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.

Protocol Study Number:	C4781015	**Study Sponsor:**	Pfizer Inc.
Study Site No.: *(if unknown leave blank)*	1086	**Other Study Sponsor/Co-Development Partner:**	Specify _____ ☑ N/A
Investigator Name (First, Middle, Last Name as applicable):	Jean Joseph Philippe-Dambreville, MD, MACP		
Information collected at study time-point:	◉ Initial Disclosure ○ Updated Disclosure	**Update** 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)	

TO BE COMPLETED AND SIGNED BY EACH PARTICIPATING INVESTIGATOR

INSTRUCTIONS
- **Complete all the information below, retain in your records and provide to the Study Sponsor**
- **Investigators who join the study after the site initiation date, complete and sign this form before performing study-related activities**

Please indicate by marking *YES* or *NO* 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)**?**	○ Yes ◉ No
2.	Have you, your spouse or any of your dependent children entered into a **financial arrangement with the Study Sponsor(s)/Co-Development Partner(s) whereby the value of the compensation could be influenced by the outcome** 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)? *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.*	○ Yes ◉ No
3.	Do you, your spouse or any of your dependent children have a **proprietary interest** in the tested product, including, but not limited to, a patent, trademark, copyright or licensing agreement?	○ Yes ◉ No
4.	Do you, your spouse, any of your dependent children, or any combination hold any significant **equity interest** in Study Sponsor(s)/ Co-Development Partner(s) (stock, stock options, or other financial interest) that exceeds $50,000.00 U.S. dollars? *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.*	○ Yes ◉ 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)?	○ Yes ◉ No

For each **YES** 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.**

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.

Signature of Investigator:	Digitally signed by Jean Joseph Philippe-Dambreville Name : Jean Joseph Philippe-Dambreville, MD, MACP Email : drjjp@agilecrt.com Reason : I reviewed and agree to this document Time : Jul 26 2024 16:14 EDT Signed with : Zoho Sign 11B78472088DCB607A138558E8370E016F3...	**Date:** **DD-MMM-YYYY**	Jul 26 2024 16:14 EDT

Zoho Sign

Generated on Jul 26, 2024 16:57 EDT

Certificate of Completion

Summary

Document ID : 330312EC-6IIYSZ9ESTWFJAADO_KZDORZWWKL9EVXQ7CQNYGDN9A

Document Name : SQT_Financial-Disclosure_2022_Version-4.0-with-check-boxes-Dr.JJP

Sent by : purnacc <purnacc@agilecrt.com>

Organization : Agile Clinical Research Trials, LLC

Sent on : Jul 26, 2024 16:11 EDT

Completed on : Jul 26, 2024 16:14 EDT

Sign order : Sequential

No. of documents : 1

Signers : 1

Receives a copy : 0

Approvers : 0

This document belongs to an organization that has controls for life sciences enabled while signing or sending documents out for signatures.

Recipients

Signer

Jean Joseph Philippe-Dambreville, MD, MACP

drjjp@agilecrt.com

Signature

Emailed on : Jul 26, 2024 16:11 EDT

Viewed on : Jul 26, 2024 16:13 EDT

Terms agreed on : Jul 26, 2024 16:14 EDT

Signed on : Jul 26, 2024 16:14 EDT

Signatory ID : 11B78472088DCB607A138558E8370E016F36D3E96B6B94FF1857AC27A953BCBE

Authentication mode : Recipient signed into Zoho Sign using password

Reason : I reviewed and agree to this document

Accessed from : 96.71.93.105

Device used : Web

Authentication type : Email authentication

Legal Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read the following information carefully. By clicking the 'I agree' button, you agree that you have reviewed the following terms and conditions and consent to transact business electronically using Zoho Sign electronic signature system. If you do not agree to these terms, do not click the 'I agree' button.

Electronic documents

Please note that Agile Clinical Research Trials, LLC ("we", "us" or "Company") will send all documents electronically to you to the email address that you have given us during the course of the business relationship unless you tell us otherwise in accordance with the procedure explained herein. Once you sign a document electronically, we will send a PDF version of the document to you.

Request for paper copies

You have the right to request paper copies of these documents sent to you electronically from purnacc@agilecrt.com. Alternatively, you also have the ability to download and print these documents sent to you electronically, and re-upload a scanned copy of the printed and physically signed documents. If you, however, wish to request paper copies of these documents sent to you electronically, you can write back to the sender.

Withdrawing your consent

At any point in time during the course of our business relationship, you have the right to withdraw your consent to receive documents in electronic format. If you wish to withdraw your consent, you can decline to sign a document that we have sent to you and send an email to purnacc@agilecrt.com informing us that you wish to receive documents only in paper format. Upon request from you, we will stop sending documents using Zoho Sign electronic signature system.

To advise Agile Clinical Research Trials, LLC of your new email address

If you need to change the email address that you use to receive notices and disclosures from us, write to us at purnacc@agilecrt.com

System requirements

Compatible with recent versions of popular browsers such as Chrome, Firefox, Safari, and Edge. Zoho Sign is also available on iOS and Android devices.