# INVESTIGATOR'S AGREEMENT

I have read the protocol, appendices, and accessory materials (if applicable) related to this study and agree to the following:

- To conduct this study as described by the protocol and any accessory materials (where applicable)
- To conduct the study in accordance with all applicable local and national regulations, the requirements of the ethics committee of record for my clinical site, and Good Clinical Practices (GCPs) and as outlined by principles of ICH E6(R2)
- To obtain approval for the conduct of the protocol and all written materials provided to subjects prior to initiating the study at my site based on local requirements
- To obtain informed consent – and update consent form where applicable in the event of new information or amendments – from all subjects enrolled at my study site prior to initiating any study-specific procedures or administering investigational products to those subjects as outlined in the protocol
- All Investigators are required to review and sign a Food and Drug Administration (FDA) form 1572 (or equivalent) and a financial disclosure form

| **Name (Last Name, First Name)** | **Site ID** | **Institution Name** |
|---|---|---|
| | | |
| **Signature** | | **Date** |
| | | |

Please note this page will be supplied separately to all sites. Please file the signed Investigator Agreement form in the study binder.