



Between Pfizer ApS
 Lautrupvang 8
 DK-2750 Ballerup
 Tlf. 4420 1100
 Fax 4420 1101
 CVR no. 66 35 19 12

And Herlev og Gentofte Hospital
 Gastroenheden D
 Herlev Ringvej 75
 2730 Herlev
 Att.: Læge, ph.d. studerende
 Katrine Risager Christensen

Ballerup, 05-nov-2018

Agreement on support to: Protocol for a patient value-based quality improvement initiative ("Project").

Pfizer is very pleased to confirm that it will provide support to the above-mentioned "Project" and has therefore entered into this Agreement.

The support will be given to Gastroenheden D (hereafter the Recipient) and is approved by Benedicte Vibjerg Wilson, Head of Department on behalf of Herlev og Gentofte Hospital.

The purpose of the activity is to identify patients' perspectives on disease- and treatment-related issues: a qualitative clinical concept mapping study in inflammatory bowel disease.

The agreement shall run from November 2018 to April 2019.

Pfizer's financial commitment in relation to this Agreement shall be 486,000 DKK excl. VAT.
 Pfizer will not provide any non-financial support.

The payment will be divided into 2 installments:

- *Preparation of protocol/recruitment of patients/concept mapping: 235.000 DKK + 47.000 DKK overheads*
- *Data analysis + implementation (educational material, patient information): 170.000 DKK + 34.000 DKK overheads.*

Furthermore the support is approved by Benedicte Vibjerg Wilson, Head of Department who is responsible for the hospital account to which the funding is paid to.

The Recipient will ensure that the support is used solely for professional and scientific purposes in relation to the "Project" and undertakes that any surplus from the support not used in accordance herewith will be refunded.

Upon request from Pfizer the Recipient must document that the support is spend in accordance with the above-mentioned.

The Recipient undertakes the full responsibility for the execution of the research project and Pfizer disclaims every right to interfere with the execution and any other part of the research project. Furthermore the Recipient will be responsible for compliance with all applicable law.

Pfizer shall not be liable for damages of any kind and Pfizer provides no indemnification of any type.

Please complete and sign the attached Payment Form and return to Pfizer as soon as possible together with the signed agreement. Please note that Pfizer will be precluded from providing you with the financial support if you do not state a CVR-number on the Payment Form.

Disclosure

This agreement will be available on Pfizer's webpage (www.pfizer.dk) when the support is granted and for a period of 2 years thereafter.

Data Privacy

By signing this Agreement the Recipient agrees that Pfizer archives information about the Recipient and persons employed with the Recipient, who are or have been involved in this agreement. The Recipient carries the responsibility, that the persons who are involved in the agreement are informed and accept the processing and transfer of personal data., including name, contact details, and CVR-no in a global electronic system for processing of personal data. The electronic data processing system is accessible for a number of companies within the Pfizer group. The personal data can be transferred by Pfizer to other companies within the Pfizer group, to business partners as well as relevant governmental authorities, when this is necessary. Such recipients can be situated in countries outside the EC, e.g. the United States (so-called third-countries). For transfers from the EEA to countries not considered adequate by the European Commission, we have put in place adequate measures, such as by ensuring that the receiver is bound by EU Standard Contractual Clauses, to protect your personal data. By signing this Agreement the Recipient agrees that Pfizer may transfer such personal data to third countries in order to fulfil this Agreement and for the purpose of precise identification of Pfizer's business partners.

The Recipient is entitled to contact Pfizer, if the Recipient wishes to access the processed personal information about the Recipient. The Recipient is further entitled to have the relevant information changed or deleted. This applies for all persons mentioned in this section.

The support is provided under the provisions set forth in this agreement and in accordance with Pfizer's anti-corruption provisions (Appendix A).

By signing this agreement, the Recipient confirms to have read and understood Pfizer's policy relating to bribery and corruption pursuant to Appendix A and that the support is spend in accordance with the above mentioned terms and conditions.

We kindly ask you to return the signed agreement to Pfizer.

Date: 7/11-2018
Signature of authorized signatory on behalf of Pfizer:



Troels Reiche
Medical Director

Date: 6-11-2018
Signature of authorized signatory on behalf of Herlev og Gentofte Hospital:



Benedicte Vibjerg Wilson
Head of Department

Read and acknowledged by

Katrine Rlsager Christensen

Appendix A – Anti-Corruption Contract Provisions

- 1.1 The financial support from Pfizer will not cause your entity and, to your knowledge, any individuals affiliated with your entity or this support, to do anything that would result in Pfizer improperly obtaining or retaining business or gaining any improper business advantage;
- 1.2 Neither your entity and, to your knowledge, any individuals affiliated with your entity or this support, will use any portion of the financial support from Pfizer to directly or indirectly offer or pay any money or anything of value in an effort to influence any Government Official or any other person in order for Pfizer to improperly obtain or retain business or to gain an improper business advantage, and, have not accepted, and will not accept in the future, such a payment; and
- 1.3 Pfizer will be entitled to revoke or suspend any financial support if Pfizer learns that your entity or any individuals affiliated with your entity or this support, has used or intend[s] to use any portion of the support to improperly seek to influence any Government Official or any other person in order to obtain or retain business or gain a business advantage.
- 1.4 Pfizer may at any time publicly disclose that it has provided you with financial support, including the amount of such support.

