

## Investigator Financial Interests and Disclosure Statement Form

In compliance with the U.S. Code of Federal Regulations 21CFR54, clinical Investigators are required to disclose to the Study Sponsor their financial interests for the period of time he or she participated in the study, from the date the investigator entered into agreement with the sponsor, and for one year following the end of his or her participation in the study.

<b>Protocol Study Number:</b>	J2N-MC-JZNX	<b>Study Sponsor:</b>	Eli Lilly and Company
<b>Study Site No.:</b> <small>(if unknown leave blank)</small>	65634	<b>Other Study Sponsor/Co-Development Partner:</b>	Specify _____ <input checked="" type="checkbox"/> N/A
<b>Investigator Name (First, Middle, Last Name as applicable):</b>	Martin Šimkovič		
<b>Information collected at study time-point:</b>	<input checked="" type="radio"/> <b>Initial Disclosure</b> <input type="radio"/> <b>Updated Disclosure</b>		
		<b>Update</b> if legal name or financial interests and arrangements changes from the information provided during the clinical study or within 1 year post clinical study close/end of study participation. (*4)	

<b>TO BE COMPLETED AND SIGNED BY EACH PARTICIPATING INVESTIGATOR</b>	
<p><b>INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li>Complete all the information below, retain in your records and provide to the Study Sponsor</li> <li>Investigators who join the study after the site initiation date, complete and sign this form before performing study-related activities</li> </ul>	
Please indicate by marking <b>YES</b> or <b>NO</b> below if any of the financial interests or arrangements applies to you, your spouse, dependent children, or any combination.	
1. Are you, your spouse or any of your dependent children an employee of the Study Sponsor(s)/Co-Development Partner(s)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Have you, your spouse or any of your dependent children entered into a <b>financial arrangement with the Study Sponsor(s)/Co-Development Partner(s) whereby the value of the compensation could be influenced by the outcome</b> of the trial, such as a bonus, royalty or other financial incentive (i.e., compensation that could be higher for a favorable outcome than for an unfavorable outcome)?  <i>This could be compensation that is explicitly greater for a favorable result, compensation in the form of an equity interest in Study Sponsor(s) or compensation tied to sales of the product, such as a royalty interest.</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Do you, your spouse or any of your dependent children have a <b>proprietary interest</b> in the tested product, including, but not limited to, a patent, trademark, copyright or licensing agreement?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Do you, your spouse, any of your dependent children, or any combination hold any significant <b>equity interest</b> in Study Sponsor(s)/ Co-Development Partner(s) (stock, stock options, or other financial interest) that exceeds \$50,000.00 U.S. dollars?  <i>Equity interest includes any options, puts, calls, straddles and other privileges in addition to an equity ownership position in Study Sponsor(s). This does not include ownership interest, stock options or other financial interest over which you have no direct control or input as to the quantities or amounts, e.g., a 401k, IRA, Mutual Fund.</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Have you, your spouse, any of your dependent children, or any combination received significant payments of other sorts (SPOOS) having total value in excess of \$25,000.00 from Study Sponsor(s)/Co-Development Partner other than payments for conducting this clinical study or other clinical studies. Examples of such significant payment, include, but are not limited to, grants or funding for ongoing research, compensation in the form of equipment, retains for ongoing consultation or honoraria that are (A) paid directly to me or the institution with which I am affiliated, and (B) paid in support of my activities (i.e., payment paid directly or indirectly to me by Study Sponsor(s)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
For each <b>YES</b> response above, please provide detailed information disclosing the nature of the financial arrangement, including total value amounts. (If additional space is needed, please attach to this document. Indicate the number of attached pages ____).	

**By signing this form:**

1. I confirm/declare that the information provided on this form is, to the best of my knowledge and belief, true, complete and correct.
2. I also confirm that to the extent I have provided any information about other individuals, I have appropriate permission to provide the financial information on their behalf to the sponsor(s) listed above.
3. I consent to the disclosure, collection and further use of the relevant financial information outside of my country/region to employees, agents and contractors of Study Sponsor(s), its representatives, and business partners, for submission to the regulatory authorities such as United States Food and Drug Administration regulation as required by Title 21 of the Code of Federal Regulations Part 54, Financial Disclosure by Clinical Investigators. I further understand and agree that such recipients may be based in countries whose laws do not provide equivalent protection for personal data to those in the country in which I reside.
- \*4. I agree to promptly update the above information if my legal name or financial interests and arrangements, or those of my spouse and dependent children, changes from the information provided above, from the date the investigator entered into agreement with the sponsor to conduct the clinical study and within 1 year post clinical study close/end of study participation.

<b>Signature of Investigator:</b>		<b>Date:</b> DD-MMM-YYYY	<b>11-Sep-2024</b>
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