



### Eksemforeningerne

Hvidovrevej 108 , 2650 Hvidovre, Denmark

[anne@vastrup.dk](mailto:anne@vastrup.dk)

("Patient Group")

Represented by Ms. Anne Vastrup

("MS. VASTRUP" or "you")

December 17, 2025

## PATIENT GROUP STATEMENT OF WORK

### *Patient Expert Consultancy 2026*

Dear Ms. Anne Vastrup

This Statement of Work (**SOW**) is issued pursuant to the Patient Group Agreement effective as of August 17, 2025 (**Agreement**), between F. Hoffmann-La Roche Ltd of Grenzacherstrasse 124, CH 4070 Basel, Switzerland (**we** or **Roche**) and Patient Group for the Further Activity as defined herein, and is subject to all the terms and conditions set out in the Agreement. Once signed, this SOW will be deemed to include the terms of the Agreement and will form part of the Agreement.

#### Signing this SOW means that Patient Group and MS. VASTRUP agree to the following:

1. This SOW commences on the date of last signature (**Effective Date**) and will remain in force until March 31, 2027, unless terminated earlier. Patient Group and Roche are the **parties** to this SOW.
2. **MS. VASTRUP performs the Activity from the Effective Date (but not sooner) in accordance with the Terms.** Roche is not obliged to pay for any work (including pre-work) performed before the Effective Date.

If there are any terms and / or conditions that you do not understand, please get in touch with your Roche Contact (their details are in the description of the Further Activity).

### *Further Activity*

#### Objective & Description

The purposes of the Activity are to:

- Share perspectives to help Roche better understand the challenges associated with living with Atopic Dermatitis and the greatest unmet needs of those affected by the condition.
- Provide feedback and insights into the Atopic Dermatitis community's perspective on diverse issues, including the design of clinical trials, meaningful benefits of a therapy, parameters to measure in a clinical trial, the value of a medicine, and the usefulness of proposed support services or patient resources.
- Offer input on how Roche can collaborate with the Atopic Dermatitis community on initiatives of mutual interest.
- Contribute to the co-creation of tools and services that can address the unmet needs of those affected by Atopic Dermatitis.
- Share recommendations and advice on benefits that matter most to the AD patient community, based on their personal lived experience and/or clinical expertise.
- Advise Roche to support decision-making around clinical development milestones, and the development of support tools, materials, or other educational resources for the Atopic Dermatitis community.
- Participate in the creation or review of support tools or resources, if they are interested, that may arise from the discussions.

Your role: Consultant

Dates & Times	Start Date	February 1, 2026	End Date	December 31, 2026
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Venue	Virtual
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**Fee**

We will pay Patient Group a total fee of 39,000.00 DKK, which is made up of:

**Activity time:** 20 hours;

**Preparation time:** 10 hours (pre-meeting material review: 2.5 h each – 5 h total; post-meeting material review + survey completion: 2.5 h each – 5 h total);

**Each multiplied by an hourly rate of:** 1,300.00 DKK, per hour;

Roche needs to approve any additional time spent on the Activity in advance.

Roche will only compensate for the hours worked

To receive this payment, you have to do the following, once the Agreement (or any Statement of Work) is signed:

- Perform the Activity (or any Further Activity) as agreed;
- Obtain an invoice template from Roche contact person which references the appropriate Roche purchase order number;
- Complete and sign the invoice and submit with accompanying proof of expenses (if applicable), immediately, but no later than 30 days, after receipt of invoice from Roche;
- Send invoice to Accounts Payable at  
F. Hoffmann-La Roche Ltd  
Accounts Payable  
Grenzacherstrasse 124  
CH-4070 Basel, Switzerland

Or a scanned version (PDF) of the signed invoice with receipts (if any) can be sent by email to [glo.global-pp-contracts@roche.com](mailto:glo.global-pp-contracts@roche.com)

Roche will pay the invoice upon receipt of the invoice and Patient Group's banking details, but no later than 30 days upon receipt.

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**Your Roche Contact**

Asla Kodzhaibrahimoglu  
Global Patient Partnership Leader  
[asla.kodzhaibrahimoglu@roche.com](mailto:asla.kodzhaibrahimoglu@roche.com)

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If you sign this SOW, you agree to perform the Further Activity.

Yours faithfully

I understand and agree with the contents of this SOW.

**SIGNED** for and on behalf of  
**F. Hoffmann-La Roche Ltd**

Signed by:  
*Asla Kodzhaibrahimoglu*

92AD12D3A9744AB.....

Signature

Asla Kodzhaibrahimoglu

Name

Global Patient Partnership Leader

Position

28-Jan-2026

Date

Signed by:  
*fani petridis*

37EDD93918924CC.....

Signature

fani petridis

Name

Global Patient Partnership Group Leader

Position

28-Jan-2026

Date

**SIGNED** for and on behalf of  
**Eksempforeiningen**

Signed by:  
*Anne Skov Vastrup*

5A0F358E642D4BA.....

Signature

Anne Skov Vastrup

Name

Chair

Position

28-jan-2026

Date

**Read and acknowledged:**

Signed by:  
*Anne Skov Vastrup*

5A0F358E642D4BA.....

Signature

Anne Skov Vastrup

Name of Representative/Participant

28-jan-2026

Date

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