I agree to ensure that the information contained in this document will not be used for any other purpose other than the evaluation or conduct of the clinical investigation without the prior written consent of the Sponsor.	
Trial Name:	STARFISH
Protocol Version Number:	Version: 4.0
Protocol Version Date:	18-Dec-2023
PI Name:	
Name of Site:	
Signature and date:	/

As Principal Investigator, I confirm that the following protocol has been agreed and accepted, and that I will conduct the trial in compliance with the approved protocol where this does

Principal Investigator (PI) Signature Page

not compromise participant safety.