Fill in this information to identify the case:

Debtor Eiger BioPharmaceuticals, Inc

United States Bankruptcy Court for the: Northern District of Texas (State)

Case number 24-80040

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**

University of Southern California
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. **Has this claim been acquired from someone else?**

☑ No
☐ Yes. From whom?

3. **Where should notices and payments to the creditor be sent?**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
University of Southern California Melissa Archer 1975 Zonal Ave. KAM 400. Los Angeles, CA 90033, United States	
Contact phone 3234969355	Contact phone
Contact email melissa.archer@med.usc.edu	Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?**

☑ No
☐ Yes. Claim number on court claims registry (if known) Filed on MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**

☑ No
☐ Yes. Who made the earlier filing?

24800402406210000000000001

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**

☑ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ___ ___ ___ ___

7. **How much is the claim?** $ 13,443.49 . **Does this amount include interest or other charges?**

☑ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Services performed pursuant to a clinical trial agreement

9. **Is all or part of the claim secured?**

☑ No

☐ Yes. The claim is secured by a lien on property.

Nature or property:

☐ Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $_____

Amount of the claim that is secured: $_____

Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: $_____

Annual Interest Rate (when case was filed)_____%

☐ Fixed

☐ Variable

10. **Is this claim based on a lease?**

☑ No

☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. **Is this claim subject to a right of setoff?**

☑ No

☐ Yes. Identify the property: _____

24800402406210000000000001

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check all that apply:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
☐ Up to $3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
☐ Wages, salaries, or commissions (up to $15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. **Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?**

☑ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

$_____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☑ I am the creditor.

☑ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/21/2024
MM / DD / YYYY

/s/Melissa Archer
Signature

Print the name of the person who is completing and signing this claim:

Name: Melissa Archer
First name Middle name Last name

Title: Director, Clinical Trials Office

Company: University of Southern California
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

24800402406210000000000001

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1544 | International (310) 751-2638

Debtor:
24-80040 - Eiger BioPharmaceuticals, Inc
District:
Northern District of Texas, Dallas Division

Creditor:
University of Southern California
Melissa Archer
1975 Zonal Ave.
KAM 400.
Los Angeles, CA, 90033
United States
Phone:
3234969355
Phone 2:
Fax:
Email:
melissa.archer@med.usc.edu

Has Supporting Documentation:
Yes, please mail physical supporting documentation
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Creditor
Authorized agent

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Services performed pursuant to a clinical trial agreement

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
13,443.49

Includes Interest or Charges:
No

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
No
Amount of 503(b)(9):
No
Based on Lease:
No
Subject to Right of Setoff:
No

Nature of Secured Amount:
Value of Property:
Annual Interest Rate:
Arrearage Amount:
Basis for Perfection:
Amount Unsecured:

Submitted By:
Melissa Archer on 21-Jun-2024 9:50:33 a.m. Eastern Time
Title:
Director, Clinical Trials Office
Company:
University of Southern California

VN: C9AAAB1B7033C76E39AC04E650EDCF58

Additional Supporting Documents Received on 7/1/2024

Fill in this information to identify the case:	
Debtor	Eiger BioPharmaceuticals, Inc
United States Bankruptcy Court for the:	Northern District of Texas (State)
Case number	24-80040

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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1. Who is the current creditor?

University of Southern California

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☑ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent? (if different)**
University of Southern California Melissa Archer 1975 Zonal Ave. KAM 400. Los Angeles, CA 90033, United States	
Contact phone 3234969355	Contact phone _____
Contact email melissa.archer@med.usc.edu	Contact email _____

RECEIVED
JUL 0 1 2024
KURTZMAN CARSON CONSULTANTS

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_____

4. Does this claim amend one already filed?

☑ No

☐ Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☑ No

☐ Yes. Who made the earlier filing? _____

24800402406210000000000001

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

☑ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ___ ___ ___ ___

7. How much is the claim? $ 13,443.49 . **Does this amount include interest or other charges?**

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☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

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9. Is all or part of the claim secured?

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☐ Yes. The claim is secured by a lien on property.

Nature or property:

☐ Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim.*

☐ Motor vehicle

☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $_____

Amount of the claim that is secured: $_____

Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: $_____

RECEIVED
JUL 0 1 2024
KURTZMAN CARSON CONSULTANTS

Annual Interest Rate (when case was filed)_____%

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☑ No

☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. Is this claim subject to a right of setoff?

☑ No

☐ Yes. Identify the property: _____

24800402406210000000001

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check all that apply:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
☐ Up to $3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
☐ Wages, salaries, or commissions (up to $15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. **Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?**

☑ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

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Check the appropriate box:

☑ I am the creditor.

☑ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/21/2024
MM / DD / YYYY

/s/Melissa Archer
Signature

Print the name of the person who is completing and signing this claim:

Name: Melissa Archer
First name Middle name Last name

Title: Director, Clinical Trials Office

Company: University of Southern California
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

24800402406210000000000001

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1544 | International (310) 751-2638

Debtor:
24-80040 - Elger BioPharmaceuticals, Inc
District:
Northern District of Texas, Dallas Division

Creditor:
University of Southern California
Melissa Archer
1975 Zonal Ave.
KAM 400.
Los Angeles, CA, 90033
United States
Phone:
3234969355
Phone 2:
Fax:
Email:
melissa.archer@med.usc.edu

Has Supporting Documentation:
Yes, please mail physical supporting documentation
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Creditor
Authorized agent

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Services performed pursuant to a clinical trial agreement

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
13,443.49

Includes Interest or Charges:
No

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
No
Amount of 503(b)(9):
No
Based on Lease:
No
Subject to Right of Setoff:
No

Nature of Secured Amount:
Value of Property:
Annual Interest Rate:
Arrearage Amount:
Basis for Perfection:
Amount Unsecured:

Submitted By:
Melissa Archer on 21-Jun-2024 9:50:33 a.m. Eastern Time
Title:
Director, Clinical Trials Office
Company:
University of Southern California

VN: C9AAAB1B7033C76E39AC04E650EDCF58

Invoice#	Amount	Description
CTO8948	773.09	Withholding Payment-Patient Visits
CTO9707	902.34	Withholding Payment-Patient Visits
CTO10952	1,721.11	Withholding Payment-Patient Visits
CTO13347	2,776.95	Patient Visits
11959	1,500.00	Office Monitor Visits for 2 days
12089	120.00	IND Safety Report
12165	500.00	Admin Maintenance Fee
12165	1,000.00	Annual Pharmacy
12538	800.00	Pharmacy Close out
12538	1,350.00	Record Storage
12538	2,000.00	Study Close out fee
Total	**13,443.49**	

Keck School of
Medicine of USC

INVOICE

To: **BIORASI, LLC**
Harbour Centre at Aventura
18851 NE 29th Avenue, Suite 800
Aventura FL 33180
AP@biorasi.com

Invoice No: CTO8948
Invoice Date: 06/26/2023
Payment Due: **Upon Receipt**
USC Account: GR1058930

Study: Eiger-Hep D LIMT-2 Phase 3 Clinical Study
PI: Terrault, Norah
Protocol EIG-LMD-002

Subject Milestone Items

Subject ID	Milestone	Occurred Date	Amount Due	Comments
2021-2001	Screening Visit 1	12/15/2022	$2,343.98	
2021-2001	Screening Visit 2	03/09/2023	$3,042.90	
2021-2002	Screening Visit 1	01/30/2023	$2,343.98	

Invoice Total:	$7,730.86
Total Withheld:	$773.09
Total Due After Withheld:	**$6,957.77** paid

Comments: The outstanding amount of this invoice is only the withholding payment of $773.09

Direct Inquiries Lisa Manion +1 323-865-7755
lisa.manion@med.usc.edu

Federal ID 95-1642394

Make Checks Payable To: University of Southern California
Attn: Keck School of Medicine of USC - Mylam Le
1975 Zonal Avenue, KAM 314
Los Angeles, CA 90033

For all Wire/ACH payment, please enter PG1019645 in the addenda section.

Keck School of
Medicine of USC

INVOICE

To: **BIORASI, LLC**
Harbour Centre at Aventura
18851 NE 29th Avenue, Suite 800
Aventura FL 33180
AP@biorasi.com

Invoice No: CTO9707
Invoice Date: 09/05/2023
Payment Due: **Upon Receipt**
USC Account: GR1058930

Study: Eiger-Hep D LIMT-2 Phase 3 Clinical Study
PI: Terrault, Norah
Protocol EIG-LMD-002

Subject Milestone Items

Subject ID	Milestone	Occurred Date	Amount Due	Comments
2021-2001	ARM 1: D1	05/10/2023	$2,911.95	updated to Amd1 rate
2021-2001	ARM 1: D8	05/16/2023	$1,584.90	updated to Amd1 rate
2021-2001	ARM 1: D15	05/24/2023	$1,483.65	updated to Amd1 rate
2021-2002	Screening Visit 2	06/26/2023	$3,042.90	updated to Amd1 rate

Invoice Total:	$9,023.40
Total Withheld:	$902.34
Total Due After Withheld:	**$8,121.06** paid

Comments:The outstanding amount of this invoice is only the withholding payment of $902.34

Direct Inquiries Lisa Manion +1 323-865-7755
lisa.manion@med.usc.edu

Federal ID 95-1642394

Make Checks Payable To: University of Southern California
Attn: Keck School of Medicine of USC - Mylam Le
1975 Zonal Avenue, KAM 314
Los Angeles, CA 90033

For all Wire/ACH payment, please enter PG1019645 in the addenda section.

Keck School of
Medicine of USC

INVOICE

To: **BIORASI, LLC**
Harbour Centre at Aventura
18851 NE 29th Avenue, Suite 800
Aventura FL 33180
AP@biorasi.com

Invoice No: CTO10952
Invoice Date: 12/15/2023
Payment Due: **Upon Receipt**
USC Account: GR1058930

Study: Eiger-Hep D LIMT-2 Phase 3 Clinical Study
PI: Terrault, Norah
Protocol EIG-LMD-002

Subject Milestone Items

Subject ID	Milestone	Occurred Date	Amount Due	Comments
2021-2001	ARM 1: D29	06/07/2023	$1,675.35	
2021-2001	ARM 1: D43	07/05/2023	$1,463.40	
2021-2001	ARM 1: D57	07/05/2023	$1,679.40	
2021-2001	ARM 1: D85	08/02/2023	$1,938.60	
2021-2001	ARM 1: D71	08/03/2023	$1,503.90	
2021-2001	ARM 1: D113	09/07/2023	$1,537.65	
2021-2002	ARM 2: D1	07/13/2023	$1,800.90	
2021-2002	ARM 2: D15	07/28/2023	$1,278.45	
2021-2002	ARM 2: D8	07/28/2023	$1,444.50	
2021-2002	ARM 2: D29	08/10/2023	$1,444.50	
2021-2002	ARM 2: D57	09/07/2023	$1,444.50	

Invoice Total: $17,211.15
Total Withheld: $1,721.11
Total Due After Withheld: **$15,490.04** paid

Comments: The outstanding amount of this invoice is only the withholding payment of $1721.11

Direct Inquiries Lisa Manion +1 323-865-7755
lisa.manion@med.usc.edu

Federal ID 95-1642394

Make Checks Payable To: University of Southern California
Attn: Keck School of Medicine of USC - Mylam Le
1975 Zonal Avenue, KAM 314
Los Angeles, CA 90033

For all Wire/ACH payment, please enter PG1019645 in the addenda section.

Keck School of
Medicine of USC

INVOICE

To: BIORASI, LLC
Harbour Centre at Aventura
18851 NE 29th Avenue, Suite 800
Aventura FL 33180
AP@biorasi.com

Invoice No: CTO13347
Invoice Date: 06/01/2024
Payment Due: **Upon Receipt**
USC Account: GR1058930

Study: Eiger-Hep D LIMT-2 Phase 3 Clinical Study
PI: Terrault, Norah
Protocol EIG-LMD-002

Subject Milestone Items

Subject ID	Milestone	Occurred Date	Amount Due	Comments
2021-2001	ARM 1: D337/EOT	10/13/2023	$2,776.95	

Invoice Total:	$2,776.95
Total Withheld:	$0.00
Total Due After Withheld:	**$2,776.95**

Comments:

Direct Inquiries Lisa Manion +1 323-865-7755
lisa.manion@med.usc.edu

Federal ID 95-1642394

Make Checks Payable To: University of Southern California
Attn: Keck School of Medicine of USC - Mylam Le
1975 Zonal Avenue, KAM 314
Los Angeles, CA 90033

For all Wire/ACH payment, please enter PG1019645 in the addenda section.

Keck School of
Medicine of USC

INVOICE

To: BIORASI, LLC
Harbour Centre at Aventura
18851 NE 29th Avenue, Suite 800
Aventura FL 33180
AP@biorasi.com

Invoice No: 11959
Invoice Date: 03/06/2024
Payment Due: **Upon Receipt**
USC Account: GR1058930

Study: Eiger-Hep D LIMT-2 Phase 3 Clinical Study
PI: Terrault, Norah
Protocol EIG-LMD-002

Protocol Items

Event	Occurred Date	Amount Due	Comments
Office Monitoring Visit	05/18/2023	$750.00	
Office Monitoring Visit	05/19/2023	$750.00	

Invoice Total:	$1,500.00
Total Withheld:	$0.00
Total Due After Withheld:	**$1,500.00**

Comments:

Direct Inquiries Lisa Manion +1 323-865-7755
lisa.manion@med.usc.edu

Federal ID 95-1642394

Make Checks Payable To: University of Southern California
Attn: Keck School of Medicine of USC - Mylam Le
1975 Zonal Avenue, KAM 314
Los Angeles, CA 90033

For all Wire/ACH payment, please enter PG1019645 in the addenda section.

Keck School of
Medicine of USC

INVOICE

To: BIORASI, LLC
Harbour Centre at Aventura
18851 NE 29th Avenue, Suite 800
Aventura FL 33180
AP@biorasi.com

Invoice No: 12089
Invoice Date: 03/13/2024
Payment Due: **Upon Receipt**
USC Account: GR1058930

Study: Eiger-Hep D LIMT-2 Phase 3 Clinical Study
PI: Terrault, Norah
Protocol EIG-LMD-002

Protocol Items

Event	Occurred Date	Amount Due	Comments
IND Safety Reporting Fee	11/23/2022	$40.00	EIG-LMD02-22US0598 Initial
IND Safety Reporting Fee	12/05/2022	$40.00	EIG-LMD02-22TR0600 Initial
IND Safety Reporting Fee	12/08/2022	$40.00	EIG-LMD02-22US0598 FU1

Invoice Total:	$120.00
Total Withheld:	$0.00
Total Due After Withheld:	**$120.00**

Comments:

Direct Inquiries Lisa Manion +1 323-865-7755
lisa.manion@med.usc.edu

Federal ID 95-1642394

Make Checks Payable To: University of Southern California
Attn: Keck School of Medicine of USC - Mylam Le
1975 Zonal Avenue, KAM 314
Los Angeles, CA 90033

For all Wire/ACH payment, please enter PG1019645 in the addenda section.

Keck School of
Medicine of USC

INVOICE

To: BIORASI, LLC
Harbour Centre at Aventura
18851 NE 29th Avenue, Suite 800
Aventura FL 33180
AP@biorasi.com

Invoice No: 12165
Invoice Date: 03/20/2024
Payment Due: **Upon Receipt**
USC Account: GR1058930

Study: Eiger-Hep D LIMT-2 Phase 3 Clinical Study
PI: Terrault, Norah
Protocol EIG-LMD-002

Protocol Items

Event	Occurred Date	Amount Due	Comments
Administrative Maintenance Fee	03/17/2024	$500.00	
Annual Pharmacy Maintenance & Storage Fee	03/17/2024	$1,000.00	

Invoice Total:	$1,500.00
Total Withheld:	$0.00
Total Due After Withheld:	**$1,500.00**

Comments:

Direct Inquiries Lisa Manion +1 323-865-7755
lisa.manion@med.usc.edu

Federal ID 95-1642394

Make Checks Payable To: University of Southern California
Attn: Keck School of Medicine of USC - Mylam Le
1975 Zonal Avenue, KAM 314
Los Angeles, CA 90033

For all Wire/ACH payment, please enter PG1019645 in the addenda section.

Keck School of
Medicine of USC

INVOICE

To: BIORASI, LLC
Harbour Centre at Aventura
18851 NE 29th Avenue, Suite 800
Aventura FL 33180
AP@biorasi.com

Invoice No: 12538
Invoice Date: 04/25/2024
Payment Due: **Upon Receipt**
USC Account: GR1058930

Study: Eiger-Hep D LIMT-2 Phase 3 Clinical Study
PI: Terrault, Norah
Protocol EIG-LMD-002

Protocol Items

Event	Occurred Date	Amount Due	Comments
Pharm Close-Out Fee	04/25/2024	$800.00	
Record Storage/Archiving Fee	04/25/2024	$1,350.00	Document Archiving
Study Closeout Fee	04/25/2024	$2,000.00	

Invoice Total:	$4,150.00
Total Withheld:	$0.00
Total Due After Withheld:	**$4,150.00**

Comments:

Direct Inquiries Lisa Manion +1 323-865-7755
lisa.manion@med.usc.edu

Federal ID 95-1642394

Make Checks Payable To: University of Southern California
Attn: Keck School of Medicine of USC - Mylam Le
1975 Zonal Avenue, KAM 314
Los Angeles, CA 90033

For all Wire/ACH payment, please enter PG1019645 in the addenda section.

Clinical Trial Agreement

This Clinical Trial (CTA) Agreement ("**Agreement**") is made as of the date of its final execution (the "**Effective Date**") by and between the University of Southern California, a California non-profit public benefit corporation ("**Institution**") with an address located at1640 Marengo St., 7th Floor, Los Angeles, CA 90033, and Eiger BioPharmaceuticals, Inc., a corporation having its principal place of business at 2155 Park Blvd., Palo Alto, CA 94306 ("**Sponsor**"). Sponsor and Institution are herein referred to collectively as "Parties." Individually, each of Sponsor and Institution is a "Party."

WHEREAS, the Institution and Sponsor have agreed to use this CTA, to accelerate the process of translating laboratory discoveries into treatments for patients, to engage communities in clinical research efforts, and to train a new generation of clinical and translational researchers;

WHEREAS, Sponsor is a for-profit organization that intends to conduct a sponsored multicenter clinical trial, described in 1.1 below, involving the use of certain diagnostic(s), drug(s) and/or biologic(s) provided by Sponsor;

WHEREAS, Biorasi, LLC (hereinafter "**Biorasi**" or "**CRO**") is providing clinical research organization services to Sponsor under a separate contract between Biorasi and Sponsor. Biorasi's services to sponsor include monitoring of the study, entering into this Agreement on behalf of Sponsor, and administering payment under this Agreement on behalf of Sponsor.

WHEREAS, the Institution has appropriate facilities and personnel with the qualification, training, knowledge, and experience necessary to conduct such a clinical trial; and

WHEREAS, the Study contemplated by this Agreement is of mutual interest and benefit to Institution and Sponsor, and will further the instructional and research objectives of Institution in a manner consistent with its status as a nonprofit educational, research and health care institution;

NOW, THEREFORE, in consideration for the mutual promises made in this Agreement and for valid consideration, the Parties agree as follows:

1. Scope of Agreement

1.1. Institution will undertake a sponsored multicenter clinical trial ("**Study**") described in Protocol Number: EIG-LMD-002 entitled, "A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2)" which is attached hereto and incorporated herein as **Exhibit A** ("**Protocol**"). Institution will only recruit subjects in accordance with the Protocol. The Study will be conducted by the Institution under the direction of **Dr. Norah Terrault, MD** an employee of Institution ("**Principal Investigator**").

1.2. In the event of any conflict between the terms and conditions of this Agreement and the Protocol or between this Agreement and any of its Exhibits, the terms and conditions of the Protocol shall control with respect to matters of the clinical conduct of the Study, and the terms of this Agreement shall control with respect to all other matters.

1.3. Unless otherwise agreed to by the Parties, Sponsor will provide to Institution on a timely basis, without charge, the required quantities of properly-labeled Sponsor drug(s) or biologic(s) ("**Study Drug**") and other materials (e.g., Investigator's Brochure, handling and storage instructions, and, if applicable, placebo) necessary for Institution to conduct the Study in accordance with the Protocol. Unless stated otherwise in writing by Sponsor, all such items are and will remain the sole property of Sponsor until consumed via being administered or

dispensed to Study subjects during the course of the Study. Institution shall receive, store, and handle Study Drug in compliance with all applicable laws and regulations, the Protocol, and Sponsor instructions.

1.4. Sponsor and Institution shall comply with and conduct all aspects of the Study in compliance with all applicable federal, state, and local laws and regulations, including generally accepted standards of good clinical practice as adopted by current FDA regulations and statutes and regulations of the U.S. Government relating to exportation of technical data, computer software, laboratory prototypes, and other commodities as applicable to academic institutions. Institution will only allow individuals who are appropriately trained and qualified to do so to assist in the conduct of the Study.

1.5. Institution shall obtain institutional review board ("**IRB**") approval for the Study prior to its initiation and written proof thereof shall be provided to Sponsor upon Sponsor's request. Initiation of the Protocol and Institution's obligation to conduct the Study shall not begin until IRB approval is obtained. Institution shall obtain from each subject, prior to the subject's participation in the Study, a signed informed consent and necessary authorization to disclose health information to Sponsor for any and all Sponsor uses in a form approved in writing by the IRB or a waiver of consent as directed by the IRB and further provided that the informed consent is consistent with Institution's policies.

1.6. Sponsor agrees to provide Institution with any data and safety monitoring reports related to the Study received by or in the possession of Sponsor, and Institution agrees they will be submitted to the IRB as required. During the Study and for at least two (2) years following the completion of the Study at all sites, Sponsor shall promptly provide Institution and Principal Investigator with the written report of any safety findings, including Study results and any routine monitoring findings in site monitoring reports, and data safety monitoring committee reports including, but not limited to, data and safety analyses, and any Study information that may (i) affect the safety and welfare of current or former Study subjects, or (ii) influence the conduct of the Study with respect to safety. Institution and/or Principal Investigator will communicate findings to the IRB and Study subjects, as appropriate.

1.7. Institution shall promptly, but not later than one (1) business day after becoming aware, inform Sponsor in writing of any (a) urgent safety measures as instructed in the Protocol, and (b) breaches of the Protocol of which Institution becomes aware.

1.8. Notwithstanding any provision in this Agreement to the contrary, Principal Investigator retains the right to deviate from the Protocol if, based upon his or her reasonable medical opinion, there is a need for such deviation to protect the health, safety or welfare of a Study subject. Such deviation shall not constitute a failure to comply with the Protocol or a breach of this Agreement or any clause hereof.

2. Payments

Sponsor agrees to pay Institution in accordance with the budget attached as **Exhibit B** ("**Budget**") on a prorated basis, according to the actual work completed, and any non-cancelable obligated expenses, for subjects who are enrolled into the Study. The Parties acknowledge that the Budget amounts represent an equitable exchange for the conduct of the Study in light of the professional time and expenses required for the performance of the Study.

In addition to other necessary routing information detailed in Exhibit B, each payment shall clearly reference the: Study Protocol Number and PI name.

For administrative convenience, various Study contact information may be attached hereto and incorporated by reference as **Exhibit C**, entitled, "Administrative & Study Points of Contact."

The Institution's tax identification number is: 95-1642394

The Parties agree that the compensation provided under the terms of this Agreement is consistent with fair market value; has been negotiated at arm's length; and has not been determined in any manner with regard to, or given in exchange for, any implicit or explicit agreement to procure Sponsor's products or to generate referrals or other business between the Parties outside the scope of this Agreement.

3. Confidentiality

3.1 It is anticipated that in the performance of this Agreement, Sponsor may need to disclose to Institution information which is considered confidential. The rights and obligations of the Parties with respect to such information are as follows:

"**Confidential Information**" refers to information of any kind which is disclosed to the Institution by Sponsor under and during the term of this Agreement for purposes of conducting the Study or Data (as defined below in Section 4).

Notwithstanding the foregoing, Institution's Data generated in the course of conducting the Study are not Sponsor's Confidential Information for publishing purposes in accordance with Section 9 of this Agreement.

Institution agrees, during the term of this Agreement and for a period of five (5) years following the termination or expiration of this Agreement, to use reasonable efforts, no less than the protection given their own confidential information, to use Confidential Information received from Sponsor in accordance with this Section.

Institution agrees to use Sponsor's Confidential Information solely as allowed by this Agreement, and for the purposes of conducting the Study. Institution agrees to make Sponsor's Confidential Information available only to those of its or its affiliated hospitals' employees, personnel, IRB members, agents, consultants, and vendors, and approved subcontractors, as applicable, who require access to it in the performance of this Study, and are subject to similar terms of confidentiality.

3.2 The obligation of nondisclosure does not apply with respect to any of the Confidential Information that:

a) is or becomes public knowledge through no breach of this Agreement by Institution;

b) is disclosed to Institution by a third party entitled to disclose such information without known obligation of confidentiality; or

c) is already known or is independently developed by Institution without use of Sponsor's Confidential Information as shown by Institution's contemporaneous written records.

3.3 Institution may disclose Confidential Information to the extent that it is required to be produced pursuant to a requirement of applicable law, required to be disclosed to obtain IRB approval for the Study, required to support the medial care or a Study subject, or required by government agency, an order of a court of competent jurisdiction, or a facially valid administrative, Congressional, or other subpoena, provided that Institution, subject to the requirement, order, or subpoena, promptly notifies Sponsor. To the extent allowed under applicable law, Sponsor may seek to limit the scope of such disclosure and/or seek to obtain a protective order. Institution will disclose only the minimum amount of Confidential Information necessary to comply with law or court order as advised by Institution's legal counsel.

3.4 No license or other right is created or granted hereby, except the specific right to conduct the Study as set forth by Protocol and under terms of this Agreement, nor shall any license or other right with respect to the subject matter hereof be created or granted except by the prior written agreement of the Parties duly signed by their authorized representatives.

3.5. Upon Sponsor's written request, Institution agrees to return all Confidential Information supplied to it by Sponsor at Sponsor's expense pursuant to this Agreement except that Institution may retain such Confidential Information in a secure location for purposes of identifying and satisfying its obligations and exercising its rights under this Agreement. Notwithstanding anything in this Agreement to the contrary, in no event shall Institution be obligated to return or delete any Confidential Information integrated into its systems as part of its normal back-up and archival processes and Institution shall maintain the information as confidential in accordance this Agreement.

3.6 Institution may disclose the terms of this Agreement and any additional information to the extent necessary to ensure compliance with applicable Federal, State and Institutional policies, regulations, and laws.

4. Data Use/Ownership

"**Data**" shall mean all data and information generated by Institution as a result of conducting the Study in accordance with the IRB approved Protocol. Data does not include original Study subject or patient medical records, research notebooks, source documents, or other routine internal documents kept in the Institution's ordinary course of business operations, which shall remain the sole and exclusive property of the Institution or medical provider. Sponsor shall own and have the right to use the Data in accordance with the signed informed consent and authorization form, applicable laws, and the terms of this Agreement. Notwithstanding any licenses or other rights granted to Sponsor herein, but in accordance with the confidentiality and publication sections herein, Institution shall retain the right to use the Data and results for its publication, IRB, regulatory, legal, clinical, educational, and internal research purposes.

5. HIPAA/HIPAA Privacy

5.1 Institution shall comply with applicable laws and regulations, as amended from time to time, including without limitation, the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA") with respect to the collection, use, storage, and disclosure of Protected Health Information ("PHI") as defined in HIPAA. Sponsor shall collect, use, store, access, and disclose PHI collected from Study subjects only as permitted by the IRB approved informed consent form or HIPAA authorization form obtained from a Study subject. Sponsor will collect, use, store, and disclose any Subject Material, defined in Section 15, it receives only in accordance with the informed consent form and, in any event, will not collect, use, store, or disclose any PHI attached to or contained within the Subject Material in any manner that would violate this Section of the Agreement. Institution shall only provide Data to Sponsor that has been de-identified in accordance with HIPAA and shall not provide Sponsor with PHI.

Institution acknowledges that, pursuant to Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 ("MMSEA"), Sponsor has an obligation to submit certain reports to the Centers for Medicare & Medicaid Services with respect to Medicare beneficiaries who participate in the Study and experience a research injury for which diagnosis or treatment costs are incurred. Sponsor recognizes that Institution and Sponsor are subject to laws and regulations protecting the confidentiality of research subject information. Accordingly: (1) Institution agrees upon prior written request to provide to Sponsor, or a third-party vendor as designated by Sponsor, certain identifiable patient information required by MMSEA for Study subjects who are Medicare beneficiaries and incur medical costs in association with a research injury and whose costs are reimbursed by Sponsor pursuant to this Agreement; and (2) Institution further agrees to otherwise cooperate with Sponsor (and any third-party vendors as designated by Sponsor) to the extent necessary for Sponsor to meet its MMSEA reporting obligations.

5.2 Sponsor's right to review the Study subjects' Study-related information contained in the Study subject's medical record shall be subject to reasonable safeguards for the protection of Study subject confidentiality and the Study subjects' informed consent form or HIPAA authorization form.

5.3 Sponsor shall not attempt to identify, or contact, any Study subject unless permitted by the informed

consent form.

6. Record Retention

As applicable by law, Institution shall retain and preserve a copy of the Study records for the longer of:

a) two (2) years after a marketing authorization for Study Drug has been approved for the indication for which it was investigated or Sponsor has discontinued research on the Study Drug;

b) such longer period as required by federal regulatory requirements; or

c) as requested in writing by Sponsor at Sponsor's reasonable storage expense.

7. Monitoring and Auditing

7.1 Sponsor and Sponsor's designees shall have the right to perform visits of the site to ensure compliance with this Agreement and the Protocol. Site visits by Sponsor and/or its authorized designee (e.g., Study monitor) will be scheduled in advance for times mutually acceptable to the Parties during normal business hours. Sponsor's and/or authorized designee's access is subject to reasonable safeguards to ensure confidentiality of medical records and systems.

7.2 Upon becoming aware of an audit or investigation by a regulatory agency with jurisdiction over the Study, Institution agrees to provide Sponsor with prompt, but no later than one (1) business days', written notice of the auditor investigation. If legally permissible or allowable by the regulatory agency and permissible in accordance with the Institution's policy, Sponsor may be available or request to be present with approval from auditor during such audit, but Sponsor agrees not to alter or interfere with any documentation or practice of Institution. Institution shall be free to respond to any regulatory agency inquiries and will provide Sponsor with a copy of any formal response or documentation to the regulatory agency regarding the Study.

8. Inventions, Discoveries and Patents

8.1 It is recognized and understood that certain existing inventions, intellectual property rights and technologies owned or controlled by the Parties prior to or after the Effective Date, including with respect to the Sponsor the Study Drug, as applicable, and those arising outside of the research conducted under this Agreement, are the separate property of Sponsor or Institution and are not affected by this Agreement, and neither Sponsor nor Institution shall have any claims to or rights in such separate inventions and technologies.

8.2 Any patentable inventions, developments, or discoveries conceived of, reduced to practice, invented and/or made during the term of this Agreement in the performance of the Protocol by Institution ("**Inventions**") shall be promptly disclosed to Sponsor in writing ("Invention Disclosure"). Title to Inventions that necessarily use or necessarily incorporate Sponsor's Study Drug shall be owned by Sponsor ("**Sponsor Inventions**"). Provided Sponsor has fully funded the Study and there are no government funds used, directly or indirectly, by Institution or Sponsor in the Study or Protocol, Institution agrees to assign to Sponsor, to the extent Institution has the legal right to do so, all of Institution's right, title and interest in, to and under all Sponsor Inventions to Sponsor in writing. Title to Inventions other than Sponsor Inventions ("**Other Inventions**") shall reside with Sponsor if Sponsor personnel are the sole inventors, with Institution if Institution personnel are the sole inventors, and shall be held jointly if both Institution and Sponsor personnel are inventors, in each case as determined in accordance with U.S. patent law. Institution's obligations under Sections 8.2 and 8.3 hereunder shall be performed and administered by its appropriate office with technology transfer responsibilities, if required by and in accordance with Institution policies.

8.3 Provided that Sponsor has fully funded the Study to the extent that Institution owns sole or joint title in

any such Other Inventions, Sponsor is hereby granted, without option fee other than consideration of the Study sponsored herein, an option to acquire an exclusive, worldwide, royalty-bearing license to Institution's rights under any Other Invention, which option shall extend for no more than ninety (90) days after Sponsor's receipt of an Invention Disclosure from Institution ("Option Period"). The Parties shall use their reasonable efforts to negotiate, for a period not to exceed ninety (90) days after Sponsor's exercise of such option or such other time period as mutually agreed by the Parties, a license agreement satisfactory to both Parties ("Negotiation Period"). In the event Sponsor fails to exercise its option within the Option Period, or the Parties fail to reach agreement on the terms of such license within the Negotiation Period, Institution shall have no further obligation to Sponsor under this Agreement with regard to the specific Other Invention.

8.5 Nothing contained in this Agreement shall be deemed to grant either directly by implication, estoppel, or otherwise any license under any patents, patent applications, or other proprietary interest to any other inventions, discovery or improvement of either Party.

8.6 The Parties agree that the provisions of this Agreement are intended to be interpreted and implemented so as to comply with all applicable federal laws, rules, and regulations, including without limitation the requirements of Rev. Proc. 2007-47; provided, however, if it is determined by the Internal Revenue Service or any other federal agency or instrumentality (the "**Government**") that the provisions of this Agreement are not in such compliance, then the Parties agree to modify the provisions and the implementation of this Agreement so as to be in compliance with all applicable federal laws, rules, and regulations as determined by the Government.

8.7 Subject Sections 3(Confidentiality) and 9 (Publication), Institution shall retain a royalty-free, irrevocable license to use for its own internal noncommercial research, educational and patient care purposes, all Sponsor Inventions or Other Inventions licensed or assigned to Sponsor hereunder.

9. Publication

9.1 Subject to Section 9.2, Institution shall be free to publish, present, or use any of Institution's Data and results arising out of its performance of the Protocol (individually, a "**Publication**"). At least thirty (30) days prior to submission for Publication, Institution shall submit to Sponsor for review and comment any proposed oral or written Publication ("**Review Period**"). Institution will consider any such comments in good faith but is under no obligation to incorporate Sponsor's suggestions. The Review Period for abstracts or poster presentations shall be thirty (30) days. If during the Review Period, Sponsor notifies Institution in writing that: (i) it desires patent applications to be filed on any inventions disclosed or contained in the disclosures, Institution will defer Publication for a period not to exceed sixty (60) days, to permit Sponsor to file any desired patent applications; and (ii) if the Publication contains Sponsor's Confidential Information as defined in Section 3 and Sponsor requests Institution in writing to delete such Sponsor's Confidential Information, the Institution agrees to delete such Sponsor's Confidential Information.

9.2 The Parties agree that this Study is a multi-center clinical trial. Therefore Institution agrees that the first publication of the results of the Study shall be made in conjunction with the presentation of a joint multi-center publication of the Study results with the Principal Investigators from all sites contributing Data, analyses, and comments. However, Institution may publish the Data and Study results individually in accordance with this Section 9 upon first occurrence of one of the following: (i) multicenter publication is published; (ii) no multi-center publication is submitted within eighteen (18) months after conclusion, abandonment, or termination of the Study at all sites; or (iii) Sponsor confirms in writing there will be no multi-center Publication.

9.3 If no multi-center Publication occurs within eighteen (18) months of the completion of the Study at all sites, upon request by Institution, Sponsor agrees to provide such Institution access to the aggregate Data from all Study sites.

9.4 If the Institution, through its Principal Investigator, is identified to participate in the multi-center

Publication: (i) Institution will have the opportunity to review the aggregate multi-center Data, upon request; and (ii) consistent with the International Committee of Medical Journal Editors (ICMJE) regulations, Institution will have adequate opportunity to review and provide input on any abstract or manuscript prior to its submission for Publication. Institution also retains the right, on behalf of its Principal Investigator, to decline to be an author on any Publication.

10. Use of Name

10.1 Neither Institution nor Sponsor may use the name, trademark, logo, symbol, or other image or trade name of the other Party or its employees and agents in any advertisement, promotion, or other form of publicity or news release or that in any way implies endorsement without the prior written consent of an authorized representative of the other Party whose name is being used. Such approval will not be unreasonably withheld.

10.2 Institution and Sponsor understand that the amount of any payment made hereunder may be disclosed and made public by the other Party as required by law or regulation, including the Patient Protection and Affordable Care Act of 2010, provided that the disclosure clearly designates the payment as having been made to Institution for research and not to the physician.

10.3 Institution may acknowledge the Sponsor's support, including but not limited to financial support as may be required by academic journals, professional societies, funding agencies, and applicable regulations. Notwithstanding anything to the contrary in this Agreement, Institution may publicly post information about the Study to appear on Institution's clinical trials directory/website. Additionally, notwithstanding anything herein to the contrary, Institution shall have the right to post Sponsor's name, the Study title, and the Study period, and funding amount, on Institution publicly accessible lists of research conducted by the Institution.

11. Indemnification and Limitation of Liability

11.1 Sponsor agrees to defend, indemnify, and hold harmless the Institution and its medical affiliates and affiliated hospitals, and each of their trustees, officers, directors, governing bodies, subsidiaries, affiliates, investigators, employees, IRB members, agents, successors, heirs and assigns (collectively referred to as "**Institution's Indemnitees**"), from and against any third party claims, loss, damage, cost and expense of claims (including reasonable attorney's fees) and suits ("**Claims**"), alleged to be caused by or arising from the performance of the Study pursuant to the Protocol, or the correct and proper use of the Study Drug under the Protocol, or properly performed procedures required by the Protocol, or from the use of the Study results, or Sponsor's breach of this Agreement or violation of applicable law, or Sponsor's or CRO's negligence or willful misconduct, regardless of the legal theory asserted.

11.2 Sponsor shall have no obligation to provide such indemnification to the extent that such Claim is solely caused by Institution's Indemnitee(s)': (1) failure to adhere to and comply with all material and substantive specifications and directions set forth in the Protocol (except to the extent such deviation is reasonable to protect the rights, safety and welfare of the Study subjects); (2) material failure to comply with all applicable laws and regulations in the performance of the Study, or (3) if such claim is directly caused by the negligent acts or omissions of Institution's Indemnitees(s).

11.3 Subject to the limits and without waiving any immunities provided under applicable law (including constitutional provisions, statutes and case law, regarding the status, powers and authority of the Institution or the Institution's principal(s)), Institution shall indemnify, hold harmless and defend Sponsor, its directors, officers, employees and agents, ("Sponsor's Indemnitees") from and against only those third party Claims to the extent directly attributable to Institution's negligence in its conduct of the Study or breach of this Agreement. Notwithstanding the above, Institution shall have no obligation to indemnify Sponsor for any other Claims (including, but not limited to, infringement or product liability Claims).

11.4 The indemnified Party shall give notice to the indemnifying Party promptly upon receipt of written notice of a Claim for which indemnification may be sought under this Agreement, provided, however, that failure to provide such notice shall not relieve indemnifying Party of its indemnification obligations except to the extent that the indemnifying Party's ability to defend such Claim is materially, adversely affected by such failure. Indemnifying Party shall not make any settlement admitting fault or incur any liability on the part of the indemnified Party without indemnified Party's prior written consent, such consent not to be unreasonably withheld or delayed. The indemnified Party shall cooperate with indemnifying Party in all reasonable respects regarding the defense of any such Claim, at indemnifying Party's expense. The indemnified Party shall be entitled to retain counsel of its choice at its own expense. In the event a Claim falls under this indemnification clause, in no event shall the indemnified Party compromise or settle such Claim in a manner that admits any liability on the party of the indemnified Party with respect to any Claim without the prior written consent of the indemnifying Party, and such consent not to be unreasonably withheld or delayed.

NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, NEITHER PARTY, NOR ANY OF THEIR RESPECTIVE DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, OR AGENTS, SHALL BE LIABLE FOR SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING BUT NOT LIMITED TO THE LOSS OF OPPORTUNITY, OR LOSS OF REVENUE OR PROFIT, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT, EVEN IF ADVISED OF THE POSSIBILITY OF THE SAME.

12. Subject Injury

If a Study subject suffers an adverse reaction, illness, or injury that was directly caused by or related to a Study Drug or any properly performed procedures required by the Protocol, then Sponsor shall pay for the reasonable and necessary costs incurred for the diagnosis and treatment of such Study subject injury, including hospitalization, but only to the extent such expenses are not caused by (i) Institution's negligence or willful misconduct or (ii) the natural progression of an underlying or pre-existing condition or events, unless exacerbated by participating in the Study.

13. Insurance

13.1 Institution shall, at its sole cost and expense maintain a policy or program of insurance or self-insurance at the level of at least $1,000,000 per occurrence (or per claim) and $3,000,000 annual aggregate to support its obligations assumed in this Agreement. However, if Institution is a public entity entitled to governmental immunity protections under applicable state law, then Institution may provide liability coverage in accordance with any limitations associated with the applicable law.

13.2 Sponsor shall, at its sole cost and expense, procure and maintain commercial general liability insurance, clinical trial insurance and products liability insurance or equivalent self-insurance, unless otherwise indicated in an attachment, in amounts not less than $3,000,000 per occurrence and $10,000,000 annual aggregate. Such commercial general liability insurance, clinical trial insurance and products liability insurance or equivalent self-insurance shall provide contractual liability coverage for Sponsor's indemnification obligations herein.

13.3 Upon written request, either Party will provide evidence of its insurance or self-insurance acceptable to the other Party. A Party's inability to meet its insurance obligation constitutes material breach of this Agreement.

14. Term and Termination

14.1 This term of this Agreement shall commence upon the Effective Date and expire upon the completion of the Parties' Study-related activities under the Agreement, unless terminated early as further described in this Section.

14.2 Sponsor has the right to terminate the Study upon thirty (30) days prior written notice to the Institution. This Study may be terminated immediately at any time for any reason by the Institution or Sponsor when, in their judgment or that of the Principal Investigator, the Institution's IRB, Scientific Review Committee, if applicable, or the Food and Drug Administration, it is determined to be inappropriate, impractical, or inadvisable to continue, in order to protect the Study subjects' rights, welfare, and safety, or the IRB otherwise disapproves the Study. If for any reason Principal Investigator becomes unavailable to direct the performance of the work under this Agreement, Institution shall notify Sponsor. If the Parties are unable to identify a mutually acceptable successor, this Agreement may be terminated by either Party upon thirty (30) days written notice.

14.3 Notwithstanding the above, any Party may, in addition to any other available remedies:

a) immediately terminate this Agreement upon the other Party's material failure to adhere to the Protocol, except for deviation required to protect the rights, safety, and welfare of Study subjects; and/or

b) terminate this Agreement upon the other Party's material default or breach of this Agreement, provided that the defaulting/breaching Party fails to remedy such material default, breach, or failure to adhere to the Protocol within thirty (30) business days after written notice thereof.

14.4 In the event that this Agreement is terminated prior to completion of the Study, for any reason, Institution shall:

a) notify the IRB that the Study has been terminated;
b) cease enrolling subjects in the Study;
c) cease treating Study subjects under the Protocol as directed by Sponsor to the extent medically permissible and appropriate;
d) terminate, as soon as practicable, all other Study activities; and
e) furnish to Sponsor any required final report for the Study in the form reasonably acceptable to Sponsor.

Promptly following any such termination, Institution will provide to Sponsor copies of Data collected pursuant to the Study Protocol. Upon Sponsor's written request, Institution shall provide to Sponsor, at Sponsor's expense, all Sponsor's Confidential Information provided under this Agreement provided, however, that Institution may retain such Confidential Information for record keeping purposes, monitoring its obligations, and exercising its rights hereunder, subject to Institution's ongoing compliance with the confidentiality and non-use obligations set forth in this Agreement.

14.5 If this Study is terminated early by either Party, the Institution shall be reimbursed for all work completed, on a pro rata basis, and reasonable costs of bringing the Study to termination incurred through the date of termination, and for non-cancelable commitments properly incurred through that date. Upon receipt of notice of termination, Institution will use reasonable efforts to reduce or eliminate further costs and expenses and will cooperate with Sponsor to provide for an orderly winddown of the Study.

14.6. Subsections 1.4, 1.6, and 14.6, and Sections 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 19 and 23, shall survive any termination or expiration of this Agreement, except that Section 3 shall survive for the period stated in Section 3.1. Any provision of this Agreement that by its nature and intent remains valid after termination will survive termination.

15. Subject Material

15.1 "Subject Material" means any biologic material of human origin that is obtained from a subject in the Study, including, without limitation, tissues, blood, plasma, urine, spinal fluid, or other fluids obtained or derived from the Study subjects in accordance with and pursuant to the Protocol (**"Subject Material"**).

15.2 Institution agrees to provide the Subject Material to the Sponsor in accordance with the Protocol for the purposes of the Study. The Subject Material may be used by the Sponsor, central lab, or other contracted party as permitted by the Study subject's informed consent form or pertinent institutional review board(s). Sponsor agrees that any use of Subject Materials, other than as allowed by the Study subject's informed consent form, will require additional IRB review and approval.

16. Subcontract

Institution has the right to subcontract to other sites to conduct the Study in accordance with the Protocol with terms consistent with this Agreement after obtaining the prior written approval of the Sponsor, which approval shall not be unreasonably withheld. If Institution subcontracts any Study related duties, Institution shall contract with such subcontractors incorporating terms substantially similar to the terms herein and shall be liable for the performance of such subcontractors as if performed by Institution. Such subcontracts shall be provided to the Sponsor upon written request. The Sponsor has the right to subcontract to a third-party CRO or Academic Research Organization (ARO) and assign Study-related duties and rights to any Sponsor affiliate. If Sponsor subcontracts any Study-related duties and rights, Sponsor remains responsible for any of those duties and rights.

17. Notices

Any notice, authorization, approval, consent or other communication will be in writing and deemed given:

a) Upon delivery in person;
b) Upon delivery by courier;
c) Upon delivery date by a nationally-recognized overnight delivery service such as FedEx.
d)

If to Sponsor:
Eiger Biopharmaceuticals Inc.
Legal Department
Attn: Contracts2155 Park Boulevard, Palo Alto, CA 94306
Tel: 650-272-6138
Fax: 650-618-1621
legal@eigerbio.com

If to Institution:
University of Southern California
Attn: General Counsel
3551 Trousdale Parkway, ADM 352
Los Angeles, California 90089-5013
Phone: (213) 740-7922

With a copy to Principal Investigator:
University of Southern California
Attn: Dr. Norah Terrault, MD
Health Sciences Campus
2011 Zonal Ave.
Building: HMR
Los Angeles, California 90033

18. Independent Contractor

It is mutually understood and agreed that the relationship between Institution and Sponsor is that of independent contractors. No Party shall represent itself as the agent, employee, partner, joint venturer, or servant of the other. Except as specifically set forth herein, neither Party shall have nor exercise any control or direction over the methods by which the other Party performs work or obligations under this Agreement. Further, nothing in this Agreement is intended to create any partnership, joint ventures, lease, or equity relationship, expressly or by implication, between the Parties.

19. Clinical Trial Registry

Prior to enrollment of the first subject in the Study, Sponsor agrees to ensure that the Study is fully registered on

www.clinicaltrials.gov in accordance with the requirements of the International Committee of Medical Journal Editors (ICMJE) and Public Law 110-85. Results of this Study will be reported in compliance with applicable laws.

20. Non-Referral/Anti-Corruption Language

20.1 The Institution and Sponsor agree that it is not their intent under this Agreement to induce or encourage the unlawful referral of subjects or business between the Parties, and there shall not be any requirement under this Agreement that either Party, its employees or affiliates, including its medical staff, engage in any unlawful referral of subjects to, or order or purchase products or services from, the other Party.

20.2 Institution and Sponsor agree that their employees, who are involved in the conduct of the Study, will not offer, pay, request or accept any bribe, inducement, kickback or facilitation payment, and shall not make or cause another to make any offer or payment to any individual or entity for the purpose of influencing a decision for the benefit of the other Party.

21. Force Majeure

If either Party hereto shall be delayed or hindered in, or prevented from, the performance of any act required hereunder for any reason beyond such Party's direct control, including but not limited to, strike, lockouts, labor troubles, governmental or judicial actions or orders, riots, insurrections, war, acts of God, inclement weather, or other reason beyond the Party's control (a "Disability") then such Party's performance shall be excused for the period of the Disability. Any Study timelines affected by a Disability shall be extended for a period equal to the delay and any affected Budget shall be adjusted to account for cost increases or decreases resulting from the Disability. The Party affected by the Disability shall notify the other Party of such Disability as provided for herein.

22. Counterparts

This Agreement may be executed in any number of counterparts, each of which shall be an original and all of which together shall constitute one and the same document, and is binding on all Parties notwithstanding that each of the Parties may have signed different counterparts. Facsimiles or scanned copies of signatures or electronic images of signatures shall be considered original signature unless prohibited by applicable law.

23. Debarment

The Institution certifies that to its knowledge neither it, nor any of its employees, agents or other persons performing the Study under its direction, is currently debarred, suspended, or excluded under the Federal Food, Drug and Cosmetic Act, as amended, or disqualified under the provisions of 21 CFR§312.70. In the event that the Principal Investigator or any Study personnel becomes debarred or disqualified during the term of this Agreement or within 1 year after termination of the Study, the Institution agrees to promptly notify Sponsor after learning of such event. Institution certifies that it is not excluded from a federal health care program, including Medicare and Medicaid. In the event an Institution becomes excluded during the term of this Agreement or within 1 year after termination of the Study, the Institution agrees to promptly notify Sponsor after learning of such event.

24. Choice of Law

This Agreement shall be governed by and construed in accordance with the State of California, without giving effect to the principles of conflicts of law thereof. Any legal suit, action, or proceeding relating to this Agreement shall be instituted in the courts of Los Angeles, California.

25. Entire Agreement

Section and clause headings are used herein solely for convenience of reference and are not intended as

substantive parts of the Parties' agreement. This CTA incorporates the Exhibits referenced herein. This written CTA constitutes the entire agreement between the Parties concerning the subject matter, and supersedes all other or prior agreements or understandings, whether written or oral, with respect to that subject matter. Any changes made to the terms, conditions or amounts cited in this CTA require the written approval of each Party's authorized representative.

The authorized representatives of the Parties have signed this CTA as set forth below.

EIGER BIOPHARMACEUTICALS, INC.

DocuSigned by:
Sergey Pavlenko, MD
Signer Name: Sergey Pavlenko, MD
Signing Reason: I approve this document
Signing Time: 11 March 2022 | 1:43:28 PM CST
18BB1EF28D0D45F2B72092F45DBEAC54

By: _____
An authorized signatory of Biorasi, LLC under a Power of Attorney authorizing the signatory to execute in the name of and on behalf of Eiger BioPharmaceuticals, Inc.

Name: Sergey Pavlenko, MD
Title: Director, Project Management
Date: 11 March 2022

UNIVERSITY OF SOUTHERN CALIFORNIA

By: DocuSigned by:
E1FC2FDE26CD4E8...

Name: Jeri Muniz
Title: Executive Director
Date: 3/9/2022

Read & Acknowledged:
PRINCIPAL INVESTIGATOR

By: DocuSigned by:
E72A474A78E140F...

Name: Norah Terrault, MD
Date: 3/9/2022

EXHIBIT A PROTOCOL

(Incorporated herein by reference.)

EXHIBIT B

BUDGET & PAYMENT SCHEDULE

INVESTIGATOR INFORMATION

First Name	**Norah**
Middle Name	**A**
Last Name	**Terrault**
Medical Credentials	**MD**
NPI #	**1225086283**
License #	**A60147**
State	**California**
Country	**US**

PAYEE DETAILS

The Parties agree that the payee designated below is the proper payee for this Agreement, and that payments under this Agreement will be made only to the following payee ("**Payee**"):

Payee Name	University of Southern California
Payee Street Address	3500 S. Figueroa Street, Suite 110
Payee City, State ZIP	Los Angeles, CA 90089
Payee Tax ID	95-1642394
Bank Name	Bank of America
Bank Address	333 S. Hope Street Los Angeles, CA 90071
Bank Routing Number	122000661
Payee Bank Account	1459406561
Payee Contact information for recipient of payment notifications	Lisa Manion (323) 865-7896 lisa.manion@med.usc.edu

The Parties acknowledge that the designated Payee is authorized to receive all of the payments for the services performed under this Agreement.

In case of changes in the Payee's address or bank account number, Institution is obliged to inform Biorasi in writing. The Parties agree that in case of changes in address which do not involve a change of Payee, tax numbers, or tax-exempt status, no further amendments are required.

If the Investigator is not the Payee, then the Payee's obligation to reimburse the Investigator, if any,is determined by a separate agreement between Investigator and Payee, which may involve different payment amounts and different payment intervals than the payments made by Biorasi to the Payee.

Investigator acknowledges that if Investigator is not the Payee, Biorasi will not pay Investigator evenif the

Payee fails to reimburse Investigator.

PAYMENT TERMS
Sponsor has engaged Biorasi, LLC (**"Biorasi"**) to administer payments for the Study. Biorasi will administer payment to the Payee monthly, on a completed visit per-subject basis in accordance with the attached Budget. Ninety percent (90%) of each payment due will be made based upon prior month enrollment data confirmed by subject CRFs received from the site supporting subject visits. No invoices will be required for Study Subject scheduled visit payments.

The balance of monies earned of the ten percent (10%), will be paid by Biorasi to the Payee upon, final acceptance by Sponsor of all CRFs pages, all data clarifications issued, the receipt and approval of any outstanding regulatory documents as required by this Agreement, the certified return or destruction of all unused supplies to Biorasi at Sponsor's sole cost, and upon satisfaction of all other applicable conditions set forth in the Agreement.

Major, disqualifying Protocol violations may not be payable under this Agreement, provided thatall procedures performed up to such Protocol violation, if any, shall be payable as otherwiserequired under this Agreement. Sponsor and Institution will engage in good faith discussions to address any such issues and payments thereof.

The Study initiation fees paid, including any IRB fees, are not refundable, and in the event of any termination of the Study, the Sponsor will be responsible for all actual costs including non- cancelable obligations of the Institution in accordance with the Budget. In the event of early termination, hereunder, the total sums payable by Sponsor shall be equitablypro-rated for actual work performed to the date of termination.

PAYMENT DISPUTE
Site will use reasonable efforts to dispute any payment within ninety (90) business days from the receipt of payment during the course of the Study.

DISCONTINUED OR EARLY TERMINATION
Reimbursement for discontinued or early termination Study subjects will be prorated for actual work performed, based on the number of confirmed completed visits and/or procedures performed.

INVOICES
Payments will be issued by Biorasi based on Budget, payment frequency and payment terms as described above. Payments will be made only upon receipt of corresponding invoices, including back-up documentation where available in the specified currency, as described below. Invoices will be payable within thirty (30) days from the date of receipt by Biorasi of the invoice, including any applicable back-up documentation where available.

Invoices for any additional payments to those noted above (i.e., additional reimbursements) must also be sent to Biorasi and approved by Sponsor or Biorasi. Other than for unscheduled visits, payments for visits do not require an invoice. All invoices shall be raised in the following manner:

Invoices to be **billed** to:
Eiger BioPharmaceuticals, Inc.
2155 Park Blvd.
Palo Alto, CA 9430

Invoices to be sent to:
Biorasi, LLC
18851 NE 29th Ave #800
Aventura, FL 33180
AP@biorasi.com

The following information should be included on the invoice:

- Investigator Name
- Invoice Date
- Payee/Site Name (must match Payee indicated above)
- Sponsor Name
- Payment Amount
- Invoice Number
- Complete description of services rendered/details of expense(s)
- Study Number: EIG-LMD-002 /157-2

All invoice and payment related inquiries shall be addressed directly to Biorasi at AP@biorasi.com , telephone +1 785 388-0700

Screening
Reimbursement for screen failures will be at the amount indicated up to the total of the screening visits within the Budget, staff time and overhead, per screen fail.

To be eligible for reimbursement of a screening visit, completed screening CRF pages must be submitted to Biorasi along with any additional information, which may be requested by Biorasi to appropriately document the subject screening procedures.

UNSCHEDULED VISITS
Payment for unscheduled visits will be based on the procedures actually performed and invoiced at the amounts indicated in the Budget and institutional overhead. Unscheduled visits shall be reimbursed upon receipt of a valid invoice. Subject number and visit/dates must be included on the invoice for payment to be issued.

STUDY SUBJECT STIPENDS
Study subjects may receive travel reimbursement to attend Study visits by Greenphire Clincard. Greenphire Clincard will generate payments directly to Study subjects as outlined in the informed consent form. Institution will not handle this reimbursement nor will incur any expenses.

SITE FEES / CONDITIONAL FEES
IRB Fees
Institution will be reimbursed on a pass-through basis upon receipt of invoice for local IRB/IEC costs in the amounts indicated on the attached Budget. Central IRB/IEC costs will be reimbursed directly to the Central IRB by Biorasi or Sponsor and these cost are not included in the attached Budget.

A non-refundable payment for the initial review and approval of the Protocol by Institution's IRB shall be paid by Sponsor to Institution based on an invoice submitted directly by Institution. For clarity, the Payee and remit-to address for all payments to Institution is the same for Institutional local IRB fees as for all other Study costs. Sponsor agrees to pay for the initial IRB review cost regardless of whether the Study Protocol is approved.

Administrative Study Start-Up Fee
A one-time, non-refundable payment of $18,180 USD which includes overhead, to cover Study start-up activities will be made upon execution of this Agreement and receipt of an invoice. This fee does not include the local IRB review fees as noted above and is not contingent on IRB approval.

Pharmacy Set-Up Fee
A onetime, non-refundable Pharmacy Set-Up payment of $1250 USD, will be made upon completion and receipt by Biorasi of all original contractual and regulatory documentation and receipt of an invoice.

Record Storage Fee/Archiving Fee
A record storage payment of $1350 USD inclusive of overhead, will be made upon receipt of invoice. In accordance with Sponsor's Protocol requirements, site shall maintain all site Study records in a safe and secure location to allow easy and timely retrieval, when needed.

Study Close-Out Fee
A one-time, non-refundable Study Close-Out payment of $2000 USD inclusive of overhead will be made upon completion and approval by Biorasi of any outstanding data documentation (eCRFs and data clarifications issued) and regulatory documentation and upon receipt of invoice.

Protocol Amendment Processing Fee
A Protocol Amendment Processing Fee of $750 USD inclusive of overhead, will be made upon receipt of invoice in the event of a Sponsor-driven Protocol amendment.

IND Safety Reporting Fee
IND Safety reporting will be reimbursed at a rate of $40 USD inclusive of overhead, per report received by site. Date of report must be received with invoice.

Sponsor Audits
A Sponsor Audit fee will be reimbursed upon receipt of invoice only in the event of such an audit which is conducted for any reason other than "for cause," at an amount not to exceed $1000 USD per day inclusive of overhead, per audit.

Inform Consent Form Re-Consent Processing Fee
An Inform Consent Form Revision Processing Fee of $50 USD inclusive of overhead, will be made upon receipt of invoice in the event of a Sponsor-driven Protocol amendment, which requires resultant revisions to the inform consent form.

BUDGET TABLE

	Sites Completed Cost for Patient Arm 1	Sites Completed Cost for Patient Arm 2
Site Total	$ 45,759.60	$ 55,036.80

Continues on next page

Line No.	Study Period	Screening	Study Visit 1 Screening for Run In	Study Visit 2 Screening for Eligibility
	Study Week			
	Study Day		-112	-28
	Study Procedure	Site Cost of Procedure		
1	Informed consent	$ 150.00	$ 150.00	
2	Inclusion / Exclusion criteria	$ 100.00	$ 100.00	$ 100.00
3	Medical History	$ 80.00	$ 80.00	$ 80.00
4	Abdominal Imaging1	INV		INV1
5	Demographics	$ 30.00	$ 30.00	
6	Comprehensive Physical Exam	$ 418.00		$ 418.00
7	Vital Signs	$ 225.00	$ 225.00	Included w/ physical
8	Electrocardiogram	$ 108.00	$ 108.00	$ 108.00
9	FibroTest and/or FibroScan (FibroScan only if equipment is available)	INV		INV
10	Ophthalmological Exam	$ 333.00		$ 333.00
11	Clinical Laboratory test (Local Lab) (Hematology, Chemistry, Urinalysis, Hepatitis B Core Antibody)	$ 95.00	$ 95.00	
12	Urine Drug Screen (Site will use Kit provided by Q2 to be done locally)	$ 22.00		$ 22.00
13	Blood Alcohol Test	$ 30.00		$ 30.00
14	Serum Pregnancy test (Local Lab)*3	INV	INV	
15	Pregnancy Test urine (Local)	INV	INV	
16	Central lab: collection, processing, shipping and handling. (Hematology, Chemistry, Urinalysis, HBV Genotyping, HBV DNA viral load, HBV Serology, HCV RNA viral load, HDV RNA viral load and HIV RNA Viral Load)	$ 157.00		$ 157.00
17	CTU services	$ 246.00		$ 246.00
18	HCV RNA Viral load, HCV serology, HDV Serology, HDV RNA Viral Load, HIV RNA Viral Load, HIV Serology (Through local laboratory only for SV1 , if no historical data is available)*2	INV	INV	
19	Anti-HBV NUC therapy	$ 30.00	$ 30.00	$ 30.00
20	Concomitant medications collection	$ 45.00	$ 45.00	$ 45.00
21	Adverse events	$ 45.00	$ 45.00	$ 45.00
22	Study Coordinator Fee	$ 375.00	$ 375.00	$ 375.00
23	Investigator Fee	$ 250.00	$ 250.00	$ 250.00
25	Procedures Subtotal		$ 1,533.00	$ 2,239.00
26	Overhead Fee	35%	$ 536.55	$ 783.65
27	Total Cost Per Subject		$ 2,069.55	$ 3,022.65

	TOTAL PER SUBJECT PAYMENT FOR SV 1 and SV 2	$ 5,092.20

1. Abdominal Imaging (eg, ultrasound, MRI, CT) performed if patient does not have abdominal imaging documentation ≤ 6 months before screening at Screening Visit 2.
2. If no Historical data within 6 months is available these are to be done through Local Laboratory
3. Screening Visit 1 urine pregnancy test will be done locally. Any positive tests must be confirmed by a serum pregnancy test performed locally. Screening Visit 2 serum pregnancy tests are to be performed at the study central lab.

	Payment Schedule:
a.	BIORASI will administer payments to site based on completed visits per subject after confirmation of EDC data completion.
b.	Reimbursement for screen failures will be in the amount indicated in the budget for work performed, staff time and overhead.
c.	Payment for unscheduled visits will be based on the procedures actually performed and invoiced at the amounts indicated within this Budget and overhead.

Additional Study Related Costs (Payable Upon Invoice) 35% OH included when applicable	Site Cost of Service/procedure
Study Start-Up Fee (includes Staff training, Document preparation and Protocol review)	$ 6,325
CTO Startup Fee	$ 5,000
CTU Startup fee	$ 2,350
Medicine Research Unit (MRU) Fee	$ 3,000
Radiology Set up fee	$ 405
Pharmacy Fee Startup fee	$ 1,250
Initial IRB Preparation Fee for Ceded review (Central IRB)	$ 1,100
IRB Initial Ceded Review Fee (Central IRB)	$ 1,500
Protocol Amendment Processing Fee	$ 750
Re-Consents per Occurrence (Invoiced)	$ 50
Annual Administrative Maintenance Fee	$ 500
Annual Pharmacy Maintenance & Storage Fee	$ 1,000
IND Safety Reporting Fee (Per report, Invoiced)	$ 40
Serious Adverse Event Reporting Fee (Per report)	$ 250
Audit Fee (Per day)	$ 1,000
Office Monitoring Visit* (Per day)	$ 750
Remote Monitoring Visit (Per hour)	$ 200
Pre- Screening (per patient)	$ 135
i2b2 database use per hour	Per Third party invoice plus 35%
Informed Consent Form Translation Fee	Actual + 35% OH
Screen Failures 1	Actual cost + 35% OH
Screen Failures 2	Actual cost + 35% OH
Pharmacy Close-Out Fee	$ 800
Document Archiving (Paid at Study Close Out) 10 years	$ 1,350
Study Close Out	$ 2,000
Ophthalmological exam (follow up) on EOS	$ 416.00
Random Sparse PK Sampling (Central Lab Blood collection, processing and shipping)	$ 180
Abbrv. Physical Exam (Invoiced)	$ 498
Fibrotest	$ 97
FibroScan (If equipment is Available)	$ 500
Clinical work-up test: anti-SLA liver kidney microsome type III antibody [anti-LKM3] and anti-p62 antibody - Local Laboratory if available	INV
Urine Pregnancy test (Local Lab)	$ 29
Serum Pregnancy test (Local Lab)	$ 30
HCV RNA viral load (Local Lab)	$ 70
HCV serology (Local Lab)	$ 26
HDV serology (Local Lab)	$ 28
HDV RNA viral load (Local Lab)	$ 57
HIV RNA viral load (Local Lab)	$ 138
HIV serology (Local Lab)	$ 40
CT Abdomen w/o & w/ Contrast	$ 788
MRI Abdomen w/o & w/ Contrast	$ 1,302
Ultrasound Abdominal (complete)	$ 326

***The office monitoring fee does not include the changes from third parties to meet monitoring requirements.**

Line No.	ARM 1		Treatment Phase Arm 1																		
	Study Period		R/BL	ST 1	ST 2	ST 3	ST 4	ST 5	ST 6	ST 7	ST 8	ST 9	ST 10	ST 11	ST 12	ST 13	ST 14	ST 15	ST 16/ EOT	Complete Cost
	Study Week		Day 1	Week 1	Week 2	Week 4	Week 6	Week 8	Week 10	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48	
	Study Day		1	8	15	29	43	57	71	85	113	141	169	197	225	253	281	309	337	
	Study Procedure	Cost of Procedure																		
1	Comprehensive Physical Exam	$ 418.00	$ 418.00																$ 418.00	$ 836.00
2	Abbreviated Physical Exam*	$ 369.00				INV		INV			INV		INV		INV		INV			
3	Vital Signs	$ 225.00	Included w/ physical							$ 225.00			$ 225.00			$ 225.00			$ 225.00	$ 900.00
4	Electrocardiogram	$ 108.00	$ 108.00										$ 108.00						$ 108.00	$ 324.00
5	FibroTest and/or FibroScan (FibroScan only if equipment is available)	INV																	INV	
6	Central lab: collection, processing, shipping and handling. (Hematology, Chemistry, Urinalysis, HBV Genotyping, HBV DNA viral load, HBV Serology, HCV RNA viral load, HDV RNA viral load and HIV RNA Viral Load)	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 2,669.00
7	CTU Facility and Services	Varies	$ 279.00	$ 162.00	$ 117.00	$ 117.00	$ 102.00	$ 177.00	$ 117.00	$ 159.00	$ 87.00	$ 87.00	$ 219.00	$ 87.00	$ 162.00	$ 159.00	$ 147.00	$ 87.00	$ 264.00	$ 2,529.00
8	Pregnancy test Serum	INV	INV																	$ -
9	Pregnancy Test urine	INV	INV					INV			INV		INV		INV		INV		INV	$ -
14	Serum sample for PK and ADA	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00			$ 60.00			$ 60.00			$ 60.00	$ 660.00
16	Concomitant medications	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 765.00
17	Clinical work-up[1] (Additional Central Labs)	$ 133.00		INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV		$ -
18	Adverse events	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 765.00
19	Study Drug Dispensation	$ 55.00	$ 55.00			$ 55.00		$ 55.00		$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00		$ 660.00
20	Study Drug Administration	$ 108.00	$ 108.00																	$ 108.00
21	Study Drug Accountability (Pharmacy log and IRT)	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 680.00
22	PRO - mTSQM and treatment experience	$ 30.00				$ 30.00				$ 30.00			$ 30.00						$ 30.00	$ 120.00
23	Patient Diary	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 680.00
24	Study Coordinator Fee	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 6,375.00
25	Investigator Fee	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 4,250.00
27	Procedures Subtotal		$ 1,980.00	$ 1,174.00	$ 1,129.00	$ 1,214.00	$ 1,114.00	$ 1,244.00	$ 1,129.00	$ 1,481.00	$ 1,094.00	$ 1,094.00	$ 1,649.00	$ 1,094.00	$ 1,169.00	$ 1,451.00	$ 1,154.00	$ 1,094.00	$ 2,057.00	$ 22,321.00
28	Overhead Fee	35%	$ 693.00	$ 410.90	$ 395.15	$ 424.90	$ 389.90	$ 435.40	$ 395.15	$ 518.35	$ 382.90	$ 382.90	$ 577.15	$ 382.90	$ 409.15	$ 507.85	$ 403.90	$ 382.90	$ 719.95	$ 7,812.35
29	Total Cost Per Subject	[redacted]	$ 2,673.00	$ 1,584.90	$ 1,524.15	$ 1,638.90	$ 1,503.90	$ 1,679.40	$ 1,524.15	$ 1,999.35	$ 1,476.90	$ 1,476.90	$ 2,226.15	$ 1,476.90	$ 1,578.15	$ 1,958.85	$ 1,557.90	$ 1,476.90	$ 2,776.95	$ 30,133.35

TOTAL PER SUBJECT PAYMENT FOR ARM 1	$ 30,133.35

1 All patients who develop hepatobiliary abnormalities suggestive of a potential DILI (Table 8) should have a clinical work-up as described in Section 5.1.9.1. (INV)

ARM 2			NUC Treatment Phase Arm 2								Study Treatment Phase Arm 2																		
Line No.	Study Period		R	NT 1	NT 2	NT 3	NT 4	NT 5	NT 6	BL	ST 1	ST 2	ST 3	ST 4	ST 5	ST 6	ST 7	ST 8	ST 9	ST 10	ST 11	ST 12	ST 13	ST 14	ST 15	ST 16/ EDT		
	Study Week		Day 1	Week 1	Week 2	Week 4	Week 6	Week 8	Week 10	Week 12	Week 13	Week 14	Week 16	Week 18	Week 20	Week 22	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48	Week 52	Week 56	Week 60		
	Study Day		-1	8	15	29	43	57	71	85	92	99	113	127	141	155	169	197	225	253	281	309	337	365	393	421		
	Study Procedure	Site Cost of Procedure																										Complete Cost
1	Comprehensive Physical Exam	$ 418.00								$ 418.00																$ 418.00	$	836.00
2	Abbreviated physical Exam*	$ 369.00	INV			INV		INV					INV		INV			INV		INV		INV					$	-
3	Vital Signs	$ 225.00	$ 225.00							Included w/ physical							$ 225.00			$ 225.00			$ 225.00			Included w/ physical	$	900.00
4	Electrocardiogram	$ 108.00								$ 108.00										$ 108.00						$ 108.00	$	324.00
5	FibroTest and/or FibroScan (FibroScan only if equipment is available)	INV																								INV		
6	Central lab: collection, processing, shipping and handling, (Hematology, Chemistry, Urinalysis, HBV Genotyping, HBV DNA viral load, HBV Serology, HCV RNA viral load, HDV RNA viral load and HIV RNA Viral Load)	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$	3,768.00
7	CTU Facility and Services	Varies	$ 237.00	$ 135.00	$ 75.00	$ 135.00	$ 60.00	$ 135.00	$ 60.00	$ 252.00	$ 165.00	$ 105.00	$ 165.00	$ 90.00	$ 165.00	$ 105.00	$ 147.00	$ 135.00	$ 75.00	$ 207.00	$ 75.00	$ 150.00	$ 147.00	$ 135.00	$ 75.00	$ 267.00	$	3,297.00
8	Pregnancy test Serum	INV	INV							INV																	$	-
9	Pregnancy Test urine	INV	INV							INV					INV			INV		INV		INV				INV	$	-
14	Serum sample for PK and ADA	$ 60.00								$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00			$ 60.00			$ 60.00			$ 60.00	$	660.00
16	Concomitant medications	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$	1,080.00
17	Clinical work-up[1] (Additional Central Labs)	$ 133.00									INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV		$	-
18	Adverse events	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$	1,080.00
19	Study Drug Dispensation	$ 55.00								$ 55.00			$ 55.00		$ 55.00		$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00	$ 55.00		$	660.00
20	Study Drug Administration	$ 108.00								$ 108.00																	$	108.00
21	Study Drug Accountability	$ 40.00								$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$	680.00
22	Patient Diary	$ 40.00								$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$ 40.00	$	680.00
23	PRO - mTSQM and treatment experience	$ 30.00											$ 30.00				$ 30.00			$ 30.00						$ 30.00	$	120.00
24	Study Coordinator Fee	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$ 375.00	$	9,000.00
25	Investigator Fee	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$	6,000.00
27	Procedures Subtotal		$ 1,334.00	$ 1,007.00	$ 947.00	$ 1,007.00	$ 932.00	$ 1,007.00	$ 932.00	$ 1,953.00	$ 1,177.00	$ 1,117.00	$ 1,262.00	$ 1,102.00	$ 1,232.00	$ 1,117.00	$ 1,469.00	$ 1,142.00	$ 1,082.00	$ 1,637.00	$ 1,082.00	$ 1,157.00	$ 1,439.00	$ 1,142.00	$ 1,082.00	$ 1,835.00	$	29,193.00
28	Overhead Fee	35%	$ 466.90	$ 352.45	$ 331.45	$ 352.45	$ 326.20	$ 352.45	$ 326.20	$ 683.55	$ 411.95	$ 390.95	$ 441.70	$ 385.70	$ 431.20	$ 390.95	$ 514.15	$ 399.70	$ 378.70	$ 572.95	$ 378.70	$ 404.95	$ 503.65	$ 399.70	$ 378.70	$ 642.25	$	10,217.55
29	Total Cost Per Subject		$ 1,800.90	$ 1,359.45	$ 1,278.45	$ 1,359.45	$ 1,258.20	$ 1,359.45	$ 1,258.20	$ 2,636.55	$ 1,588.95	$ 1,507.95	$ 1,703.70	$ 1,487.70	$ 1,663.20	$ 1,507.95	$ 1,983.15	$ 1,541.70	$ 1,460.70	$ 2,209.95	$ 1,460.70	$ 1,561.95	$ 1,942.65	$ 1,541.70	$ 1,460.70	$ 2,477.25	$	39,410.55

Template total per subject payment for Arm 2	
TOTAL PER SUBJECT PAYMENT FOR ARM 2	$ 39,410.55

1 All patients who develop hepatobiliary abnormalities suggestive of a potential DILI (Table 8) should have a clinical work-up as described in Section 5.1.9.1. (INV)

	ARM 1 & 2		Post Treatment Follow-Up						
Line No.	Study Period		PT-1	PT-2	PT-3	PT-4	PT-5	PT-6	
	Study Week (Arm 1)		52	56	60	64	68	72	
	Study Day (+4 days) (Arm 1)		365	393	421	449	477	505	
	Study Week (Arm 2)		64	68	72	76	80	84	
	Study Day (+4 days) (Arm 2)		449	477	505	533	561	589	
	Study Procedure	Cost of Procedure							Complete Cost
1	Abbreviated physical Exam	$ 369.00	INV		INV			$ 369.00	$ 369.00
2	Vital Signs	$ 225.00	$ 225.00	$ 225.00	$ 225.00	$ 225.00	$ 225.00	included w/ physical	$ 1,125.00
3	Electrocardiogram	$ 108.00	$ 108.00		$ 108.00			$ 108.00	$ 324.00
4	Fibroscan and FibroTest	INV						INV	
5	Central lab: collection, processing, shipping and handling. (Hematology, Chemistry, Urinalysis, HBV Genotyping, HBV DNA viral load, HBV Serology, HCV RNA viral load, HDV RNA viral load and HIV RNA Viral Load)	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 157.00	$ 942.00
6	CTU Facility and Services	Varies	$ 183.00	$ 183.00	$ 198.00	$ 183.00	$ 183.00	$ 213.00	
7	Pregnancy Test urine	INV	INV	INV	INV	INV	INV	INV	$ -
10	Serum sample for PK and ADA	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 60.00	$ 360.00
d	Concomitant medications	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 270.00
13	Adverse events	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 45.00	$ 270.00
14	Ophthalmological Exam (Only to be conducted for patients observed with clinically meaningful ocular findings during the Treatment period)	INV						INV	
15	Study Coordinator Fee	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 350.00	$ 2,100.00
16	Investigator Fee	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 150.00	$ 900.00
17									
18	Procedures Subtotal		$ 1,323.00	$ 1,215.00	$ 1,338.00	$ 1,215.00	$ 1,215.00	$ 1,497.00	$ 7,803.00
19	Overhead Fee	35%	$ 463.05	$ 425.25	$ 468.30	$ 425.25	$ 425.25	$ 523.95	$ 2,731.05
20	Total Cost Per Subject		$ 1,786.05	$ 1,640.25	$ 1,806.30	$ 1,640.25	$ 1,640.25	$ 2,020.95	$ 10,534.05

	TOTAL PER SUBJECT PAYMENT FOR PT Follow up Arm 1 & 2	$ 10,534.05

NO OTHER ADDITIONAL FUNDING REQUESTS WILL BE CONSIDERED provided that unanticipated costs will be submitted by Institution to Sponsor for its approval.

These amounts include all applicable taxes.

All payments for this Study in accordance with this Exhibit B and Budget will be administered and paid by Biorasi electronically.

EXHIBIT C

Administrative & Study Points of Contact

DocuSign

Certificate Of Completion

Envelope Id: F1AC351DF0E34B9281B11007F7980329
Subject: Please DocuSign: Site 2021 Terrault / EIG-LMD-002 Site CTA / #3571
Sponsor Project Code: 157-2
Quality Document Type:
Source Envelope:
Document Pages: 24
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Signatures: 1
Initials: 0

Envelope Originator:
Cara Jacobs
18851 NE 29th Ave #800
Aventura, FL 33180
cjacobs@biorasi.com
IP Address: 136.35.127.99

Record Tracking

Status: Original
3/11/2022 1:10:54 PM

Holder: Cara Jacobs
cjacobs@biorasi.com

Location: DocuSign

Signer Events	Signature	Timestamp
Sergey Pavlenko, MD spavlenko@biorasi.com Director, Project Management Biorasi Security Level: Email, Account Authentication (Required)	Sergey Pavlenko, MD Signature Adoption: Pre-selected Style Signature ID: 18BB1EF2-8D0D-45F2-B720-92F45DBEAC54 Using IP Address: 134.56.192.8 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 3/11/2022 1:13:10 PM Viewed: 3/11/2022 1:43:03 PM Signed: 3/11/2022 1:43:36 PM

Electronic Record and Signature Disclosure:
Accepted: 6/23/2020 6:45:34 PM
ID: f35aea54-68c8-4277-beef-87a199a92bce

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Karla Vasquez kvasquez@biorasi.com Security Level: Email, Account Authentication (Required)	COPIED	Sent: 3/11/2022 1:13:11 PM Viewed: 3/11/2022 1:14:07 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/11/2022 1:13:11 PM
Certified Delivered	Security Checked	3/11/2022 1:43:03 PM
Signing Complete	Security Checked	3/11/2022 1:43:36 PM
Completed	Security Checked	3/11/2022 1:43:36 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Biorasi, LLC (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Biorasi, LLC:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: mrudolph@biorasi.com

To advise Biorasi, LLC of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at mrudolph@biorasi.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Biorasi, LLC

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to mrudolph@biorasi.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Biorasi, LLC

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to mrudolph@biorasi.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Biorasi, LLC as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Biorasi, LLC during the course of your relationship with Biorasi, LLC.

First Amendment
To Clinical Trial Agreement

This First Amendment ("First Amendment") to the March 11, 2022 Clinical Trial Agreement ("**Agreement**") between Eiger BioPharmaceuticals, Inc., a corporation having its principal place of business at 2155 Park Blvd., Palo Alto, CA 94306 ("**Sponsor**") and the University of Southern California, a California non-profit public benefit corporation with an address located at 1640 Marengo St., 7th Floor, Los Angeles, CA 90033 ("**Institution**") is made as of November 14, 2022 ("First **Amendment Effective Date**"). Sponsor and Institution are herein referred to collectively as "Parties." Individually, each is a "Party."

Background:

The Parties wish to amend the Agreement to update the budget as set forth below based on Protocol Amendment 2, V 3.0 dated 15April2022.

NOW, THEREFORE, in consideration for the mutual promises made in this First Amendment and for valid consideration, the Parties agree as follows:

1. The **Budget Table** in **Exhibit B (Budget & Payment Schedule)** is hereby deleted in its entirety and replaced with the revised Budget Table attached hereto as Attachment 1.

2. Except as specifically amended by this First Amendment, all other provisions of the Agreement remain in full force and effect. This First Amendment shall not constitute or operate as a waiver of, or estoppel with respect to, any provisions of the Agreement by any party hereto.

The authorized representatives of the Parties have signed this First Amendment to the Agreement as set forth below.

Eiger BioPharmaceuticals, Inc.

DocuSigned by:
Nancy Newark
Signer Name: Nancy Newark
Signing Reason: I approve this document
Signing Time: 05 May 2023 | 11:42:36 AM PDT
D9FAC241E8AA4256BC00A9169041C586

By:
Name: Nancy Newark
Title: Vice President, Project Mgmt.
Date:

An authorized signatory of Biorasi, LLC under a Power of Attorney authorizing the signatory to execute in the name of and on behalf of Eiger BioPharmaceuticals, Inc.

University of Southern California

DocuSigned by:
Teresa Trejo
F30EE2755F054A8...

By:
Name: Teresa Trejo
Title: Clinical Trials Budgeting Manager, CTO
Date: 5/1/2023

Read & Acknowledged:
Principal Investigator

DocuSigned by:
Norah Terrault, M.D.
E7D7BA4A36A34E7...

Signed:
Name: Norah Terrault, MD
Title: Principal Investigator
Date: 4/26/2023

Attachment 1 – Revised Budget Table

Line No.	Screening Study Period		Study Visit 1 Screening for Run In	Study Visit 2 Screening for Eligibility
	Study Week			
	Study Day		-112	-28
	Study Procedure	Cost of Procedure		
1	Informed consent	$150.00	$150.00	
2	Inclusion / Exclusion criteria	$100.00	$100.00	$100.00
3	Medical History	$80.00	$80.00	$80.00
4	Abdominal Imaging *1	INV		INV
5	Demographics	$30.00	$30.00	
6	Comprehensive Physical Exam	$418.00		$418.00
7	Vital Signs	$225.00	$225.00	Included w/ physical
8	Electrocardiogram	$108.00	$108.00	$108.00
9	FibroTest*6 and/or FibroScan (FibroScan only if equipment is available)	INV		INV
10	Ophthalmological Exam	$333.00		$333.00
11	Local Labs: Clinical Laboratory test (Hematology, Chemistry, Urinalysis, Amylase, cholesterol, creatine kinase, GGT, LDH, Magnesium, Phosphorus, T3, TSH, Triglycerides Uric Acid, Coagulation parameters, CKD-EPI, thyroid panel and AFP) *4	$202.28	$202.28	
12	Urine Drug Screen (Site will use kit provided by Q2 to be done locally)	$22.00		$22.00
13	Blood Alcohol Test	$30.00		$30.00
14	Serum Pregnancy test (Local Lab)*3	INV	INV	
15	Pregnancy Test urine (Local lab)*3	INV	INV	
16	Central Lab: collection, processing, shipping and handling. (Routine Hematology, chemistries, coagulation parameters, and urinalysis; CKD-EPI, thyroid panel, and AFP, HBV DNA viral load, HBV Serology, HCV RNA viral load, HDV RNA viral load and HIV RNA Viral Load ~~(Central Lab)~~	$157.00		$157.00
17	HCV RNA Viral load, HCV serology, HDV Serology (*4&5), HDV RNA Viral Load (*4&5), HIV RNA Viral Load, HIV Serology (Through local laboratory only for SV1 , if no historical data is available) *2	INV	INV	
18	CTU Services	Varies	$66.00	$261.00
19	Anti-HBV NUC therapy	$30.00	$30.00	$30.00
20	Concomitant medications collection	$45.00	$45.00	$45.00
21	Adverse events	$45.00	$45.00	$45.00
22	PHQ 9	$30.00	$30.00	
23	Study Coordinator Fee	$375.00	$375.00	$375.00
24	Investigator Fee	$250.00	$250.00	$250.00
25				
26	Procedures Subtotal		$1,736.28	$2,254.00
27	Overhead Fee	35%	$607.70	$788.90
28	Total Cost Per Subject		$2,343.98	$3,042.90

	TOTAL PER SUBJECT PAYMENT FOR SV 1 and SV 2	$ 5,386.88

1. Abdominal imaging (eg, ultrasound, MRI, CT) performed if patient does not have abdominal imaging documentation ≤ 6 months before screening at Screening Visit 2.

2. If no historical data within 6 months is available these are to be done through Local Laboratory

3. Screening Visit 1 urine pregnancy test will be done locally. Any positive tests must be confirmed by a serum pregnancy test performed locally. Screening Visit 2 serum pregnancy tests are to be performed at the study central lab.

4. Please note different inclusion criteria for Screening Visit 1 and Screening Visit 2. Screening Visit 1 eligibility criteria defines initial eligibility criteria for the run-in phase and Screening Visit 2 eligibility criteria defines eligibility criteria for the randomization phase. If no historical lab data is available, Screening Visit 1 labs can be performed locally (with exception of the HBV DNA viral load which will be analyzed centrally). All labs collected at Screening Visit 2 will be analyzed at the central lab.

5. At Screening Visit 1, there is no blood draw for a HDV RNA or HDV serology testing required. To document evidence of chronic HDV infection, patients must have documented evidence of chronic HDV infection for a minimum of 3 months with either a positive HDV serology test or a HDV RNA detectable test (HDV RNA ≥ 5 IU/mL). At Screening Visit 2, patients must have documented evidence of chronic HDV infection with a quantifiable HDV RNA (≥40 IU/mL) by RT-PCR test.

6. If FibroScan cannot be conducted at the site due to equipment limitations, only a FibroTest will be conducted. Sample tube will be collected and sent to study central lab. Reimbursement for sample collection and handling is included as part of the proposed costs in Row 11

7. NUC Therapy can be provided either centrally by sponsor or locally by site, and reimbursed by sponsor. Please include a price related to the NUC therapy supply, in case your site procures it locally.

Payment Schedule:

a. Biorasi will invoice site each month on a per visit and per procedure basis in accordance with the Budget (Exhibit B) for procedures completed during the prior month.

b. Subjects that screen fail during the Screening Visit will be paid according to procedures completed for a total of 5 screen failures. Screen fail payments will occur monthly.

c. Unscheduled visits will be paid according to procedures completed and with prior approval from Biorasi/Sponsor.

Additional Study Related Costs during the study (Payable Upon Invoice) 35% OH included when applicable	
Study Start-Up Fee (includes Staff training, Document preparation and Protocol review)	$ 6,325
CTO Startup Fee	$ 5,000
CTU Startup fee	$ 2,350
Medicine Research Unit (MRU) Fee	$ 3,000
Radiology Set up fee	$ 405
Pharmacy Fee Startup fee	$ 1,250
Initial IRB Preparation Fee for Ceded review (Central IRB)	$ 1,100
IRB Initial Ceded Review Fee (Central IRB)	$ 1,500
Protocol Amendment Processing Fee	$ 750
Re-Consents per Occurrence (Invoiced)	$ 50
Annual Administrative Maintenance Fee	$ 500
Annual Pharmacy Maintenance & Storage Fee	$ 1,000
IND Safety Reporting Fee (Per report, Invoiced)	$ 40
Serious Adverse Event Reporting Fee (Per report)	$ 250
Audit Fee (Per day)	$ 1,000
Office Monitoring Visit* (Per day)	$ 750
Remote Monitoring Visit (Per hour)	$ 200
Pre- Screening (per patient)	$ 135
i2b2 database use per hour	Per Third party invoice plus 35%
Informed Consent Form Translation Fee	Actual + 35% OH
Screen Failures 1	Actual cost + 35% OH
Screen Failures 2	Actual cost + 35% OH
Pharmacy Close-Out Fee	$ 800
Document Archiving (Paid at Study Close Out) 10 years	$ 1,350
Study Close Out	$ 2,000
Ophthalmological exam (follow up) on EOT in Arm1 and Arm2	$ 416.00
Random Sparse PK Sampling (Central Lab Blood collection, processing and shipping)	$ 180
Abbrv. Physical Exam (Invoiced)	$ 498
Fibrotest *6	$ 98
FibroScan (If equipment is Available) *6	$ 500
Clinical work-up test: anti-SLA liver kidney microsome type III antibody [anti-LKM3] and anti-p62 antibody - Local Laboratory if available	$ 25
Urine Pregnancy test (Local Lab) *3	$ 29
Serum Pregnancy test (Local Lab)	$ 30
HCV RNA viral load (Local Lab)	$ 70
HCV serology (Local Lab)	$ 26
HDV serology (Local Lab)	$ 28
HDV RNA viral load (Local Lab)	$ 57
HIV RNA viral load (Local Lab)	$ 138
HIV serology (Local Lab)	$ 40
CT Abdomen w/o & w/ Contrast	$ 788
MRI Abdomen w/o & w/ Contrast	$ 1,302
Ultrasound Abdominal (complete)	$ 326
Study Drug Administration (if performed by study staff)	$ 146
anti-SLA liver kidney microsome type III antibody [anti-LKM3] (Local Lab)	$ 24

	Completed Cost for Patient Arm 1	Completed Cost for Patient Arm 2
Total	$ 46,050.23	$ 60,703.13

Line No.	ARM 1		Treatment Phase Arm 1															
	Study Period		R/BL	ST 1	ST 2	ST 3	ST 4	ST 5	ST 6	ST 7	ST 8	ST 9	ST 10	ST 11	ST 12	ST 13	ST 14	ST 15
	Study Week		Day 1	Week 1	Week 2	Week 4	Week 6	Week 8	Week 10	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44
	Study Day		1	8	15	29	43	57	71	85	113	141	169	197	225	253	281	309
	Study Procedure (Blood samples taken will be analysed in central labs)	Cost of Procedure																
1	Comprehensive Physical Exam	$418.00	$418.00															
2	Abbreviated physical Exam*	$369.00				INV		INV			INV		INV		INV		INV	
3	Vital Signs	$225.00	$225.00							$225.00			$225.00			$225.00		
4	Electrocardiogram	$108.00	$108.00										$108.00					
5	FibroTest and/or FibroScan (FibroScan only if equipment is available)	INV																
6	Clinical Laboratory test (Hematology, Chemistry and Urinalysis, Coagulation parameters and TFTs= thyroid function tests), HBV DNA viral load and HBV Serology, HDV RNA Viral Load, HDV RNA sequencing, HDV Genotyping, HIV RNA and HCV RNA	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00
7	CTU Facility and Services	Varies	$ 231.00	$ 162.00	$ 87.00	$ 144.00	$ 72.00	$ 177.00	$ 102.00	$ 114.00	$ 132.00	$ 72.00	$ 201.00	$ 72.00	$ 189.00	$ 114.00	$ 159.00	$ 72.00	$
8	Pregnancy test Serum	INV	INV															
9	Pregnancy Test urine	INV	INV			INV		INV		INV	INV	INV	INV	INV	INV	INV	INV	INV
10	Serum sample for PK and ADA	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00			$60.00			$60.00		
11	Anti-HBV NUC therapy	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV
12	Concomitant medications	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00
13	Clinical work-up[1]	$133.00		INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV
14	Adverse events	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00
15	Study Drug Dispensation	$55.00	$55.00			$55.00		$55.00		$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00
16	Study Drug Administration	$108.00	$108.00															
17	Study Drug Accountability (Pharmacy log and IRT)	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00
18	Ophthalmology Exam	INV																
19	PRO questionnaires	$30.00				$30.00				$30.00			$30.00					
20	Patient Diary	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00
21	Study Coordinator Fee	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00
22	Investigator Fee	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00
23	Procedures Subtotal		$2,157.00	$1,174.00	$1,099.00	$1,241.00	$1,084.00	$1,244.00	$1,114.00	$1,436.00	$1,139.00	$1,079.00	$1,631.00	$1,079.00	$1,196.00	$1,406.00	$1,168.00	$1,079.00
24	Overhead Fee	35%	$754.95	$410.90	$384.65	$434.35	$379.40	$435.40	$389.90	$502.60	$398.65	$377.65	$570.85	$377.65	$418.60	$492.10	$408.10	$377.65
25	Total Cost Per Subject		$2,911.95	$1,584.90	$1,483.65	$1,675.35	$1,463.40	$1,679.40	$1,503.90	$1,938.60	$1,537.65	$1,456.65	$2,201.85	$1,456.65	$1,614.60	$1,898.10	$1,574.10	$1,456.65	$2,9

	TOTAL PER SUBJECT PAYMENT FOR ARM 1	$30,129.30

1 All patients who develop hepatobiliary abnormalities suggestive of a potential DILI (Table 8) should have a clinical work-up as described in Section 5.1.9.1. (INV)

	ARM 2			NUC Treatment Phase Arm 2								Study Treatment Phase Arm 2								
Line No.	Study Period		R	NT 1	NT 2	NT 3	NT 4	NT 5	NT 6	BL	ST 1	ST 2	ST 3	ST 4	ST 5	ST 6	ST 7	ST 8	ST 9	ST 10	ST 11
	Study Week		Day 1	Week 1	Week 2	Week 4	Week 6	Week 8	Week 10	Week 12	Week 13	Week 14	Week 16	Week 18	Week 20	Week 22	Week 24	Week 28	Week 32	Week 36	Week 40
	Study Day		1	8	15	29	43	57	71	85	92	99	113	127	141	155	169	197	225	253	281
	Study Procedure (Blood samples taken will be analysed in central labs)	Cost of Procedure																			
1	Comprehensive Physical Exam	$418.00								$418.00											
2	Abbreviated physical Exam*	$369.00	INV			INV		INV					INV		INV			INV		INV	
3	Vital Signs	$225.00	$225.00							$225.00							$225.00			$225.00	
4	Electrocardiogram	$108.00								$108.00										$108.00	
5	FibroTest and/or FibroScan (FibroScan only if equipment is available)	INV																			
6	Clinical Laboratory test (Hematology, Chemistry and Urinalysis, Coagulation parameters and TFTs= thyroid function tests), Anti-HBV NUC therapy, HBV DNA viral load and HBV Serology, HDV RNA Viral Load, HDV RNA sequencing, HDV Genotyping, HIV RNA and HCV RNA	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00
7	CTU Facility and Services	Varies	$ 237.00	$ 198.00	$ 75.00	$ 198.00	$ 60.00	$ 198.00	$ 60.00	$ 341.00	$ 269.00	$ 167.00	$ 269.00	$ 152.00	$ 269.00	$ 182.00	$ 194.00	$ 269.00	$ 152.00	$ 296.00	$ 152.00
8	Pregnancy test Serum	INV	INV							INV											
9	Pregnancy Test urine	INV	INV							INV			INV		INV		INV	INV	INV	INV	INV
10	Serum sample for PK and ADA	$60.00								$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00			$60.00	
11	Anti-HBV NUC therapy	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV
12	Concomitant medications	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00
13	Clinical work-up[1]	$133.00									INV	INV	INV	INV	INV	INV	INV	INV	INV	INV	INV
14	Adverse events	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00
15	Study Drug Dispensation	$55.00								$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00
16	Study Drug Administration	$108.00								$108.00	$108.00	$108.00	$108.00	$108.00	$108.00	$108.00	$108.00	$108.00	$108.00	$108.00	$108.00
17	Study Drug Accountability (Pharmacy log and IRT)	$40.00								$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00
18	Ophthalmology Exam	INV																			
19	PRO questionnaires	$30.00											$30.00				$30.00			$30.00	
20	Patient Diary	$40.00								$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00	$40.00
21	Study Coordinator Fee	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00	$375.00
22	Investigator Fee	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00	$250.00
23	Procedures Subtotal		$1,334.00	$1,070.00	$947.00	$1,070.00	$932.00	$1,070.00	$932.00	$2,267.00	$1,444.00	$1,342.00	$1,474.00	$1,327.00	$1,444.00	$1,357.00	$1,624.00	$1,384.00	$1,267.00	$1,834.00	$1,267.00
24	Overhead Fee	35.00%	$466.90	$374.50	$331.45	$374.50	$326.20	$374.50	$326.20	$793.45	$505.40	$469.70	$515.90	$464.45	$505.40	$474.95	$568.40	$484.40	$443.45	$641.90	$443.45
25	Total Cost Per Subject		$1,800.90	$1,444.50	$1,278.45	$1,444.50	$1,258.20	$1,444.50	$1,258.20	$3,060.45	$1,949.40	$1,811.70	$1,989.90	$1,791.45	$1,949.40	$1,831.95	$2,192.40	$1,868.40	$1,710.45	$2,475.90	$1,710.45

TOTAL PER SUBJECT PAYMENT FOR ARM 2	$44,782.20

1 All patients who develop hepatobiliary abnormalities suggestive of a potential DILI (Table 8) should have a clinical work-up as described in Section 5.1.9.1. (INV)

	ARM 1 & 2		Post Treatment Follow-Up						
Line No.	Study Period		PT-1	PT-2	PT-3	PT-4	PT-5	PT-6	
	Study Week (Arm 1)		52	56	60	64	68	72	
	Study Day (+ 4 days) (Arm 1)		365	393	421	449	477	505	
	Study Week (Arm 2)		64	68	72	76	80	84	
	Study Day (+ 4 days) (Arm 2)		449	477	505	533	561	589	
	Study Procedure	Cost of Procedure							Complete Cost
1	Abbreviated physical Exam	$369.00	INV		INV			$369.00	$369.00
2	Vital Signs	$225.00	$225.00	$225.00	$225.00	$225.00	$225.00	Included with physical	$1,125.00
3	Electrocardiogram	$108.00	$108.00		$108.00			$108.00	$324.00
4	Fibroscan and FibroTest	INV						INV	
5	Clinical Laboratory test (Hematology, Chemistry, Urinalysis, Coagulation and serum), HBV DNA viral load and HBV Serology, HDV RNA Viral Load, Serum sample for PK and ADA	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$157.00	$942.00
6	CTU Facility and Services	Varies	$ 183.00	$ 183.00	$ 198.00	$ 183.00	$ 183.00	$ 213.00	
7	Pregnancy Test urine	INV	INV	INV	INV	INV	INV	INV	$0.00
8	Serum Sample for PK and ADA	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$360.00
9	Anti-HBV NUC therapy	INV	INV	INV	INV	INV	INV	INV	$0.00
10	Concomitant medications	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$270.00
11	Adverse events	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$45.00	$270.00
12	Study Coordinator Fee	$350.00	$350.00	$350.00	$350.00	$350.00	$350.00	$350.00	$2,100.00
13	Investigator Fee	$150.00	$150.00	$150.00	$150.00	$150.00	$150.00	$150.00	$900.00
14	Procedures Subtotal		$1,323.00	$1,215.00	$1,338.00	$1,215.00	$1,215.00	$1,497.00	$7,803.00
15	Overhead Fee	35%	$463.05	$425.25	$468.30	$425.25	$425.25	$523.95	$2,731.05
16	Total Cost Per Subject		$1,786.05	$1,640.25	$1,806.30	$1,640.25	$1,640.25	$2,020.95	$10,534.05

	TOTAL PER SUBJECT PAYMENT FOR PT Follow up Arm 1 & 2	$10,534.05

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