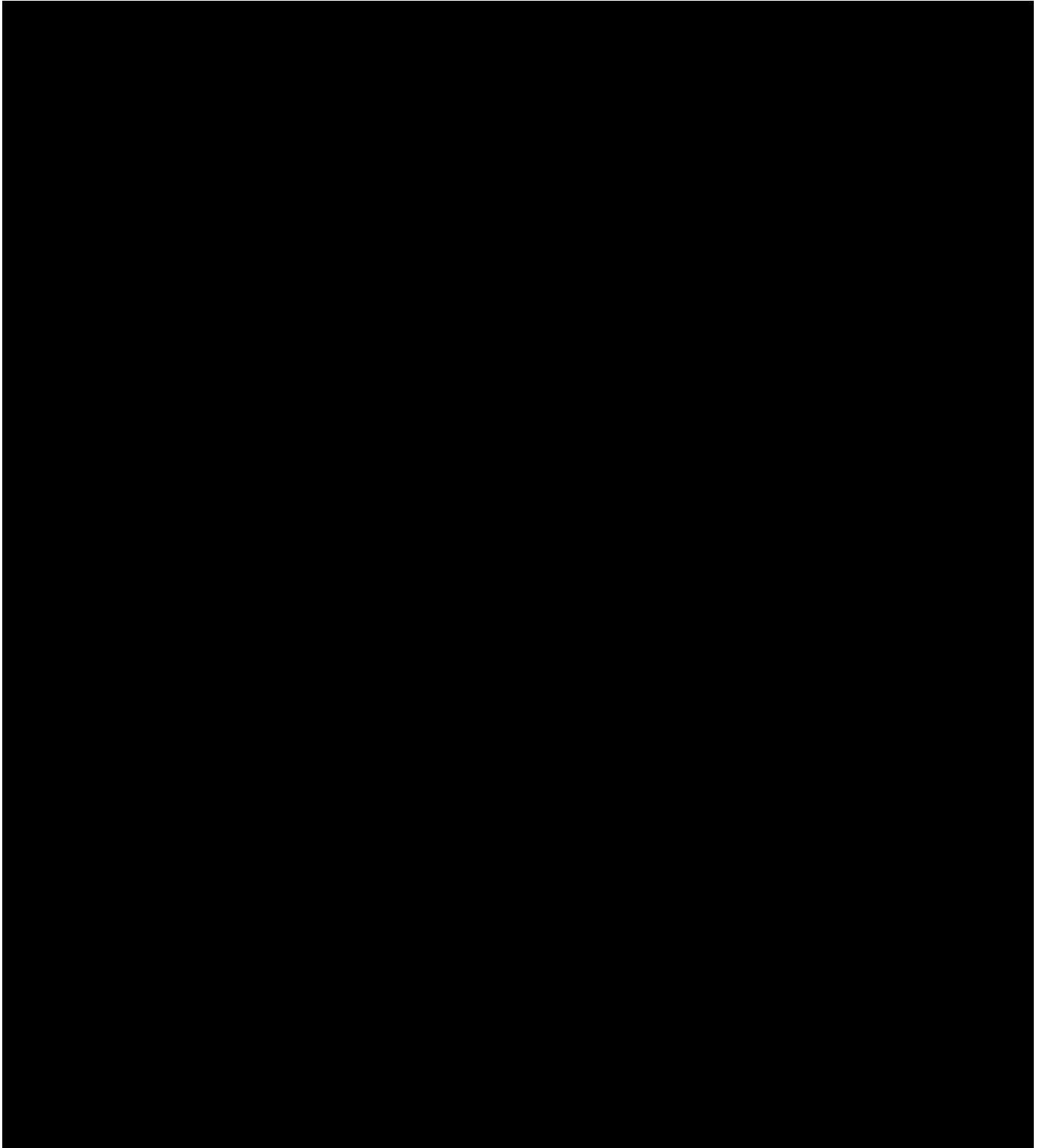
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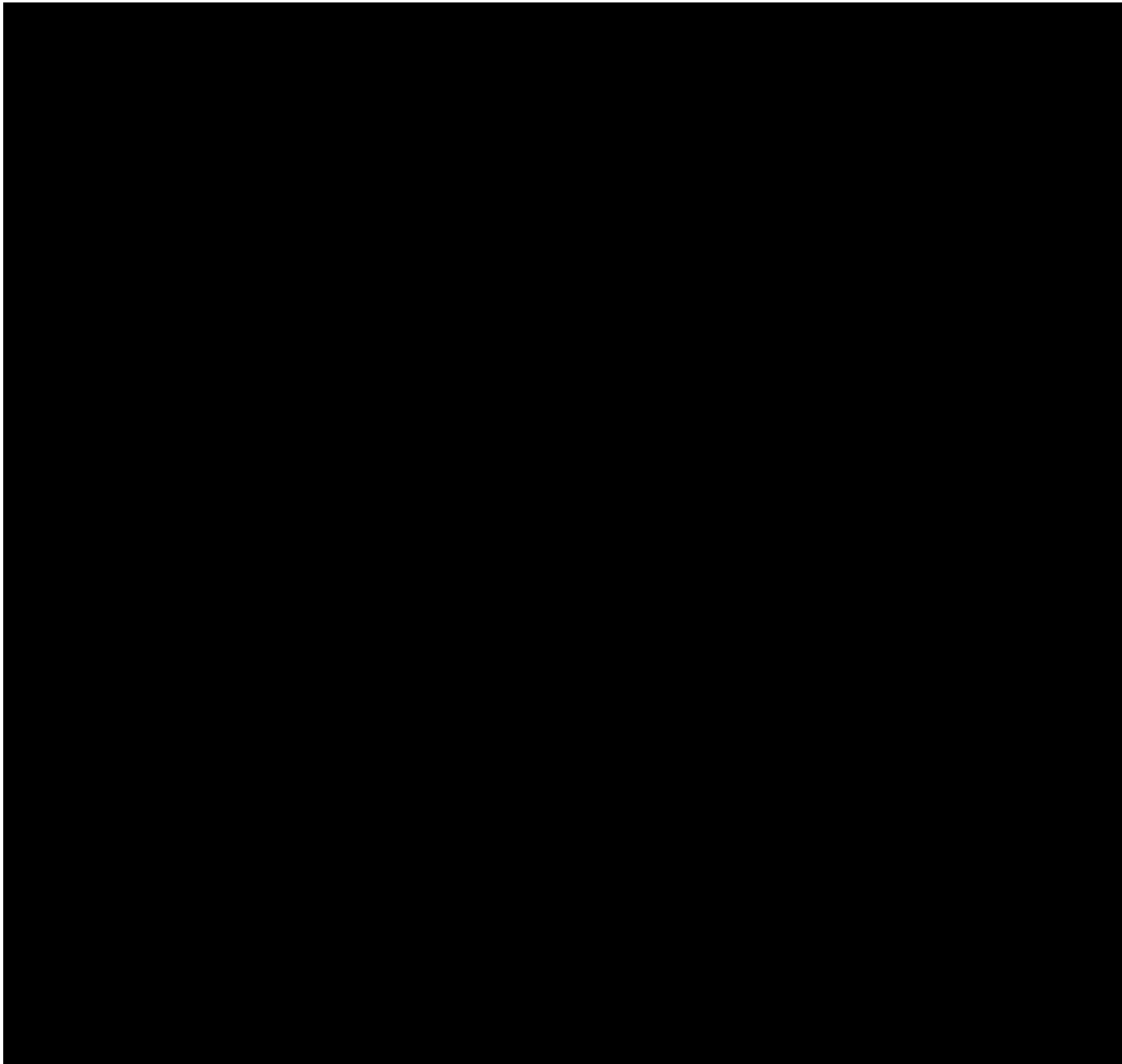
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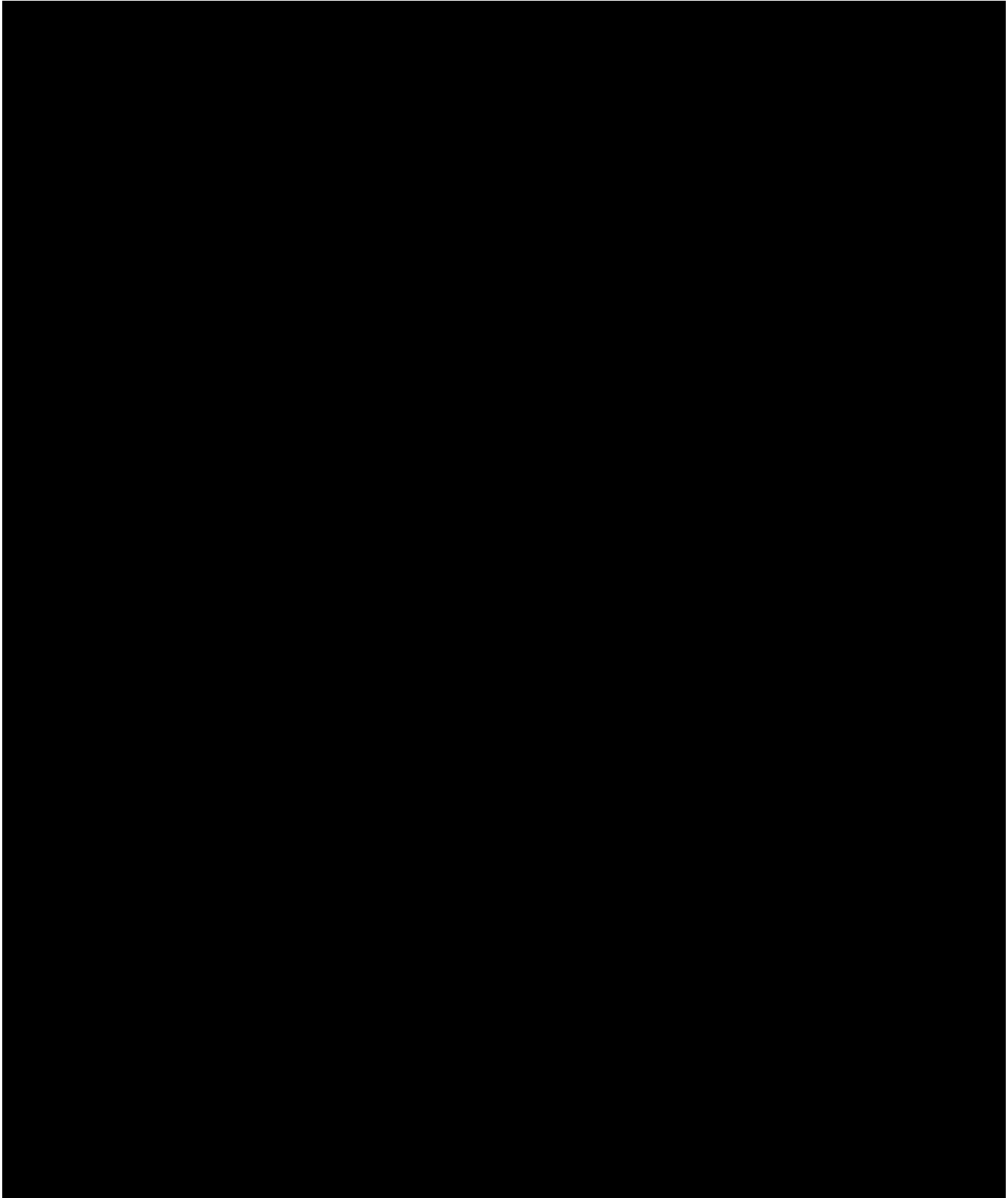
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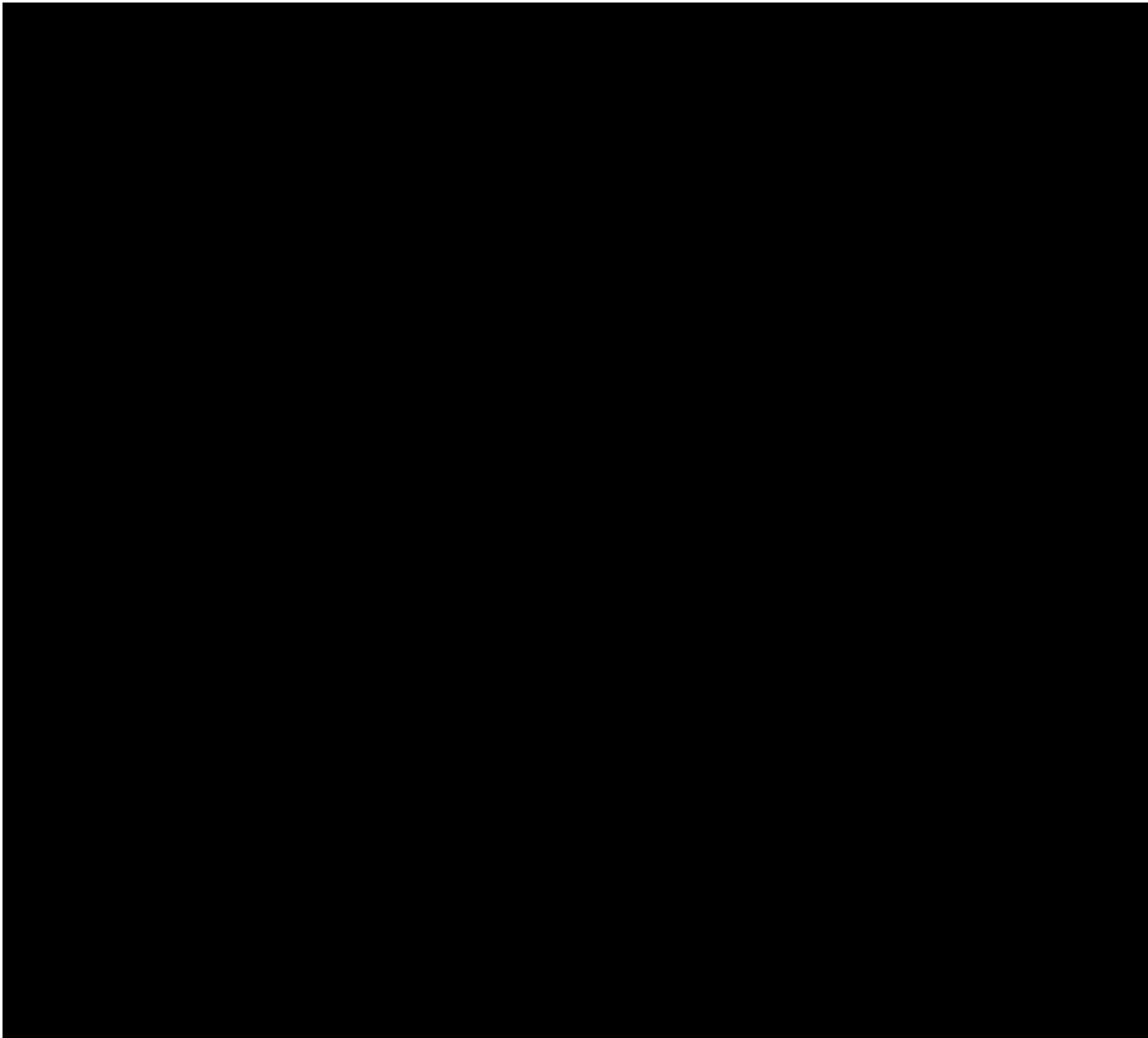
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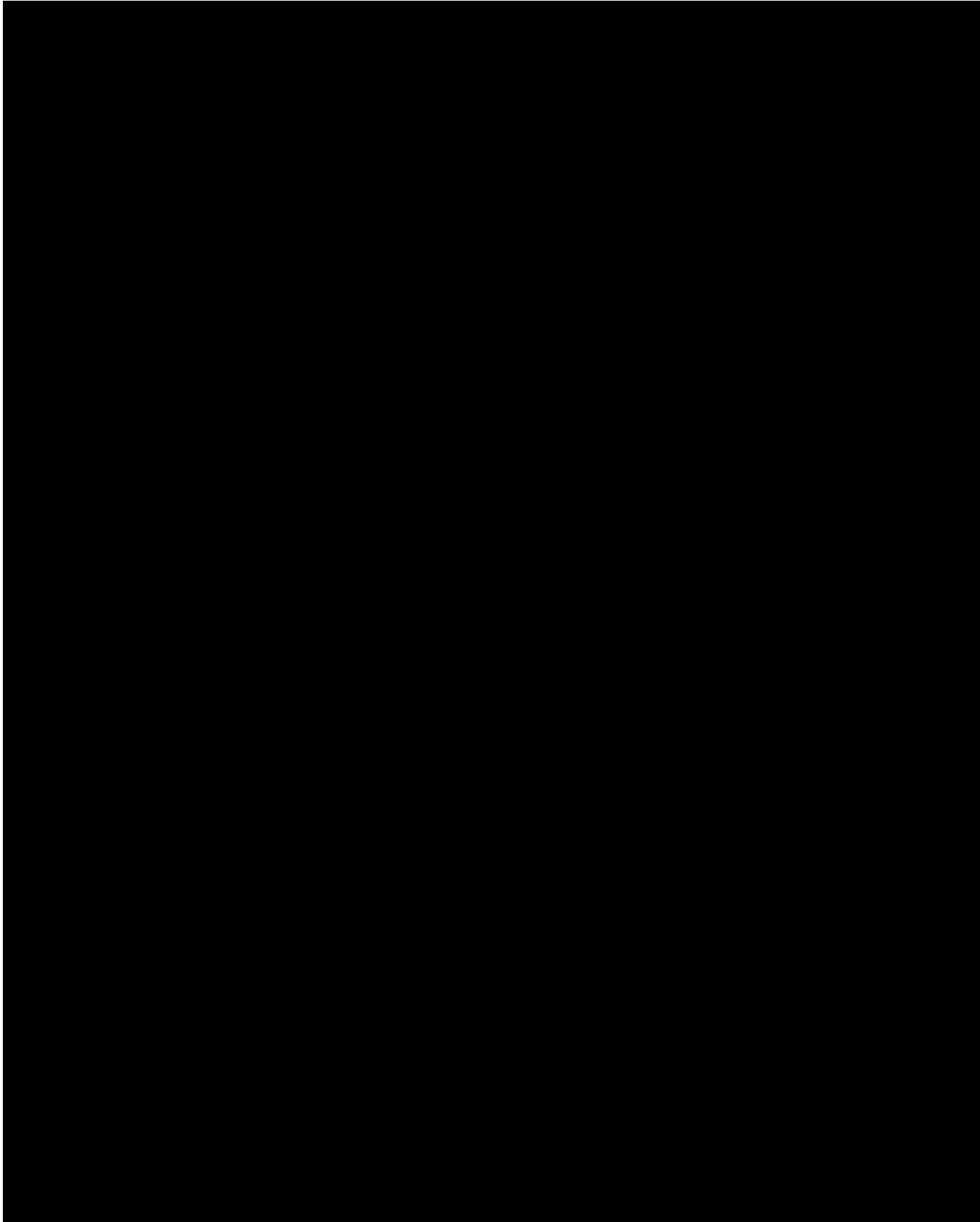
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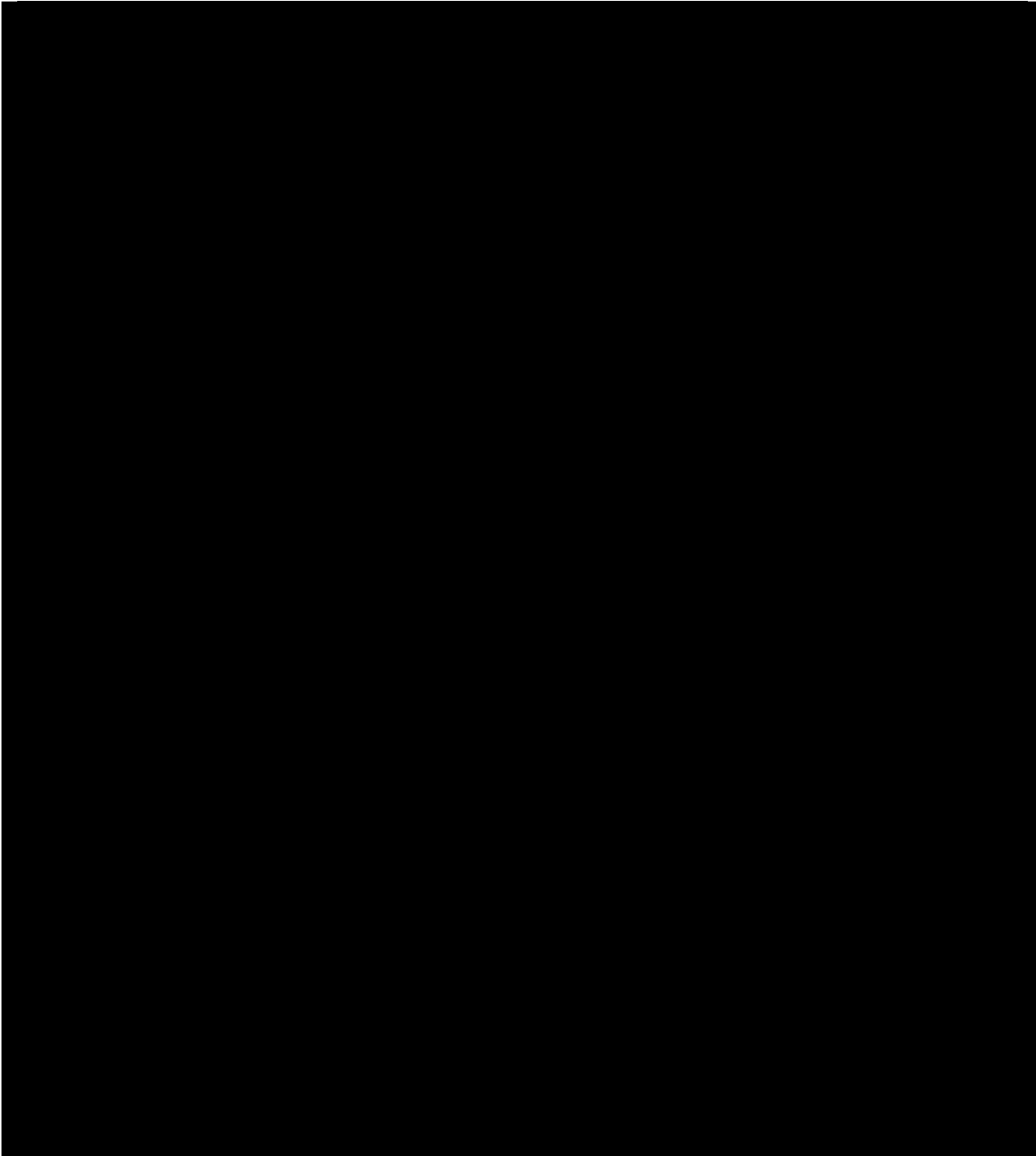
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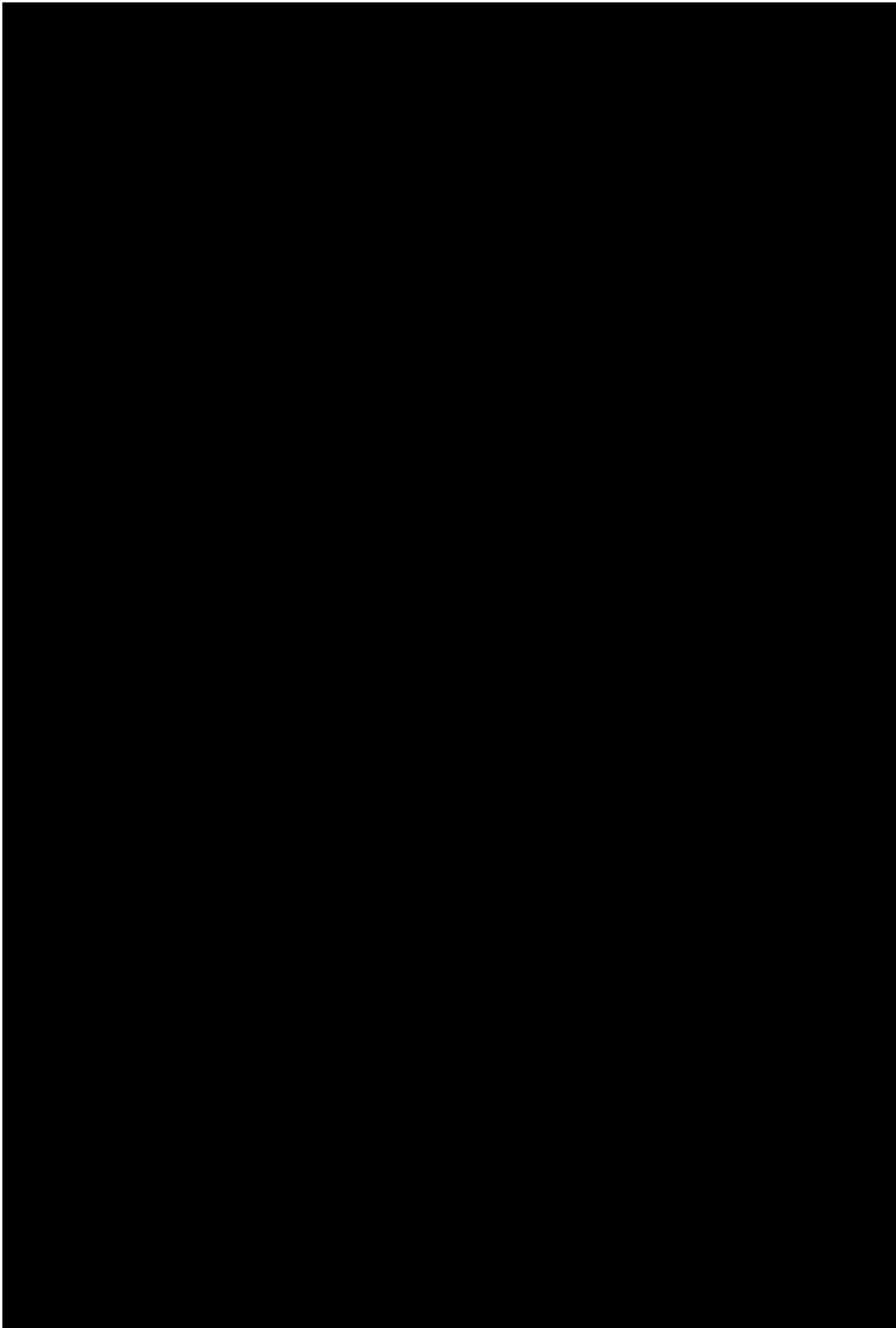
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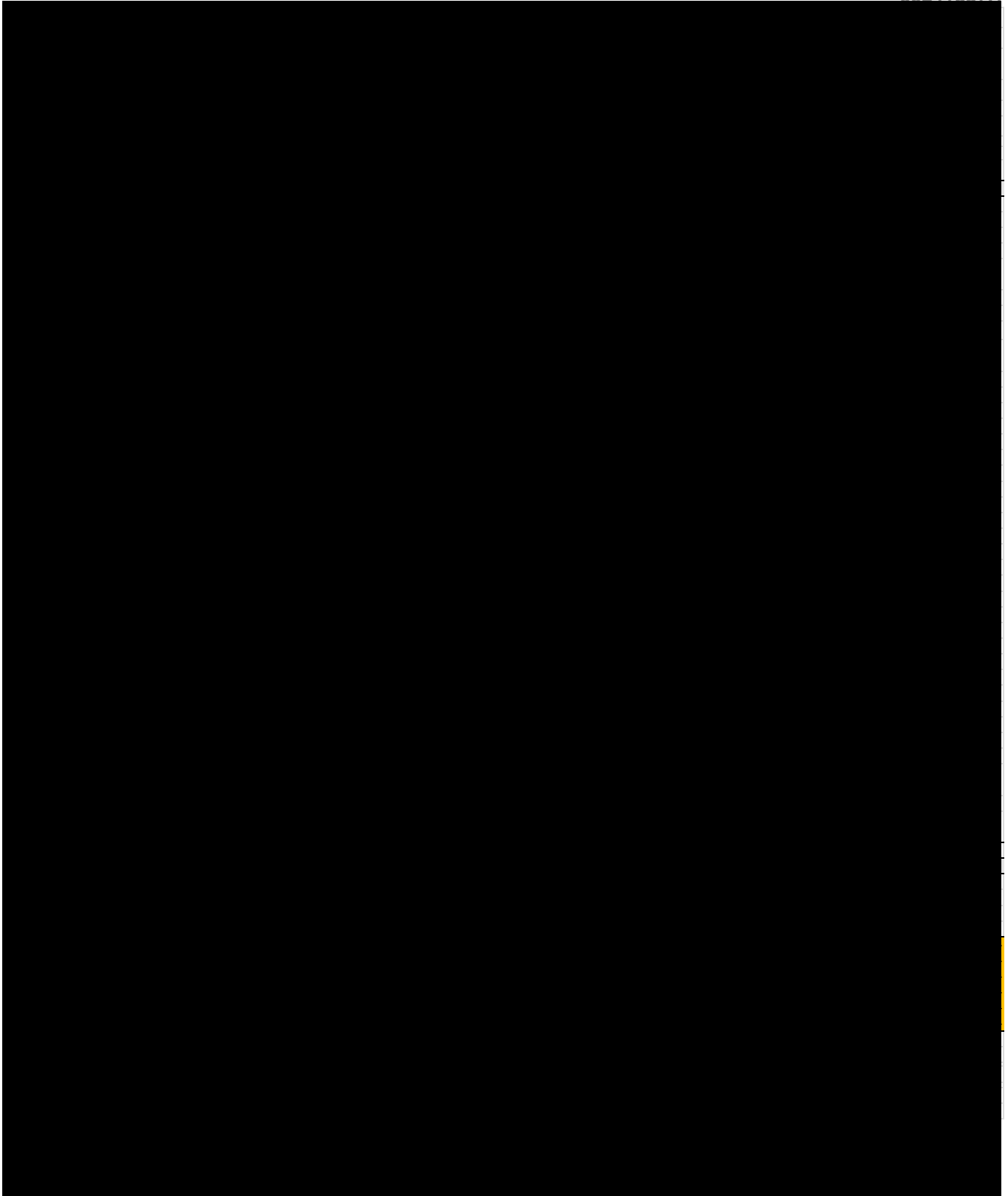
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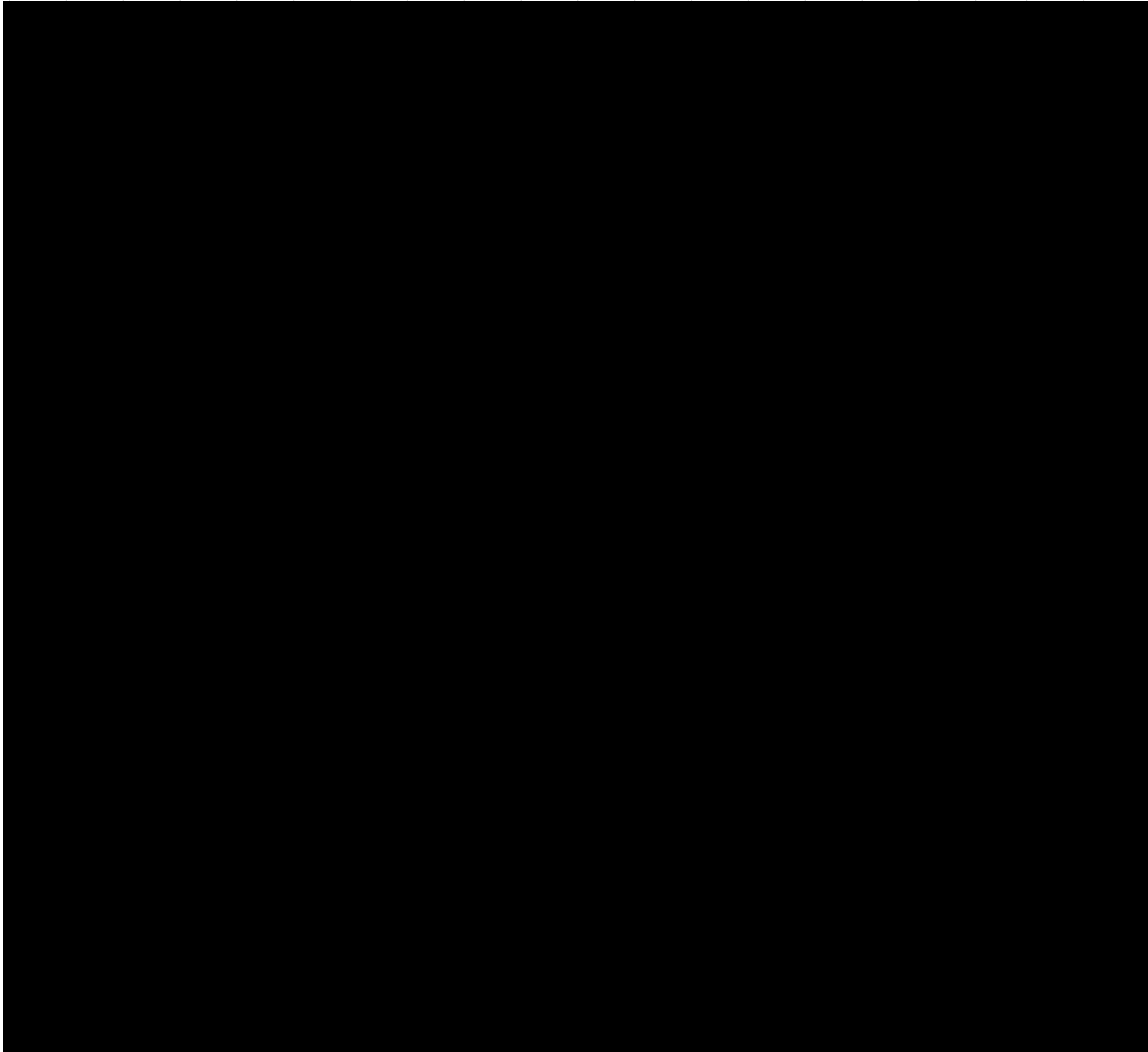
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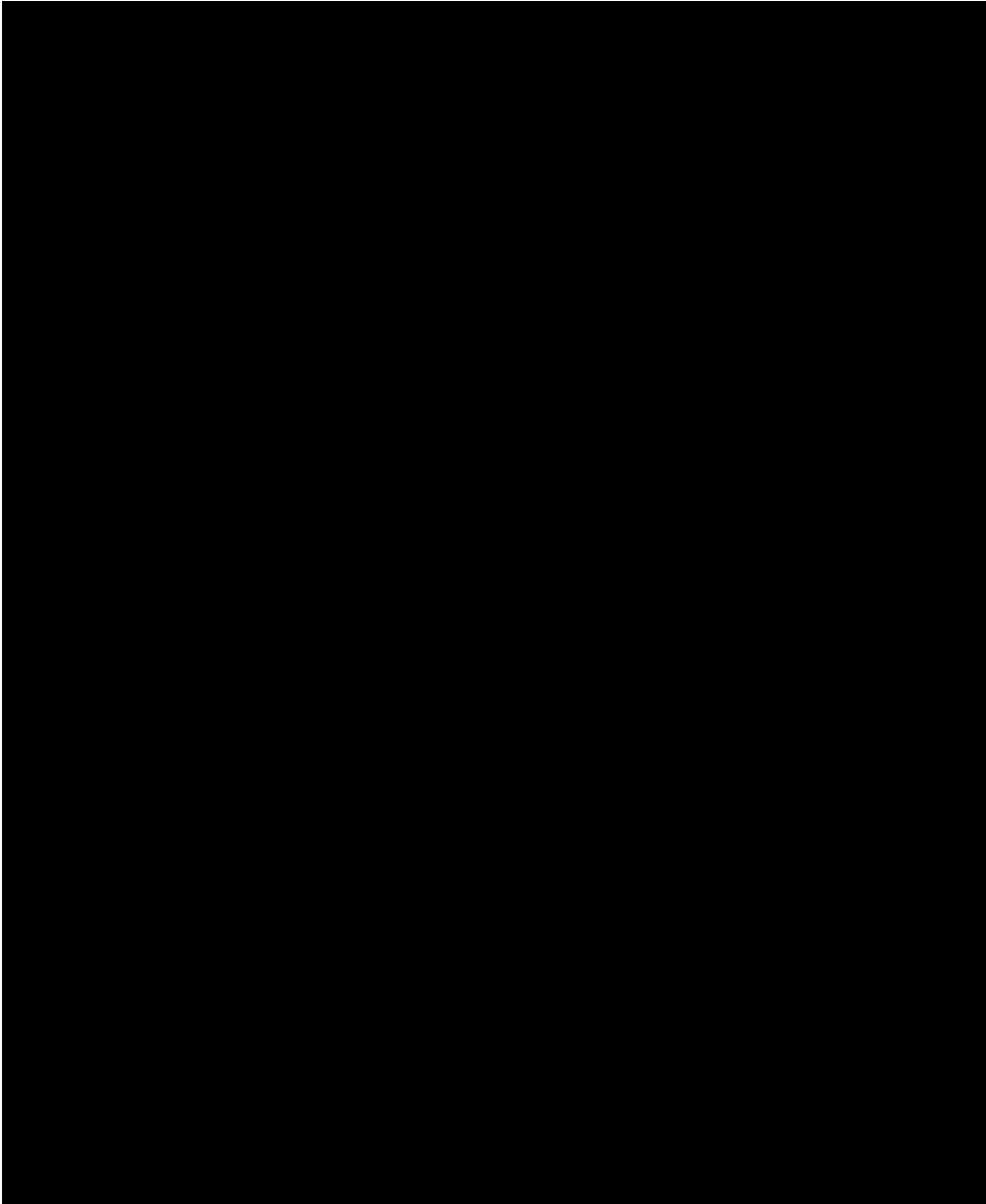
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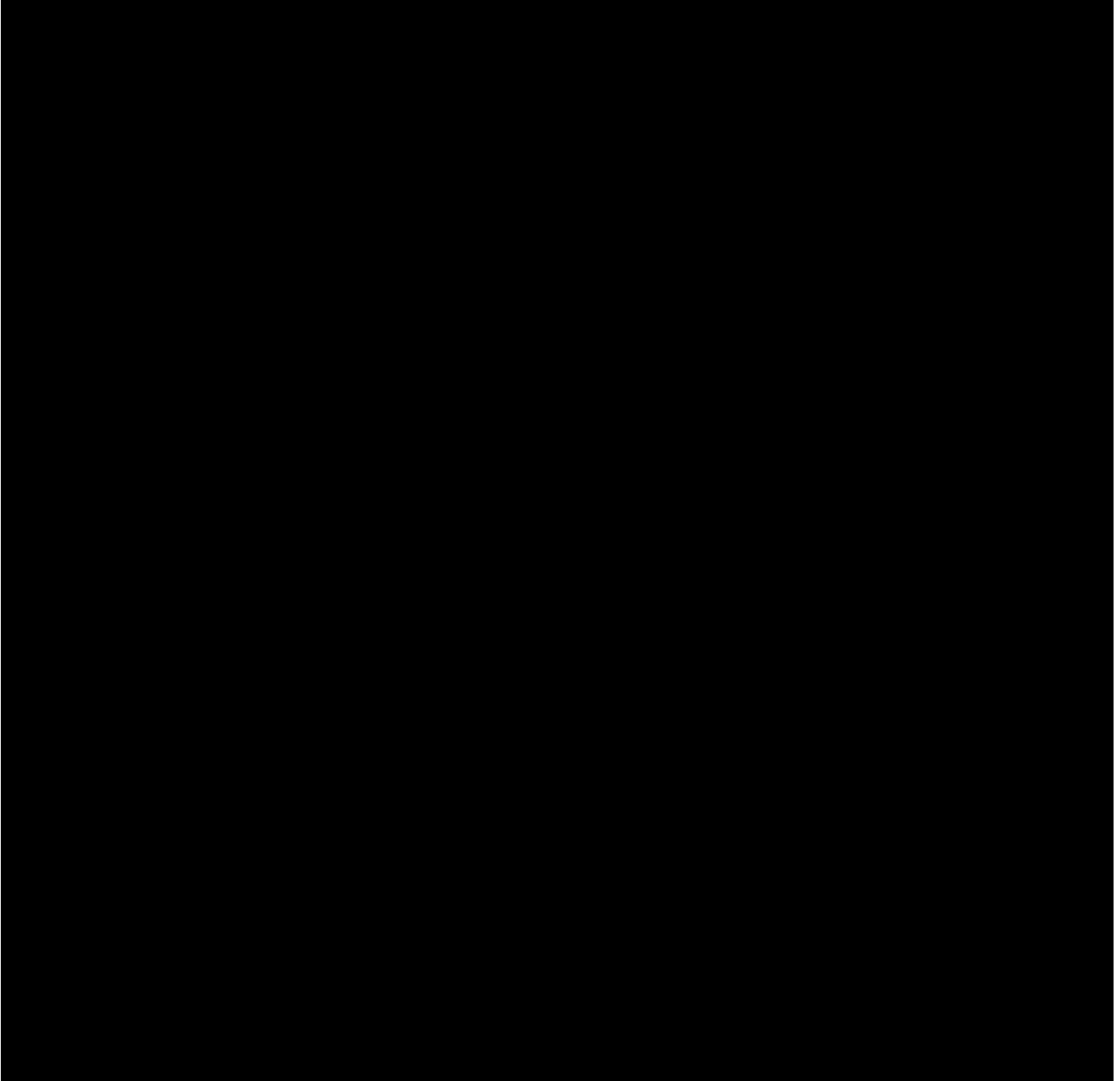
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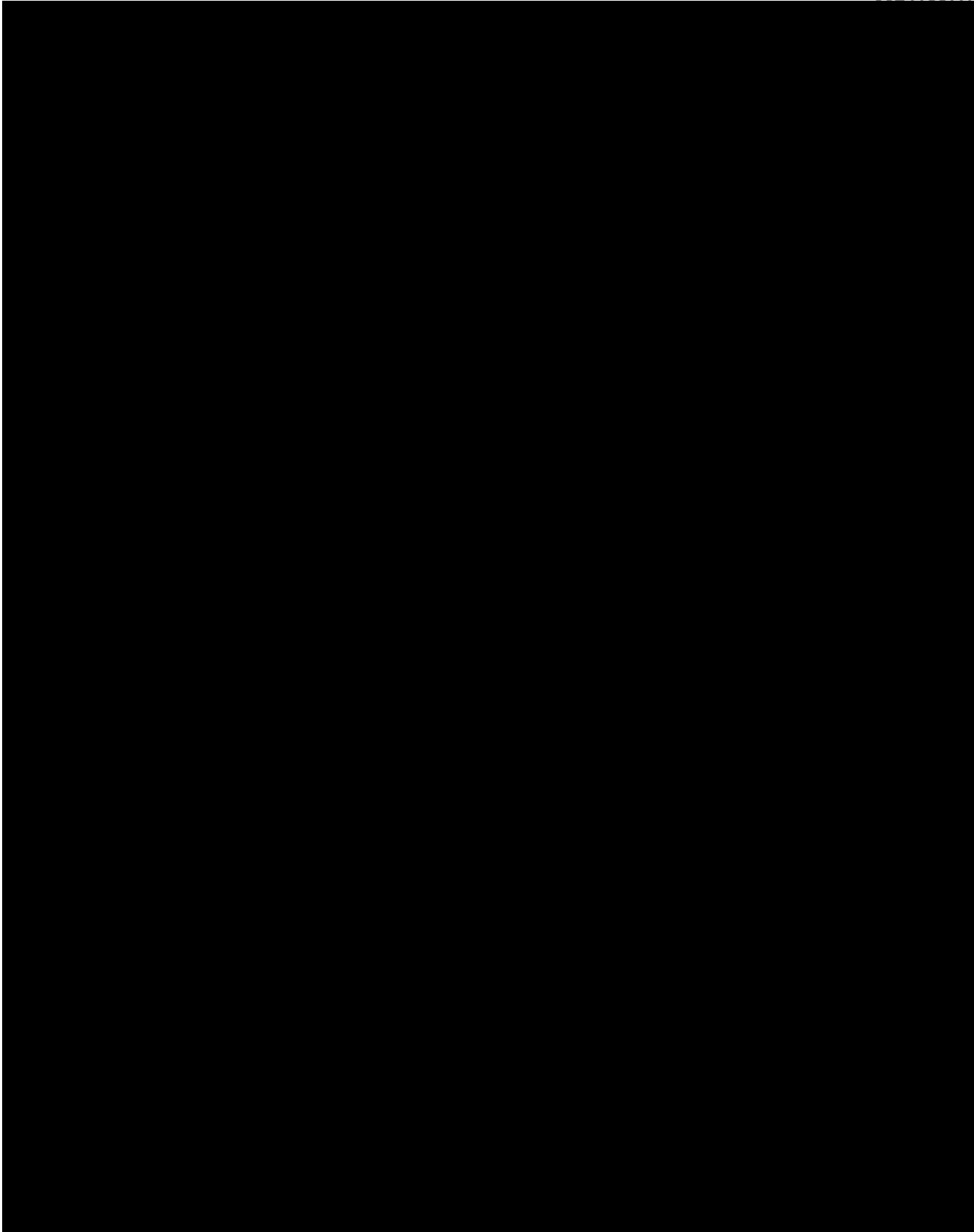
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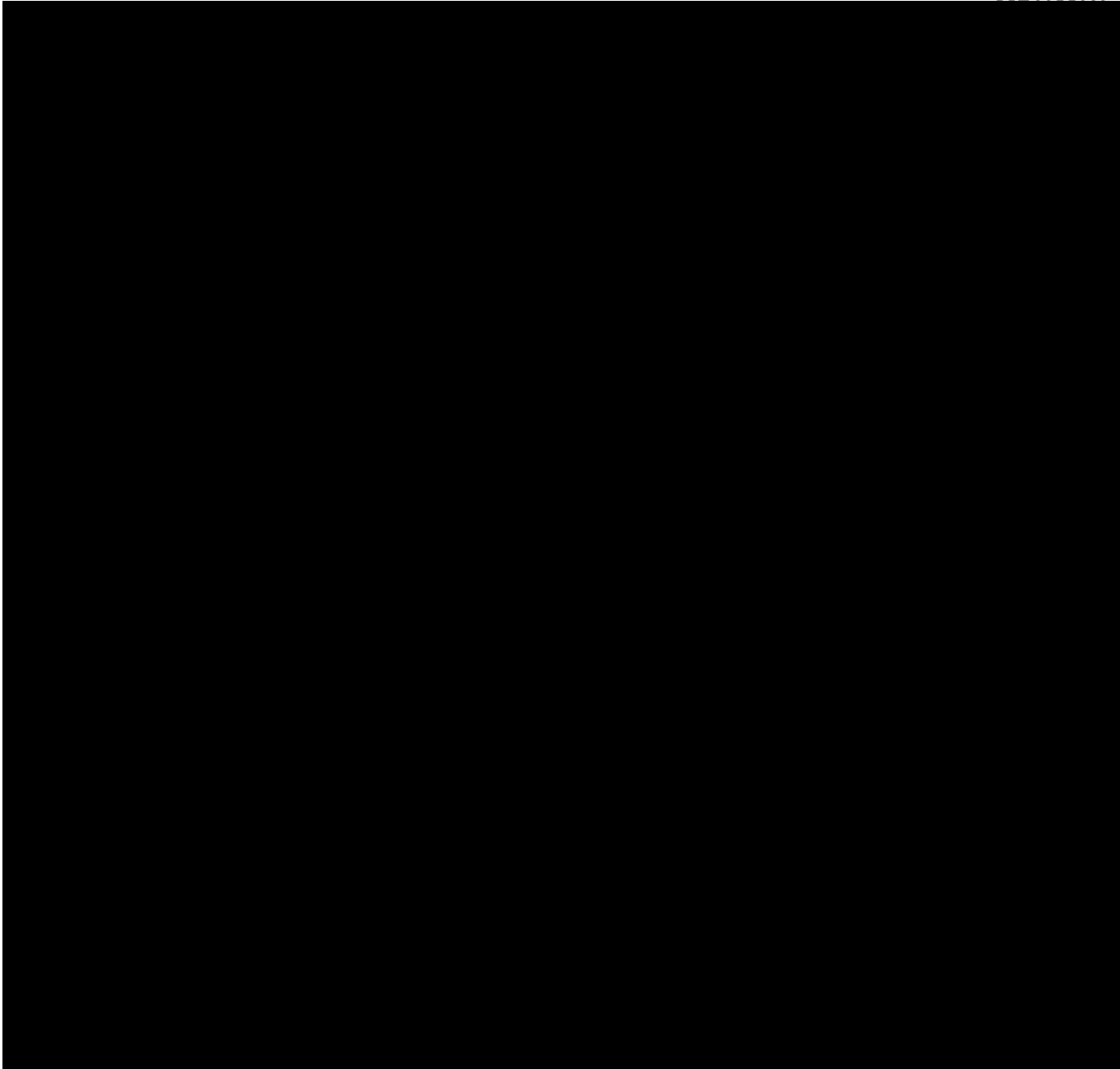
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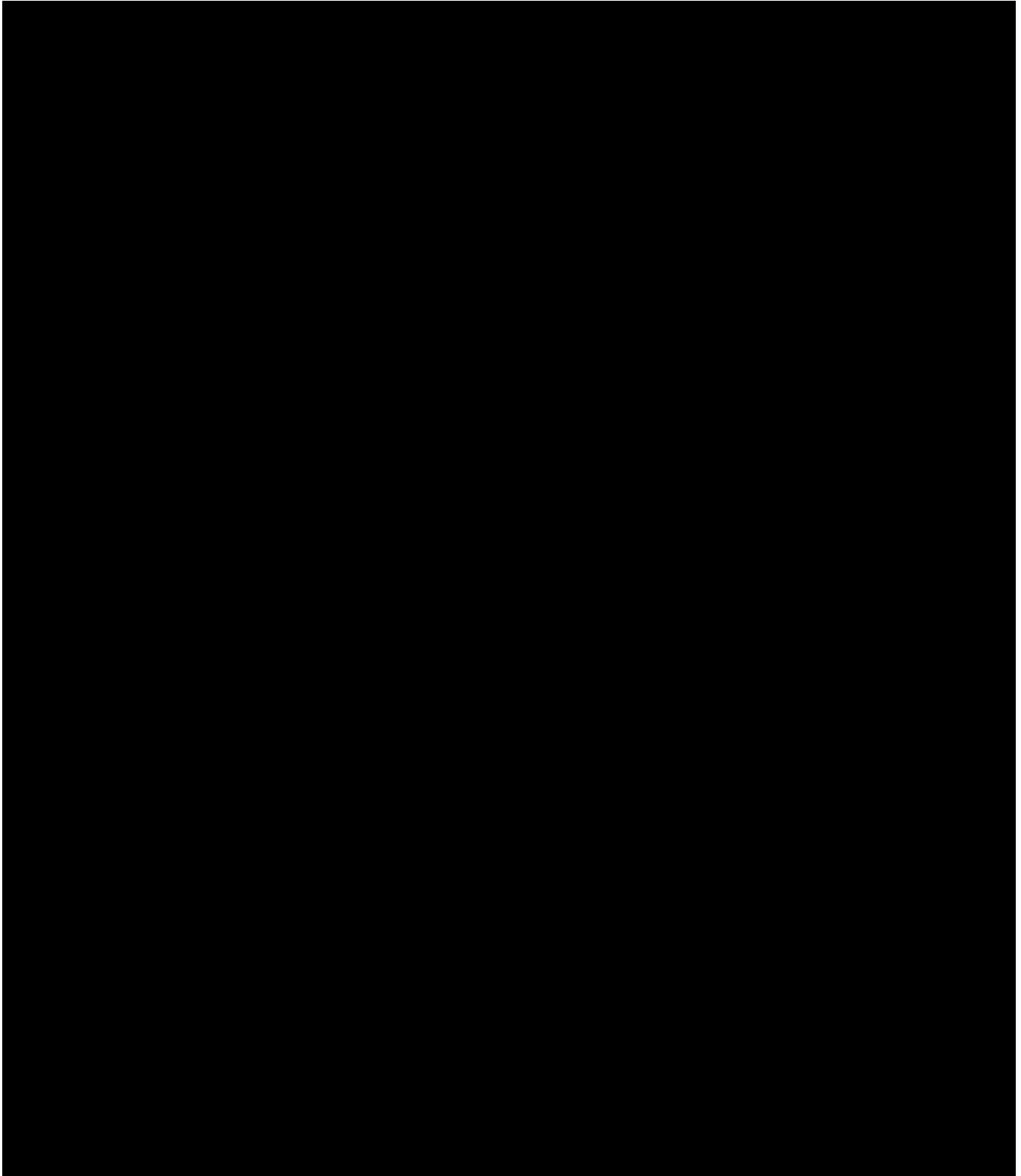
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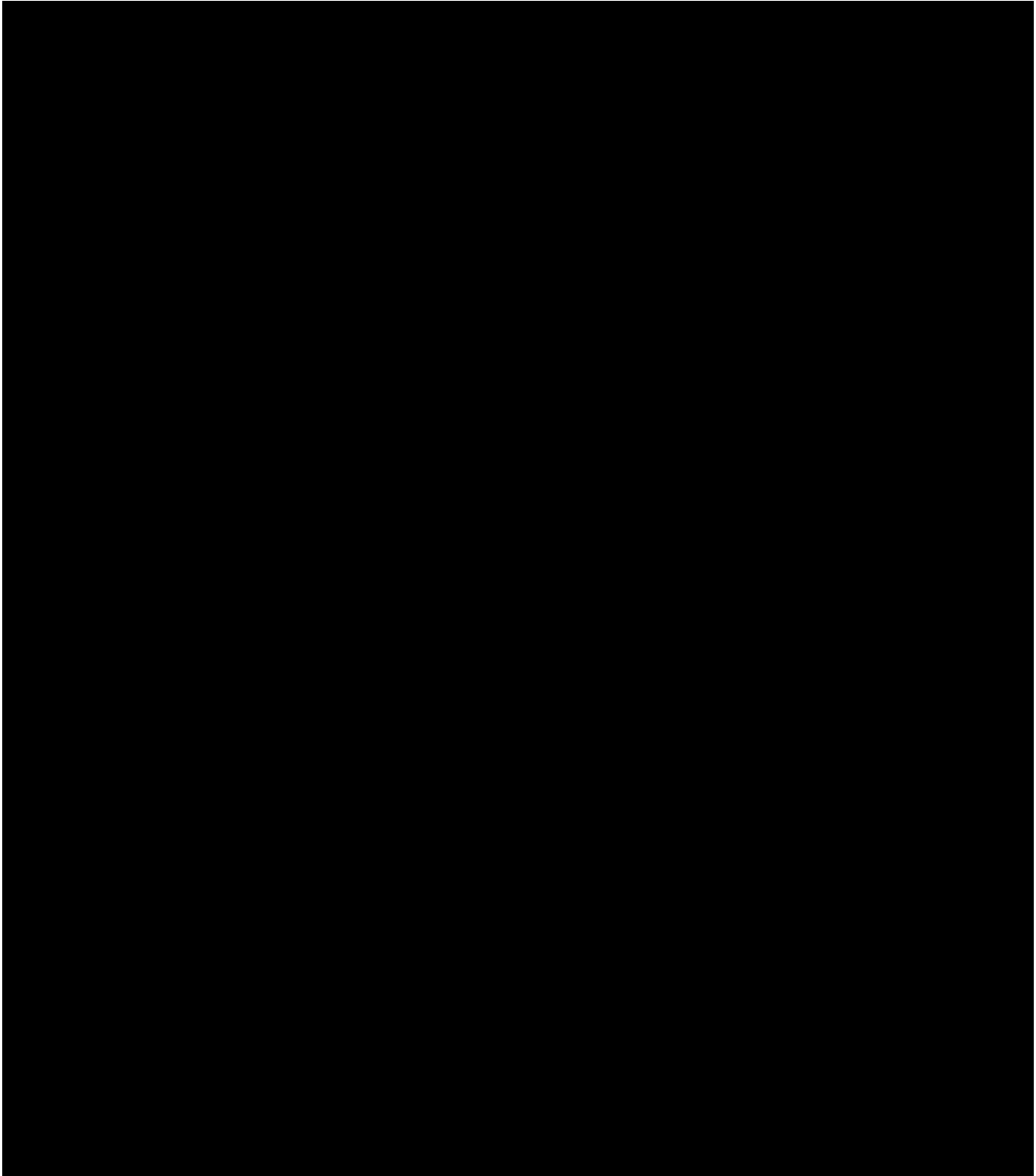
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