

**DRUHÝ DODATEK KE SMLOUVĚ O KLINICKÉM
HODNOCENÍ**

Druhý dodatek („**Dodatek**“) ke Smlouvě o klinickém hodnocení, uzavřené s účinností od 6. dubna 2023, pozměněné Dodatkem č. 1 ze dne 27. října 2023 (dále jen „**Smlouva**“), mezi **Fakultní nemocnice Brno**, Jihlavská 20, 625 00 Brno, Česká republika, IČ: 652 69 705, DIČ: CZ65269705, zastoupenou ředitelem MUDr. Ivem Rovným, MBA., ředitelem („**Zdravotnické zařízení**“) a [REDACTED] přednostou Interní hematologické a onkologické kliniky Fakultní nemocnice Brno („**Hlavní zkoušející**“) a **AbbVie, s. r. o.**, Metronom Business Center, Bucharova 2817/13, Stodůlky, 158 00 Praha 5, Česká republika, IČ: 24148725, DIČ: CZ24148725, zastoupenou Mgr. Janem Balzerem, Country Clinical Operations Manager, na základě plné moci („**AbbVie**“) na poskytování služeb uvedených v Protokolu č. **M22-132** s názvem „**Otevřená studie fáze 1b/2 hodnotící bezpečnost a toleranci epcoritamabu v kombinaci s antineoplastickými látkami/imunoterapií u osob s non-Hodgkinovým lymfomem**“.

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.

Tento Dodatek je sepsán ve třech vyhotoveních v českém a anglickém jazyce.

Tento Dodatek nabývá platnosti okamžikem podpisu všech smluvních stran a účinnosti okamžikem zveřejnění dle zákona č. 340/2015 Sb., o registru smluv.

**SECOND AMENDMENT TO THE CLINICAL STUDY
AGREEMENT**

Second Amendment (the „**Amendment**“) to that certain Clinical Study Agreement effective 6 April 2023, amended by Amendment no. 1 as of 27 October 2023 (collectively the „**Agreement**“), between **Fakultní nemocnice Brno**, Jihlavská 20, 625 00 Brno, Czech Republic, ID: 652 69 705 VAT ID: CZ65269705, represented by MUDr. Ivo Rovný, MBA, Director (the „**Institution**“) and [REDACTED] Chief Physician of Internal Haematology and Oncology Clinic of Fakultní nemocnice Brno (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, for services related to Protocol no. **M22-132** entitled „**Phase 1b/2, Open Label Study to Evaluate Safety and Tolerability of Epcoritamab in Combination with Anti-Neoplastic Agents/Immunotherapies in Subjects with Non-Hodgkin Lymphoma**“.

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.

This Amendment has been made in three counterparts in Czech and English language.

This Amendment shall become executed upon its signing by all Parties and effective as of the day of its publishing in Contracts Registry, in accordance with Act no. 340/2015 Coll., on Contracts Registry, as amended

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

AbbVie s.r.o.

By/Podepsal: _____

Name/Jméno: **Mgr. Jan Balzer**

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

Date/Datum: _____

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.

Fakultní nemocnice Brno

By/Podepsal: _____

Name/Jméno: **MUDr. Ivo Rovný, MBA**

Title/Funkce: Director / ředitel

Date/Datum: _____

By/Podepsal: _____

Title/Funkce: Principal Investigator / Hlavní zkoušející

Date/Datum: _____

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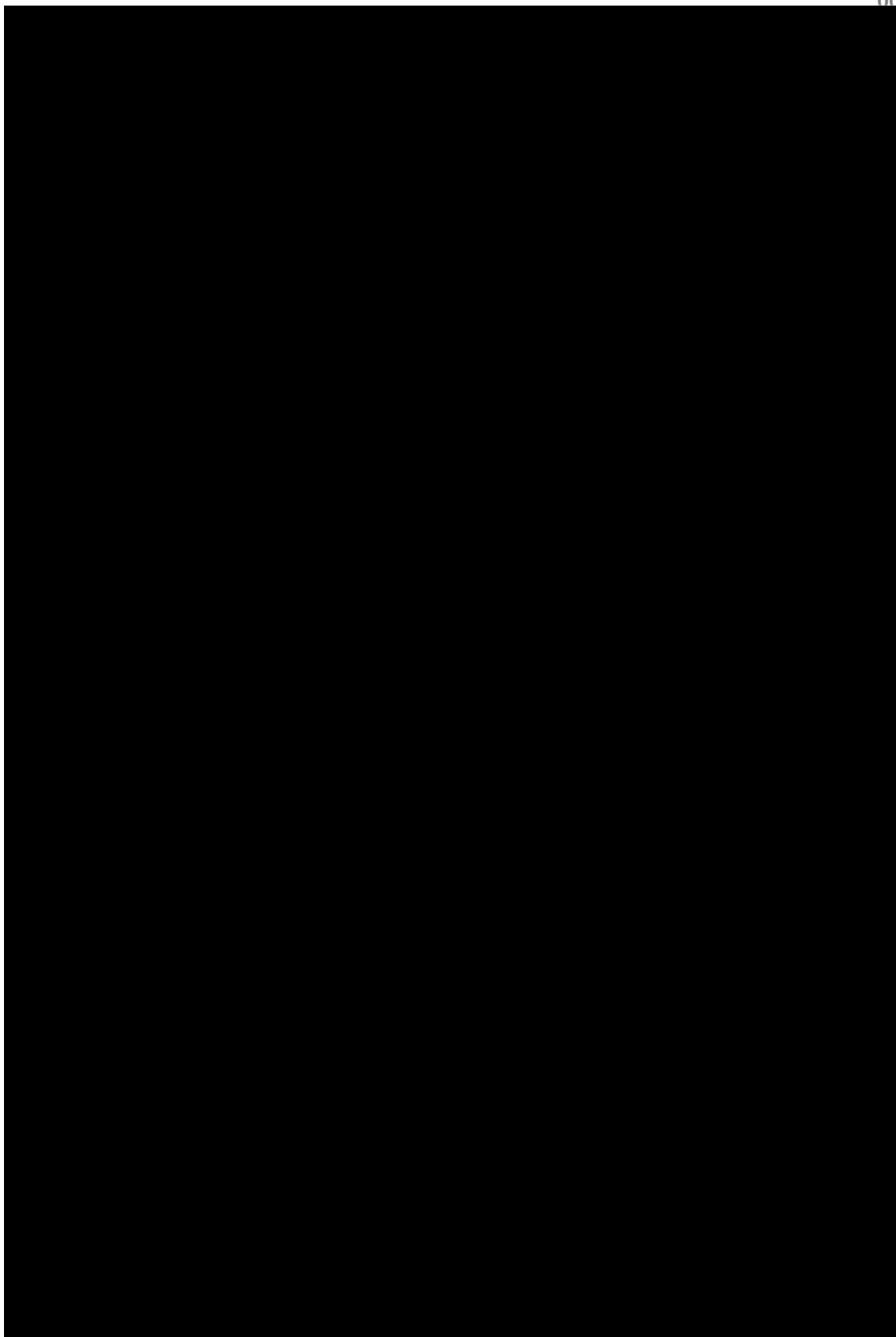
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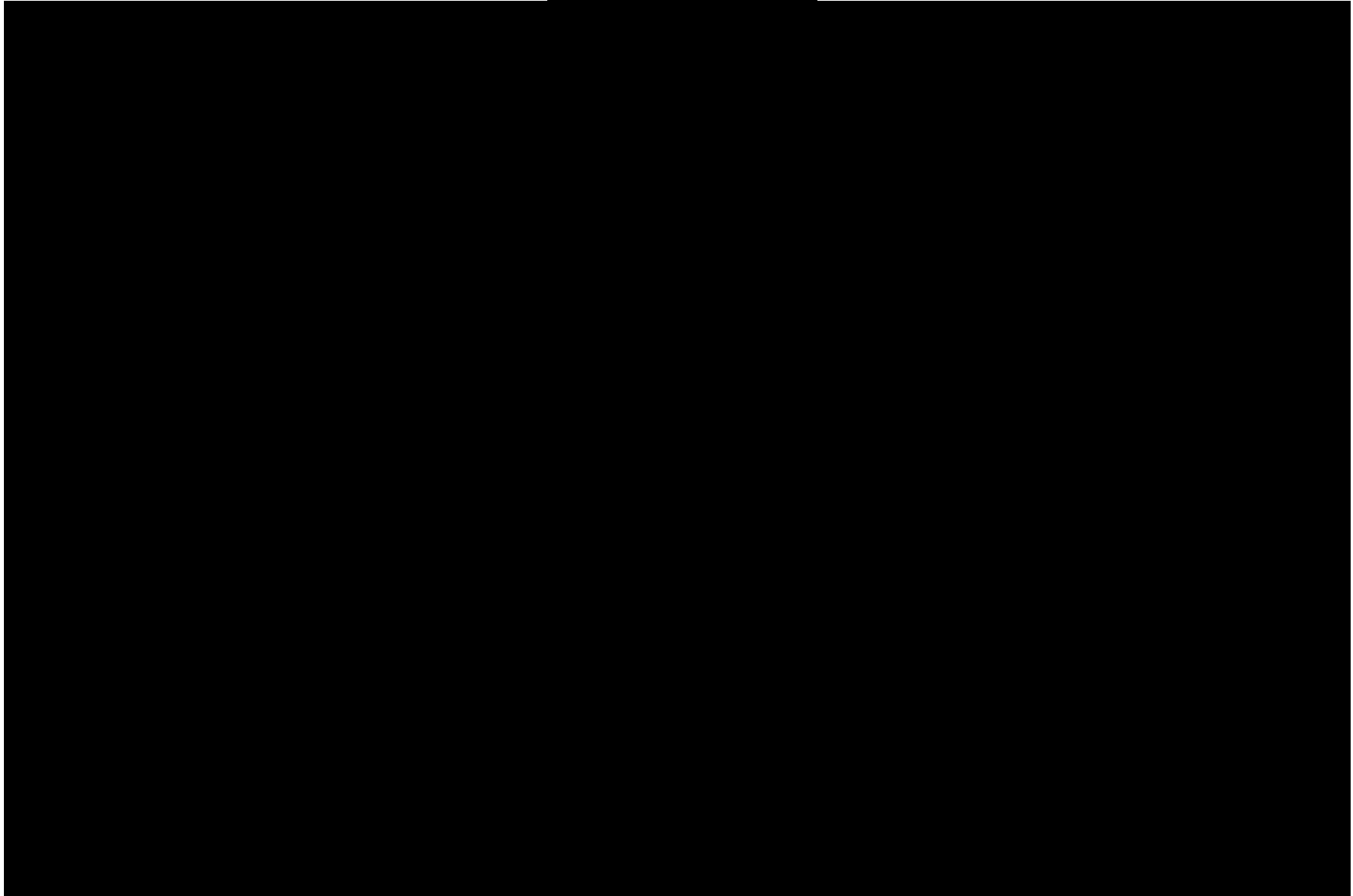
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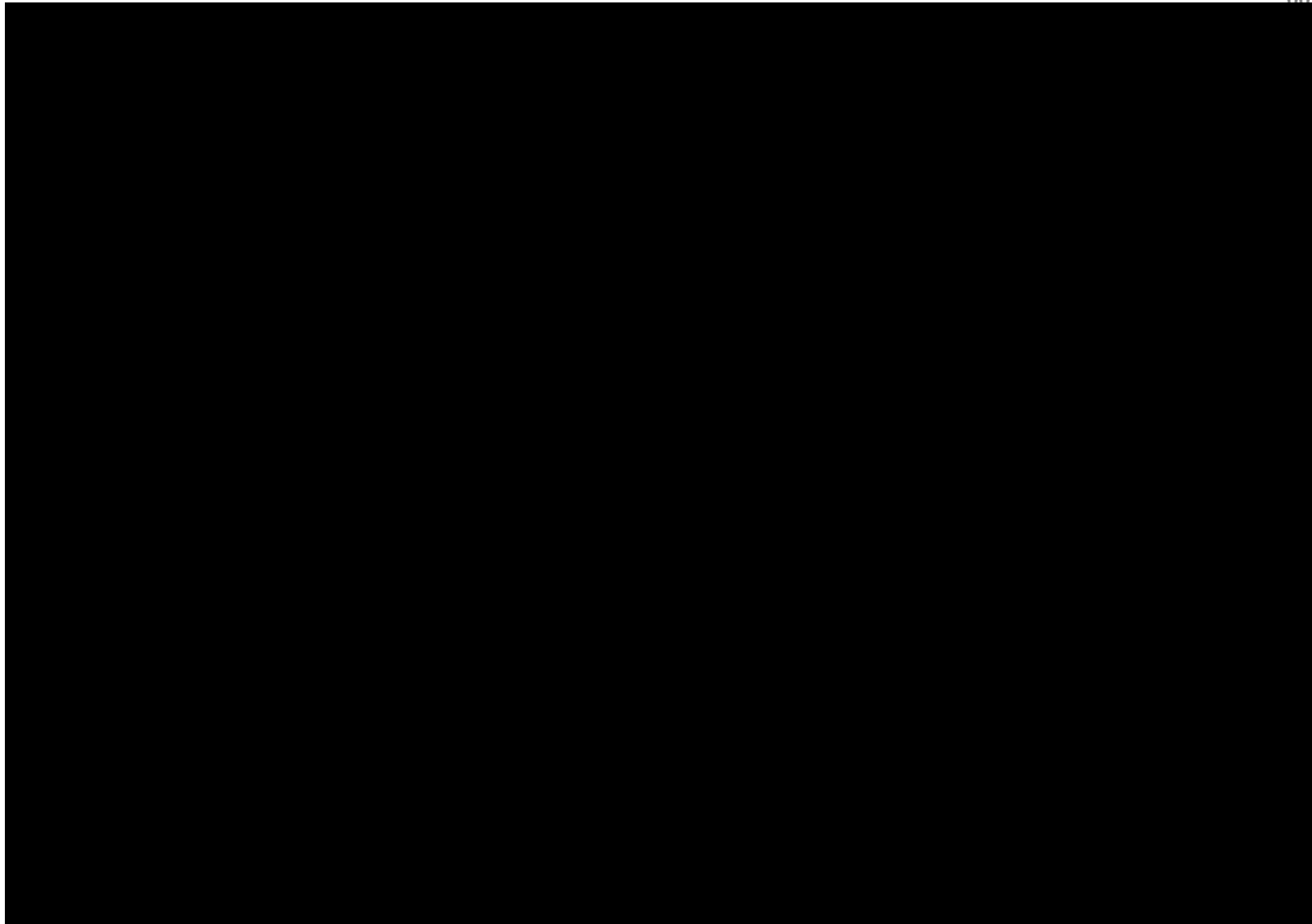
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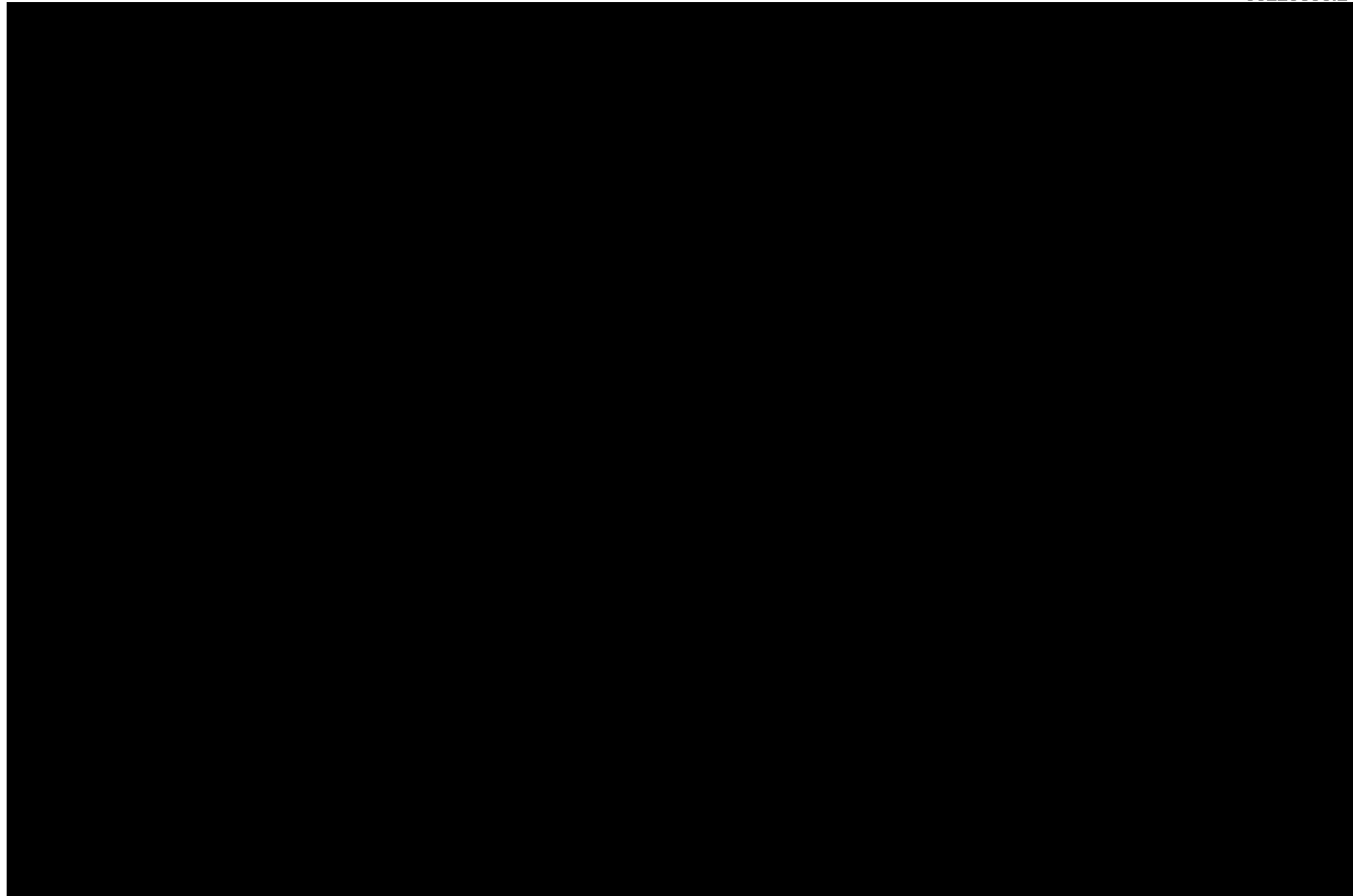
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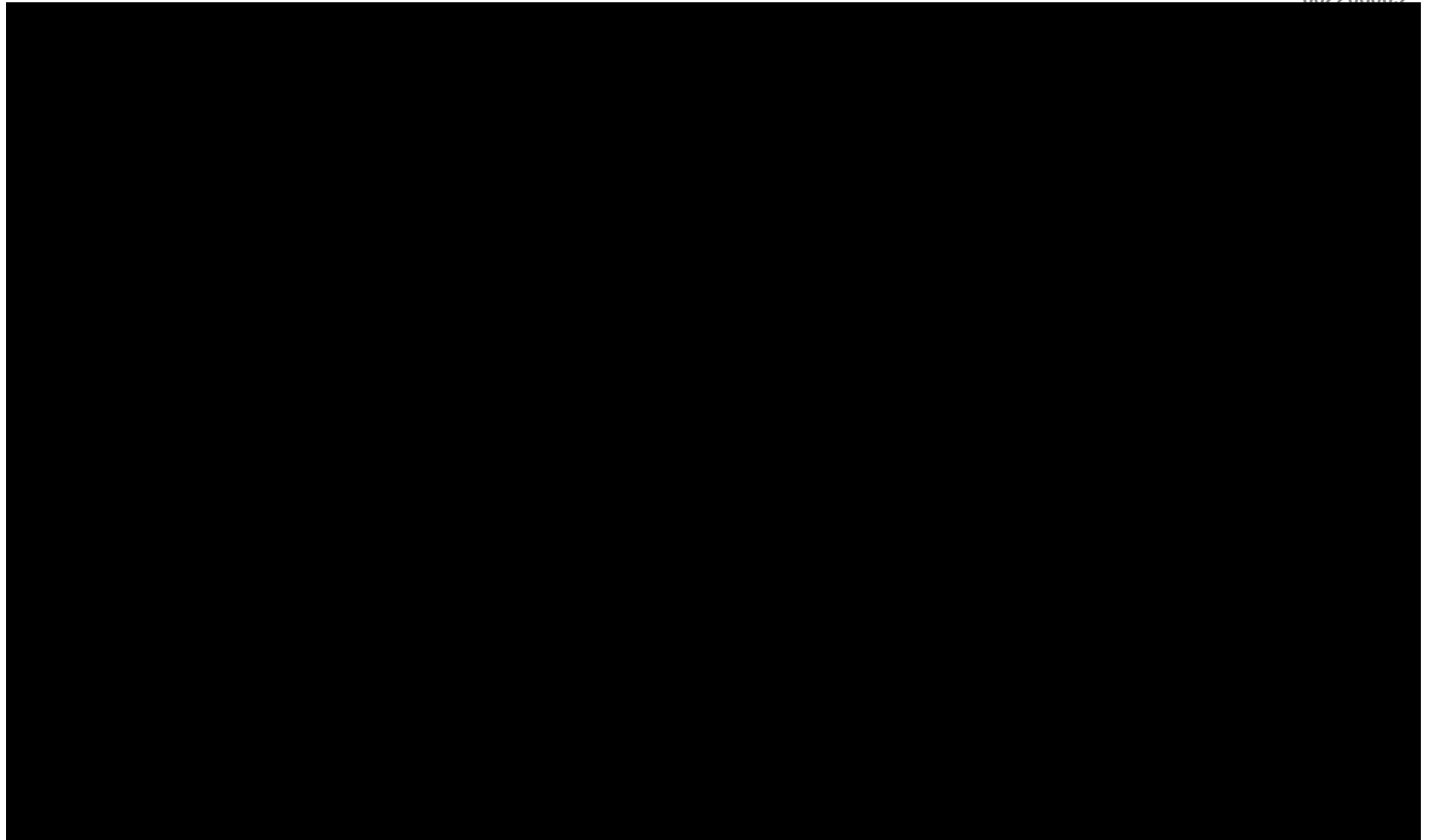
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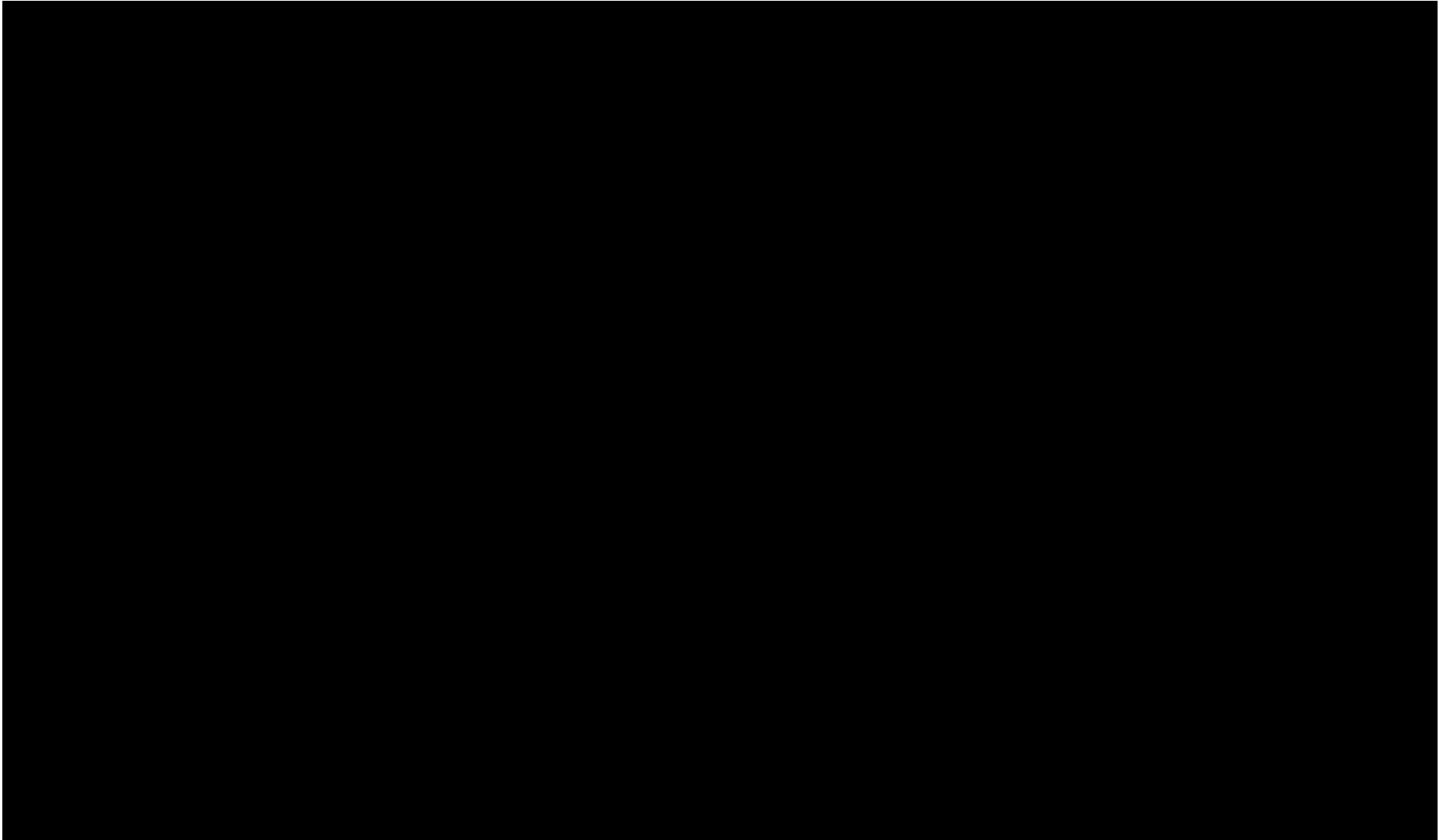
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Attachment 3 to Exhibit A



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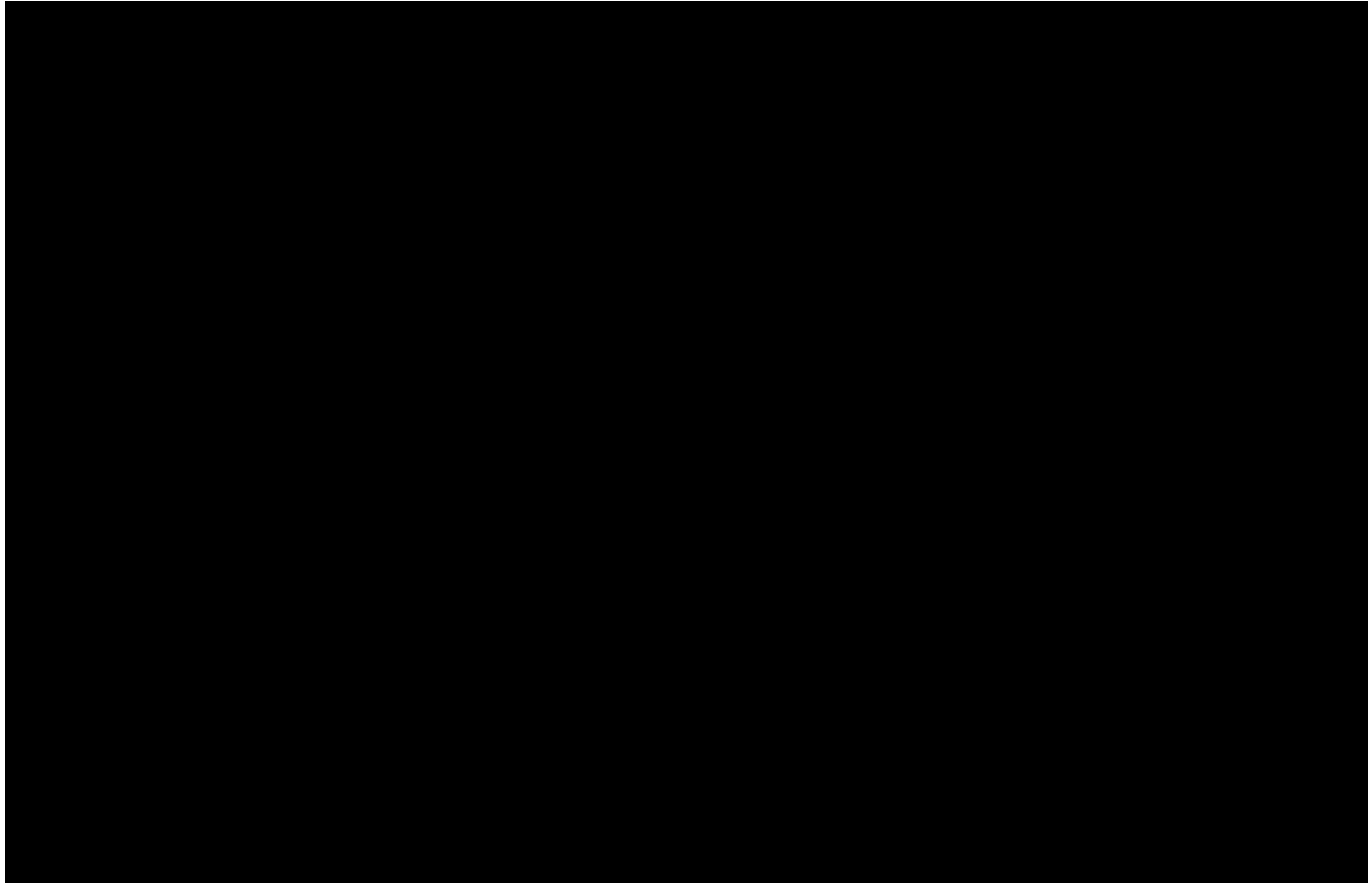
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Attachment 4 to Exhibit A



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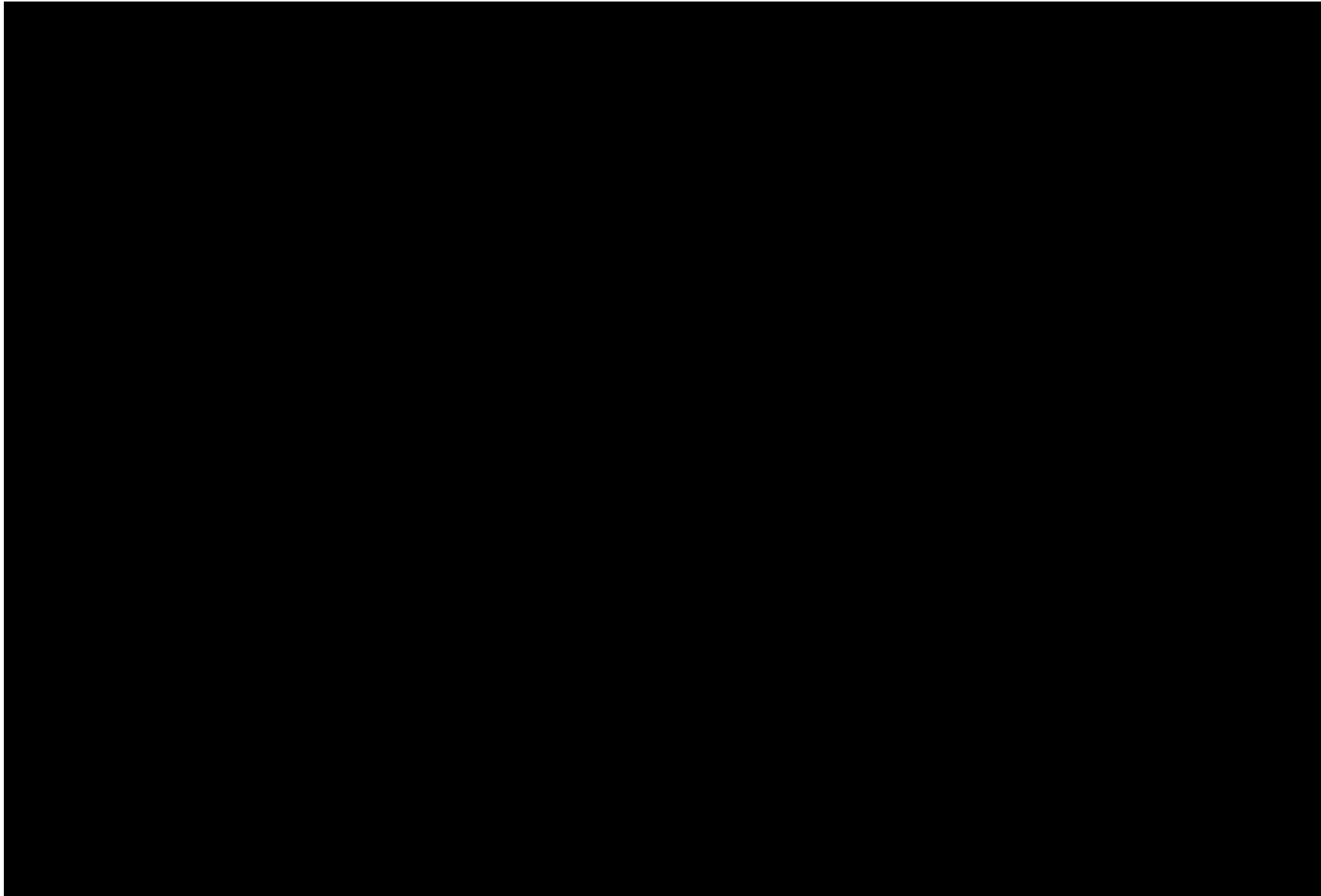
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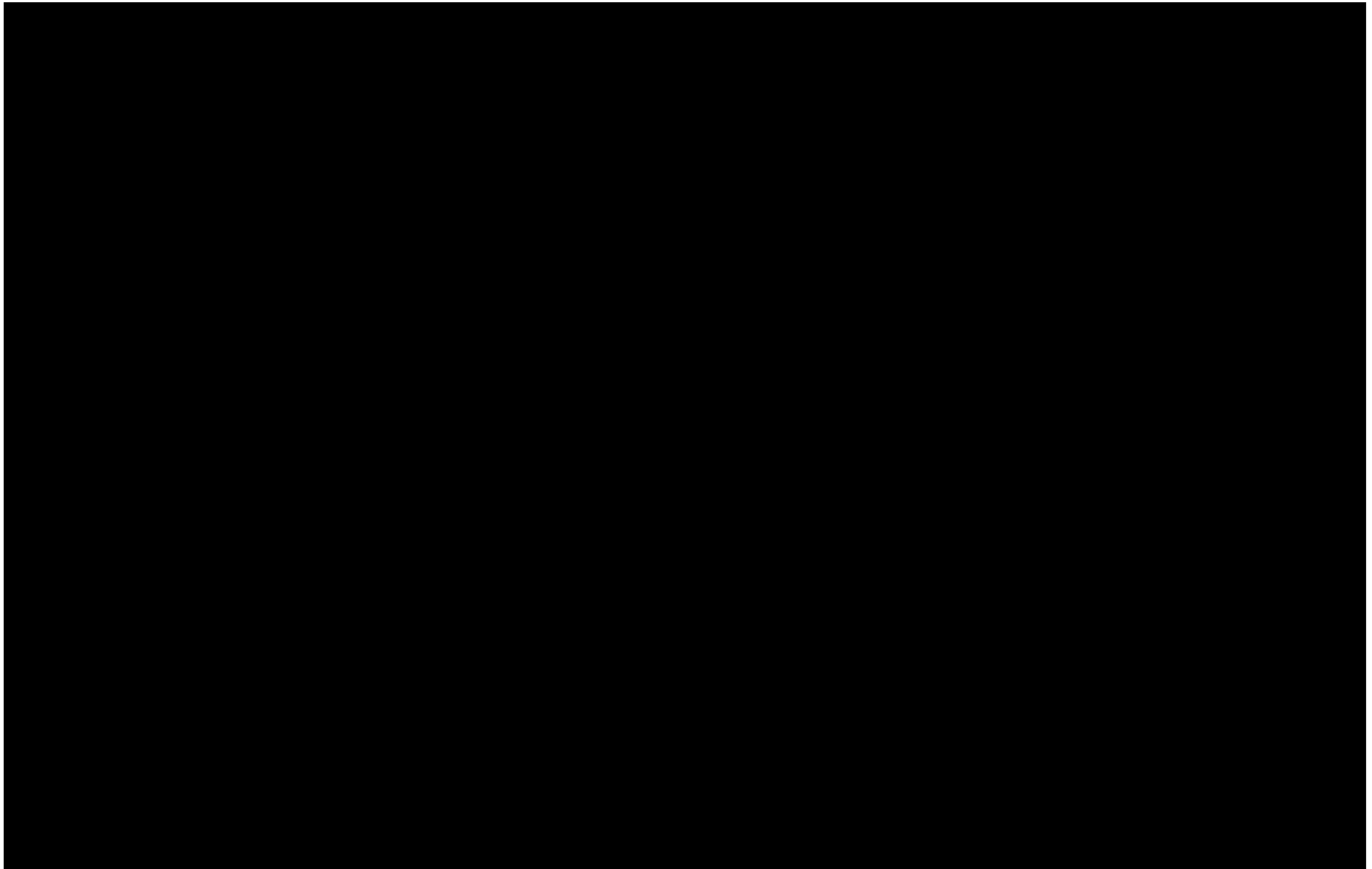
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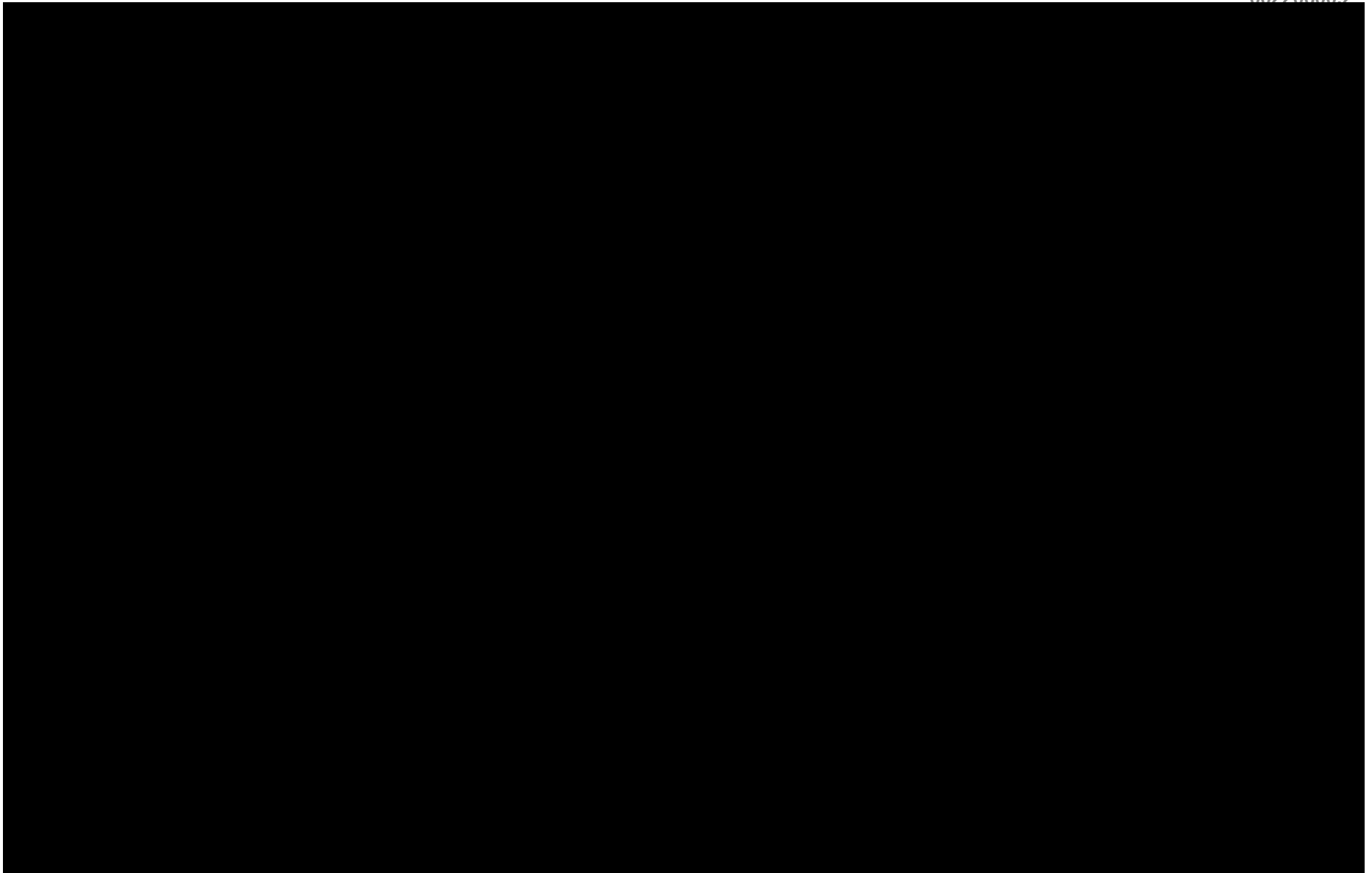
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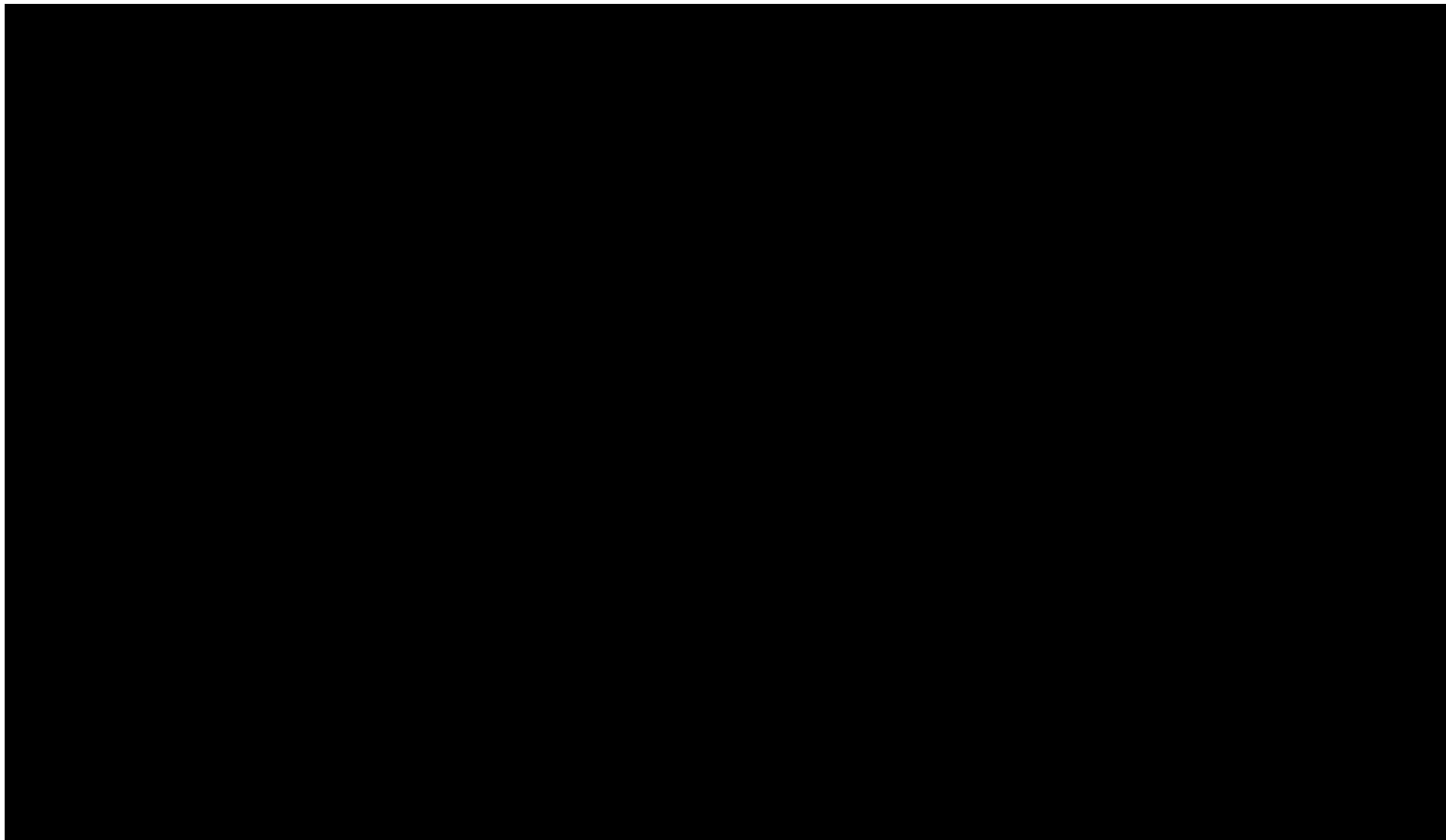
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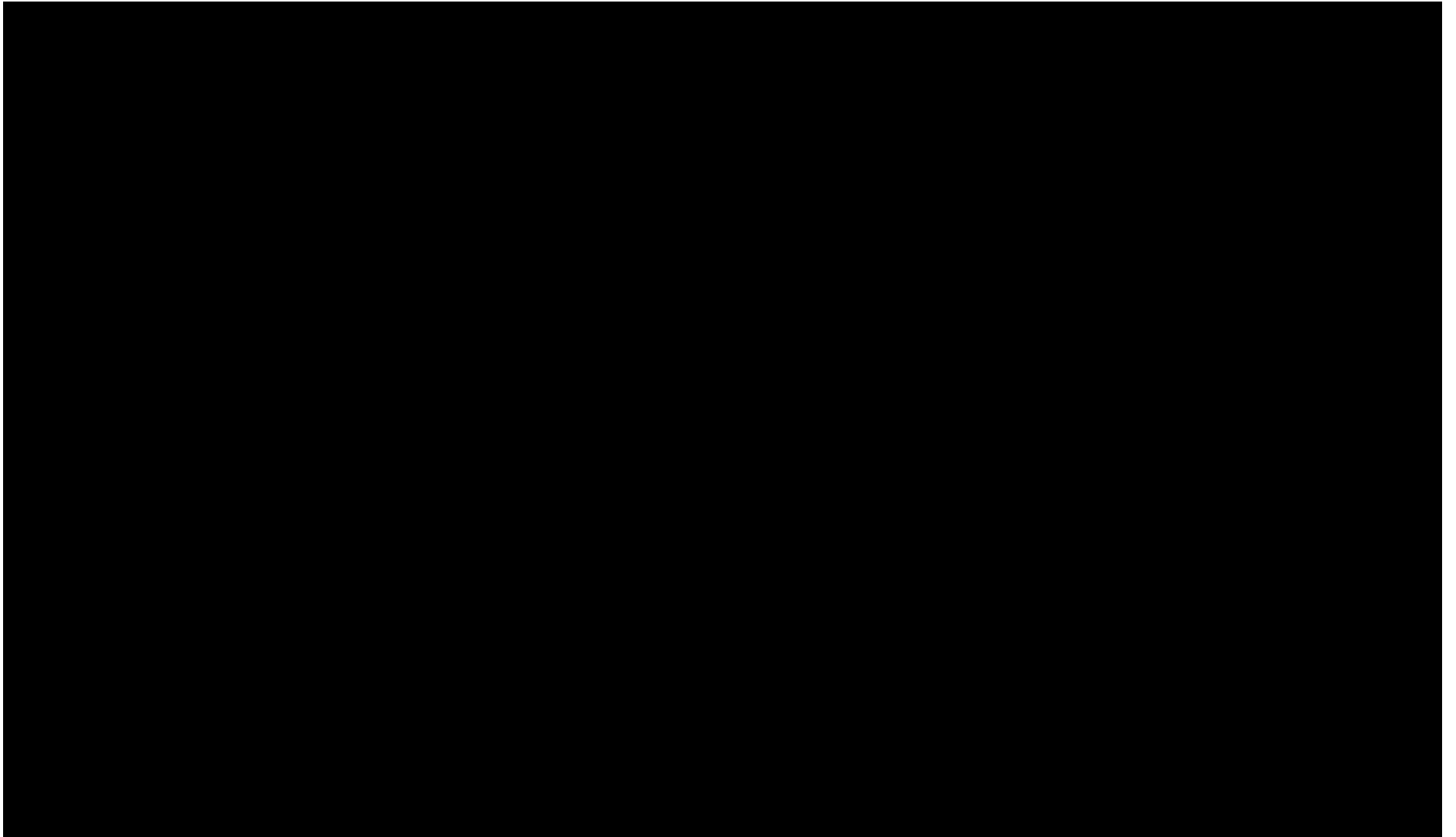
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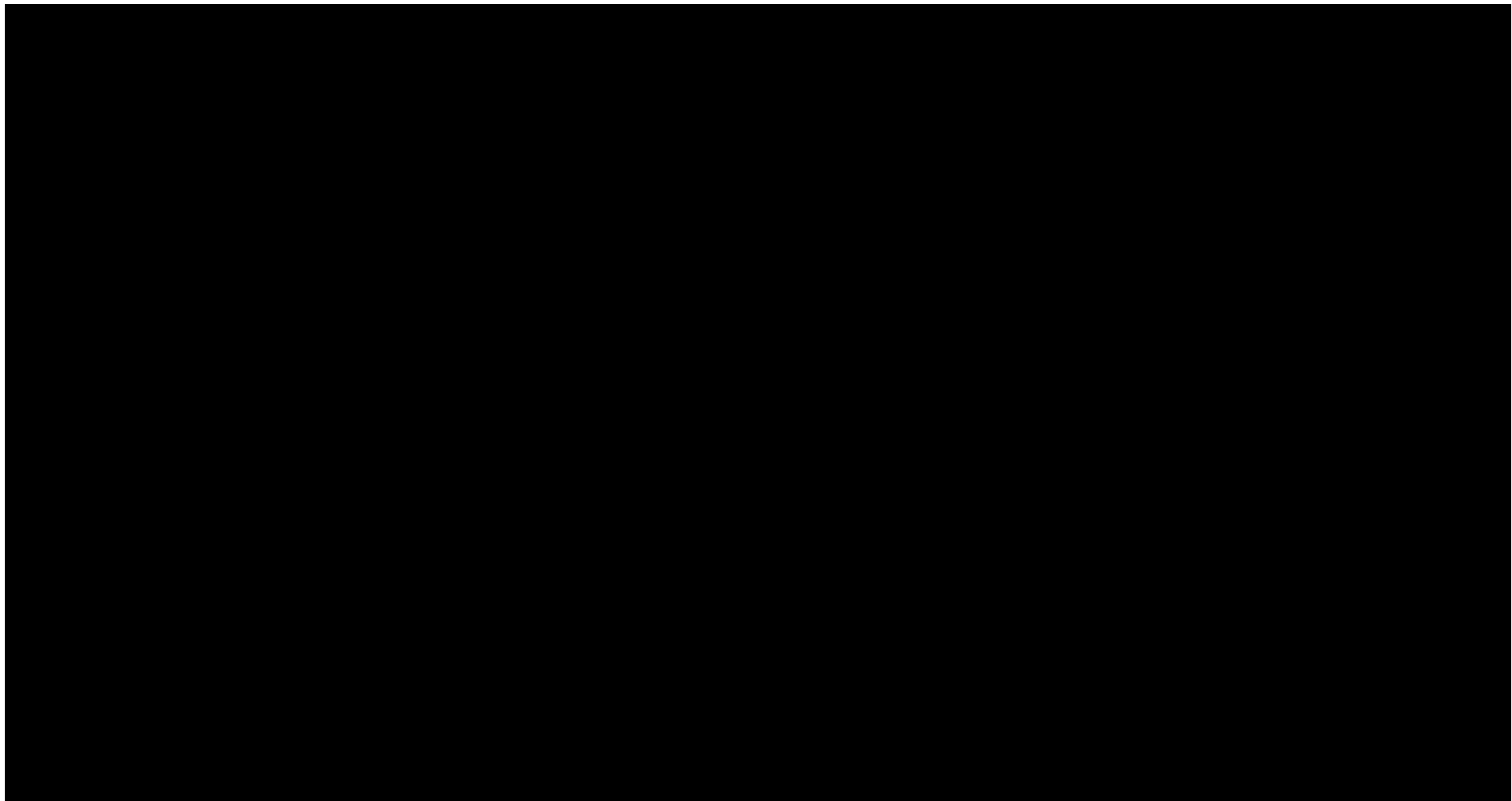
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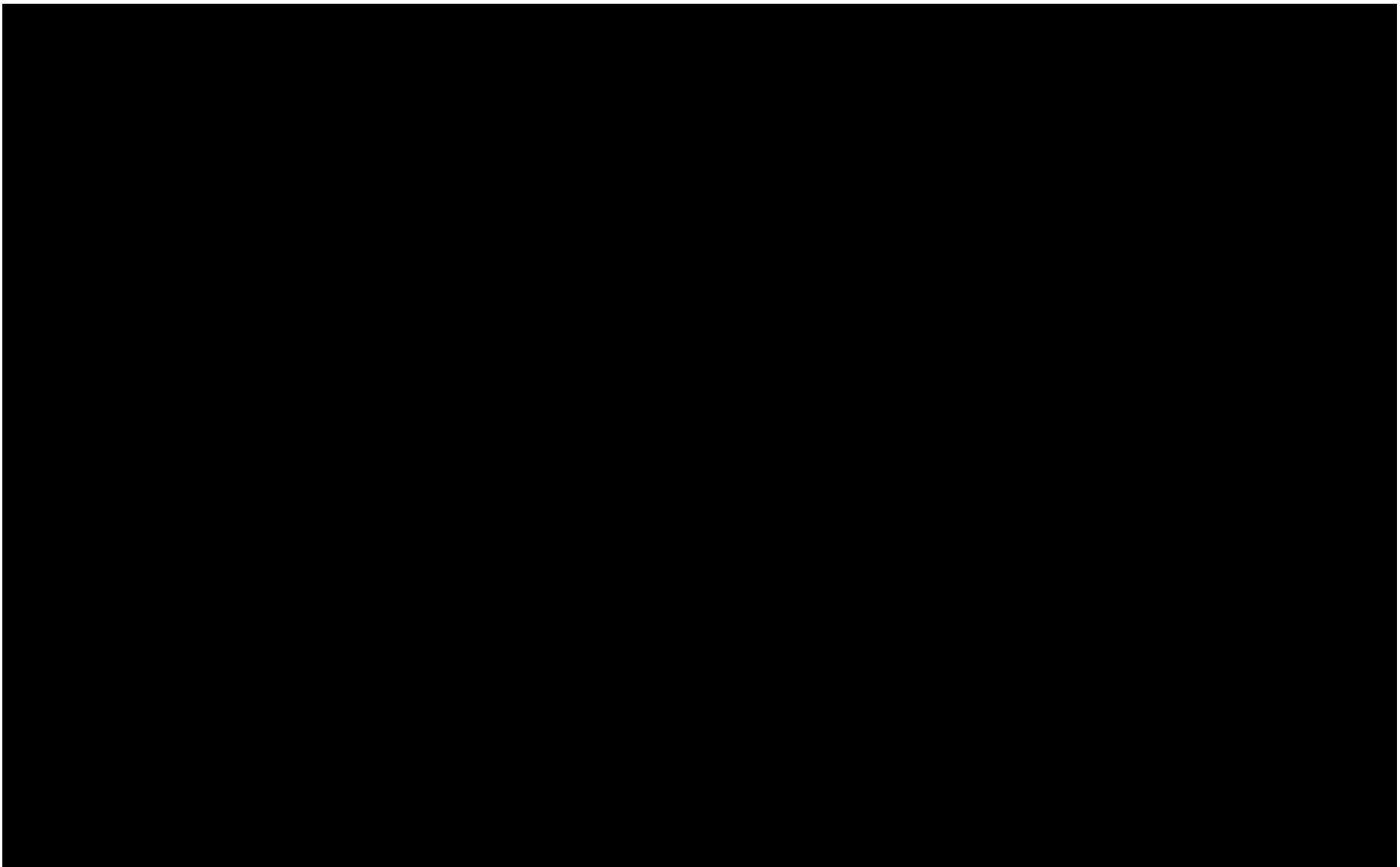
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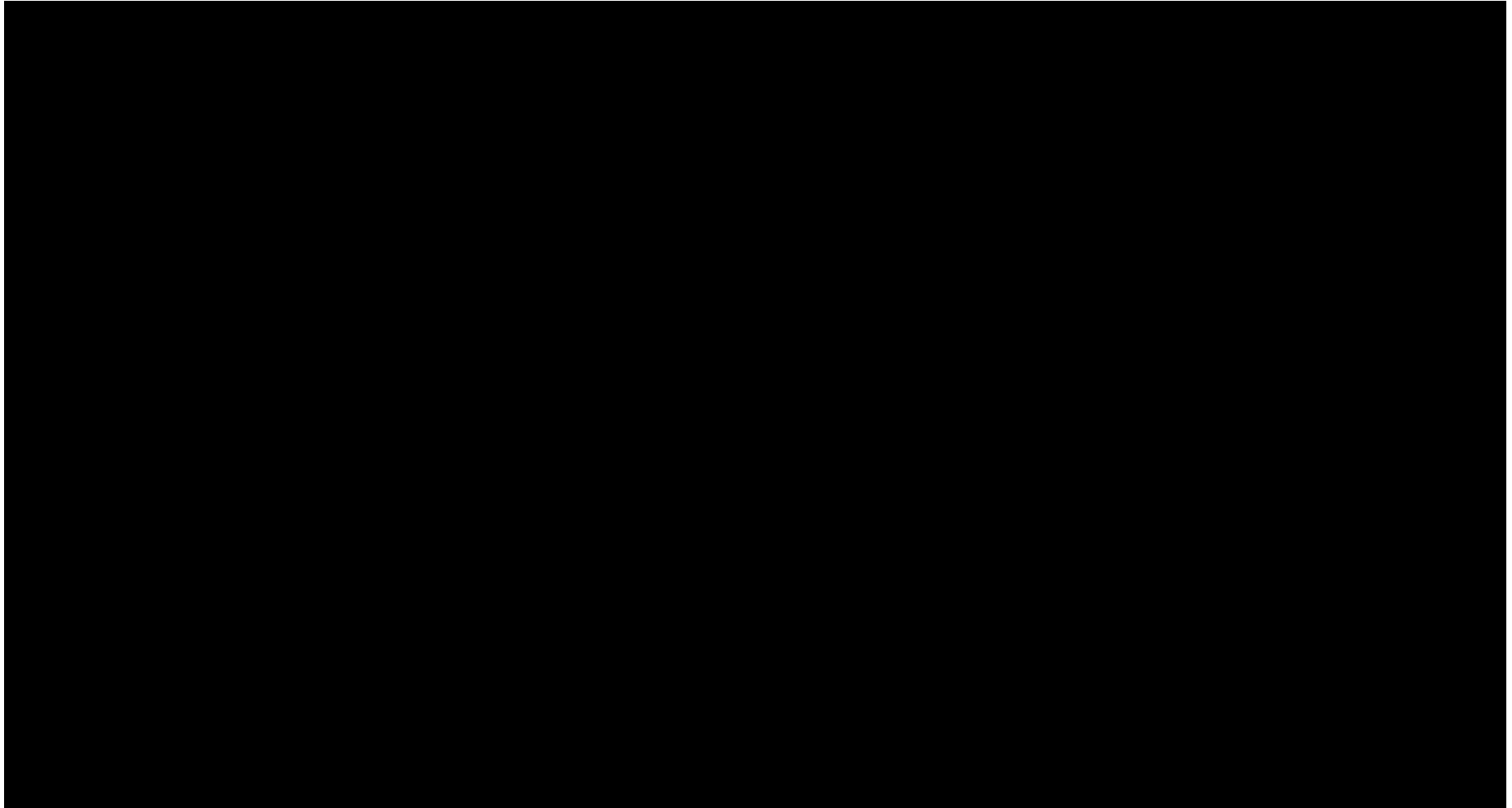
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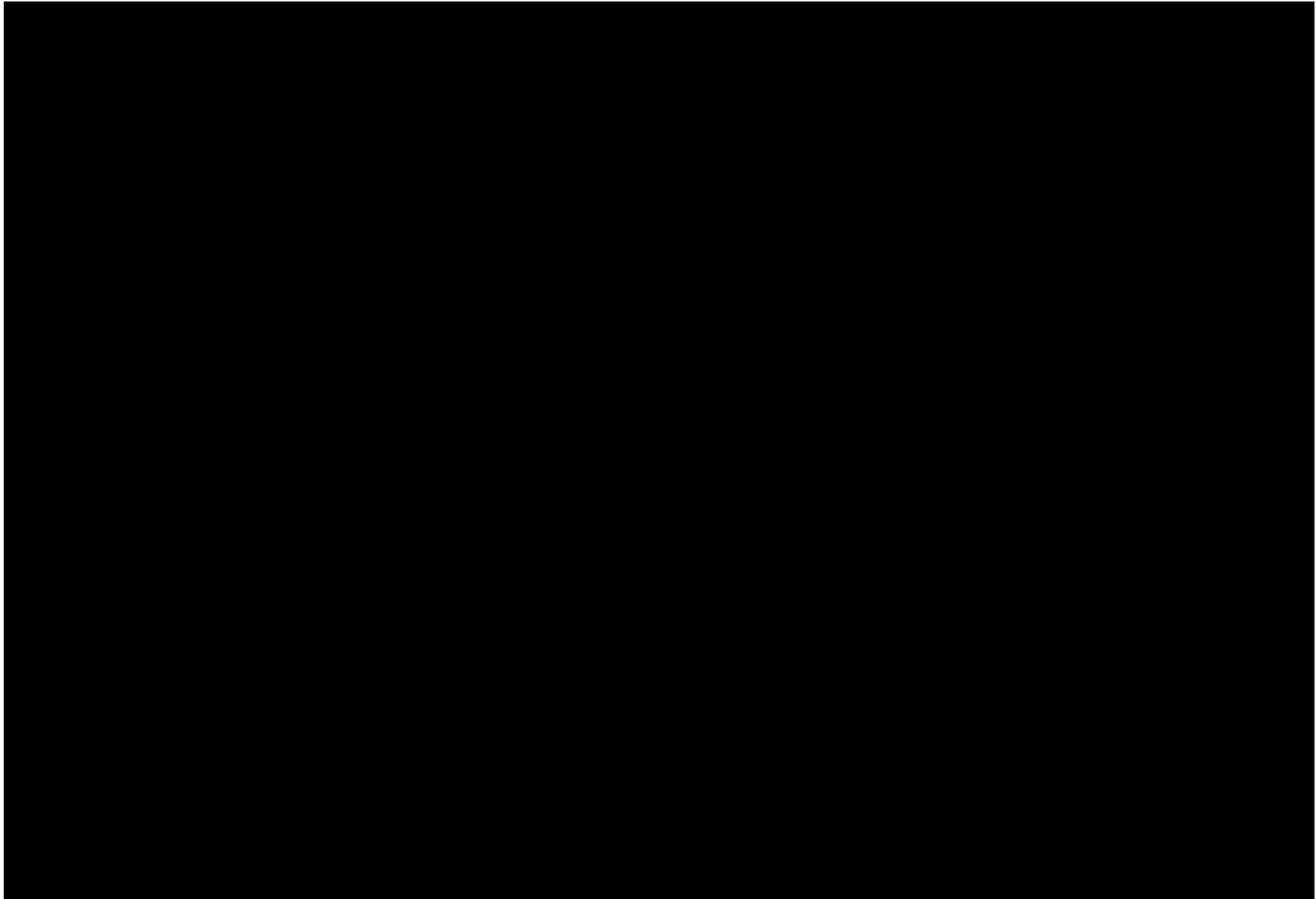
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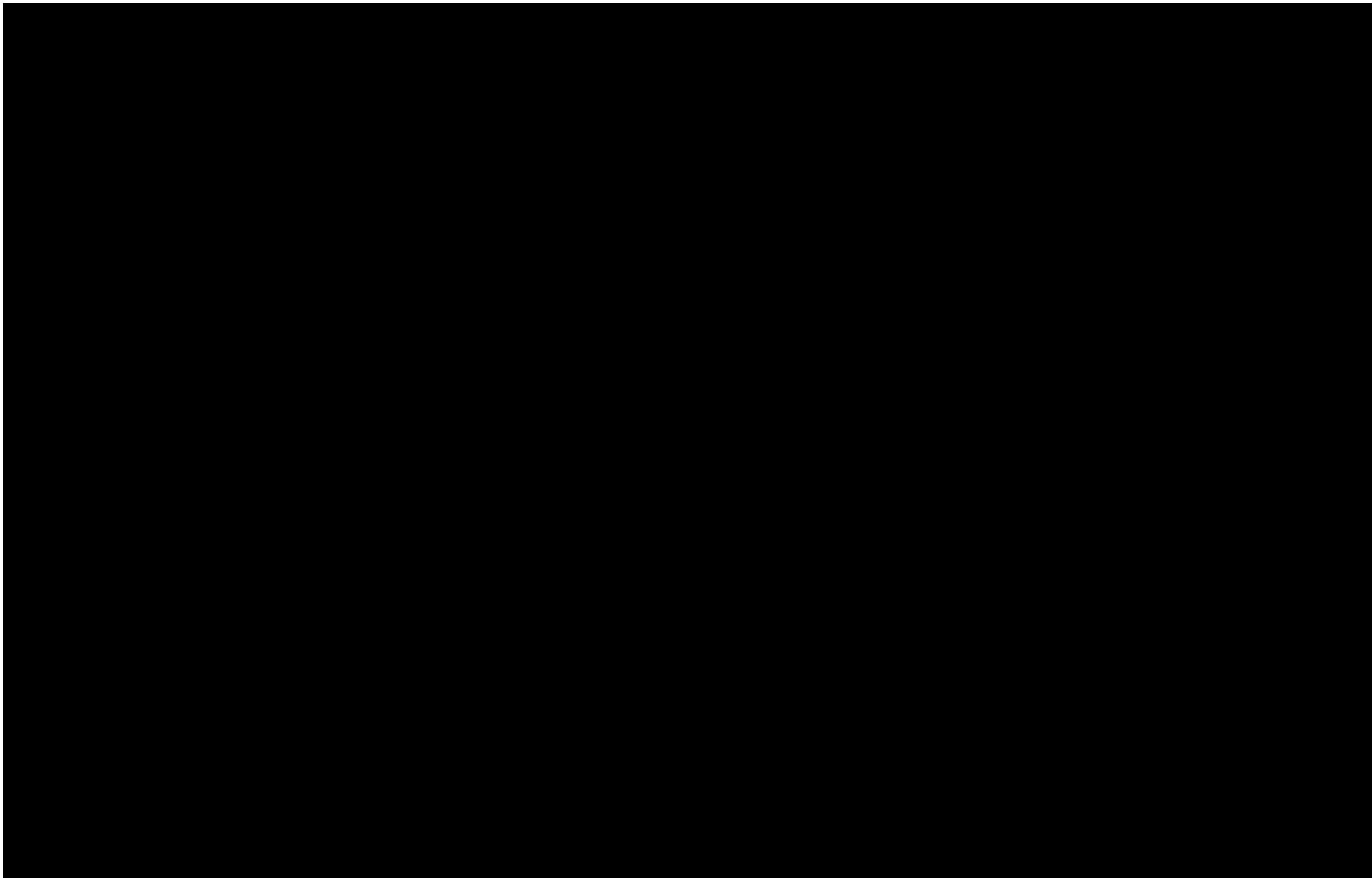
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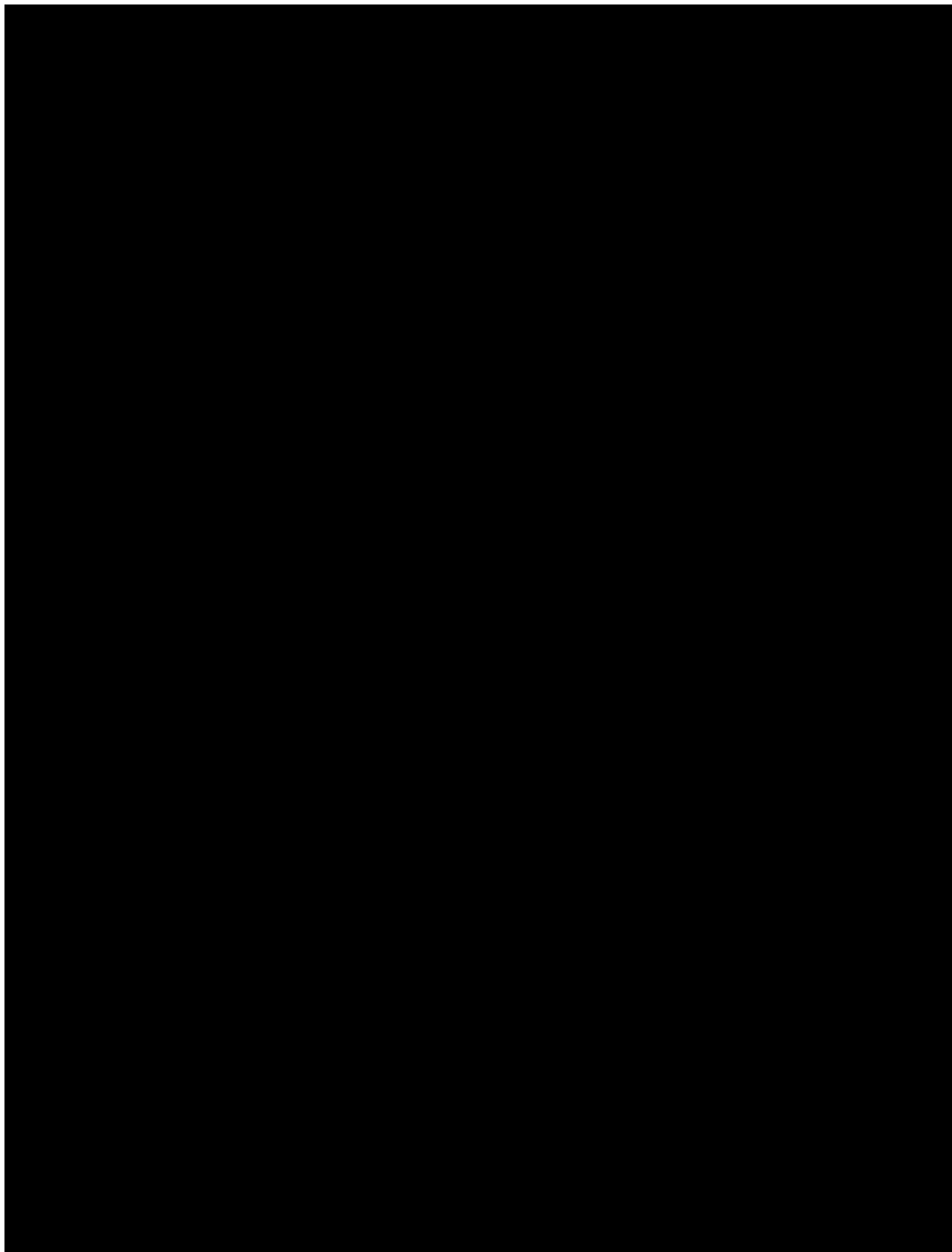
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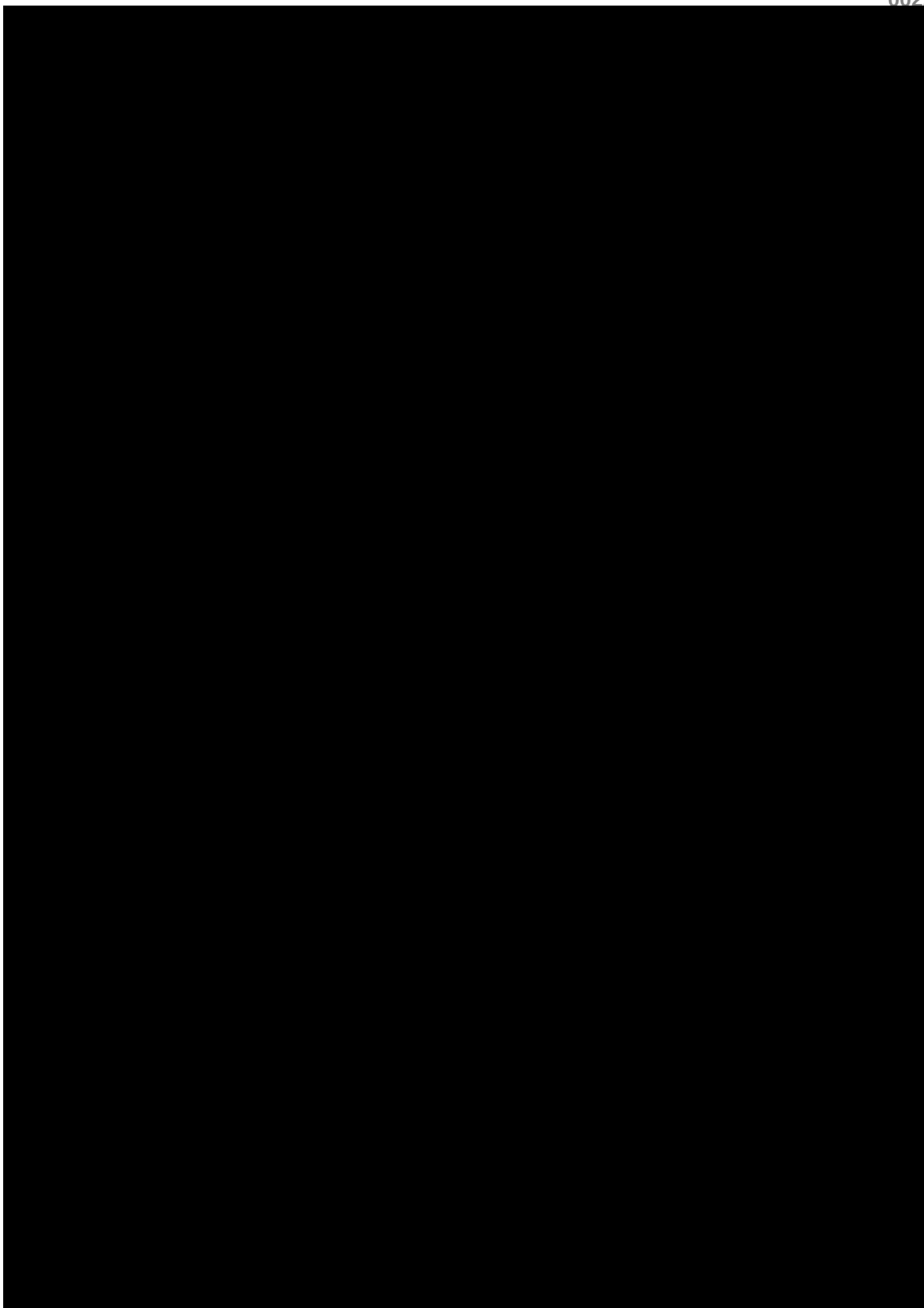
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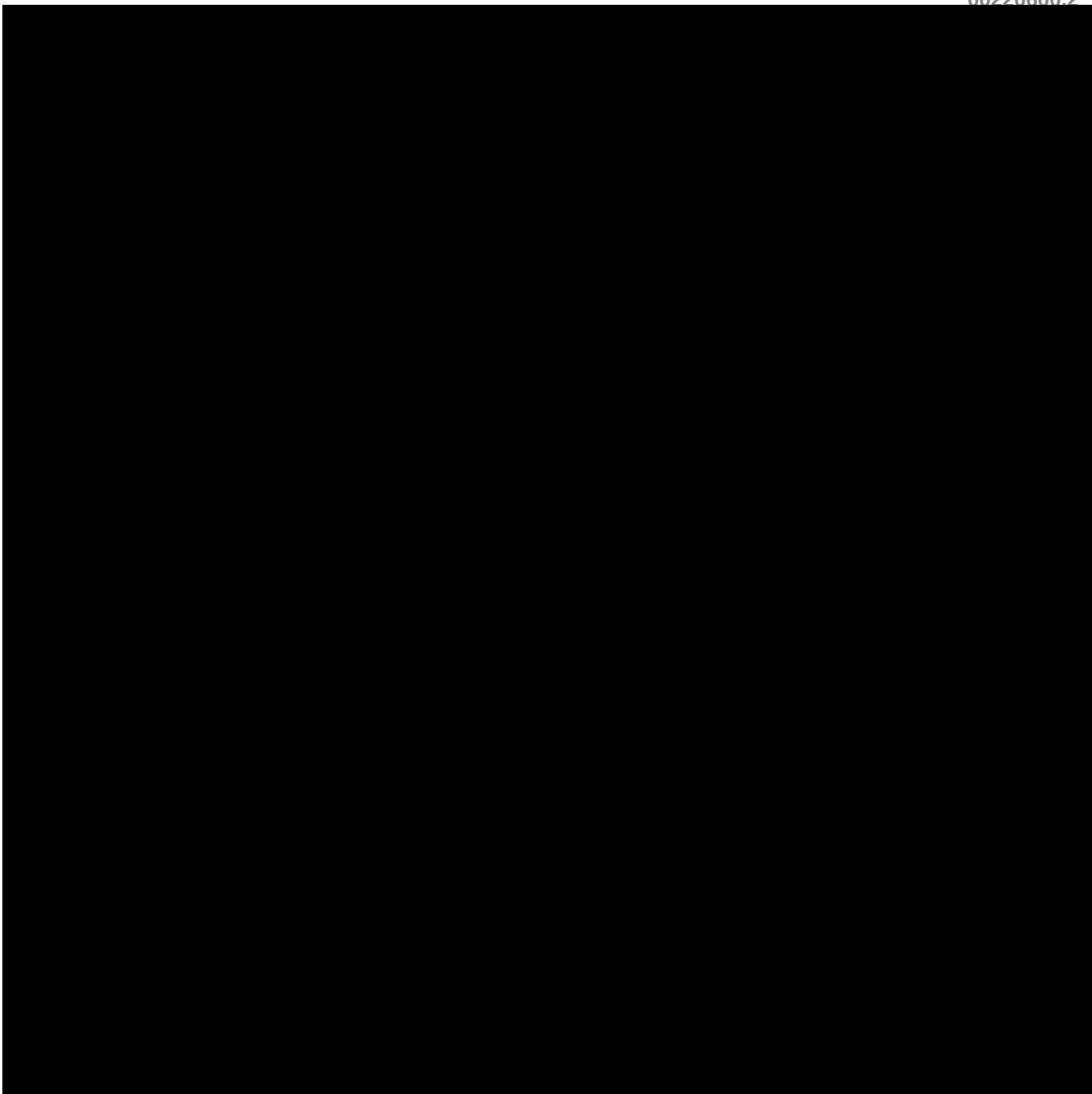
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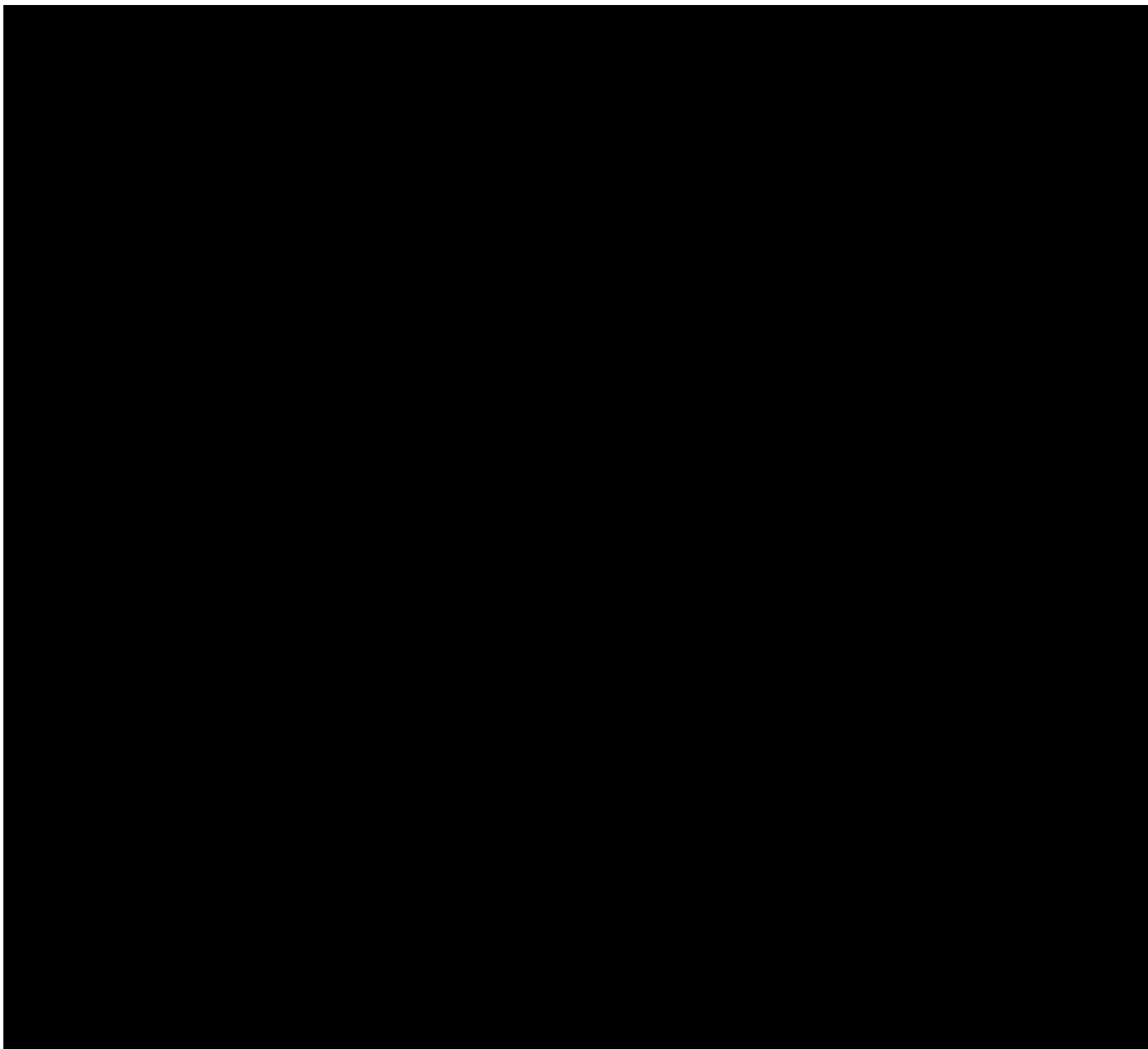
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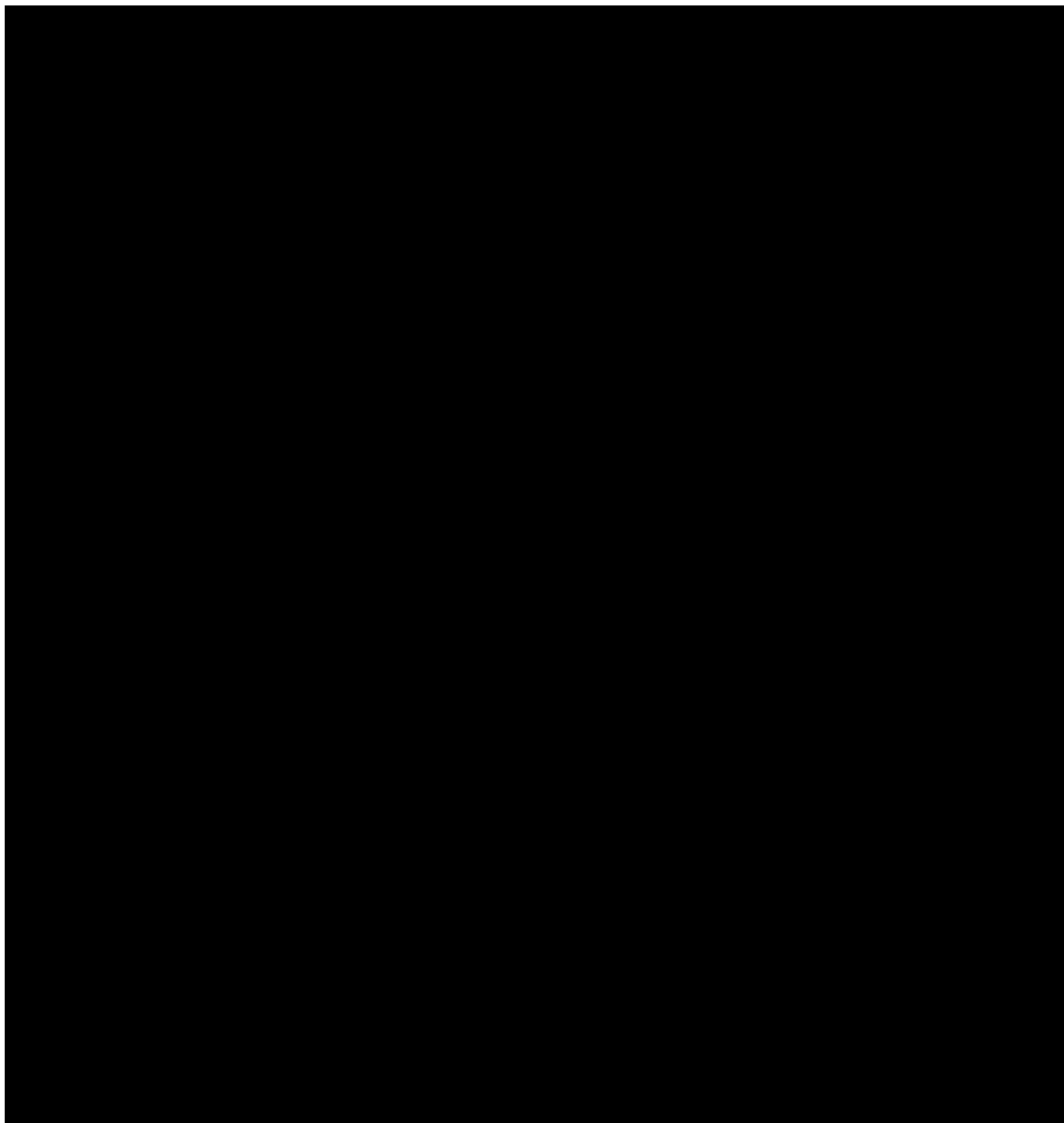
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