AMENDMENT No 1
TO CLINICAL TRIAL AGREEMENT

by and between

Eli Lilly Cork Limited,
With its Registered Office: Island House, Eastgate Road, Eastgate Business Park, Little Island, Cork, Ireland
Tax ID: IE3508310BH

Represented by:

Title:

(hereinafter referred to as "**Lilly**"),

and

Nemocnice Rudolfa a Stefanie Benešov, a.s., nemocnice Středočeského kraje
With registered address at Máchova 400, 256 01 Benešov, Czech Republic
ID No.: 27253236
Tax No: CZ27253236
Registry number B 9996 under Městský soud in Prague
Represented by: MUDr. Roman Mrva, LL.M., Head of Board and CEO

(hereinafter referred to as "**Institution"**)

and

MUDr. Tereza Haasová
Born: [redacted]
Adress: [redacted]

(Hereinafter referred to as "**Investigator**")

(Hereinafter each referred to as "**Party**" and collectively referred to as the "**Parties**")

WHEREAS, the Parties have entered into a Clinical Trial Agreement on December 10, 2024 (Hereinafter referred to as "**Agreement**") for the performance of the study entitled '[redacted] (Hereinafter referred to as "**Study**"), protocol [redacted] (hereinafter referred to as "**Protocol**")

WHEREAS, the Parties intend to update the Agreement due a personnel change within the study team.

DODATEK č. 1
K SMLOUVĚ O KLINICKÉM HODNOCENÍ

mezi

Eli Lilly Cork Limited,
se sídlem: Island House, Eastgate Road, Eastgate Business Park, Little Island, Cork, Irsko
DIČ: IE3508310BH

Zastoupená:

Titul:

(dále jen „**Lilly**"),

a

Nemocnice Rudolfa a Stefanie Benešov, a.s., nemocnice Středočeského kraje
Sídlo: Máchova 400, 256 01 Benešov, Česká republika
IČO: 27253236
DIČ: CZ27253236
Spisová značka: B 9996 vedená u Městského soudu v Praze
Zastoupená: MUDr. Romanem Mrvou, LL.M, předsedou představenstva a ředitelem

(dále jen **„Poskytovatel"**)

a

MUDr. Tereza Haasová
Datum narození: 1[redacted]
Adresa trvalého pobytu: [redacted]

(dále jen „**Zkoušející**")

(každá jednotlivá strana se bude dále označovat jako „**Smluvní strana**" a společně pak jako „**Smluvní strany**")

VZHLEDEM K TOMU, ŽE Smluvní strany uzavřely dne 10. prosince 2024 smlouvu o klinickém hodnocení (dále jen „**Smlouva**") pro provádění studie s názvem ,[redacted] (dále jen „**Studie**"), protokolem [redacted] (dále jen „**Protokol**")

VZHLEDEM K TOMU, ŽE Smluvní strany mají v úmyslu změnit Smlouvu z důvodu změny složení studijního týmu.

NOW, THEREFORE By this amendment (hereinafter referred to as "**Amendment No 1**") the Parties hereby amend the Agreement as follows:

1. **Exhibit 1A: Budget** of the Agreement is hereby deleted in its entirety and replaced with the amended **Exhibit 1A: Budget**, attached herein as Attachment 1;

2. **Exhibit 1.B: Supplier Information Form (SIF)** of the Agreement is hereby deleted in its entirety and replaced with the amended **Exhibit 1.B: Supplier Information Form (SIF),** attached herein as Attachment 2.

Any parts of the Agreement not affected by this Amendment will remain unchanged.

Remainder of Page Intentionally Left Blank. Signature Page Follows.

TÍMTO Smluvní strany mění Smlouvu tímto Dodatkem (dále jen „**Dodatek č. 1**") takto:

1. **Příloha 1A: Rozpočet** Smlouvy v plném rozsahu ruší a nahrazuje se změněnou **Přílohou 1A: Rozpočet**, která je přiložena jako Příloha 1;

2. **Příloha 1.B: Formulář – Informace o Poskytovateli (SIF)** v plném rozsahu ruší a nahrazuje se změněnou **Příloha 1.B: Formulář – Informace o Poskytovateli(SIF),** která je přiložena jako Příloha 2.

Všechny části Smlouvy, které nejsou tímto Dodatkem dotčeny, zůstávají beze změny.

Zbytek stránky záměrně ponechán prázdný. Následuje podpisová stránka.

This Amendment No 1 has been read, understood and signed by the Parties in full compliance with their intentions.

Tento Dodatek č. 1 byl Smluvními stranami přečten, pochopen a podepsán v plném souladu s jejich záměry.

Eli Lilly Cork Limited

Name/ *jméno*: _____ Date/ *datum* _____

Title/ *titul*:

Nemocnice Rudolfa a Stefanie Benešov, a.s., nemocnice Středočeského kraje

Name/ *jméno*: **MUDr. Roman Mrva, LL.M** _____ Date/ *datum* _____

Title/ *titul*: Head of Board and CEO / *předseda představenstva a ředitel*

Investigator/ *Zkoušející*

Name/ *jméno*: **MUDr. Tereza Haasová** _____ Date/ *datum* _____

APPROVED
By MW at 10:31 am, Jun 05, 2025

[redacted]

Attachment 1/ *Příloha 1*

Exhibit 1.A: Budget/ *Příloha 1.A: Rozpočet*

1) Payment will be made as of paragraphs II.A and B hereof.
2) The fee per patient covers all necessary work performed in the trial. No extra payments will be made after the completion of the trial.
3) Payment scheme for individual visits per patient:

1) Platba bude provedena podle odstavce II.A a B této smlouvy.
2) Honorář za jednoho pacienta pokrývá veškerou nutnou práci ve studii. Po ukončení studie nebudou vyplaceny žádné dodatečné platby.
3) Schéma pro úhradu jednotlivých návštěv na jednoho pacienta:

PAYEE 1 DETAILS:	
Payee Name:	[redacted]
Supplier Information Form completed and signed?	[redacted]
Payee Type (select from the list)	[redacted]
Email Address for ALL payments/finance corresondence	[redacted]

PAYEE 2 DETAILS:	
Payee Name:	[redacted]
Supplier Information Form completed and signed?	[redacted]
Payee Type (select from the list)	[redacted]
Email Address for ALL payments/finance corresondence	[redacted]

PAYEE 3 DETAILS:	
Payee Name:	[redacted]
Supplier Information Form completed and signed?	[redacted]
Payee Type (select from the list)	[redacted]
Email Address for ALL payments/finance corresondence	[redacted]

PAYEE 4 DETAILS:	
Payee Name:	[redacted]
Supplier Information Form completed and signed?	[redacted]
Payee Type (select from the list)	[redacted]
Email Address for ALL payments/finance corresondence	[redacted]

PAYEE 5 DETAILS:

Payee Name:	[redacted]
Supplier Information Form completed and signed?	[redacted]
Payee Type (select from the list)	[redacted]
Email Address for ALL payments/finance corresondence	[redacted]

PAYEE 6 DETAILS:

Payee Name:	[redacted]
Supplier Information Form completed and signed?	[redacted]
Payee Type (select from the list)	[redacted]
Email Address for ALL payments/finance corresondence	[redacted]

PAYEE 7 DETAILS:

Payee Name:	[redacted]
Supplier Information Form completed and signed?	[redacted]
Payee Type (select from the list)	[redacted]
Email Address for ALL payments/finance corresondence	[redacted]

PAYEE 8 DETAILS:

Payee Name:	[redacted]
Supplier Information Form completed and signed?	[redacted]
Payee Type (select from the list)	[redacted]
Email Address for ALL payments/finance corresondence	[redacted]

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Cost Per Patient/ *platba za pacienta*										
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Lilly will pay for screen failures that occur in accordance with the Protocol./ *Lilly zaplatí za selhání skríningu, ke kterému dojde v souladu s Protokolem.*

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Attachment 2/ *Příloha 2*

Exhibit 1.B: Supplier Information Form (SIF)	**Příloha 1:B: Formulář – Informace o Poskytovateli (SIF)**
Enclosed: SIF of the following payment recipient(s): - [redacted]	Součástí smlouvy je formulář vyplněný od níže uvedeného příjemce (příjemců) plateb: - [redacted]