

Schedule 2

To be disclosed at GSK website (www.dk.gsk.com)

GD0526

Documentation for the grant

(To be approved by the hospital/organization by signing and returning the form to GSK Pharma A/S, Att.: Grants & Donations – ulla.g.bregnsbo@gsk.com)

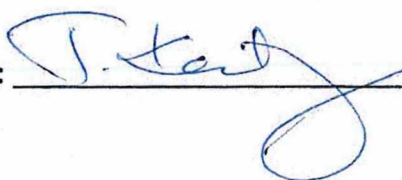
Please insert missing information in the sections below

Name of the activity, project or equipment to be supported by the grant	MEETING FOR WOMEN LIVING WITH HIV
Name of the hospital/department managing the activity, project or equipment	DEPARTMENT OF INF DIS COPENHAGEN UNIVERSITY HOSPITAL, RIGSHOSPITALET
Name of the hospital representative, who is responsible for the activity, project or equipment.	HEAD OF DEPT ÅSE B. ANDERSEN
Name of the hospital representative, who is responsible for the bank account mentioned in the agreement	TERESE L. KATZENSTEIN
Name of the manager/director at the hospital who has approved that the hospital can receive the grant	Åse B. Andersen
Type of activity/project/equipment, where the grant will be used	Educational meeting/theme day for Women Living with HIV
PURPOSE of the activity, project or equipment	To update women living with HIV about the newest knowledge in research and treatment of HIV
Timeframe (if possible)	29.04.2020
Financial value of the grant	43.440 DKK

I confirm by signing this schedule that I am authorized to approve the grant for the hospital where I am employed

Date:

Signature:



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