

STUDY SUPPLIES REQUEST TEMPLATE SONOMA BIOTHERAPEUTICS | SBT777101-01

Site #/Site PI	Request Date	Site Address Line 1
Recipient Name	Site Phone #	Site Address Line 2
Email this completed form to the Medpace Project Coordinator: (K.Gruman@Medpace.com). Supplies will be shipped within 5 business days.		City, ST Zip/Post Code

Site Items

ITEM	LANGUAGE	VERSION	UNIT	QUANTITY
Inclusion/Exclusion Card			EACH	
Pocket Protocol			EACH	
Schedule of Assessments Screening and Pre-Treatment Periods			EACH	
Schedule of Assessments Baseline and Safety Follow-Up Period			EACH	
Healthcare Professional (HCP) Factsheet			EACH	
Prescreening Checklist			EACH	
Physician Visual Analogue Scale (VAS) Assessment			EACH	
28 Swollen Joint Count/28 Tender Joint Count			EACH	
66 Swollen Joint Count/68 Tender Joint Count			EACH	
Synovial Biopsy Manual			EACH	
Pre-Screening Slot Request Form			EACH	
Plastic Ruler			EACH	
Empty Binder			EACH	

Patient Items

Ensure approval is obtained, as required by your site's governing IRB/EC, prior to distributing any patient-facing materials.

ITEM	LANGUAGE	VERSION	UNIT	QUANTITY
Patient Emergency Card			EACH	
Appointment Reminder Card			EACH	
Brochure			EACH	

ITEM	LANGUAGE	VERSION	UNIT	QUANTITY
Participant Handbook			EACH	
Participant Journey			EACH	
Participant Thank You Card			EACH	
Trial Companion Reminder Magnet			EACH	
Patient Questionnaire—FACIT-F			EACH	
Patient Questionnaire—HAQ-DI			EACH	
Patient Questionnaire—VAS			EACH	
Participant Temperature Diary Week 1			EACH	
Participant Temperature Diary Week 2			EACH	
Participant Temperature Diary Week 3			EACH	
Participant Temperature Diary Week 4			EACH	
Participant Temperature Diary Week 6			EACH	
Participant Temperature Diary Week 8			EACH	
Participant Temperature Diary Week 10			EACH	
Participant Temperature Diary Week 12			EACH	
Participant Temperature Diary Week 18			EACH	
Participant Temperature Diary Week 24			EACH	
Participant Temperature Diary Week 36			EACH	
Participant Temperature Diary Week 48			EACH	
Patient Thermometer			EACH	

Medpace Use Only

Order Prepared By _____

Date Shipped _____

Courier: ☐ FedEx ☐ UPS ☐ Other: _____

Tracking # _____

Sponsor: Sonoma Biotherapeutics

Protocol ID: SBT777101-01

Form Last Revised: 12-OCT-2023

Study-specific Version: 2.0