Fill in this information to identify the case:

Debtor Nereid Therapeutics Incorporated

United States Bankruptcy Court for the: _____ District of Delaware (State)

Case number 26-10048

Modified Official Form 410
Proof of Claim

04/25

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?**

Eurofins Discovery Services North America, LLC

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

Other names the creditor used with the debtor formerly EUROFINS PANLABS INC

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)
See summary page	See summary page
Contact phone 1-833-508-2429	Contact phone _____
Contact email See summary page	Contact email See summary page

Uniform claim identifier (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? _____

26100482610130000000000001

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: 1002917

7. **How much is the claim?** $ 62,293.60 . **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 rendered

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: _____

26100482610130000000000001

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 $3,800* 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 $17,150*) 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 4/01/28 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)(3) 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 10/13/2026
MM / DD / YYYY

/s/Kate Hamlin
Signature

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

Name: Kate Hamlin
First name | Middle name | Last name

Title: Director of Finance

Company: Eurofins Discovery Services North America, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic 866-927-7091 | International 310-751-2657

Debtor:
26-10048 - Nereid Therapeutics Incorporated
District:
District of Delaware

Creditor:
Eurofins Discovery Services North America, LLC
6 Research Park Dr
OFallon, MO, 63304
USA
Phone:
1-833-508-2429
Phone 2:
Fax:
Email:
PanlabsAR@discovery.eurofinsus.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Creditor

Disbursement/Notice Parties:
Eurofins Discovery Services North America, LLC
PO BOX 1452
Carol Stream, IL, 60132- 145
USA
Phone:
Phone 2:
Fax:
E-mail:
PanlabsAR@discovery.eurofinsus.com
DISBURSEMENT ADDRESS

Other Names Used with Debtor:
formerly EUROFINS PANLABS INC

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Services rendered

Last 4 Digits:
Yes - 1002917

Uniform Claim Identifier:

Total Amount of Claim:
62,293.60

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:
Kate Hamlin on 13-Oct-2026 11:36:15 a.m. Pacific Time
Title:
Director of Finance
Company:
Eurofins Discovery Services North America, LLC

VN: 6EF1FCE5B5FDC9158EDB1AD5120DDC60

Invoice

Eurofins Discovery Services North America, LLC
6 Research Park Drive, St Charles, MO 63304, United States
Phone: 1-833-508-2429 Fax:
FEIN: 46-1006817
DUNS No.: 078652667

Invoice No.	Customer PO No.
US034-0020673-INV	3887
Eurofins Order No.	**Ultimate Destination**
US034-0026783-O	United States
Invoice Date	**Invoice total**
18-Mar-25	USD 12,709.00

Payments to be remitted to

Please note that the lockbox address for sending check payment is as follows:
Eurofins Discovery Services North America, LLC
PO BOX 1452
Carol Stream, IL 60132- 1452

See the wire information section below for alternative payment methods.

Delivery Address

Nereid Therapeutics
Defne Yarar
451 D Street,Suite 912, Boston, MA 02210, United States

Phone: 617-961-2919
Email: dyarar@nereidtx.com

Invoice Address

Nereid Therapeutics
ACCOUNTS PAYABLE
451 D Street, Suite 912, Boston, MA 02210, United States

Phone: 860-384-2879
Email: AP@nereidtx.com

Customer Account No.	Study Code	Customer Reference	Quotation Reference
01002917	US034-0026783	Study Plan	US034-0026783-Q01
Payment Terms	**Payment Type**	**Payment Status**	**Currency**
50% Prepay / Rest 30 days		Invoiced	USD
Customer VAT No.	**For Order and Sample Submission Questions** clientservicesstcharles@discovery.eurofinsus.com	**For Prepayment, Invoice and Billing Questions** panlabsar@discovery.eurofinsus.com	**For Product and Service Information** DebraDederich@eurofinsUS.com

Summary

Description	Amount	Total discount	Total charges	Net amount	Sales Tax	Round-off	Total
Assay Services	12,709.00	0.00	0.00	12,709.00	0.00	0.00	USD 12,709.00

Additional charges	0.00

Bank Details
Citibank
One Penns Way
New Castle, DE 19720
Beneficiary: Eurofins Discovery Services North America, LLC
Account Number: 38996843
Routing/ABA Number: 031100209
Swift Number: CITIUS33

Overnight Address for check payments (FedEx,UPS, etc.):
Remitco
Attn: Eurofins Discovery Services North America, LLC
Box 1452
5450 N. Cumberland Avenue
Chicago, IL 60656
Please include details of payment on check stub including the invoice number and amount paid.

Eurofins Discovery Services North America, LLC. Online Payment Portal (SmartPay) for Credit Card and ACH payment:
Payment link
- This link will direct you to the main page with the following header “Welcome to Eurofins Online Payment Portal”.
- Click the blue PAY NOW button.
- Follow instructions to complete the payment process.
- Click CONTINUE.

Automated Clearing House (ACH) Information
Citibank
One Penns Way
New Castle, DE 19720
Beneficiary: Eurofins Discovery Services North America, LLC
Account Number: 38996843
Routing/ABA Number: 031100209
Swift Number: CITIUS33

All work carried out in accordance with Eurofins General Terms and Conditions of Sale.

Eurofins Discovery Services North America, LLC
6 Research Park Drive, St Charles, MO 63304, United States
Phone: 1-833-508-2429 Fax:
FEIN: 46-1006817
DUNS No.: 078652667

Invoice

Invoice No.	**Customer PO No.**
US034-0020673-INV	3887
Eurofins Order No.	**Ultimate Destination**
US034-0026783-O	United States
Invoice Date	**Invoice total**
18-Mar-25	USD 12,709.00

- Review the information entered.
- Click AGREE AND SUBMIT to process.

Please email remittance documentation to
panlabsar@discovery.eurofinsus.com

Payment to be cleared by:18-Mar-2025

Invoice

Eurofins Discovery Services North America, LLC
6 Research Park Drive, St Charles, MO 63304, United States
Phone: 1-833-508-2429 Fax:
FEIN: 46-1006817
DUNS No.: 078652667

Invoice No.	Customer PO No.
US034-0020439-INV	3633
Eurofins Order No.	**Ultimate Destination**
US034-0026106-O	United States
Invoice Date	**Invoice total**
20-Feb-25	USD 49,584.60

Payments to be remitted to

Please note that the lockbox address for sending check payment is as follows:
Eurofins Discovery Services North America, LLC
PO BOX 1452
Carol Stream, IL 60132- 1452

See the wire information section below for alternative payment methods.

Delivery Address

Nereid Therapeutics
Marina Theodorou
451 D Street,Suite 912, Boston, MA 02210, United States

Phone: 6179612919
Email: mtheodorou@nereidtx.com

Invoice Address

Nereid Therapeutics
ACCOUNTS PAYABLE
451 D Street, Suite 912, Boston, MA 02210, United States

Phone: 860-384-2879
Email: AP@nereidtx.com

Customer Account No.	Study Code	Customer Reference	Quotation Reference
01002917	US034-0026106	STUDY PLAN Version B	US034-0026106-Q02
Payment Terms	**Payment Type**	**Payment Status**	**Currency**
50% Prepay / Rest 30 days		Invoiced	USD
Customer VAT No.	**For Order and Sample Submission Questions** clientservicesstcharles@discovery.eurofinsus.com	**For Prepayment, Invoice and Billing Questions** panlabsar@discovery.eurofinsus.com	**For Product and Service Information** DebraDederich@eurofinsUS.com

Summary

Description	Amount	Total discount	Total charges	Net amount	Sales Tax	Round-off	Total
Assay Services	99,169.20	0.00	-49,584.60	49,584.60	0.00	0.00	USD 49,584.60

Additional charges	
Prepayment	-49,584.60

Note:
Price includes a one-time 10% customer appreciation discount
Signed quote and/or PO for the requested study.
Any study prepayment that is required
Completed Eurofins Sample Submission Form.
Compound(s)/test article(s): sufficient material to conduct study, as described above.
Any necessary cell lines, reagents, or kits from vendors.

Bank Details
Citibank
One Penns Way
New Castle, DE 19720
Beneficiary: Eurofins Discovery Services North America, LLC
Account Number: 38996843
Routing/ABA Number: 031100209
Swift Number: CITIUS33

Automated Clearing House (ACH) Information
Citibank
One Penns Way
New Castle, DE 19720
Beneficiary: Eurofins Discovery Services North America, LLC
Account Number: 38996843
Routing/ABA Number: 031100209
Swift Number: CITIUS33

All work carried out in accordance with Eurofins General Terms and Conditions of Sale.

Overnight Address for check payments (FedEx,UPS, etc.):
Remitco
Attn: Eurofins Discovery Services North America, LLC
Box 1452
5450 N. Cumberland Avenue
Chicago, IL 60656
Please include details of payment on check stub including the invoice number and amount paid.

Invoice

Eurofins Discovery Services North America, LLC
6 Research Park Drive, St Charles, MO 63304, United States
Phone: 1-833-508-2429 Fax:
FEIN: 46-1006817
DUNS No.: 078652667

Invoice No.	**Customer PO No.**
US034-0020439-INV	3633
Eurofins Order No.	**Ultimate Destination**
US034-0026106-O	United States
Invoice Date	**Invoice total**
20-Feb-25	USD 49,584.60

Eurofins Discovery Services North America, LLC. Online Payment Portal (SmartPay) for Credit Card and ACH payment:
Payment link
- This link will direct you to the main page with the following header “Welcome to Eurofins Online Payment Portal”.
- Click the blue PAY NOW button.
- Follow instructions to complete the payment process.
- Click CONTINUE.
- Review the information entered.
- Click AGREE AND SUBMIT to process.

Please email remittance documentation to panlabsar@discovery.eurofinsus.com

Payment to be cleared by:20-Feb-2025

Fill in this information to identify the case:

Debtor 1: Nereid Therapeutics Incorporated

Debtor 2 (Spouse, if filing): _____

United States Bankruptcy Court for the: District of Delaware

Case number: 26-10048

Official Form 410

Proof of Claim

04/25

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 of 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?**

Eurofins Discovery Services North America, LLC
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)
Accounts Receivable Name	Eurofins Discovery Services North America, LL Name
6 Research Park Dr Number Street	PO BOX 1452 Number Street
O'Fallon MO 63304 City State ZIP Code	Carol Stream IL 60132 City State ZIP Code
Contact phone 1-833-508-2429 Finance option	Contact phone 1-833-508-2429 Finance option
Contact email PanlabsAR@discovery.eurofinsus.co	Contact email PanlabsAR@discovery.eurofinsus.cor

Uniform claim identifier (if you use one):
Client 1002917 Nereid Therapeutics

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? _____

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: 2 9 1 7

7. **How much is the claim?** $ 62,293.60 . **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.

Assay services- lab studies performed

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

☑ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate. If the claim is secured by the debtor's principal 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 amounts 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: _____

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 one:*

	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 $3,800* 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 $17,150*) 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 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

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)(3) 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 acknowledgment 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 a 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 04/27/2026
MM / DD / YYYY

_____
Signature

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

Name: Kate Hamlin
First name Middle name Last name

Title: Director of Finance

Company: Eurofins Discovery Services North America, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 6 Research Park Dr
Number Street

O'Fallon MO 63304
City State ZIP Code

Contact phone: +1 636 751 9873 Email: Kate.Hamlin@discovery.eurofinsus.co

Print | Save As... | Add Attachment | Reset