

Protocol Signature Page

I have reviewed and approved this protocol. My signature assures that this study will be conducted according to all stipulations of the protocol, including all statements regarding confidentiality.



17 MAR 2023

Sponsor's Signature

Date of Signature (DD MMM YYYY)

I have read this protocol and agree that it contains all the necessary details for carrying out the study as described. I will conduct this protocol as outlined herein, including all statements regarding confidentiality. I will make a reasonable effort to complete the study within the time designated. I will provide copies of the protocol and access to all information furnished by the Sponsor to study personnel under my supervision. I will discuss this material with them to ensure that they are fully informed about the drug and the study. I understand that the study may be terminated or enrollment suspended at any time by the Sponsor, with or without cause, or by me if it becomes necessary to protect the interests of the study participants.

I agree to conduct this study in full accordance with all applicable regulations and Good Clinical Practices (GCP).

Investigator's Signature

Date of Signature (DD MMM YYYY)