

## STATEMENT OF WORK (“SOW”)

Evaluation of one test compounds in three PDX tumor models.

Study/Reference/Opp Number: P1178C / OPP-381759

Date of issue: April 1, 2025

IOCB

(Institute of Organic Chemistry and Biochemistry of the Czech Academy of Sciences)

Ústav organické chemie a biochemie AV ČR, v.v.i.

Flemingovo n. 2

Prague, 16610, Czech Republic

(“Sponsor”)

**Charles River Laboratories Germany GmbH**

Am Flughafen 12-14

79108 Freiburg

Germany

(“Charles River Discovery”)

Confidentiality Notice: The information contained in this SOW is confidential and is intended only for the party to whom it is addressed or who are referred to herein for the provision of Services. Any other delivery, distribution, copying or disclosure is strictly prohibited.



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1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

The pricing above, work plan, estimated timelines, resources and costings are based on the information provided to date by the Sponsor..

The price of the Study is based on the expected extent of Services described in Exhibit A. However, if the experiments do not work as expected, then Charles River will adjust the price of the Services only with regards to the work provably performed by Charles River under this SOW. In such a case, the Sponsor will be invoiced and will pay only for the costs of Services provably incurred by Charles River under this SOW.



**PAYMENT SCHEDULE AND INFORMATION**

The Study will be invoiced according to the following payment schedule:

The price of the Services will be paid by the Sponsor based on the invoices issued by Charles River according to the following schedule:

[Redacted]

[Redacted]

[Redacted]

**PLEASE ISSUE THE PO AND ALL PAYMENTS TO:**

Charles River Laboratories Germany GmbH,  
Max-Planck-Strasse 15A, 40699 Erkrath, Germany

(Charles River Laboratories Germany GmbH is registered with the Commercial Register at the Local Court of Wuppertal, under HRB 21480.)

Payment should be made in USD within 30 days of date of invoice.

**Payments for all invoices should be sent by electronic transfer to the following bank account:**

**Payment in USD (\$)**

Bank Name	[Redacted]
Account Name	
Account Number	
Bank Routing Number	
IBAN	
Swift Code	

On occasion, payments may need to be verified or a wet ink signature may be needed. Other steps may need to be taken, for example, submission of additional documents such as tax forms (e.g. W8 form), etc.



**SIGNATURES**

If the enclosed is acceptable, please reach out to your Charles River contact who will initiate the DocuSign/ signature process.

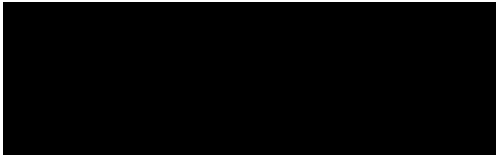
**Charles River**

**Sponsor**

Duly authorized

Duly authorized

**Signature:** 

**Signature:** 

**Print name:** Simon Fräßle

**Print name:** \_\_\_\_\_

**Title:** Project Manager

**Title:** \_\_\_\_\_

**Date:** 01-Apr-2025 | 3:55:17 AM PDT

**Date:** \_\_\_\_\_

[Redacted]

Exhibit A

SCOPE(S) OF WORK

[Redacted]





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