

FACILITY NAME & ADDRESS

|                                                              |                            |                                                  |
|--------------------------------------------------------------|----------------------------|--------------------------------------------------|
| Facility Name                                                | Facility Type              | Facility Address                                 |
| National Hospital Organization Osaka Toneyama Medical Center | Hospital or Medical Center | 5-1-1 Toneyama, Toyonaka, Osaka, Japan, 560-8552 |

FACILITY CONTACTS

|              |                 |                                   |                          |
|--------------|-----------------|-----------------------------------|--------------------------|
| Primary FPM? | Name            | Email Address                     | Roles                    |
| Yes          | Yoshikawa, Miki | yoshikawa.miki.ht@mail.hosp.go.jp | Facility Profile Manager |

THERAPEUTIC AREAS & PATIENT POPULATION

| Therapeutic Area(s)                                                                                                                                                                                                                                   |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Therapeutic Area                                                                                                                                                                                                                                      | Sub Therapeutic Area                       |
| Congenital, Hereditary, and Neonatal Diseases and Abnormalities                                                                                                                                                                                       |                                            |
| Immune System Diseases                                                                                                                                                                                                                                |                                            |
| Musculoskeletal Diseases                                                                                                                                                                                                                              |                                            |
| Neoplasms                                                                                                                                                                                                                                             |                                            |
| Neuroscience                                                                                                                                                                                                                                          |                                            |
| Nervous System Diseases                                                                                                                                                                                                                               |                                            |
| Respiratory Tract Diseases                                                                                                                                                                                                                            |                                            |
| Bacterial Infections and Mycoses                                                                                                                                                                                                                      |                                            |
| Other Areas of Expertise                                                                                                                                                                                                                              |                                            |
|                                                                                                                                                                                                                                                       |                                            |
| Study Phase Capabilities                                                                                                                                                                                                                              |                                            |
| Phase I; Phase II; Phase III; Phase IV                                                                                                                                                                                                                |                                            |
| Other Facility Details                                                                                                                                                                                                                                |                                            |
| Do you have Affiliated Research Sites or Satellite Sites/Clinics? A Satellite Site is a secondary location where the investigator sees clinical trial subjects, usually this is the same investigator who sees subjects at the primary site location. | No                                         |
| What study types does your Facility have experience with?                                                                                                                                                                                             | Industry; Investigator Initiated; Academic |
| Is your Facility affiliated with a government agency or part of a government funded health service?                                                                                                                                                   | Yes                                        |

| Patient Population                  |                                                                                                      |
|-------------------------------------|------------------------------------------------------------------------------------------------------|
| Patient Population Demographics     | Pediatrics - Less than or equal to 17; Adults - Ages 18-64; Geriatrics - Greater than or equal to 65 |
| Patient Population Comments         |                                                                                                      |
| Racial proportions: mostly Japanese |                                                                                                      |

IRB/ERB/ETHICS COMMITTEE

| General Questions                                                                                  |       |
|----------------------------------------------------------------------------------------------------|-------|
| What is the average time (in days) to start a study once you have received the regulatory package? | 30-60 |
| Does your Facility perform IRB/ERB/Ethics Committee submissions?                                   | Yes   |
| Does your Facility have a Facility or group to perform IRB/ERB/Ethics Committee submissions?       | Yes   |

|                                                                                                                                                                                                                                                 |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Department Contact Name                                                                                                                                                                                                                         | Office for Clinical Trial      |
| Department Contact Phone Number                                                                                                                                                                                                                 | +81-6-6853-2001                |
| Department Contact Email Address                                                                                                                                                                                                                | 410-chiken@mail.hosp.go.jp     |
| Is your Facility able to initiate study activities prior to IRB/ERB/Ethics Committee protocol approval?                                                                                                                                         | Yes                            |
| What types of IRB/ERB/Ethics Committee does your Facility use?                                                                                                                                                                                  | Central Acting as Local; Local |
| Does your institution and/or local regulation mandate the distribution of safety reports [e.g., Development SafetyUpdate Report (DSUR), suspected unexpected serious adverse reaction (SUSAR)] to a local Review only IRB/ERB/Ethics Committee? | Yes                            |
| Are there any other steps that the Sponsor should be aware of for your IRB/ERB/Ethics Committee review and submission?                                                                                                                          | No                             |

LOCAL IRB/ERB/ETHICS COMMITTEE

|                                                                                                                  |               |                                                                     |
|------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------|
| Local IRB/ERB/Ethics Committee: IRB of National Hospital Organization Osaka Toneyama Medical Center              |               |                                                                     |
| IRB/ERB/Ethics Committee Name                                                                                    |               | IRB of National Hospital Organization Osaka Toneyama Medical Center |
| Address                                                                                                          |               | 5-1-1,Toneyama, Toyonaka, Osaka, Japan, 560-8552                    |
| Registration#                                                                                                    |               | Registering Body                                                    |
| NA                                                                                                               |               | NA                                                                  |
| What is the meeting frequency of the IRB/ERB/Ethics Committee?                                                   |               | Monthly                                                             |
| How long before IRB/ERB/Ethics review is the Submission Packet required?                                         |               | Greater than 2 weeks                                                |
| Does the IRB/ERB/Ethics Committee require payment prior to release of final approval documents?                  |               | No                                                                  |
| Does the IRB/ERB/Ethics Committee require contract/budget approval prior to release of final approval documents? |               | Yes                                                                 |
| LOCAL IRB/ERB/ETHICS COMMITTEE ATTACHMENTS                                                                       |               |                                                                     |
| Document Type                                                                                                    | Document Name | Document Description                                                |
| No Records                                                                                                       |               |                                                                     |

OTHER REVIEW BOARDS

|                                                                                                                                                                                            |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Does your Facility have Other Review Boards that need to approve the study prior to IRB/ ERB/Ethics Committee submission? For example, scientific, radiation safety committees, or others. | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|

Local Lab

|                                                                                                           |                                                                                                |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Is your Facility using a Local Lab?                                                                       | Yes                                                                                            |
| Local Lab: clinical laboratory department of National Hospital Organization Osaka Toneyama Medical Center |                                                                                                |
| Lab Name                                                                                                  | clinical laboratory department of National Hospital Organization Osaka Toneyama Medical Center |
| Lab Contact First Name                                                                                    |                                                                                                |
| Lab Contact Last Name                                                                                     |                                                                                                |
| Address                                                                                                   | 5-1-1,Toneyama, Toyonaka, Osaka, Japan, 560-8552                                               |
| Phone Number                                                                                              | +81-6-6853-2001                                                                                |
| Fax Number                                                                                                |                                                                                                |
| Email Address                                                                                             |                                                                                                |
| Local Lab Accreditation                                                                                   | None                                                                                           |

| Additional Questions                                                                                                                              |               |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
| Does your Facility have a SOP/written procedure for documenting bio-specimen (Sample) processing steps/chain of custody?                          |               |                      |
| What is the system or tool that the site currently has or utilizes to document Bio-specimen (Sample) Processing Steps/ Chain of Custody?          |               |                      |
| Please indicate tissue collection and processing capabilities at your site?                                                                       |               |                      |
| Does your Facility has established processes to oversee staff compliance with study-specific lab manual instructions for bio-specimen processing? |               |                      |
| What are your Facility’s capabilities for tissue collection and/or processing (embedding)?                                                        |               |                      |
| Are LOINC codes available for the Local Lab? (If Yes, you can upload the relevant LOINC list as an attachment in Lab Documentation)               |               |                      |
| Attachments                                                                                                                                       |               |                      |
| Document Type                                                                                                                                     | Document Name | Document Description |
| No Records                                                                                                                                        |               |                      |

CONSENT & TRAINING

| Consent                                                                                                                                                                                                                          |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Does your Facility have a written SOP/Policy/Procedure for: Informed Consent?                                                                                                                                                    | Yes            |
| Does your Facility have a written SOP/Policy/Procedure for: Minor Assent for Pediatric Populations?                                                                                                                              | Yes            |
| Does your Facility have a written SOP/Policy/Procedure for: Other Vulnerable Populations?                                                                                                                                        | Yes            |
| Will your Facility require language translations for consents?                                                                                                                                                                   | Yes            |
| Select the required languages                                                                                                                                                                                                    | Japanese       |
| If located in the US, has your Facility used or are you able to use the informed consent short form?                                                                                                                             | Not Applicable |
| Training                                                                                                                                                                                                                         |                |
| Does your Facility have a training program for the research staff?                                                                                                                                                               | Yes            |
| Does the course content include GCP?                                                                                                                                                                                             | Yes            |
| Does your Facility use an external program to conduct research training?                                                                                                                                                         | Yes            |
| Please provide program course name.                                                                                                                                                                                              | eAPRIN         |
| Do you have a process or program in place to retrain research staff when a protocol is amended?                                                                                                                                  | Yes            |
| Does the study staff that prepares or transports dangerous goods have training that meets the IATA International Air Transport Association (US) or other countries hazardous training requirements for shipping dangerous goods? | No             |

FACILITY & EQUIPMENT

| Facility Capabilities                                                                                                               |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Can your Facility support patient visits on weekends?                                                                               | No                                                                                                                                              |
| Can your Facility support in-patient admissions for research studies?                                                               | Yes                                                                                                                                             |
| Does your study staff have sufficient English knowledge to understand communications in English?                                    | No                                                                                                                                              |
| Does your Facility have access to translators and translation support for trial conduct (e.g. consent, trial specific instruction)? | No                                                                                                                                              |
| Does the Facility have storage space for Study-Related materials (e.g. Lab Kits, Patient Materials, etc.)?                          | Yes                                                                                                                                             |
| Is the lab kit storage space able to support early phase studies which may require an increased number of kits?                     | Yes                                                                                                                                             |
| Does your Facility have the ability to collect and store PK/PD specimens?                                                           | Yes                                                                                                                                             |
| Does your Facility have the ability to collect PK/PD samples beyond normal business hours?                                          | No                                                                                                                                              |
| Does your Facility typically allow the collection of Pharmacogenomic (PGX) samples for research purposes?                           | Yes                                                                                                                                             |
| Equipment                                                                                                                           |                                                                                                                                                 |
| Identify the Diagnostic Equipment available at or near the Facility to support Research studies?                                    | Computerized Tomography Scan; Dual-Energy X-ray Absorptiometry or Bone Densitometry; Magnetic Resonance Imaging; X-Radiation; Electrocardiogram |

|                                                                                                                                                                                                                |               |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------|
| General Equipment                                                                                                                                                                                              |               |                                                                                                                          |
| Does your Facility have an SOP or process that ensures routine calibration and maintenancof general equipment? Examples of general equipment include: scale, pulse oximeter, stadiometer, sphymomanomer, etc.? |               | Yes                                                                                                                      |
| Does your Facility have the necessary equipment to treat medical emergencies (ie. code cart)?                                                                                                                  |               | Yes                                                                                                                      |
| Identify the equipment available at the Facility to support Research studies?                                                                                                                                  |               | Refrigerated Centrifuge; Refrigerator (2 to 8 Degrees C); Freezer (-20 to -30 Degrees C); Freezer (-70 to -80 Degrees C) |
| Equipment Capabilities: Refrigerator (2 to 8 Degrees C)                                                                                                                                                        |               |                                                                                                                          |
| Do you have the ability to generate a temperature monitoring log for this equipment?                                                                                                                           |               | No                                                                                                                       |
| Does this equipment provide Min/Max Temperature Monitoring?                                                                                                                                                    |               | No                                                                                                                       |
| How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.                                                                                              |               | Not Applicable                                                                                                           |
| Does this equipment have back-up power?                                                                                                                                                                        |               | Yes                                                                                                                      |
| Does this equipment have a temperature alarm?                                                                                                                                                                  |               | Yes                                                                                                                      |
| Do you have an SOP which supports calibration of this equipment?                                                                                                                                               |               | No                                                                                                                       |
| Equipment Capabilities: Freezer (-20 to -30 Degrees C)                                                                                                                                                         |               |                                                                                                                          |
| Do you have the ability to generate a temperature monitoring log for this equipment?                                                                                                                           |               | No                                                                                                                       |
| Does this equipment provide Min/Max Temperature Monitoring?                                                                                                                                                    |               | No                                                                                                                       |
| How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.                                                                                              |               | Not Applicable                                                                                                           |
| Does this equipment have back-up power?                                                                                                                                                                        |               | Yes                                                                                                                      |
| Does this equipment have a temperature alarm?                                                                                                                                                                  |               | Yes                                                                                                                      |
| Do you have an SOP which supports calibration of this equipment?                                                                                                                                               |               | No                                                                                                                       |
| Equipment Capabilities: Refrigerator (-70 to -80 Degrees C)                                                                                                                                                    |               |                                                                                                                          |
| Do you have the ability to generate a temperature monitoring log for this equipment?                                                                                                                           |               | No                                                                                                                       |
| Does this equipment provide Min/Max Temperature Monitoring?                                                                                                                                                    |               | No                                                                                                                       |
| How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.                                                                                              |               | Not Applicable                                                                                                           |
| Does this equipment have back-up power?                                                                                                                                                                        |               | Yes                                                                                                                      |
| Does this equipment have a temperature alarm?                                                                                                                                                                  |               | Yes                                                                                                                      |
| Do you have an SOP which supports calibration of this equipment?                                                                                                                                               |               | No                                                                                                                       |
| Computer Capabilities                                                                                                                                                                                          |               |                                                                                                                          |
| Does your Facility have computers which are dedicated to research studies?                                                                                                                                     |               | Yes                                                                                                                      |
| What type of computer operating system(s) does your institution use to support studies?                                                                                                                        |               | Windows (Windows XP, Windows 7, Windows 8, etc.)                                                                         |
| What type of internet access does your Facility have?                                                                                                                                                          |               | Cable or DSL                                                                                                             |
| Does your Facility limit or prohibit access and use of external web-based tools or sites for clinical research? (e.g. web portals to submit documents to sponsors or CROs)                                     |               | No                                                                                                                       |
| Does the Facility have access to local IT support?                                                                                                                                                             |               | No                                                                                                                       |
| Does your Facility prohibit the use of an external USB device (e.g. to download and send data from a temperature monitoring device)?                                                                           |               | No                                                                                                                       |
| Business Continuity Plan                                                                                                                                                                                       |               |                                                                                                                          |
| Does your Facility have Business Continuity Plan (BCP) to protect essential business operations which describes how those processes will be performed during a crisis at your Facility?                        |               | No                                                                                                                       |
| Attach Your BCP or SOP                                                                                                                                                                                         |               |                                                                                                                          |
| Document Type                                                                                                                                                                                                  | Document Name | Document Description                                                                                                     |
| No Records                                                                                                                                                                                                     |               |                                                                                                                          |

INVESTIGATIONAL PRODUCT & CONTROLLED SUBSTANCES

| Investigational Product Shipping Details                                                        |                                                      |               |                 |            |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------|-----------------|------------|
| IP Recipient Name                                                                               | Address                                              | Email Address | Phone Number    | Fax Number |
| pharmaceutical department of<br>National Hospital Organization<br>Osaka Toneyama Medical Center | 5-1-1,Toneyama,, Toyonaka,<br>Osaka, Japan, 560-8552 |               | +81-6-6853-2001 |            |

| Investigational Product Storage Location                                                        |                                                     |               |                 |            |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------|-----------------|------------|
| IP Storage Location Name                                                                        | Address                                             | Email Address | Phone Number    | Fax Number |
| Pharmaceutical department of<br>National Hospital Organization<br>Osaka Toneyama Medical Center | 5-1-1,Toneyama, Toyonaka,<br>Osaka, Japan, 560-8552 |               | +81-6-6853-2001 |            |

| Investigational Product Storage Equipment                                                                                                                             |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Identify the Investigational Product Storage Equipment at your Facility                                                                                               | Refrigerator (2 to 8 Degrees C) |
| Equipment Capabilities: Refrigerator (2 to 8 Degrees C)                                                                                                               |                                 |
| Do you have the ability to generate a temperature monitoring log for this equipment?                                                                                  | Yes                             |
| Does this equipment provide Min/Max Temperature Monitoring?                                                                                                           | Yes                             |
| How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.                                                     | Daily                           |
| Does this equipment have back-up power?                                                                                                                               | Yes                             |
| Does this equipment have a temperature alarm?                                                                                                                         | Yes                             |
| Do you have an SOP which supports calibration of this equipment?                                                                                                      | No                              |
| Investigational Product Storage And Handling                                                                                                                          |                                 |
| Is the Investigational Product Storage Room secured with controlled access?                                                                                           | Yes                             |
| Do you have the ability to generate a temperature monitoring log for this Investigational Product Storage Room?                                                       | Yes                             |
| Does the Investigational Product Storage Room provide Min/Max temperature monitoring?                                                                                 | Yes                             |
| Does the Investigational Product Storage Room have back-up power?                                                                                                     | Yes                             |
| Does the Investigational Product Storage Room have a temperature alarm?                                                                                               | Yes                             |
| Do you have an SOP which supports calibration of this equipment?                                                                                                      | No                              |
| Does your Facility have the ability to manage on-site or off-site destruction of Investigational Product?                                                             | Yes                             |
| Does your Facility have a written SOP/Policy/Procedure for destruction of Investigational Product?                                                                    | Yes                             |
| Do you provide your Satellite Site(s) with a dedicated inventory of Investigational Product?                                                                          | Not Applicable                  |
| Does your Facility have a written SOP/Policy/Procedure to ensure that Investigational Product is appropriately maintained during transportation to Satellite Site(s)? | Not Applicable                  |
| Describe additional Investigational Product Storage And Handling Capabilities                                                                                         |                                 |

| Preparation and Administration Of Investigational Product                                                        |     |
|------------------------------------------------------------------------------------------------------------------|-----|
| Identify the Investigational Product preparation capabilities at your Facility                                   |     |
| Is your Facility capable of administering infusions?                                                             | Yes |
| Is your Facility adequately staffed to support studies with both blinded and un-blinded Investigational Product? | Yes |

| Controlled Substances                                                                                                                                |               |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
| Does the Facility have the required licenses or registrations to receive, store, dispense and return controlled substances as required by local law? |               | Yes                  |
| Is the storage area for controlled substances securely constructed with restricted access in accordance with local law?                              |               | Yes                  |
| Does the Facility have the ability to handle radio-labelled Investigational Product?                                                                 |               | No                   |
| Does your Facility have the ability to manage on-site or off-site destruction of controlled substances when appropriate?                             |               | Not Applicable       |
| Attachments                                                                                                                                          |               |                      |
| Document Type                                                                                                                                        | Document Name | Document Description |
| No Records                                                                                                                                           |               |                      |

SOURCE DOCUMENTATION & REMOTE MONITORING

| Source Documents                                                                                                                 |                            |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| What type of source documents will be used?                                                                                      | Paper; Electronic          |
| Does your Facility have secure storage for patient records?                                                                      | Yes                        |
| Does your Facility have patient record archiving on-site?                                                                        | Yes                        |
| What type of investigator site file/regulatory binder used (select all that apply)                                               |                            |
| Please list any access limitations/ requirements for eISF/eReg                                                                   |                            |
| Electronic Medical Records (EMR) / Electronic Health Records (EHR)                                                               |                            |
| Do you have Electronic Health Records (EHR)/ Electronic Medical Records (EMR)?                                                   | Yes                        |
| What EMR/EHR system do you use?                                                                                                  | In-house system            |
| For Facilities with satellite sites, where is the monitor required to access source documents?                                   |                            |
| Please list any access limitations/requirements for the Electronic Medical Records.                                              | Managed by ID and password |
| Do you work with a vendor that can electronically exchange data for clinical research from the EHR/EMR?                          | Yes                        |
| Please indicate the vendor used                                                                                                  |                            |
| Please provide the name and email for the contact at the site who works with the vendor and sponsors                             |                            |
| Are monitors able to access EHR/EMR while off site?                                                                              | No                         |
| Does your Facility require Sponsor representative to sign any local form (paper or electronic) for access, or any other purpose? | Yes                        |
| Provide details of information requested                                                                                         |                            |

| Monitoring                                                                                                                                        |               |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| Check all equipment that will be available to Monitors:                                                                                           |               | Internet Access              |
| What Electronic Data Capture (EDC) systems has your staff used for clinical trials?                                                               |               | Oracle Inform; Medidata Rave |
| Does your site/institution and/or local regulations allow remote source data verification of study participant data to support remote monitoring? |               | No                           |
| Attachments                                                                                                                                       |               |                              |
| Document Type                                                                                                                                     | Document Name | Document Description         |
| No Records                                                                                                                                        |               |                              |

ADDITIONAL LOCATIONS

| Additional Locations                                                                                                                                                                                                                                                       |              |         |              |            |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|--------------|------------|----------------|
| Add any addresses you wish to be available in the Study Site Profile. These addresses will be available for selection in the following sections of the Study Site Profile -Additional Study Locations - These addresses can be added to your FDA Form 1572, if applicable. |              |         |              |            |                |
| Location Name                                                                                                                                                                                                                                                              | Contact Name | Address | Phone Number | Fax Number | E-mail Address |
| No Records                                                                                                                                                                                                                                                                 |              |         |              |            |                |

ADDITIONAL INFORMATION & ATTACHMENTS

| Additional Information                                                                                                                                                                                         |               |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
| Please provide additional information not captured in other sections of the Facility Profile that you feel is important for Sponsors to know about your site. Please reference the section name if applicable. |               |                      |
| Facility Attachments                                                                                                                                                                                           |               |                      |
| Document Type                                                                                                                                                                                                  | Document Name | Document Description |
| No Records                                                                                                                                                                                                     |               |                      |

ORGANIZATION AFFILIATIONS

| Organization Affiliations                                                                                   |                               |                                 |             |
|-------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|-------------|
| The Organization (s) that requested Affiliation with your Facility are listed below with Affiliation Status |                               |                                 |             |
| Organization Name and Address                                                                               | Organization Affiliation Type | Organization Affiliation Status | Status Date |
| No Records                                                                                                  |                               |                                 |             |

ASSOCIATED SITE USERS

Associated Site Users

☐

Once checked, this checkbox will enable the Approval/Rejection workflow for this Facility. Any site user requesting to associate with this Facility would require to send the affiliation requests and only once Approved, this Facility will be shown on User's Profile.

| Site User Association Requests |                |                          |                                |                    |
|--------------------------------|----------------|--------------------------|--------------------------------|--------------------|
| Name                           | E-mail Address | Request Affiliation Date | Affiliation Status change Date | Affiliation Status |
| No Records                     |                |                          |                                |                    |

| Associated/Confirmed Site Users |                                      |                          |                                |                    |
|---------------------------------|--------------------------------------|--------------------------|--------------------------------|--------------------|
| Name                            | E-mail Address                       | Request Affiliation Date | Affiliation Status change Date | Affiliation Status |
| Yoshikawa,Miki                  | yoshikawa.miki.ht@mail.hosp.go.jp    | 09-Feb-2021              | 04-Aug-2022                    | Confirmed          |
| Okumura,Meinoshin               | okumura.meinoshin.hy@mail.hosp.go.jp | 04-Mar-2021              | 04-Mar-2021                    | Confirmed          |