**CORRECTIONS TO THE AGREEMENT SIGNED ON APRIL 13, 2022 BETWEEN THE BIOMEDICAL RESEARCH FOUNDATION OF THE 12 DE OCTUBRE UNIVERSITY HOSPITAL, THE 12 DE OCTUBRE UNIVERSITY HOSPITAL, Dr. …………….. (PRINCIPAL INVESTIGATOR) AND ……………. (SPONSOR) FOR THE PERFORMANCE OF THE CLINICAL STUDY TITLED: “……………………”**

**PROTOCOL CODE:**

**CEIC No./FOUNDATION CODE:**

**EUDRACT No. (if applicable):**

**BY AND BETWEEN**

**(\*) Ajustar según la situación concreta de los intervinientes en el contrato**

Of one part, Mr/Ms. ……………………………….., with tax Identity Number …………… acting as legal representative of …………………………….. (hereinafter CRO) by separate agreement with the Sponsor of the study, domicilied at ……………………….with Tax Identity Code/VAT number ………………., acting on behalf and in representation of ……………………………….. (hereinafter SPONSOR), located at …………, authorized to execute this document by virtue of the powers granted on…………………….

Of another part, Dr. Carmen Martínez de Pancorbo González, as president of the board of trustees, with Tax Identity Number 30562827-J, acting on behalf and in representation of the **FUNDACIÓN PARA LA INVESTIGACIÓN BIOMÉDICA DEL HOSPITAL UNIVERSITARIO 12 DE OCTUBRE**, (hereinafter **FOUNDATION**), with registered address at Av. de Córdoba s/n, Edificio: Centro de Actividades Ambulatorias (CAA) 6ª Planta. Bloque D of Madrid 28041, and with VAT number G 83727016, e-mail [ensayos.hdoc@salud.madrid.org](mailto:ensayos.hdoc@salud.madrid.org) duly authorized to execute the present document by virtue of the power of attorney authorized in Madrid on 19 December 2011 by the Notary Public of Madrid Mr. José Amérigo Cruz.

Dr. Carmen Martínez de Pancorbo González, acting as managing director on behalf and in representation of the **HOSPITAL UNIVERSITARIO 12 DE OCTUBRE** (hereinafter **HOSPITAL**).

And of the other part, Dr. ………………………., with TAX ID No.: ………………………. acting in their own name and on their own behalf (hereinafter, the **LEAD INVESTIGATOR**), with address for the purposes of notifications at the ………………………. **SERVICE** in the **HOSPITAL** located at Av. Córdoba s/n Madrid 28041.

The **PARTIES** mutually acknowledge their capacity to enter into, and the binding force of this amendment.

**DECLARE**

**1.** The errors detected in the agreement for the performance of the following study are hereby recorded: “………………………........................” with protocol code …………………………, executed on……………..(hereinafter, “the Agreement”) by and between the **HOSPITAL**, the **FOUNDATION**, **PRINCIPAL INVESTIGATOR** and **SPONSOR/CRO**.

Therefore, they agree to formalize these corrections in order to correct the errors, in accordance with the following,

**CLAUSES**

**(CLAUSE No.)** …………………

**In which it said:** “…………………………………………………………………………………”

**Now it says:** “…………………………………………………………………………………”

And for the record, and in witness whereof, the Parties sign this document for one sole purpose

Madrid, …………….

**BY SPONSOR / the CRO on behalf of the SPONSOR,**

Signed: Mr. / Mrs. / Dr.

**BY PRINCIPAL INVESTIGATOR,**

Dr.

**By HOSPITAL/FOUNDATION,**

Dra. Carmen Martínez de Pancorbo González