



SCHEDULE A

EIDOS THERAPEUTICS, INC.

PROTOCOL ID: AG10-501

SAURABH MALHOTRA, MD, PI

ARLET NEDELTCHEVA, MD RESEARCH MANAGER CARDIOLOGY

SITE: COOK COUNTY HEALTH, CHICAGO, IL 60612-3723, USA

SCHEDULE A VERSION #1

COUNTRY: UNITED STATES

SCHEDULE A

A1 STUDY BUDGET

Medpace, as Sponsor’s payment agent, shall make payment to the payee specified in the Payee Information Table (“Payee”) under this Agreement from funds provided by Sponsor for services provided according to the payment schedule below. All fees listed include: overhead, taxes, and subject stipend or travel reimbursement, as applicable. Payments are based on electronic case report forms (“eCRFs”), laboratory data, IVRS data or other specific data source. All amounts shown herein are calculated in USD.

A1.1 Fee for Each Evaluable Subject **\$91,478.00**

An “evaluable subject” is one who has been enrolled (randomized to treatment) and in whom all the applicable terms and conditions of the Protocol and this Agreement have been satisfied. Randomization occurs at Day 1.

A2 SETUP FEES & VISIT PAYMENTS

A2.1 Set-up Fees

| | | |
|-------|---|--------------------|
| 2.1.1 | Non-refundable Administrative Set-up Fee | \$10,515.00 |
| 2.1.2 | Pharmacy Set-up Fee | \$1,060.00 |

Payment will be made within forty-five (45) days of:

- Sponsor declaring Institution to be ready for Study Initiation;
- IRB/EC approval; and
- Medpace’s receipt of the fully executed Agreement.

A2.2 Ongoing Payments

Payments for Study subject visits, as set forth in Table below, will be paid on a quarterly basis for the actual number of Study subjects for whom eCRFs have been completed less ten percent (10%) of each quarterly payment, which will be withheld until and paid with the final payment. Quarterly payments will be made within forty-five (45) days after the end of each quarter. The quarterly schedule may be offset from the calendar quarter.

Table 1 – Fees for Completed Clinical Visits for Randomized Subjects

| VISIT | FEE |
|--|--------------------|
| Limited Screen - Genetic Testing Visit | \$857.00 |
| Screening Period | \$11,223.00 |
| D1 | \$1,102.00 |
| M1 In-Clinic Visit | \$1,480.00 |
| M3 Phone Visit | \$299.00 |
| M6 In-Clinic Visit | \$1,812.00 |
| M9 Phone Visit | \$299.00 |
| M12 In-Clinic Visit | \$7,147.00 |
| M15 Phone Visit | \$299.00 |
| M18 In-Clinic Visit | \$1,812.00 |
| M21 Phone Visit | \$299.00 |
| M24 In-Clinic Visit | \$9,741.00 |
| M27 Phone Visit | \$299.00 |
| M30 In-Clinic Visit | \$1,812.00 |
| M33 Phone Visit | \$299.00 |
| M36 In-Clinic Visit | \$7,147.00 |
| M39 Phone Visit | \$299.00 |
| M42 In-Clinic Visit | \$1,812.00 |
| M45 Phone Visit | \$299.00 |
| M48 In-Clinic Visit | \$9,741.00 |
| M51 Phone Visit | \$299.00 |
| M54 In-Clinic Visit | \$1,812.00 |
| M57 Phone Visit | \$299.00 |
| M60 In-Clinic Visit | \$7,147.00 |
| M63 Phone Visit | \$299.00 |
| M66 In-Clinic Visit | \$1,812.00 |
| M69 Phone Visit | \$299.00 |
| M72 In-Clinic Visit | \$9,741.00 |
| M75 Phone Visit | \$299.00 |
| M78 In-Clinic Visit | \$1,812.00 |
| M81 Phone Visit | \$299.00 |
| M84 In-Clinic Visit | \$7,147.00 |
| EOS / Early Termination Visit | \$1,397.00 |
| EOT 30-Day Safety Visit | \$738.00 |
| Total Per Patient | \$91,478.00 |
| Disease Transition Check Phone Visit | \$270.00 |
| | |

A2.3 Screen Failures

Table 2 – Screen Failures

| VISIT OF FAILURE | COST |
|--|---|
| Limited Screen - Genetic Testing Visit | \$857.00 |
| Screening Period | Limited Screen - Genetic Testing Visit \$857.00+ Screening Period Visit \$11,223.00 : \$12,080.00 |

Payment for screen failures will be made once the required number of subject(s) have been randomized per ratio (1 failures:4 randomized) for screen failures for whom Medpace has received all appropriate documentation of procedures/visits completed with the next scheduled payment owed to the Payee.

A2.4 Final Payment

Final payment for all services performed under this Agreement will be paid to Payee by Medpace after:

- Final resolution of all queries;
- Upon final acceptance of all eCRFs;
- The receipt and approval of any outstanding regulatory documents as required by Sponsor;
- The return of all unused Study Drug, Study supplies (including any equipment provided by Sponsor) and Confidential Information to Sponsor; and
- Upon completion of all other applicable conditions set forth in the Agreement.

Following receipt of final payment, all unpaid study costs not previously invoiced must be submitted to Medpace/Sponsor within 30 days. Medpace/Sponsor reserves the right to reject invoice(s) received beyond 30 days.

A2.5 Archiving Fee

\$975.00

Payable with final payment.

A2.6 Unscheduled Visit

\$745.00

Payable with final payment. Unscheduled Visit must be entered into EDC prior to database lock and visit must occur after randomization. Unscheduled Visit will not be payable if it occurs on the same date as another visit.

A3 INVOICEABLE ITEMS

Payment will be made within forty-five (45) days of receipt of invoice and supporting documentation if applicable and requested. Invoices must be submitted to Medpace within ninety (90) days of occurrence of the procedure, assessment, or fee. Medpace/Sponsor reserves the right to reject payment of any invoice(s) received after ninety (90) days of occurrence.

A3.1 Additional Subject Procedures

Payment will be made for procedures listed below if required by the protocol and not considered as standard of care.

Table 3 – Unitized Procedures

| FEES | COST | UNIT (IF APPLICABLE) |
|---|------------|--|
| Genetic Counseling (pretest and posttest) - Optional | \$213.00 | Invoiceable at the Limited Screen – Genetic Testing Visit for patients that receive genetic counseling. |
| 12-lead resting ECG (Optional) | \$128.00 | Invoiceable on D1 if not performed within the last 60 days and significant adverse events according to the Investigator's discretion have occurred since then & if performed at the Unscheduled Visit. |
| Complete PE including vitals (orthostatic heart rate and blood pressure) - (Optional) | \$225.00 | Invoiceable if performed at the Unscheduled Visit. |
| ROS / Assessment for Disease Transition (Optional) | \$18.00 | Invoiceable if performed at the Unscheduled Visit. |
| SNAC assessment of SSx (Optional) | \$55.00 | Invoiceable if performed at the EOS/ Early Termination Visit & the Unscheduled Visit. |
| NCS (Optional) | \$200.00 | Invoiceable if performed at the EOS/ Early Termination Visit & the Unscheduled Visit. |
| Resting TTE (ECHO) with Strain (Optional) | \$1,488.00 | Invoiceable if performed at the EOS/ Early Termination Visit & the Unscheduled Visit. |
| Collect / count study drug (Optional) | \$21.00 | Invoiceable if performed at the Unscheduled Visit. |
| Study drug compliance and contraception reminder (Optional) | \$21.00 | Invoiceable if performed at the EOS/ Early Termination Visit. |

Table 4 – Radiologic Assessments

| FEES | COST | UNIT (IF APPLICABLE) |
|--|------------|---|
| CMR (Optional) | \$2,770.00 | Invoiceable if performed at the EOS/ Early Termination Visit & the Unscheduled Visit. |
| Radionuclide Cardiac Amyloid Imaging with SPECT or SPECT/CT (Optional) | \$1,996.00 | Invoiceable if performed at the EOS/ Early Termination Visit & the Unscheduled Visit. |

Table 5 – Lab Assessments

| FEES | COST | UNIT (IF APPLICABLE) |
|---|------------|---|
| Blood Collection for potential genome-wide analysis (Optional) | \$62.00 | Invoiceable for patients that receive Blood Collection at the Day 1 Visit. |
| Venipuncture Blood Collection & Spec. Handling for Safety Labs Cardiac Biomarkers - proBNP, hsTnT, HsTnl Exploratory serum & Plasma - TTR Level, NfL (Optional) | \$101.00 | Invoiceable on D1 if not performed within the last 60 days and significant adverse events according to the Investigator's discretion have occurred since then & if performed at the Unscheduled Visit. |
| Urine Collection & Spec. Handling (Optional) | \$92.00 | Invoiceable on D1 if not performed within the last 60 days and significant adverse events according to the Investigator's discretion have occurred since then & if performed at the Unscheduled Visit. |
| Light Chain Amyloid Evaluation - blood (Conditionally Required) | \$36.00 | Invoiceable for patients with evidence of transition to ATTR disease when performed at the Screening Period Visit, M6 In-Clinic Visit, M12 In-Clinic Visit, M18 In-Clinic Visit, M24 In-Clinic Visit, In-Clinic Visits Q6M after (M30, M36 etc.) & the Unscheduled Visit. |
| Light Chain Amyloid Evaluation - urine (Conditionally Required) | \$36.00 | Invoiceable for patients with evidence of transition to ATTR disease when performed at the Screening Period Visit, M6 In-Clinic Visit, M12 In-Clinic Visit, M18 In-Clinic Visit, M24 In-Clinic Visit, In-Clinic Visits Q6M after (M30, M36 etc.) & the Unscheduled Visit. |
| Skin biopsy with confirmatory Amyloid Typing & Anesthesia (Optional) | \$940.00 | Invoiceable when performed at the M6 In-Clinic Visit, M18 In-Clinic Visit, In-Clinic Visits Q12M after M18 (M30, M42 etc.), EOS/ Early Termination Visit, & the Unscheduled Visit. |
| Salivary Gland / Abdominal fat pad biopsy with confirmatory Amyloid Typing & Anesthesia (Optional) | \$791.00 | Invoiceable when performed at the M6 In-Clinic Visit, M18 In-Clinic Visit, In-Clinic Visits Q12M after M18 (M30, M42 etc.), EOS/ Early Termination Visit, & the Unscheduled Visit. |
| Endomyocardial Biopsy with confirmatory Amyloid Typing & Anesthesia (Optional) | \$2,454.00 | Invoiceable when performed at at the M12 In-Clinic Visit, M24 In-Clinic Visit, In-Clinic Visits Q12M after M24 (M36, M42 etc.) , EOS/ Early Termination Visit & the Unscheduled Visit |
| Urine Pregnancy Test | \$30.00 | Invoiceable if performed at the Unscheduled Visit |
| Serum Pregnancy Test | \$35.00 | Invoiceable if performed to confirm a positive urine pregnancy test. |

Table 6 – Administrative Pharmacy Fees

| FEES | COST | UNIT (IF APPLICABLE) |
|--------------------------------|---------|---|
| Dispense Study Drug (Optional) | \$43.00 | Invoiceable if dispensed at the Unscheduled Visit |

A3.1 Subject Travel Reimbursement

Subject travel reimbursement will be handled by Medpace Patient Concierge Services.

A3.2 IRB/REB Costs

Local IRB/REB payments will be reimbursed to Payee with supporting local IRB/REB invoice and/or documentation. IRB/REB fees will be paid directly by Medpace for any site utilizing the Central IRB/REB.

A3.3 Additional Study-necessitated Fees

Payee will be reimbursed at actual cost for any other unforeseen but reasonable procedures or costs necessitated by the Study or Protocol (and any amendments thereto) and pre-approved by Medpace/Sponsor.

A3.4 Nominal equipment

Institution may be provided during the course of the Study small items of equipment necessitated by the Study or Protocol and pre-approved by Medpace/Sponsor.

A4 MEDPACE RIGHTS

Medpace reserves the right to suspend payments due to Payee, if Principal Investigator and/or Institution do not complete data entry, query resolutions, and electronic signatures on eCRFs and/or provide regulatory documents to Medpace within timelines defined by the project team. Payments will resume once the missing or incomplete information is resolved.

A5 MEDPACE INVOICING

All payment inquiries and invoices submitted shall include the Protocol number and Principal Investigator name and be sent to the following:

Email: siteinvoices@medpace.com
Phone: 513-579-9911

Medpace Clinical Research, LLC
Attn: Clinical Operations Site Payments
5375 Medpace Way
Cincinnati, Ohio 45227

All personal or identifiable information of study participant(s) must be redacted prior to submitting invoices, invoice support, or payment inquiries to Medpace.

A6 PAYEE INFORMATION

All payments made by Medpace, as Sponsor's payment agent, as set forth herein shall be payable solely to Payee at the address set forth below. Any such payments which are due to any other party performing services in connection with the Study shall be a matter solely between Payee and such party.

Table 7 - For sites receiving payment by USD ACH Payment

| Payee Information | |
|-----------------------|---|
| Beneficiary Name | //PLEASE INSERT THE NAME ON THE ACCOUNT// |
| Payee Mailing Address | |
| Email Address | //FOR QUESTIONS AND NOTIFICATION OF PAYMENT// |
| Attention | //FOR QUESTIONS AND NOTIFICATION OF PAYMENT// |
| Bank Name | |
| Bank ACH Routing No | |
| Bank ACH Account No | |
| Tax ID# | |

