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## CLINICAL TRIAL DATA SHARING FORM

### SECTION 1: GENERAL INFORMATION

Lead Researcher Name:

Affiliation/Institution:

Primary E-mail:

Telephone:

Correspondence Address:

Name of all researchers involved in project:

Agios Products:

Study (if multiple, list all):

Proposal Title:

Endpoints (quantitative measurements required by the objectives:)

Objectives:

Hypothesis (if applicable):

### SECTION 2: REQUEST REASON/INTENDED USE

Briefly describe the intended use and background information:

### SECTION 3: DATA SHARING REQUEST DETAILS

Data and/or Documents being requested:

Variables Description (if requesting a dataset, specify data attributes/characteristics/variables needed, NA if not applicable):

Statistical Analysis Plan (SAP), indicate whether an SAP exists.  
If "YES" please submit SAP with this form

YES  NO

If SAP exists, please describe the main data analysis methods:

Provide details of any planned publications, including indicative publication date(s). If there are no plans to publish, please provide justification:



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## CLINICAL TRIAL DATA SHARING FORM (continued)

### SECTION 4: EXPERTISE

Please provide Curriculum Vitae (CV's) for all members of the research team noted above. Alternatively, provide a summary of the relevant scientific and statistical experience and expertise of the research team proposing the research.

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### SECTION 5: EXISTING AGREEMENTS & RELEVANT INFORMATION

Is there already any form of Agios CDA/NDA in place with the proposed researchers or institution?  YES  NO

If "YES" please provide the date of execution and any further relevant information:

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Is there any existing Contract/Agreement with Agios relating to this data sharing request?  YES  NO  
If "YES" please provide an attachment with this form.

Provide any and all real or potentially perceived conflicts of interest related to this research:

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Include details of financial interests such as funding, salary or ownership for the investigators and/or their affiliated institutions, employers or similar:

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### SECTION 6: SIGNATURE & AFFIRMATION

I/We confirm that the information presented within is correct and truthful. All provided data will not be used for any purpose other than what has been identified in this request, and that the requested data will not be used in pursuit of litigation or for commercial purposes.

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Print Name:

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Signed:

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Date:

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