

Exhibit A
STUDY BUDGET

Principal Investigator			
Institution			
Study Product	Protocol /Study		
Epcoritamab	M22-003		
The maximum number of subjects that can be enrolled per site:		6	
Upon written prior AbbVie approval, Site may enroll additional subjects:		5	
Total Cost per Completed Subject (Arm A Epcoritamab and R2)		CZK	1 002 372,50
Total Cost per Completed Subject (Arm B GR CHOP)		CZK	547 595,50
Total Cost per Completed Subject (Arm B GR BENDA)		CZK	512 575,50
Total Cost per Completed Subject (Arm C R2)		CZK	793 092,50
Subsequent Cycles (Based on 11 subjects going for 9 Post Follow-up Visits for 6 years and 11 subjects going for 10 Survival Follow-up Visits for 7 years)		CZK	1 444 168,00
TOTAL COST FOR ALL SUBJECTS:			CZK 32 856 164,00
Unscheduled Visits / Screen Failures / Conditional Procedures / Subsequent Cycles/Visits (if applicable) - AbbVie may, at its discretion, approve payment of more Units of a particular Budget item than estimated below without an amendment to Agreement, provided that the additional payment does not cause the total cost of the Budget set forth in Exhibit A to be exceeded.	Price Per Unit (inclusive of OH)	Number of Units	Sub-Total
Unscheduled Visits - Unscheduled Visits - Payment of each unscheduled visit conducted on a Study subject pursuant to the Protocol. Such visit includes but not limited to activities associated with the Post Treatment Follow-Up Visit inclusive of overhead. Should there be a requirement to perform additional procedures outside of those aforementioned herein, payment shall be based on the fees set forth in Conditional Procedures or, if not covered therein, upon prior written approval by AbbVie, in accordance with Institution's price list.	CZK 12 997,00	22	CZK 285 934,00
Partial Screen Failure Fee - AbbVie or designated payor will provide compensation for Study subjects who sign the informed consent form and complete a physical exam, and other procedures as applicable, but do not complete the Screening Visit per Protocol. Additional units require AbbVie's prior written approval.	CZK 9 889,75	3	CZK 29 669,25
Full Screen Failure Fee - AbbVie or designated payor will provide compensation for Study subjects who sign the informed consent form and complete the Screening Visit in accordance with the Protocol but do not randomize into the Study. Additional units require AbbVie's prior written approval.	CZK 39 559,00	3	CZK 118 677,00
VISIT COST PAYMENT SCHEDULE: Payments will be made in accordance with the Compensation Section of the Agreement as follows:			
<p>Payments for subject visits, Unscheduled Visits and Partial/Full Screen Failures) will be made twice a year following Institution activation ("Pay Period"). Payments will be made after receipt, review and approval by AbbVie or Designated Payor of an invoice or other agreed upon documentation provided by Institution for the applicable Pay Period against data entered into the Electronic Data Capture (EDC) system and will correspond to the per subject visit amounts in Exhibit A. Automatic payments will be auto paid after data is entered into Electronic Data Capture (EDC) system for the applicable Pay Period and will correspond to the per subject visit amounts listed in Exhibit A. As a result, no invoice is required from Institution for EDC data and will be rejected by AbbVie if sent by Institution.</p> <p>Institution also understands that all payments are subject to subsequent verification by AbbVie and will be adjusted per Compensation Section of the Agreement if necessary. The parties agree that to the extent Institution is properly registered VAT eligible business entities in accordance with the Act No. 235/2004 concerning the value-added tax (the "Act") the fees set forth in the Budget for Institution are net amounts within the meaning of the Act and may be increased by the amount of the applicable VAT tax. As a date of realization of taxable is considered the last day of provision of services, which is for the purposes of this Agreement the day of handover and receipt of amounts agreed in writing in the course of this Study.</p>			
CONDITIONAL PROCEDURES - Payment for conditional procedures in accordance with the procedure amounts listed in "Conditional Procedures" each time such procedure(s) are conducted on a Study subject pursuant to the Protocol. Payment shall be made within 30 days of issue and approval of invoice.			CZK 8 566 434,00
ADDITIONAL STUDY FEES - Payment shall be made within 30 days of issue and approval of invoice. See "Additional Study Fees" for details			CZK 8 353 013,00
TOTAL BUDGET			CZK 50 209 891,25
PAYMENT INFORMATION:			
		CURRENCY	CZK
Payments shall be made payable to:			
<i>(Must match the legal name exactly as it appears on applicable tax documentation / tax ID number):</i>			
Tax ID Number:			
<i>(Must match the legal name exactly as it appears on applicable tax documentation / tax ID number):</i>			
Contact information for Individual at Institution to receive payment remittance notifications and study correspondence:	Payment method:	bank transfer	
	Ref: (if applicable)	invoice no. or M22-003	
	Bank Name:		
	Bank Contact:		
	Bank Address:		
	Bank account		
	IBAN		
	Remittance Address:		
	Contact Name:		
	Phone Number:		
Email:			
Individual and Address to receive Invoices for Additional Study Fees	Send Invoices to "Invoice To" Mgr. Jan Balzer, AbbVie s.r.o., Metronom Business Center, Bucharova 2817/13, 158 00 Praha 5 - Stodůlky, Czech Republic		

Visit Costs	
Principal Investigator	
Institution	
Study Product	<i>Epcoritamab</i>
Protocol /Study	<i>M22-003</i>
ARM NAME	Arm A Epcoritamab and R2

Visit	Visit Description	Cost Per Visit
SV	Screening Visit	CZK 39 559,00
C1D1	Cycle 1 Day 1	CZK 41 645,00
C1D8	Cycle 1 Day 8	CZK 30 045,00
C1D15	Cycle 1 Day 15	CZK 29 089,00
C1D22	Cycle 1 Day 22	CZK 29 089,00
C1D23	Cycle 1 Day 23	CZK 16 313,00
C2D1	Cycle 2 Day 1	CZK 33 607,00
C2D8	Cycle 2 Day 8	CZK 25 541,00
C2D15	Cycle 2 Day 15	CZK 25 541,00
C2D22	Cycle 2 Day 22	CZK 24 585,00
C3D1	Cycle 3 Day 1	CZK 34 582,00
C3D8	Cycle 3 Day 8	CZK 24 585,00
C3D15	Cycle 3 Day 15	CZK 24 585,00
C3D22	Cycle 3 Day 22	CZK 24 585,00
C4D1	Cycle 4 Day 1	CZK 34 826,00
C5D1	Cycle 5 Day 1	CZK 33 607,00
C6D1	Cycle 6 Day 1	CZK 33 289,00
C7D1	Cycle 7 Day 1	CZK 31 278,00
C8D1	Cycle 8 Day 1	CZK 30 059,00
C9D1	Cycle 9 Day 1	CZK 30 078,00
C10D1	Cycle 10 Day 1	CZK 30 059,00
C11D1	Cycle 11 Day 1	CZK 29 103,00
C12D1	Cycle 12 Day 1	CZK 31 034,00
C13D1	Cycle 13 Day 1	CZK 29 428,00
C14D1	Cycle 14 Day 1	CZK 29 428,00
C15D1	Cycle 15 Day 1	CZK 30 403,00
C16D1	Cycle 16 Day 1	CZK 29 428,00
C17D1	Cycle 17 Day 1	CZK 30 403,00
C18D1	Cycle 18 Day 1	CZK 29 428,00
C19D1	Cycle 19 Day 1	CZK 30 403,00
C20D1	Cycle 20 Day 1	CZK 29 428,00
C21D1	Cycle 21 Day 1	CZK 30 403,00
EOT	End of Treatment	CZK 27 182,00
60 Day SFU	60 Day Safety FU	CZK 5 326,00
PTFU	Post Treatment F/U	CZK 12 997,00
S FU	Survival Follow-Up	CZK 1 431,50
Total Cost Per Subject		CZK 1 002 372,50

Notes:

Eligibility criteria, Demographics, Medical/surgical history, Alcohol and nicotine use, New malignancy, new anti-lymphoma therapy status, and survival status, ePRO's, Disease status and subtype, Clinical requirements for administration of epcoritamab assessed (if applicable), Assessment of outpatient management criteria, Randomization/ drug assignment, CRS prophylaxis and temperature check, Dispense subject dosing diary, Collect and Review Subject Dosing Diary are all captured by staff time.

Visit Costs	
Principal Investigator	
Institution	
Study Product	<i>Epcoritamab</i>
Protocol /Study	<i>M22-003</i>
ARM NAME	Arm B GR CHOP

Visit	Visit Description	Cost Per Visit
SV	Screening Visit	CZK 39 559,00
C1D1	Cycle 1 Day 1	CZK 28 629,00
C1D8	Cycle 1 Day 8	CZK 7 638,00
C1D15	Cycle 1 Day 15	CZK 7 638,00
C2D1	Cycle 2 Day 1	CZK 23 506,00
C2D8	Cycle 2 Day 8	CZK 3 894,50
C2D15	Cycle 2 Day 15	CZK 3 894,50
C3D1	Cycle 3 Day 1	CZK 24 481,00
C3D8	Cycle 3 Day 8	CZK 3 894,50
C3D15	Cycle 3 Day 15	CZK 3 894,50
C4D1	Cycle 4 Day 1	CZK 23 506,00
C4D8	Cycle 4 Day 8	CZK 3 894,50
C4D15	Cycle 4 Day 15	CZK 3 894,50
C5D1	Cycle 5 Day 1	CZK 23 506,00
C6D1	Cycle 6 Day 1	CZK 24 481,00
C7D1	Cycle 7 Day 1	CZK 20 219,00
C8D1	Cycle 8 Day 1	CZK 20 219,00
C9D1	Cycle 9 Day 1	CZK 18 288,00
C10D1	Cycle 10 Day 1	CZK 20 219,00
C11D1	Cycle 11 Day 1	CZK 18 288,00
C12D1	Cycle 12 Day 1	CZK 20 219,00
C13D1	Cycle 13 Day 1	CZK 19 244,00
C14D1	Cycle 14 Day 1	CZK 20 219,00
C15D1	Cycle 15 Day 1	CZK 19 244,00
C16D1	Cycle 16 Day 1	CZK 20 219,00
C17D1	Cycle 17 Day 1	CZK 19 244,00
C18D1	Cycle 18 Day 1	CZK 20 219,00
C19D1	Cycle 19 Day 1	CZK 19 244,00
C20D1	Cycle 20 Day 1	CZK 20 219,00
EOT	End of Treatment	CZK 26 226,00
60 Day SFU	60 Day Safety FU	CZK 5 326,00
PTFU	Post Treatment F/U	CZK 12 997,00
S FU	Survival Follow-Up	CZK 1 431,50
Total Cost Per Subject		CZK 547 595,50

Notes:

Eligibility criteria, Demographics, Medical/surgical history, Alcohol and nicotine use, New malignancy, new anti-lymphoma therapy status, and survival status, ePRO's, Disease status and subtype, Clinical requirements for administration of epcoritamab assessed (if applicable), Assessment of outpatient management criteria, Randomization/ drug assignment, CRS prophylaxis and temperature check, Dispense subject dosing diary, Collect and Review Subject Dosing Diary are all captured by staff time.

Visit Costs	
Principal Investigator	
Institution	
Study Product	<i>Epcoritamab</i>
Protocol /Study	<i>M22-003</i>
ARM NAME	Arm B GR BENDA

Visit	Visit Description	Cost Per Visit
SV	Screening Visit	CZK 39 559,00
C1D1	Cycle 1 Day 1	CZK 28 629,00
C1D8	Cycle 1 Day 8	CZK 6 898,00
C1D15	Cycle 1 Day 15	CZK 6 898,00
C1D22	Cycle 1 Day 22	CZK 6 898,00
C2D1	Cycle 2 Day 1	CZK 23 506,00
C2D8	Cycle 2 Day 8	CZK 3 894,50
C2D15	Cycle 2 Day 15	CZK 3 894,50
C2D22	Cycle 2 Day 22	CZK 3 894,50
C3D1	Cycle 3 Day 1	CZK 24 481,00
C3D8	Cycle 3 Day 8	CZK 3 894,50
C3D15	Cycle 3 Day 15	CZK 3 894,50
C3D22	Cycle 3 Day 22	CZK 3 894,50
C4D1	Cycle 4 Day 1	CZK 23 506,00
C5D1	Cycle 5 Day 1	CZK 23 506,00
C6D1	Cycle 6 Day 1	CZK 24 481,00
C7D1	Cycle 7 Day 1	CZK 19 244,00
C8D1	Cycle 8 Day 1	CZK 20 219,00
C9D1	Cycle 9 Day 1	CZK 18 288,00
C10D1	Cycle 10 Day 1	CZK 20 219,00
C11D1	Cycle 11 Day 1	CZK 18 288,00
C12D1	Cycle 12 Day 1	CZK 20 219,00
C13D1	Cycle 13 Day 1	CZK 19 244,00
C14D1	Cycle 14 Day 1	CZK 20 219,00
C15D1	Cycle 15 Day 1	CZK 19 244,00
C16D1	Cycle 16 Day 1	CZK 20 219,00
C17D1	Cycle 17 Day 1	CZK 19 244,00
C18D1	Cycle 18 Day 1	CZK 20 219,00
EOT	End of Treatment	CZK 26 226,00
60 Day SFU	60 Day Safety FU	CZK 5 326,00
PTFU	Post Treatment F/U	CZK 12 997,00
S FU	Survival Follow-Up	CZK 1 431,50
Total Cost Per Subject		CZK 512 575,50

Notes:

Eligibility criteria, Demographics, Medical/surgical history, Alcohol and nicotine use, New malignancy, new anti-lymphoma therapy status, and survival status, ePRO's, Disease status and subtype, Clinical requirements for administration of epcoritamab assessed (if applicable), Assessment of outpatient management criteria, Randomization/ drug assignment, CRS prophylaxis and temperature check, Dispense subject dosing diary, Collect and Review Subject Dosing Diary are all captured by staff time.

Visit Costs	
Principal Investigator	
Institution	
Study Product	<i>Epcoritamab</i>
Protocol /Study	<i>M22-003</i>
ARM NAME	Arm C R2

Visit	Visit Description	Cost Per Visit
SV	Screening Visit	CZK 39 559,00
C1D1	Cycle 1 Day 1	CZK 34 983,00
C1D8	Cycle 1 Day 8	CZK 24 014,00
C1D15	Cycle 1 Day 15	CZK 23 058,00
C1D22	Cycle 1 Day 22	CZK 21 687,00
C2D1	Cycle 2 Day 1	CZK 27 685,00
C3D1	Cycle 3 Day 1	CZK 28 660,00
C4D1	Cycle 4 Day 1	CZK 28 904,00
C5D1	Cycle 5 Day 1	CZK 27 685,00
C6D1	Cycle 6 Day 1	CZK 28 660,00
C7D1	Cycle 7 Day 1	CZK 22 780,00
C8D1	Cycle 8 Day 1	CZK 27 685,00
C9D1	Cycle 9 Day 1	CZK 21 580,00
C10D1	Cycle 10 Day 1	CZK 27 685,00
C11D1	Cycle 11 Day 1	CZK 20 605,00
C12D1	Cycle 12 Day 1	CZK 28 660,00
C13D1	Cycle 13 Day 1	CZK 21 561,00
C14D1	Cycle 14 Day 1	CZK 27 685,00
C15D1	Cycle 15 Day 1	CZK 22 536,00
C16D1	Cycle 16 Day 1	CZK 27 685,00
C17D1	Cycle 17 Day 1	CZK 21 561,00
C18D1	Cycle 18 Day 1	CZK 28 660,00
C19D1	Cycle 19 Day 1	CZK 27 054,00
C20D1	Cycle 20 Day 1	CZK 28 029,00
C21D1	Cycle 21 Day 1	CZK 27 054,00
C22D1	Cycle 22 Day 1	CZK 28 029,00
C23D1	Cycle 23 Day 1	CZK 27 054,00
C24D1	Cycle 24 Day 1	CZK 28 029,00
EOT	End of Treatment	CZK 25 251,00
60 Day SFU	60 Day Safety FU	CZK 5 326,00
PTFU	Post Treatment F/U	CZK 12 257,00
S FU	Survival Follow-Up	CZK 1 431,50
Total Cost Per Subject		CZK 793 092,50

Notes:

Eligibility criteria, Demographics, Medical/surgical history, Alcohol and nicotine use, New malignancy, new anti-lymphoma therapy status, and survival status, ePRO's, Disease status and subtype, Clinical requirements for administration of epcoritamab assessed (if applicable), Assessment of outpatient management criteria, Randomization/ drug assignment, CRS prophylaxis and temperature check, Dispense subject dosing diary, Collect and Review Subject Dosing Diary are all captured by staff time.

Conditional Procedures	
Principal Investigator	
Institution	
Study Product	Epcoritamab
Protocol / Study	M22-003

CPT Code	Description	Estimated Number of Units	Price Per Unit	Estimated Total Cost (Inclusive of OH)
96365	Intravenous (IV) infusion for therapy, prophylaxis or diagnosis (Obinutuzumab); initial, up to 1 hour (for site costs)	0.00	CZK 2 255,00	CZK -
96365.1	Intravenous (IV) infusion for therapy, prophylaxis or diagnosis (Rituximab); initial, up to 1 hour (for site costs)	0.00	CZK 2 255,00	CZK -
96413	Chemotherapy administration, intravenous (IV); (Bendamustine) infusion technique, up to one hour; single or initial substance/drug (for site costs)	0.00	CZK 5 134,00	CZK -
96413.1	Chemotherapy administration, intravenous (IV); (Cyclophosphamide) infusion technique, up to one hour; single or initial substance/drug (for site costs)	0.00	CZK 5 134,00	CZK -
96413.2	Chemotherapy administration, intravenous (IV); (Doxorubicin) infusion technique, up to one hour; single or initial substance/drug (for site costs)	0.00	CZK 5 134,00	CZK -
96413.3	Chemotherapy administration, intravenous (IV); (Vincristine) infusion technique, up to one hour; single or initial substance/drug (for site costs)	0.00	CZK 5 134,00	CZK -
NP015	Pharmacy, Complex (Obinutuzumab) - Per Preparation; dispense drug (for site costs)	0.00	CZK 1 293,00	CZK -
NP015.1	Pharmacy, Complex (Rituximab) - Per Preparation dispense drug (for site costs)	0.00	CZK 1 293,00	CZK -
NP015.2	Pharmacy, Complex (Bendamustine) - Per Preparation; dispense drug (for site costs)	0.00	CZK 1 293,00	CZK -
NP015.3	Pharmacy, Complex (Cyclophosphamide) - Per Preparation; dispense drug (for site costs)	0.00	CZK 1 293,00	CZK -
NP015.4	Pharmacy, Complex (Doxorubicin) - Per Preparation; dispense drug (for site costs)	0.00	CZK 1 293,00	CZK -
NP015.5	Pharmacy, Complex (Vincristine) - Per Preparation; dispense drug (for site costs)	0.00	CZK 1 293,00	CZK -
NP015.6	Pharmacy, Simple (Prednisone) - Per Preparation; dispense drug (for site costs)	0.00	CZK 1 293,00	CZK -
NP026	Physician, Complex - Per Visit (for BENDA administration visits in site costs)	0.00	CZK 3 144,00	CZK -
NP022	Study Coordinator, Complex - Per Visit (for BENDA administration visits in site costs)	0.00	CZK 2 047,00	CZK -
NP012	Study Coordinator, Electronic Data Capture (EDC) - Per Hour (for BENDA administration visits in site costs)	0.00	CZK 816,00	CZK -
NP065	Physician: Neurology - Per Hour	10.00	CZK 2 906,00	CZK 29 060,00
99211	Vital Signs - C1D8, C1D15 G-Benda Only	20.00	CZK 740,00	CZK 14 800,00
86704	Hepatitis B core antibody (HBcAb); total	20.00	CZK 1 085,00	CZK 21 700,00
86706	Hepatitis B surface antibody (HBsAb)	20.00	CZK 938,00	CZK 18 760,00
87340	Infectious agent antigen detection; hepatitis B surface antigen (HBsAg)	20.00	CZK 702,00	CZK 14 040,00
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	20.00	CZK 2 618,00	CZK 52 360,00
86803	Hepatitis C antibody (HCVAb) (anti-HCV)	20.00	CZK 1 462,00	CZK 29 240,00
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C quantification; HCV RNA, quantification	20.00	CZK 2 727,00	CZK 54 540,00
83001	Gonadotropin; follicle stimulating hormone (FSH)	5.00	CZK 977,00	CZK 4 885,00
86480	Tuberculosis Screening (IGRA)	5.00	CZK 1 067,00	CZK 5 335,00
82232	Beta 2 microglobulin, Beta-2 microglobulin, Alpha 1 microglobulin, Alpha-1 microglobulin; blood, serum, urine	5.00	CZK 1 119,00	CZK 5 595,00
86645	Antibody; cytomegalovirus, IgM (CMV)	5.00	CZK 1 134,00	CZK 5 670,00
86644	Antibody; cytomegalovirus, IgG (CMV)	5.00	CZK 1 067,00	CZK 5 335,00
87495	Cytomegalovirus PCR	5.00	CZK 975,00	CZK 4 875,00
93000	Electrocardiogram, routine ECG (EKG) with at least 12 leads, 12 lead ECG, 12-lead ECG; includes tracing, interpretation and report	5.00	CZK 1 282,00	CZK 6 410,00
78472	Cardiac blood pool imaging, radionuclide ventriculography, left ventricular ejection fraction (LVEF) (RVN) (MUGA), single study at rest or stress, plus ejection fraction, with or without additional quantitative processing;	0.00	CZK 9 933,00	CZK -
R8472	Interpretation and Report; Cardiac blood pool imaging, radionuclide ventriculography, left ventricular ejection fraction (LVEF) (RVN) (MUGA), single study at rest or stress	0.00	CZK 2 436,00	CZK -
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	10.00	CZK 12 544,00	CZK 125 440,00
R3306	Interpretation and Report; Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	10.00	CZK 4 688,00	CZK 46 880,00
84702	Serum pregnancy, gonadotropin chorionic (hCG) (BetaHCG); quantitative	5.00	CZK 642,00	CZK 3 210,00
84703	Urine pregnancy, gonadotropin chorionic (hCG) (BetaHCG); qualitative	5.00	CZK 442,00	CZK 2 210,00
82784	Immunoglobulins IgA	10.00	CZK 853,00	CZK 8 530,00
82784.1	Immunoglobulins IgG	10.00	CZK 853,00	CZK 8 530,00
82784.2	Immunoglobulins IgM	10.00	CZK 853,00	CZK 8 530,00
85025	Blood count; hemogram and platelet count, automated and automated complete differential WBC count (CBC), haemogram, hematology, haematology (Local lab)	20.00	CZK 492,00	CZK 9 840,00
80053	Comprehensive Metabolic Panel, chemistry, chemistries, SMAC (Local lab)	20.00	CZK 1 286,00	CZK 25 720,00
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour (TLS Chemistry Panel)	20.00	CZK 2 125,00	CZK 42 500,00
96361	Intravenous infusion, hydration; each additional hour (TLS Chemistry Panel)	20.00	CZK 1 042,00	CZK 20 840,00
82040	TLS Lab, Albumin; blood, serum (Local lab)	20.00	CZK 255,00	CZK 5 100,00
84132	TLS Lab, Potassium (K+); blood, serum (Local lab)	20.00	CZK 337,00	CZK 6 740,00
82310	TLS Lab Calcium (Ca); total (Local Lab)	20.00	CZK 418,00	CZK 8 360,00
82540	TLS Lab, Creatinine clearance; urine, blood, serum (Local lab)	20.00	CZK 440,00	CZK 8 800,00
84550	Chemistry and TLS Lab, Uric acid; blood, serum (Local lab)	20.00	CZK 369,00	CZK 7 380,00
84100	Chemistry and TLS Lab, Phosphorus inorganic (phosphate) (PO4); blood, serum (Local lab)	20.00	CZK 261,00	CZK 5 220,00
82248	Chemistry, Bilirubin; direct (Local Lab)	20.00	CZK 224,00	CZK 4 480,00
83615	Chemistry, Lactate dehydrogenase (LD) (LDH) (Local lab)	20.00	CZK 330,00	CZK 6 600,00
83735	Chemistry, Magnesium (Mg) (Local lab)	20.00	CZK 411,00	CZK 8 220,00
84478	Chemistry, Triglycerides (Tg); blood, serum (Local lab)	20.00	CZK 415,00	CZK 8 300,00
86140	Chemistry, C-reactive protein (CRP) (Local lab)	20.00	CZK 617,00	CZK 12 340,00
82728	Chemistry, Ferritin (Local lab)	20.00	CZK 1 108,00	CZK 22 160,00
84443	Thyroid stimulating hormone (TSH) (Local lab)	20.00	CZK 1 219,00	CZK 24 380,00
83520	Interleukin 1 (Local lab)	5.00	CZK 1 271,00	CZK 6 355,00
83520.1	Interleukin 6 (Local lab)	5.00	CZK 1 271,00	CZK 6 355,00
83520.2	Interleukin 8 (Local lab)	5.00	CZK 1 271,00	CZK 6 355,00
T1202	Tumor Necrosis Factor Alpha (Local lab)	5.00	CZK 4 340,00	CZK 21 700,00
86481	Interferon Gamma (Local lab)	5.00	CZK 881,00	CZK 4 405,00
85730	Thromboplastin time, partial (PTT) (aPTT); plasma or whole blood, serum (Local lab)	3.00	CZK 518,00	CZK 1 554,00
85385	Fibrinogen (Local lab)	5.00	CZK 667,00	CZK 3 335,00
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy (Local lab)	5.00	CZK 300,00	CZK 1 500,00
T8249	Bone marrow, aspirate sensitivity to study drug	5.00	CZK 7 246,00	CZK 36 230,00
T0606	Bone marrow biopsy by trocar needle with ancillary costs including biopsy handling, supplies, coordinator and physician fee, daily facility	5.00	CZK 11 464,00	CZK 57 320,00
88342	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide, if only done locally.	5.00	CZK 3 597,00	CZK 17 985,00
R8342	Interpretation and Report; Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide, if only done locally.	5.00	CZK 1 518,00	CZK 7 590,00
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed.	5.00	CZK 13 448,00	CZK 67 240,00
01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	5.00	CZK 6 083,00	CZK 30 415,00
38500	Biopsy or excision of lymph node(s); open:	5.00	CZK 16 850,00	CZK 84 250,00
T9013	Biopsy; Staining and preparation of the slides including shipping and handling	5.00	CZK 1 628,00	CZK 8 140,00
88305	Level IV - Surgical pathology, gross and microscopic examination: Includes examination and reporting	5.00	CZK 4 792,00	CZK 23 960,00
78813	Tumor imaging, positron emission tomography (PET), whole body	60.00	CZK 40 654,00	CZK 2 439 240,00
R8813	Interpretation and Report; Tumor imaging, positron emission tomography (PET), whole body (Formerly code R8810)	60.00	CZK 6 715,00	CZK 402 900,00
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-t75th (CT Scan)	0.00	CZK 41 019,00	CZK -
R8815	Interpretation and Report; Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT); skull base to mid-t75th	0.00	CZK 5 939,00	CZK -
88363	Archived Tissue Collection	5.00	CZK 1 836,00	CZK 9 180,00
88188	Flow cytometry, interpretation; 9 to 15 markers, if only done locally.	10.00	CZK 4 944,00	CZK 49 440,00
70491	Computerized axial tomography, soft tissue of neck (Cat Scan) (CT Scan); with contrast material(s)	60.00	CZK 14 832,00	CZK 889 920,00
R0491	Interpretation and Report; Computerized axial tomography, soft tissue of neck (Cat Scan) (CT Scan); with contrast material(s)	60.00	CZK 2 627,00	CZK 157 620,00
71260	Computerized axial tomography, thorax, thoracic, chest (Cat Scan) (CT Scan); with contrast material(s)	60.00	CZK 15 239,00	CZK 914 340,00
R1260	Interpretation and Report; Computerized axial tomography, thorax, thoracic, chest (Cat Scan) (CT Scan); with contrast material(s)	60.00	CZK 3 091,00	CZK 185 460,00
74160	Computerized axial tomography, abdomen, abdominal (Cat Scan) (CT Scan); with contrast material(s)	60.00	CZK 16 606,00	CZK 996 360,00
R4160	Interpretation and Report; Computerized axial tomography, abdomen, abdominal (Cat Scan) (CT Scan); with contrast material(s)	60.00	CZK 2 868,00	CZK 172 080,00
72193	Computerized axial tomography, pelvis, pelvic (Cat Scan) (CT Scan); with contrast material(s)	60.00	CZK 13 560,00	CZK 813 600,00
R2193	Interpretation and Report; Computerized axial tomography, pelvis, pelvic (Cat Scan) (CT Scan); with contrast material(s)	60.00	CZK 2 401,00	CZK 144 060,00
70552	Magnetic resonance imaging, brain including brain stem (MRI); with contrast material(s) (eg, proton)	10.00	CZK 24 935,00	CZK 249 350,00
R0552	Interpretation and Report; Magnetic resonance imaging, brain including brain stem (MRI); with contrast material(s) (eg, proton)	10.00	CZK 5 528,00	CZK 55 280,00
70460	Computerized axial tomography, head, skull or brain (Cat Scan) (CT Scan); with contrast material(s)	0.00	CZK 13 874,00	CZK -
R0460	Interpretation and Report; Computerized axial tomography, head, skull or brain (Cat Scan) (CT Scan); with contrast material(s)	0.00	CZK 2 782,00	CZK -
70540	Magnetic resonance imaging, orbit, face and neck (MRI); without contrast material (eg, proton)	0.00	CZK 22 952,00	CZK -
R0540	Interpretation and Report; Magnetic resonance imaging, orbit, face (MRI); without contrast material (eg, proton)	0.00	CZK 2 973,00	CZK -
71551	Magnetic resonance imaging, chest, thorax, thoracic (MRI); with contrast material(s) (eg, proton)	0.00	CZK 23 900,00	CZK -
R1551	Interpretation and Report; Magnetic resonance imaging, chest, thorax, thoracic (MRI); with contrast material(s) (eg, proton)	0.00	CZK 5 830,00	CZK -
74181	Magnetic resonance imaging, abdomen, abdominal (MRI); without contrast material(s) (eg, proton)	0.00	CZK 23 299,00	CZK -
R4181	Interpretation and Report; Magnetic resonance imaging, abdomen, abdominal (MRI); without contrast material(s) (eg, proton)	0.00	CZK 4 354,00	CZK -
72196	Magnetic resonance imaging, pelvis, pelvic (MRI); with contrast material(s) (eg, proton)	0.00	CZK 23 158,00	CZK -
R2196	Interpretation and Report; Magnetic resonance imaging, pelvis, pelvic (MRI); with contrast material(s) (eg, proton)	0.00	CZK 5 320,00	CZK -
Total Cost:				CZK 8 566 434,00

Additional Study Fees	
Principal Investigator	
Institution	
Study Product	Eporitamab
Protocol /Study	M22-003

estimations. AbbVie may, at its discretion, approve payment of more units or payment that exceeds the total cost of a particular Budget item than estimated below without an amendment to Agreement, provided that the additional payment does not cause the total cost of the Budget set forth in Exhibit A to be exceeded.

Code	Additional Study Fees	Description	Estimated Number of Units	Price Per Unit	Estimated Total Cost (Inclusive of OH)
SC003	Study Start-Up Fee/Site Set-Up Fee	A one-time payment will be made to the Institution for Study related start-up activities, including but not limited to, review of Protocol and Investigator's Brochure, and training of internal staff on Study-related activities. Payment upon full execution of this Agreement [and receipt of invoice-if applicable].	1,00	30 000,00 Kč	30 000,00 Kč
SC020	Document Storage, Archiving Total Cost	A one-time payment will be made to the Institution for long-term storage of Study documents in accordance with Agreement. Payment will be made upon Institution Closure or Last Study Subject Last Visit whichever occurs first.	1,00	10 000,00 Kč	10 000,00 Kč
SC008	Pharmacy: Set-Up Fee	A one-time payment will be made to the Institution [or Pharmacy] for Study related pharmacy start-up activities, including but not limited to, review of Protocol and Investigator's Brochure, and training of internal staff on Study-related activities. Payment upon full execution of this Agreement [and receipt of invoice].	1,00	6 000,00 Kč	6 000,00 Kč
DEABT317	Study Related Expenses	Reimbursement will be provided to the Institution for actual expenses incurred to perform Study related activities that are not clearly defined, such expenses can include but not limited to, dry ice, and courier fees, etc. upon AbbVie's written approval for such expenses.	1,00	112 000,00 Kč	112 000,00 Kč
SC137	Chart review	Reimbursement will be provided to the Institution per patient chart/medical record reviewed by Principal Investigator for the purpose of identifying patients who may be eligible for participation in the Study based upon the Study inclusion/exclusion creation ("Chart Review"). In order to be eligible for the payment, Principal Investigator shall (i) obtain any EC/IRB approvals that may be required for the performance of any Chart Review by Principal Investigator, prior to commencement of such Chart Review; (ii) perform Chart Review in accordance with all applicable data protection, data security and privacy laws; (iii) if applicable, complete the Chart Review Validation form, provided by AbbVie, for each patient chart/medical record reviewed; and (iv) if applicable, submit the executed Chart Review Validation form to AbbVie.	22,00	1 037,00 Kč	22 814,00 Kč
SC090	Log and File Serious Adverse Event (SAEs) Reports/Forms: per incident	Payment will be made to the Institution for the reporting of each SAE (as defined in the Protocol) to AbbVie for Completion and submission of SAE-related documents including follow-up reports made to AbbVie within the Protocol-defined timeline.	11,00	1 332,00 Kč	14 652,00 Kč
DEABT295	Investigational Product/Study Drug Related Reaction/Rescue Medications	AbbVie will reimburse Institution for procedures and/or medication(s) provided to Study Subjects in the conduct of the Study for the management of investigational product/study drug related reaction and/ Rescue medications specifically identified in the Protocol. Reimbursement will occur upon receipt and approval of itemized invoices and sufficient records substantiating the costs of the Reimbursement. Reimbursement will be calculated for procedures/medication performed/received based on fees listed in the Exhibit A, if not covered therein, upon prior written approval by AbbVie, in accordance with Institution's price list. Invoices shall not contain any individually identifiable information of Study Subjects. If reimbursed by AbbVie, AE/SAE Reimbursement will not be sought from any third-party payor or Study Subject.	1,00	348 090,00 Kč	348 090,00 Kč
DEABT295.1	Reimbursement for Tocilizumab	Reimbursement for locally sourced Tocilizumab provided to Study subjects in the conduct of the Study in accordance with the Protocol, upon receipt and approval of itemized invoices and sufficient records substantiating the costs of the Medication distributed to Study subject. Invoices shall not contain any individually identifiable information of Study subjects. If reimbursed by AbbVie, reimbursement for Medication will not be sought for any third party payor or Study subject.	1,00	232 060,00 Kč	232 060,00 Kč
SC130	Re-consent	Compensation will be provided to the Institution for each Study Subject that must re-consent to revised ICF due to a Protocol amendment, amendment to the Investigator Brochure, or protocol required screening window.	6,00	1 382,00 Kč	8 292,00 Kč
SUBVIS.1	R-CHOP Regimen	Payment for visits on the dosing where R-CHOP is administered at C1D1, C2-20D1 (Includes Dispensing and Administration fee)	80,00	24 122,00 Kč	1 929 760,00 Kč
SUBVIS.2	G-CHOP Regimen	Payment for visits on the dosing where G-CHOP is administered at C1D1, C1D8, C1D15, C2-20 (Includes Dispensing and Administration fee)	92,00	24 122,00 Kč	2 219 224,00 Kč
SUBCY	G-Benda Regimen	Payment for visits on the dosing where G-Benda is administered at C1-3D1, C1-3D2, C4-6D1, C4-6D2 (Includes Dispensing and Administration fee)	44,00	9 975,00 Kč	438 900,00 Kč
SUBVIS	R-Benda Regimen	Payment for visits on the dosing where R-Benda is administered at C1-3D1, C1-3D2, C4-6D1, C4-6D2 (Includes Dispensing and Administration fee)	44,00	9 975,00 Kč	438 900,00 Kč
ABTUV	Bendamustine Administration and Dispensing Only	Payment for visits on the dosing schedule where Bendamustine is administered via IV at C1-3D2, C4-6D2 (Includes Dispensing fees, administration fee for Bendamustine, and staff time)	24,00	12 434,00 Kč	298 416,00 Kč
ABTRS	Unscheduled, Subsequent Repriming Visits	Payment of each unscheduled visit conducted on a Study subject pursuant to the Protocol. Such visit is based on Arm A C1D1, inclusive of overhead. Should there be a requirement to perform additional procedures outside of those aforementioned herein, payment shall be based on the fees set forth in Conditional Procedures or, if not covered therein, upon prior written approval by AbbVie, in accordance with Institution's price list.	18,00	41 645,00 Kč	749 610,00 Kč
DEABT378	Rescreening	Payment will be made to the Institution for procedures that are required to rescreen potential Study subjects. Payment shall be a flat rate based on procedures and staff effort associated with the screening visit in accordance with the Protocol and as set forth in the Study budget.	3,00	39 559,00 Kč	118 677,00 Kč
DEABT412	Commercially Obtained Medications Reimbursement for locally sourced medication	Reimbursement for locally sourced medication provided to Study subjects in the conduct of the Study in accordance with the Protocol, upon receipt and approval of itemized invoices and sufficient records substantiating the costs of the Medication distributed to Study subject. Invoices shall not contain any individually identifiable information of Study subjects. If reimbursed by AbbVie, reimbursement for Medication will not be sought for any third party payor or Study subject.	1,00	69 618,00 Kč	69 618,00 Kč
DEABT216	IND Safety Letter Review and Management annual fee	Annual payment for the review and management of IND Safety Letters.	6,00	58 000,00 Kč	348 000,00 Kč
SC950	Patient Reimbursement, Expenses, Travel Expenses	Reimbursement will be made to the Institution for travel expenses as reflected in the IRB/EC approved Informed Consent Form incurred by the Study Subject for actual expenses incurred per Protocol-required Study visit (including Screen Failure visits and Unscheduled Visits). If requested in writing by the Institution/Principal Investigator and approved by the EC and AbbVie, AbbVie's reimbursement may exceed the above noted maximum for subjects who incur increased travel costs due to the distance of travel to the Institution. Please follow Main Informed Consent form.	304,00	1 500,00 Kč	456 000,00 Kč
SC950.1	Caregiver Reimbursement, Expenses, Travel Expenses	Reimbursement will be made to the Institution for Caregiver travel expenses as reflected in the IRB/EC approved Informed Consent Form incurred by caregivers who due to Study Subject's condition must accompany him/her to Protocol required Study visits for actual expenses incurred per visit (including Screen Failure visits and Unscheduled Visits). If requested in writing by the Institution/Principal Investigator and approved by [the EC and] AbbVie, AbbVie's reimbursement may exceed the above noted maximum for subjects who incur increased travel costs due to the distance of travel to the Institution. Please follow Main Informed Consent form.	304,00	1 500,00 Kč	456 000,00 Kč
SC023	Study Close out: including all activities related to closing out the site	A one-time payment will be made to Institution for performing Study close-out related activities, including but not limited to all administrative work. Payment to be made upon Site Closure or Last Study Subject Last Visit whichever occurs first.	1,00	16 000,00 Kč	16 000,00 Kč
Z156	Contract Amendment Processing Fee	An Amendment Review Fee will be paid to Institution for each Contract Amendment (with budget impact) required by Sponsor, any changes requested by the Study site will not incur such fees or, adjustments to the existing fees for this item.	3	10 000,00 Kč	30 000,00 Kč
Total Cost:					8 353 013,00 Kč