

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.




16-May-2025

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

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)