Grant Agreement – Event Support

Between

Incyte Biosciences Denmark ApS, Suomisvej 4 1927 Frederiksberg C, Denmark ("**Incyte**")

and

Lyle Patientforeningen for lymfekraft, leukaemi og MDS, Banetoften 26 4600 Naestved, Denmark ("**Recipient**")

BACKGROUND INTRODUCTION

Incyte is committed to positively impacting the lives of patients with cancer and other diseases. Recipient is a Patient Association with the aim of organizing the next Nordic Blood Cancer Council meeting 2024 in Stockholm, supporting patients withblood cancer (and their relatives) with objectives:finding common grounds for the Nordics on a HTA level, equity in treatments for all patients in the Nordics, mutational testing, and "know your subtype", clinical trials and patient involvement, QoL issues as part of PRO's. Recipient requested a financial support from Incyte (as per the Original Request for Support herein attached in Schedule 2) to fund the Event described above and in Schedule 1 ("**Event**"). Incyte as part of its commitment to support medical education and quality patient care is willing to provide such support, subject to the terms of this Agreement.

Article 1 - Support

1.1 Incyte will provide Recipient with Fifty Thousand Danish Krone (50,000 DKK) ("Support") which shall be used by Recipient for the event described below ("Event").

Article 2 - Payment of Support

2.1 Payment of the Support shall be made by Incyte to the bank account of Recipient identified on the Original Request for Support received from Recipient.

2.2 The Parties expressly acknowledge, for the avoidance of doubt, that the execution of this Agreement and/or the payment of the Support is not intended to and will not in fact influence any prescribing, or procurement decisions favourable to Incyte´s commercial interests.

Article 3 - Transparency

3.1 Recipient shall be responsible to disclose that Incyte has provided Support for the purposes of the Event only and no other purpose, including but not limited through displaying Incyte logo (in the color and shape as communicated by Incyte) in any relevant format. Except as provided herein, Recipient undertakes not to use Incyte name nor any trademark or other distinctive signs belonging to the Incyte group of companies ("Incyte Group") in any statements or public announcements without Incyte's prior written consent. The Incyte Group shall have the right to use the name of Recipient for the sole purpose of complying with transparency reporting requirements to which it may be subject.

3.2 Incyte may publicly report or disclose the details of funding provided to Recipient under this Agreement. To enable Incyte to fulfil such reporting/disclosure activities, Recipient shall provide Incyte with information and data upon reasonable request of Incyte and Recipient consents to such public reporting/disclosure.

Article 4 - Compliance

4.1 Incyte shall have no control or influence over the Event.

4.2 No part of the Support may be paid to any third party, other than as reasonable fair market value compensation for items and services provided to Recipient in connection with the Event in accordance with applicable laws, regulations and applicable industry codes of practice (including those pertaining to spend transparency reporting).

4.3 No portion of the Support shall be used by the Recipient to provide unlawful benefits to a healthcare professional or to any government employee or official.

4.4 The Parties agree that the Support provided herein is not intended to be an offer or payment made in exchange for or to induce any agreement to purchase, prescribe, use, advocate or recommend any Incyte product or to influence decisions favourable to any Incyte‘s commercial interests.

4.5 The Recipient is free to seek funding from other companies. If any additional funding reaches a level such that all or part of the Support is no longer required by the Recipient, the Recipient shall refund such amount of the Support that is no longer required.

4.6 Any discussion of medicinal therapies at the Event shall be non-promotional, balanced, accurate and complete and shall comply with applicable laws and regulations.

a. The Event shall be held in a modest and appropriate location and shall not involve any entertainment, touristic or leisure activities. Attendees shall be healthcare professionals only and no portion of the Support shall be used to cover costs of accompanying persons, partners or spouses. Any hospitality will be modest and secondary to the educational purpose of the Event. Accommodation shall be restricted to maximum four (4) star hotel and all airfare shall be economy class only, except for intercontinental flights.

b. Recipient confirms that the selection of the location of the Event is based on one of the following criteria: (i) the majority of the attendees are resident in the country where the Event will take place, or (ii) the attendees at the Event are coming from different countries and, therefore, the Event location was selected based on logistical convenience considering the country of residence of the attendees.

c. If hotel accommodation will be provided to any attendees at the Event, including healthcare professionals, such hotel accommodation shall be restricted to the minimum number of nights necessary to facilitate attendance at the Event (considering available inbound and outbound flights or other reasonable travel options). In no event shall such accommodation be extended beyond the minimum necessary, unless any such extension is at the sole private cost of the participants. No extra costs for accompanying persons shall be covered using the Event Support.

4.7 Recipient shall keep and maintain until ten years after the Event have been completed full and accurate records relating to (i) the Event and the Support; (ii) all expenditure reimbursed by the Recipient; and (iii) all payments to any third party (HCPs included) made by the Recipient in connection with this Agreement.

4.8 To ensure compliance with any applicable law and regulation by Incyte, Recipient shall promptly on request afford Incyte or Incyte's representatives access to all records relating to (i), (ii) and (iii) above at Incyte's expenses. Such records shall be made available to Incyte during normal business hours at the Recipient's office or place of business or, in the event that no such location is reasonably available, via email.

4.9 Recipient shall refund to Incyte any unused Support after the Event has been completed. Accordingly, within 30 working days of the completion of the Event, the Recipient shall complete and sign the Support Use Certification form, which is attached herein as Schedule 3, and shall send the completed form to Incyte, in order to provide information on the usage of the Support received from Incyte. Recipient shall also provide Incyte with any additional information reasonably requested regarding the completion of the Event and use of the Support, subject to confidentiality and privacy laws. Failure to provide the completed Support Use Certification form and/or to refund unused Support (if applicable) shall exclude Recipient as an eligible funding recipient in the future.

Article 5 - Duration

5.1 This Agreement shall continue in full force and effect from the date of signature until the earlier to occur of either (a) the date when both Parties completed their obligations from this Agreement, or (b) when either Party terminates this Agreement.

5.2 Party may terminate this Agreement if the Support is no longer required/needed by Recipient.

Article 6 - Miscellaneous

6.1 Both Parties shall comply with applicable laws, regulations and guidelines in the performance of the Agreement. The Recipient agrees that Incyte may publish payments made to Recipient under this Agreement, including the Recipient's name, trademark, logo and the amount of the Support and such other information as may be required by applicable laws, regulations or industry codes or practice. This Agreement constitutes the entire Agreement between the Parties relating to the subject matter of this Agreement. Changes and amendments to this Agreement are valid only if they are made in writing and signed by a duly authorised representative on behalf of each Party. This Agreement may be executed in counterparts all of which taken together shall constitute one agreement and copies may be exchanged electronically, such as by e-mail (e.g. PDF) and such electronic copy of the signed document will be considered valid and binding on the signing Party.

Event Details

Title of Event: **Lyle Annual Meeting 2024**

Date of Event: **March 2024**

Location of Event: **Stockholm, Sweden**

Incyte Biosciences Denmark ApS

DocuSigned by:

92852CD85D47446...

Name (CAPS): Erik Fromm

Date: 15-Jan-2024 | 08:39 EST

Lyle Patientforeningen for lymfekraft

DocuSigned by:

F92DBD4EBA834E6...

Name (CAPS): Rita O. Christensen

Date: 15-jan-2024 | 09:03 EST

Schedule 1 – Event details & Agenda

Nordic Patient Associations Meeting
Stockholm 2023

Introduction

We are thrilled to report that the Nordic Patient Association Meeting, which took place in Stockholm on October 4th and 5th, 2023, seemed to has been a success. The event was a testament to the collaborative spirit among the Nordic Patient Associations, and further proof of the commonalities shared across the Nordic countries.

The aim of the meeting was to replicate the positive dialogue, mutual support and inspiration we saw during our previous gathering in January 2023. For those who were unable to attend, the Nordic Patient Associations Meetings serves as a unique platform where patient associations in the field of blood cancer and multiple myeloma from across the Nordic region come together. It provides an opportunity for participants to exchange knowledge, insights, and experiences, thereby fostering a supportive and informed community.

During this latest meeting, we worked with the most critical topics (chosen by the associations in January), covering the latest medical advancements and patient advocacy strategies. The program spanned two days, commencing in the afternoon of October 4th and concluding in the morning of October 5th, allowing sufficient time for engaging discussions, knowledge sharing, and networking opportunities.

In this report, we will provide a detailed overview of the meeting, including key takeaways and initiatives that were discussed.

Take-aways from last meeting

Denmark (DK): Emphasized the importance of conducting a Nordic survey on Equality in Treatment, believing it could enhance the influence of patient associations on politicians. DK also highlighted the need for health economic analysis to determine the purpose and benefits of such a survey. They acknowledged a campaign by Myelomatoseforeningen in Denmark and the significance of novel treatments in optimizing hospital resources.

Finland (FIN): Aligned with Denmark on the necessity for a Nordic survey. They emphasized the importance of informing patients about not receiving the best possible treatments and expressed concerns about unprofessional communication from the healthcare system. Finland also mentioned their approval of Car-T for myeloma and the uncertainty of its availability due to price negotiations.

Norway (NO): Raised the issue of overtreatment in some cases and stressed the importance of considering the positive side, such as quicker recovery and returning to work, when evaluating treatments. Norway also highlighted that patient involvement is often a protocol

rather than meaningful engagement and noted delays in treatments due to individual unavailability.

Sweden (SE): Mentioned their efforts to inform patients about their sub-types, referencing national guidelines and the role of associations. They stressed the need to educate doctors to inform patients about resources outside the hospital.

General:

All countries generally agreed on the potential of a common survey to influence politicians but emphasized that its effectiveness would depend on the current context. Additionally, the idea of a Nordic database for clinical trials was discussed, allowing for better communication and information sharing across the Nordic countries.

Short status from all countries

Denmark (DK):

- Denmark's primary focus is CAR-T treatment.
- Collaborative efforts are underway with doctors to enhance transparency regarding clinical trials. However, many patients lack sufficientknowledge about these trials and perceive them as a "last resort" or a form of experimentation.
- Another challenge involves helping patients cope with side effects and navigate their recovery journey.

Norway (NO):

- Inequality in treatment could exacerbate if the authorities do not prioritize maximum treatment within the public healthcare system.Patients with more resources may go for private healthcare.
- Additionally, Reidar's personal experience highlights the benefits of early diagnosis. Reidar has, amongst others, contributed to aYouTube-film on this topic.

Finland (FI):

- Finland is currently experiencing changes in executive leadership of the cancer association.
- Issues with funding for treatment persist in various counties. Counties are collaborating, but the future of this cooperation remainsuncertain. Regional politics are complicated, with 21 well-being councils each having its unique approach. The allocation of funds often prioritizes infrastructure over patient care, leading to discrepancies. Additionally, remote areas face challenges in recruiting doctors and nurses.
- Janssen has chosen Finland as one of the top ten countries for clinical trials, providing hope for the future.

Short status from all countries

Sweden (SE):

- Sweden's current challenges include ensuring access to novel treatments, such as CAR-T. All stakeholders have committed tocollaborating to address this issue.

- Ensuring equal access to care is another concern, leading to a national investigation scheduled to conclude by 2025. Thisinvestigation will evaluate the merits of a regional or national approach to healthcare. Encouragingly, numerous issues are now under discussion among politicians, fostering collaboration among associations, politicians, and other stakeholders, positioning Sweden favorably.

General notes:

It is worth noting that all countries have created a variety of patient information materials (like the YouTube-film with Reidar), which can be shared.

Equality in treatment & patient involvement

In the context of achieving greater equality in treatment, the participant discussed the pivotal role that patient associations can play.

- **Enhancing Communication:**
  While treatment standards are generally good, there is room for improvement in the way treatment information is communicated. Patient associations can advocate for better doctor-patient and hospital-patient communication and better understanding of treatment possibilities.

- **Defining Equality:**
  The concept of equality in treatment raises significant questions. Three key factors come into play: finances, gender, and other determinants. Patient associations need to explore what constitutes inequality and when it occurs.

- **Resource-Dependent Care:** Equality in treatment is often influenced by the time and resources allocated by healthcare providers. Patient associations should focus on helping patients with different needs, such as immigrants requiring translation services. This includes translation of materials into various languages, especially for groups less proficient in the local language.

- **Balanced Information:**
  Patient associations can help patients understand the treatment process, including the fact that the "first option" isn't always the best. Providing balanced information and showcasing multiple available treatment options is crucial. It's essential to empower patients to take responsibility for their treatment choices.

- **Professional Discussions:**

Encourage a platform for medical experts from across the Nordic countries to engage in scientific discussions about various treatment methods. Patient associations can facilitate conversations regarding the diversity of available treatments and the absence ofa one-size-fits-all solution.

Equality in treatment & patient involvement

- **Involving Doctors:**
  Promote doctor involvement in discussing treatment choices and presenting a range of options to patients. Patient associations can collaborate with experts willing to participate in a Nordic forum to address these issues.

- **Nordic Workgroup:**
  Consider establishing a Nordic workgroup for joint collaboration and potential funding efforts. Exploring the decision to pursue this or seek support from international patient associations.

- **Sharing Experiences:**
  Countries with strong relationships with doctors and experts can share their experiences in building effective relationships and access with other countries. It's important to address challenges, not individuals, and to engage doctors who value these discussions. Collaboration is key to advancing the agenda.

In summary, patient associations can act as catalysts for improving treatment equality through better communication, education, and advocacy. Their role extends beyond patients and can involve healthcare professionals in the pursuit of equitable healthcare access and choice. In the context of patient

Mutations & mutational testing

association's role in ensuring that patients are informed about, among other things, their sub-type, the following relevant points were discussed:

- **Doctor-Patient Dynamics:**
  Local doctors might feel threatened when patients ask too many questions, such as inquiring about their sub-type, as advised by patient associations. It was suggested that educating doctors about these concerns might be beneficial. The idea was to initiate a "doctor push before patient pull" approach, promoting a good patient-doctor dialogue.

- **Differential Treatment when Mutations:**
  There was a question about whether patients with different mutations receive different treatments. While it might not always be the case, it was noted that known mutations lead to more frequent doctor follow-ups. However, many patients never have their mutations checked and receive varying treatments that may not be effective.

- **Patient Associations' Role:**

Patient associations expressed hesitancy about alarming patients regarding mutations. An idea emerged for a campaign named "The Future is Here: Targeted Treatment," which encourages patients to be curious and ask their doctors questions. A former Nordic campaign, "Know Your Sub-Type," was proposed for mentioned as inspiration.

- **Sharing Data:**
  A question was raised about sharing information regarding the number of tests conducted on sub-types. It was suggested that these numbers could be shared among patient associations.

- **Personalized Information Protection:**
  Participants discussed a need to challenge “personalized information database protection” as it may not always be in the bestinterest of the patients.

Mutations & mutational testing

- **Involving Relatives:**
  Patients, including resourceful ones, tend to having difficulties coping with their diagnose, especially in the beginning. Therefore, it was suggested to involve their relatives in the education process. Information needs to be shared with both patients and their family members.

Conclusions

- It is important to create and share concise and clear information with patients and their relatives. A leaflet, "Do You Know YourSub-Type?" was suggested, or a one pager about the importance of knowing both sub-type and mutational status. Initiating conversations with doctors about distributing such materials and encouraging their engagement in the process was deemed vital.

- Patient associations as mediators: It was recognized that patient associations play a pivotal role as intermediaries betweendoctors and patients, representing the interests of both parties and facilitating communication.

In summary, patient associations are instrumental in improving communication and knowledge sharing in healthcare, enhancing patient-doctor relationships, and ensuring that patients receive the information they need to make informed decisions about their treatment.

Clinical trials

In discussions related to establishing a common database for clinical trials and overcoming related challenges, the following key points emerged:

- **Common Database Considerations:**
  The idea of a common database was explored, but several issues were identified. These issues included concerns about who would be responsible for updating the database and the practicality of maintaining it. An alternative approach was suggested: creating a connected database with links to local sites that would be easier to update.

- **Compass's Role:**
  Kompas was suggested to facilitate the sharing of local clinical trial information among countries and local associations. This sharing could involve local associations posting relevant clinical trial information on their websites.

- **Language Barriers:**
  Language barriers, particularly for individuals who do not understand English, were recognized as a problem. The discussion centered on how to overcome these barriers, particularly for speakers of languages like Arabic.

- **Sharing Leaflets:**
  Specific actions were proposed, including the Danish association to be sharing a leaflet on clinical trials with the other countries upon completion. Kompas was also tasked with sharing a public leaflet on this topic.

Clinical trials

- **Guiding Patients:**
  The idea of patient associations guiding patients on how to use resources like clinicaltrials.gov was raised. The Danish Myeloma Association (Myelomatoseforeningen) suggested that patients should ask their doctors for assistance in identifying relevant clinical trials, given the complexity of determining suitability, even for medical professionals.

- **Considering Trials:**
  The discussions highlighted that patient perceptions of clinical trials vary across different countries and depend on factors such as the type of cancer, its curability, and the patient's treatment status.

- **Informative Texts:**
  Patient associations were encouraged to create brief texts explaining the reasons for and against participating in clinical trials. These texts would be shared and translated to benefit other countries, emphasizing the importance of sharing knowledge and resources.

In summary, the discussions centered on improving access to information about clinical trials, overcoming challenges related to language barriers, and facilitating the use of clinical trial resources by patients. Collaboration and information sharing were highlighted as key strategies for making progress in this area.

Sum up– ideas to work with…

Equal access & patient involvement

- Common Nordic Survey on involvement and access to new treatment (as Sweden did)

To do: Lise-Lott will share survey and questionnaire. Kompas will send a suggestion for the process and estimated budget.

- Survey on how it feels like to be a patient in different hospitals**To do:** Carsten to share the survey + questionnaire.

- One pager with conclusions from the survey– to present to politicians (should be created pr. country, potentially in combination with health-economic numbers)
  To do: Kompas will provide a brief description.

- Illustration (graphic/film/expert-interview?) of 'treatment-stairs' for most common diseases (should be created pr.
  country) **To do:** Kompas will provide a brief description

- Building relations to HCPs and HCP groups
  To do: The Danish groups to share knowledge and process of how they are doing it

- Setting up a Nordic Expert Panel– discussion e.g., CAR-T treatment pros/cons **To do:** Kompas will send a suggestion for the process and estimated budget

- Translations into otherlanguages **To do:** Carsten to share process

Sum up– ideas to work with…

Clinical trials and knowledge on Mutations + Subtypes

- One pager on mutations/subtypes– why it's important/how to ask/what's in it for the HCP/what are the risks– explain, etc. **To do:** Kompas will draft it as inspiration for all. A common Nordic version could be created with variations in each country

- HCP guide: How to improve your patient-dialogue– positioning patient associations as a helpful resource for HCPs aswell as patients **To do:** Kompas will draft a suggestion for a structure

- A simple page on your websites with links to trial databases (in all countries) and guidance to patients on why toparticipate in a trial and how to find one with the assistance of their HCP **To do:** Kompas will draft suggestion to disposition for such a page

- Leaflet to patients about why to participate and what to expect etc.
  To do: Rita to share one

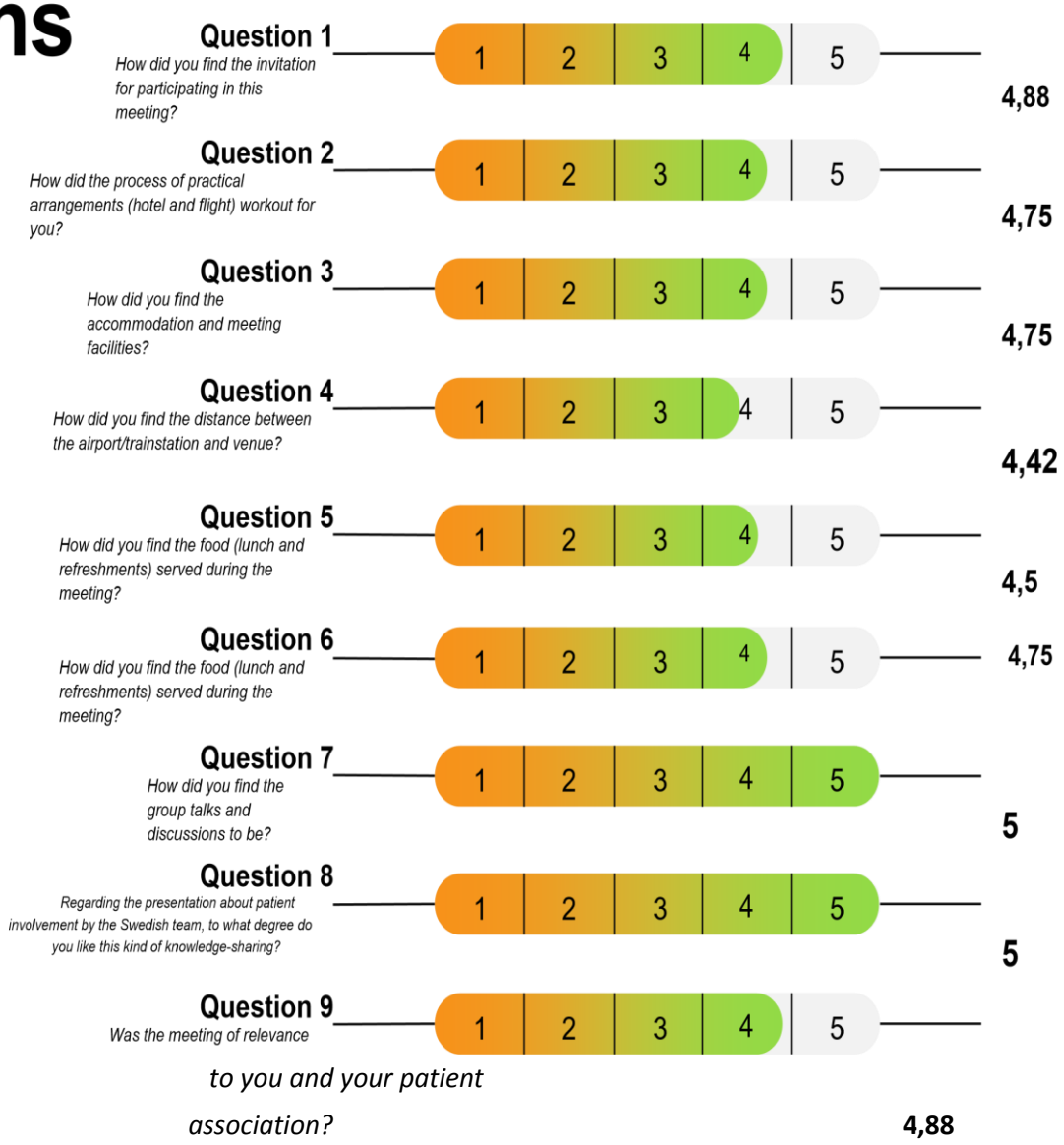
Already shared: Aimo has already shared some Finish version. Please find it through following links:
Link 1, Link 2, Link 3, Link 4

Extra

- Information materials for relatives
  To do: The Danish associations will share their material and ideas for arrangements for relatives **Already**

shared: Kompas share link to: The Danish Association for Relatives (Link)

Evaluations



19.10.2023

BUDGET FOR NORDIC BLOOD CANCER PATIENT ASSOCIATIONS MEETING IN 2024

THIS BUDGET COUNTS THE ALLOCATED COSTS (INCLUDING PLANNING, EXTERNAL COSTS1 ETC.) OF THE FOURTH NORDIC

BLOOD CANCER ASSOCIATIONS MEETING. THE MEETING IS EXPECTED TO TAKE PLACE OVER 2 DAYS IN STOCKHOLM IN MARTS-APRIL 2024. THE EXPECTED NUMBER OF PARTICIPANTS IS 16 (INCL. AN EXTERNAL MODERATOR AND PLANNER

FROM KOMPAS KOMMUNIKATION). **ALL COSTS IS IN DKK AND INCLUDE DANISH VAT.**

Meeting facilities & accommodation **60.000 DKK**

- 1-2 night at hotel pr. participant (depending on the participants distance fromhometown to/from Stockholm)
- Conference room
- Breakfast and meeting snacks

Transportation (to and from meeting) **32.000 DKK**

- Flight or/and train from Nordic city to Stockholm

Network Dinner during **8.000 DKK**

Invitations and print material **2.000 DKK**

Organizing the meetings and moderation **120.000 DKK**

- Booking of facilities and transportation
- Invitations and participant conversations
- Participation and moderation
- Follow-up

TOTAL ***INCL. DANISH VAT*** **222.000,00 DKK**

1 **ALL EXTERNAL COSTS, ACCOMMODATION, TRANSPORTATION ETC., WILL BE IN ACCORDANCE WITH THE ENLI-**

RULES (E.G., 3-4 STAR HOTELS, LUNCH WILL NOT EXCEED 300 SEK INCL. VAT PR. PERSON, DINNER WILL NOT EXCEED 850 SEK PR.

PERSON).

Schedule 2 – Original Request for Support

Incyte Biosciences Denmark ApS
Suomisvej 4,
1927 Frederiksberg C

6th of December 2023

Att: Peter Frandsen

On behalf of LYLE — Organisation for Lymphoma, Leukemia and MDS patients - dedicated to support patients with Blood cancer (and their relatives), we would like to request for support for the next Nordic Blood Cancer Council meeting in Stockholm. For detailed information please see attached decription.

Our objectives are:

- Finding common grounds for the Nordics on a HTA level
- Equity in treatments for all patients in the Nordics
- Mutational testing, and "know your subtype"
- Clinical trials
- Patient involvement, QoL issues as part of PRO's

A broad wish for Nordic patient associations:

- Equal access to medicine in the Nordics —shows the value/cost of treatment with RWD
- Planning the work with early diagnosis issues
- PRO — different use in all countries. Could a Nordic PRO-model for each type of blood cancer disease be beneficial? Many international organisations have done a QoL questionnaire using for inspiration for a Nordic PRO measurement tool.
- Patient support programs —to secure better programs for all patients with blood cancer
- Clinical trials —to ensure patientfriendly information that patient organizations have approved and to create or communicate databases to find/applyfor trials
- Mutational testing and MRD —needing for a Nordic point of view/statement based on guidelines.
- Know your subtype of Lymphomas, to secure the quality of the dialog with your haematologist

LyLe - Patient Advocacy Group for Lymphoma, Leukemia and MDS Banetoften 26 • DK-4700 Næstved • tel. 31 68 26 00 • CVR 31 30 68 33 • lyle@lyle.dk wvvw.lyle.dk

The starting points for accomplishing the wishes above

- Nordic survey on patient involvement and access to new treatments
- One pagerfor politicians — with conclusions from Nordic survey
- Illustration of typical treatment 'rutes' for most common blood cancer diseases
- Expert panel on CAR-T treatment
- One pager/flyer on mutations/subtypes to HCPs and Patients
- HCP-guide: How to love patient-dialogue
- Webpage with info and links to trial databases

Budget Overview: A detailed budget overview is attached, which included Danish VAT.

According to local law the amount does include VAT. The amount can be transferred by convenience.

Account name LYLE Patient Association for Lymphoma, Leukemia and MDS
Account number 1551 102 83 701
Bank name Danske Bank
Bank address Holmens Kanal 2, 1094 Copenhagen K IBAN Number
DK 183 000 001 028 3701
Swift Code DABADKKK

This support will be provided as a financial support
Thank you in advance for your consideration of this request.

Sincerely,

Rita O. Christensen
Chairwoman
LYLE Patient organization for Lymphoma, Leukemia and MDS
Address: Banetoften 26, DK-4700 Naestved
Phone: +45 31 68 26 A
E-mail: formand@lyle.dk

Schedule 3

EDUCATIONAL GRANT - EVENT SUPPORT USE CERTIFICATION
(To be drafted on letterhead of Grant Recipient)

Event description:	Support for the Nordic Blood Cancer Council meeting 2024 in Stockholm, Sweden
Grant Provider:	Incyte Biosciences Denmark ApS
Grant Recipient:	Lyle Patientforeningen for lymfekraft
Total Grant Funding Amount:	Fifty Thousand Danish Krone (50,000 DKK)

Addressee: Incyte Biosciences Denmark ApS

By signing below, I confirm the following with regard to the above grant funding support received from Incyte Biosciences Denmark ApS under the signed Educational Grant Event Support Agreement between Incyte Biosciences Denmark ApS and the Grant Recipient Event identified above (the "Educational Event Support Agreement"):

1. The grant funded event has been fully completed in accordance with the Event description provided at the time of of grant funding request and signature of the Educational Grant Agreement.

2. Please tick the applicable option:

   ☐ All of the above educational grant financial support provided by Incyte has been fully utilized for the purpose of the grant funded event and there is no unused balance due to Incyte Biosciences Denmark ApS as a refund per the terms of the Educational Grant Agreement; or

   ☐ Part of the educational grant financial support provided by Incyte has been utilized for the purpose of the grant funded event and there is an unused balance due to Incyte Biosciences Denmark ApS as a refund per the terms of the Educational Grant Agreement in the amount of: _____Euro/CHF/DKK/GBP.

I am authorized to sign on behalf of the Grant Recipient identified above.

_____
Signature

_____
Name in CAPS

_____
Title in CAPs

_____
Date