

ANF reference : ANF-2020-139519

Patientforeningen HS Denmark

**c/o Bente Villumsen
Holmevej 24,
DK - 2860 Søborg
Denmark**

Date: February 8th, 2020

Re: Letter Agreement (“Agreement”) by and between UCB Biopharma SRL Allée de la Recherche 60, 1070 Brussels Belgium (“UCB”) and Patientforeningen HS Denmark c/o Bente Villumsen (“you”) for presentations at 11th Immunology International Summit on March 5-7, 2020 at Hilton Prague, Na Pobrezi, Prague, Czech Republic

Workshop: March 6th from 10:20

Dear Bente :

Thank you for agreeing to help UCB with its Activity scheduled to take place at the Hilton Prague, Prague, Czech Republic. We hope the sharing of your experience will help educate, motivate, and assist others to better understand the effects of your disease or life changing condition.

By signing and returning this Agreement, you and UCB agree to the following with respect to the Activity:

1. You will contribute to the Activity by sharing your own personal experiences of living with your disease or life changing condition and helping UCB with idea generation on what more can be done to support you as a patient (and others similarly situated) and help improve your and others' quality of life.
2. Where UCB requests you to travel for any reason in connection with the Activity and you are willing to do so, UCB will cover all reasonable expenses resulting from such travel, insofar as these expenses are aimed at providing you with reasonable hospitality (e.g. travel, accommodation and meals) and are modest in nature.
3. In addition to reasonable travel and hospitality expenses, we are pleased to be able to offer you **7500 DKK** for your participation in the Activity. **Please complete and return the Participant Details Form attached to this Agreement so that prompt payment can be arranged.** Please note, you will be responsible for declaration and payment of any applicable taxes on the sums you receive under this Agreement.
4. If for any reason you travel for the purposes of the Activity, UCB will arrange appropriate insurance coverage. In case of emergency, you may call UCB's dedicated SOS International line +442087628445 to speak to a medical or travel security expert 24/7. International SOS

also has other emergency centers but if you call these, you will need UCB's membership number: **23AYCA602079**

5. Activities supported or organized by pharmaceutical companies, including UCB, involving patient representatives are subject to strict regulations and certain restrictions. As such, it is important that you understand what experiences you are allowed to discuss as part of the Activity and topics you should not mention. To help you with this, please see the **Guidelines for your participation in a UCB Activity outside the US** ("Guidelines") attached to this Agreement. You agree to follow these Guidelines at all times during the Activity. If you have any questions regarding the Guidelines, please feel free to speak to your UCB contact.
6. You agree that as part of the Activity your photo may be taken, your comments may be recorded (audio and/or visual) and your story may be written down. You agree that your photo, your audio and/or visual recording and your story may be used, presented and/or distributed by UCB before, during or after the Activity for business planning purposes, internal communications and educational purposes. You agree that UCB may take such reasonable steps as may be required to edit your photo, your audio and/or visual recording and your story for the purposes outlined above. Please note, UCB will not use the information out of context or for a purpose which has not been agreed upon by you in this Agreement. A copy of any photos, recordings or transcripts shall be made available to you upon request.
7. You agree that UCB shall own worldwide copyright and other intellectual property rights in work product created as part of or in connection with the Activity, including, but not limited to, ideas, concepts, texts, designs, drawings, applications, specifications, methods and techniques (together the "Work Product"). Under this Agreement, you assign and transfer to UCB full worldwide right, title, interest in and ownership of all copyright and other intellectual property rights in the Work Product.
8. You understand that all information shared with you for the purposes of or in connection with the Activity, the Work Product and any personal/health information disclosed by other individuals for the purpose of the Activity, is the confidential information of UCB ("Confidential Information"). You agree that the Confidential Information will not be used by you for any purpose other than the performance of this Agreement and shall not be disclosed to any third party without the prior written consent of UCB.
9. With regard to your personal health information, UCB will respect your privacy rights. But please consider that as part of the Activity, your diagnosis and personal story of living with your disease, may be shared with UCB employees and possibly other selected third parties (such as other patients, healthcare professionals and selected UCB business consultants) (together "Third Parties"). All Third Parties will be required to sign confidentiality clauses with respect to personal privacy rights similar to those we have asked you to commit to in this Agreement.
10. You consent to UCB and its affiliates collecting, holding and processing, both manually and electronically, any personal data provided by you (e.g. name, photo, address or other personal/professional details) for the purposes of this Agreement ("**Personal Data**"). You agree your Personal Data may be transferred to, held and processed by UCB, its affiliated companies and UCB's selected third party suppliers anywhere in the world for the sole purpose of performance of this Agreement and to contact you to discuss possible future collaborations. When Personal Data is transferred to entities established outside the

European Union, we take measures to ensure that your Personal Data will be appropriately protected in accordance with data protection laws and regulations. You understand that you may contact dataprivacy@ucb.com if you wish to query, delete, or modify your Personal Data on file with UCB.


- 11. The term of this Agreement shall commence on the date of last signature of this Agreement and shall continue until the Activity is complete. Either party may terminate this Agreement for any reason upon fifteen (15) days' written notice to the other party.
- 12. You understand that nothing in this Agreement requires you to use any UCB products or services or those of any organization affiliated with UCB.
- 13. This Agreement shall be governed by and construed in accordance with the laws of Belgium.

We greatly appreciate your willingness to share your experiences. Please sign below to acknowledge your understanding and agreement to the above.

Yours sincerely,

**For and on behalf of
UCB Biopharma SRL**

Name (CAPS): Carina Manda _____


DocuSigned by:

Signature: _____
62E2BF606752400...

Date: 16-Feb-2020 _____

Place: Brussels _____

AGREED AND ACCEPTED BY:

Patientforeningen HS Denmark c/o Bente Villumsen

DocuSigned by:

Signature: _____
51E6A988E82049E...

Date: 16-Feb-2020 _____

Place: Søborg _____

Are you participating in a UCB Activity outside the US?

Please read this guideline for patients/caregivers

Why do you need guidance?

Activities supported or organized by pharmaceutical companies are subject to strict regulations

AS A RESULT

Contacts between pharmaceutical companies and patient representatives are subject to certain restrictions

SO

It is important that you understand experiences you are allowed to discuss as part of the activity and topics you should not mention

What if someone mentions an adverse event (AE) during the course of the activity?

Please tell the person you cannot comment on it and encourage them to report the AE to their physician

AND

Report the AE to your UCB contact who is obligated to process & follow up the report

So, when it comes to your disease or life-changing condition we would like to hear about your ...

- ✓ Personal experience living with the condition
- ✓ Personal story before being diagnosed
- ✓ Symptoms leading to diagnosis
- ✓ Personal emotions/feelings before and after diagnosis
- ✓ Views on the impact of the condition on your life, education, job, leisure activities, family, etc
- ✓ Relationship with your doctor (e.g. positive experience/what could be improved etc)
- ✓ Practical tips on what has helped you manage your condition
- ✓ Experience of using a device
- ✓ Views on the myths or stigma about the condition
- ✓ Ideas on what more can be done to support you (and others with similar condition) and help improve your quality of life
- ✓ ... anything else you want people to know about your experience

BUT PLEASE TAKE CARE NOT TO

- ✗ Speak about the benefits or therapeutic properties of specific medicines
- ✗ Share information about potential new products or new indications for existing products (off-label use);
- ✗ Make comparisons between the benefits and therapeutic properties of specific medicines
- ✗ Promote or encourage the use of any specific medicine
- ✗ Name any of the healthcare professionals or institutions involved in your care

*We are here to learn from YOU and not to influence you in your role as patients' voice.
Any questions? Do get in touch with your UCB Contact.*

PARTICIPANT DETAILS FORM

ACTIVITY: 11th International Immunology Summit

DATE: March 5-7, 2020

Information for **Bente Villumsen**

Dear **Bente Villumsen**

Thank you for agreeing to take part in the Immunology Summit with your presentations

- at Workshop on March 6th at 10:20 AM 'Addressing the psychological and life impact of hidradenitis suppurativa'

that UCB is organizing on March 5-7, 2020 at Hilton Prague hotel, Na Pobrezi, Prague, Czech Republic.

Please complete and return the Participant Details Form below so that we can arrange for appropriate insurance coverage and organise prompt payment of any agreed expenses.

The information you provide will be kept confidential.

PARTICIPANT DETAILS FORM
(Please detach, complete and return)

Name (as it appears on ID): **Patientforeningen HS Denmark c/o Bente Villumsen**

Email: [Bente Villumsen <bente.villumsen@gmail.com>](mailto:Bente.Villumsen<bente.villumsen@gmail.com>)

Home address: Holmevej 24, DK - 2860 Søborg, Denmark

Preferred contact number:

All payments by UCB shall be made by wire transfer to the following bank account:

Full name of bank account holder: Patientforeningen HS Denmark

Account Number: **0712 – 0717 8409 33**

Bank name: Nordea

Bank address: Grønjordsvej 10, 2300 København S

IBAN: DK1120000717840933

SWIFT code (can be found on your statement of account):