

Schedule 2

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

GD0537

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	Quality database for chronic rhinosinusitis with nasal polyposis (NP) (CRSwNP)
Name of the hospital/department managing the activity, project or equipment	Rigshospitalet, Department of Otolaryngology
Name of the hospital representative, who is responsible for the activity, project or equipment.	Vibeke Backer, Professor, MD
Name of the hospital representative, who is responsible for the bank account mentioned in the agreement	Peter Bengtsen
Name of the manager/director at the hospital who has approved that the hospital can receive the grant	Mads Klokker, leading physician
Type of activity/project/equipment, where the grant will be used	Design and control of database and screening of 150 patients 4, 6 and 12 months
PURPOSE of the activity, project or equipment	Establish a clinical database of patients who have CRSwNP and who will be offered biological treatment, as well as a real-life follow-up study over 12 months.
Timeframe (if possible)	2022
Financial value of the grant	DKK 212,452

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

Date: 03-Dec-2021

Mads Klokker

Signature: _____
Mads Klokker, leading physician

Electronically signed
by: Mads Klokker
Reason: I am
signing for the
reasons as stated in
the document.
Date: Dec 3, 2021
11:33 GMT+1