

Schedule 2

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

GD0520

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	Development and implementation of an app to patients with severe asthma in home treatment.
Name of the hospital/department managing the activity, project or equipment	Vejle Sygehus
Name of the hospital representative, who is responsible for the activity, project or equipment.	Ole Hilberg
Name of the hospital representative, who is responsible for the bank account mentioned in the agreement	SLB finansteam slb.finansteam@rsyd.dk
Name of the manager/director at the hospital who has approved that the hospital can receive the grant	Ejler Ejlersen
Type of activity/project/equipment, where the grant will be used	Development and implementation of an app
PURPOSE of the activity, project or equipment	Implementation of an app to register knowledge and feedback from severe asthma patients in home treatment with biological medicine in order to track the patients' experienced state of health and satisfaction with their own treatment
Timeframe (if possible)	
Financial value of the grant	60.000 DKK

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

Date: 13/8 19

Signature: Ole Hilberg