

EXHIBIT A: MICROVENTION CHINA EXTERNAL FUNDING APPLICATION FORM

附件 A: MICROVENTION 中国对外资助申请表

Instructions: This Application Form is for **Educational Grants, Research Grants, and Charitable Contributions/Donations**, and NOT for Commercial Sponsorships. Applications must be received at least **sixty (60) days** prior to the event occurring for consideration. Also, please note that your application must be submitted with all required documents (see the “Required Documentation” section of this form). **Incomplete applications and/or missing or incomplete required documents will cause delays and may result in a denial of your application. MicroVention is now doing business as Terumo Neuro. (“Terumo Neuro”)**

说明: 本申请表适用于**教育资助、研究资助及慈善捐款/捐赠**，不适用于商业赞助。申请必须在活动发生前至少**六十 (60) 天**收到，以供考虑。此外，请注意，您的申请必须与所有所需的文件一起提交（参见本表的“所需文档”部分）。**申请不完整和/或所需文件缺少或不完整将导致延迟，并可能导致您的申请被拒绝。**

Applications are accepted throughout the year. Please submit your application by email to:

公司全年接受申请。请通过电子邮件将申请提交至：

GrantCommittee.China@microvention.com

For any questions, please contact:

如有任何疑问，请联系：

GrantCommittee.China@microvention.com

A reference number will be assigned to each application and should be referenced in any interaction related to the application.

每项申请将被分配一个参考编号，且应在与申请相关的任何互动中引用该编号。

In the event of any discrepancies between the English version and the Chinese translation of this Application Form, the English version shall prevail.

本申请表的英文版本与中文译本如有歧义，概以英文版本为准。

I. REQUESTING ORGANIZATION INFORMATION 申请组织相关信息

General Information 一般信息

Date 日期: ____/____/____ Name of Organization/Institution 组织名称: _____

Organization Contact 组织联系人: _____ Title 职务: _____

Address 地址: _____

City 市: _____ Province 省: _____

Country 国家: _____ ZIP 邮政编码: _____

Telephone Number 电话号码: _____

Email Address 电子邮件地址: _____

Website 网站: _____

China Unified Social Credit Code (USCC) 中国社会统一信用代码: _____

Year of Establishment 成立年份: _____ Organization Type 组织类型: _____

Annual Operation Budget 年度运营预算: _____

Do you have a Board of Directors 申请组织是否存在董事会 (Y/N)? _____

If yes, please provide a list of all Members of the Board of Directors (names and titles).

如果是, 请提供所有董事会成员名单 (姓名和职务)。

Additional Questions 具体问题

1. Is the requesting organization comprised entirely of, owned by, or controlled by Health Care Professionals (“HCPs”)? 申请组织是否完全由医疗卫生专业人士 (“HCPs”) 组成、由其拥有或控制? (Y/N) _____
2. Is the requesting organization a Health Care Organization (“HCO”) or a physician’s practice? 申请组织是否为医疗卫生组织 (“HCO”) 或医生执业机构? (Y/N) _____
3. Is a Terumo Neuro employee on the Board of Directors of the requesting organization Terumo Neuro? 员工是否是申请组织的董事会成员? (Y/N) _____
4. Does a Terumo Neuro employee have a controlling position in the requesting organization Terumo Neuro? 员工是否在申请组织中拥有控制地位? (Y/N) _____
5. Is the requesting organization a customer of Terumo Neuro (e.g., can it purchase, prescribe, or influence the use of any Terumo Neuro products)? 申请组织是否为 Terumo Neuro 的客户 (例如, 能否购买、指定使用或影响任何 Terumo Neuro 产品的使用)? (Y/N) _____
6. Is the requesting organization a government entity? 申请组织是否为政府实体? (Y/N) _____
7. Are any of the requesting organization’s owners, officers, directors, or managers (current or former) a Government Official (“GO”) or a Family Member of a GO? 申请组织的所有者、高级职员、董事或经理 (现任或前任) 是否为政府官员 (“GO”) 或政府官员的家庭成员? (Y/N) _____
8. Do any of the requesting organization’s owners, officers, directors, or managers (current or former) have a business relationship with a GO or a government entity that has decision-making authority or official influence over Terumo Neuro’s business activities? 申请组织的所有者、高级职员、董事或经理 (现任或前任) 是否与政府官员或对 Terumo Neuro 的业务活动具有决策权或官方影响力的政府实体有业务关系? (Y/N) _____
9. To your knowledge, are there any actual or potential conflicts of interest between the requesting organization and Terumo Neuro (e.g., are any representatives of the requesting organization related to a Terumo Neuro employee)? 据您所知, 申请组织与 Terumo Neuro 之间是否存在任何实际或潜在的利益冲突 (例如, 申请组织的代表是否与 Terumo Neuro 员工有亲属关系)? (Y/N) _____
10. Within the past five years, has the requesting organization, or any of its owners, officers, directors, employees, or sub-contractors, been the subject of any government investigation or proceeding involving fraud or corruption (e.g., bribery, money laundering, or other corrupt practices)? 在过去 5 年中, 申请组

织或其任何所有者、高级职员、董事、员工或分包商是否曾是涉及欺诈或腐败的任何政府调查或法律程序（例如，贿赂、洗钱或其他腐败行为）的对象？(Y/N) _____

If you answered “Yes” to 9 and/or 10 above, please explain the potential conflict and/or the government investigation/proceeding 如果您对上述 9 和/或 10 回答“是”，请解释潜在的利益冲突和/或政府调查/法律程序：

_____.

Parent Organization Information 上级组织信息

Is the requesting organization part of a larger organization 申请组织是否隶属于某一上级组织 (Y/N)? _____

If yes, please provide the following information 如果是，请提供以下信息：

Parent Organization Legal Name 上级组织法定名称：

Parent Organization Address 上级组织地址：

City 市：_____ State/Province 州/省：_____

Country 国家：_____ ZIP 邮政编码：_____

Parent Organization USCC (for PRC entities) 上级组织社会统一信用代码（适用于中国实体）：

Parent Organization Chapter/Branch/Department 上级组织分公司/分支/部门：

Prior Funding 过往资助

Has the requesting organization ever received funding from Terumo Neuro?

申请组织是否曾从 Terumo Neuro 获得过资助？(Y/N) _____

If yes, please provide the following information 如果是，请提供以下信息：

Year when funding was provided 提供资助的年份：_____

Amount of previous funding (indicate currency) 过往资助金额（注明货币）：_____

Type of previous funding 过往资助类型：

Additional Information 其他信息

Has the requesting organization discussed this request with any Terumo Neuro employees?

申请组织是否与任何 Terumo Neuro 员工讨论过此申请？(Y/N) _____

Has anyone from Terumo Neuro assisted with preparing this request?

Terumo Neuro 的任何人是否协助准备了此申请？(Y/N) _____

Has a Terumo Neuro employee promised support to the organization requesting it?

Terumo Neuro 员工是否承诺过支持申请组织? (Y/N) _____

III. RESEARCH GRANTS 研究资助

Instructions: This section applies to Research Grants (General Research Grants and Investigator-Initiated Study Research Grants) only; please do NOT complete this section if you are not applying.

说明: 本章节仅适用于研究资助（一般研究资助和研究者发起的研究资助），如果您不申请研究资助，请不要填写本章节。

General Information of the Study Proposal 研究提案的一般信息

Study Title 研究标题:

Short Title 短标题:

For General Research Grants, please indicate

就一般研究资助而言，请注明:

Project Type (e.g., health services research, outcomes research, or registry development unrelated to a Terumo Neuro product)

项目类型（例如，与 Terumo Neuro 产品无关的健康服务研究、结果研究或临床注册研究）:

For Investigator-Initiated Study Research Grants, please indicate

就研究者发起的研究资助而言，请注明:

Primary Terumo Neuro Product Terumo Neuro 主要产品:

Therapeutic Area(s) to be Studied 有待研究的治疗领域:

Consistent with the product's instructions for use 是否符合产品的使用说明?

Type of Support (i.e., funding, funding and product, product only) 支持类型（即资金、资金和产品、仅产品）:

Abstract (please provide a brief summary of your proposal, including the overall goal, target population, methods, and assessment)

摘要（请提供您提议的简要汇总，包括总体目标、目标人群、方法和评估）:

Project Lead/Principal Investigator (PI) 项目负责人/主要研究者 (PI)

Note: If there is a co-investigator, please provide their information as well.

注：如果有共同研究者，也请提供其信息。

PI Full Name PI 全名: _____ PI Current Title/Position PI 当前职位/职务: _____

Is the PI a PRC-licensed physician PI 是否为中国执业医师 (Y/N)? _____

PI Address PI 地址: _____

City 市: _____ Province 省: _____

Country 国家: _____ ZIP 邮政编码: _____

Telephone Number 电话号码: _____

Email Address 电子邮件地址: _____

PI Specialty / Field of Expertise PI 专业/执业领域:

PI Primary Degree PI 主要学位:

Institution and Location of Primary Degree 主要学位的机构和地点:

Date of Completion 完成日期: _____

Field of Study 研究领域: _____

PI Secondary Degree (Optional) PI 第二学位 (可选):

Institution and Location of Secondary Degree 第二学位的机构和地点:

Date of Completion 完成日期: _____

Field of Study 研究领域:

Site Information 研究中心信息

Site Type 研究中心类型: _____ Institution Name 机构名称: _____

Institution Type 机构类型: _____

Website 网站: _____

Address 地址: _____

City 市: _____ Province 省: _____

Country 国家: _____ ZIP 邮政编码: _____

Primary Site Contact 研究中心主要联系人: _____ Title/Position 职位/职务: _____

Telephone Number 电话号码: _____

Email Address 电子邮箱地址: _____

Multi-Site Study 多中心研究 (Y/N)? _____

If yes, how many sites 如果是, 有多少个研究中心? _____

How many countries 多少个国家? _____

Details of the Study Proposal 研究提案详情

Number of Subjects 受试者人数: _____

Anticipated Timing of Contract Execution to Study Start (in months)

合同签署到研究开始的预期时间 (月): _____

Proposed Length of Study (in months) 拟定的研究时间 (月): _____

Anticipated Timing of Study End to Final Study Report (FSR) (in months)

研究结束至最终研究报告 (FSR) 的预期时间 (月): _____

Has the study been submitted to the administrative authority for approval/authorization?

研究是否已提交给行政机构进行批准/授权? (Y/N) _____

Has the study been approved/authorized by the administrative authority?

研究是否经行政当局批准/授权? (Y/N) _____

If yes, when 如果是, 何时? _____

Trial Design(s)/Model(s) 试验设计/模型:

Study Phase(s) 研究阶段:

Overview/Hypothesis 概述/假设:

Background/Rationale 背景/原理:

Scientific Summary 科学概述

Primary Objectives/Endpoints 首要目的/终点:

Secondary Objectives/Endpoints 次要目的/终点:

Inclusion Criteria 入选标准:

Exclusion Criteria 排除标准:

Population 人群:

Sample Size/Statistical Power 样本量/统计力:

References 参考:

Protocol 方案

Please attach the Study Protocol to this Application Form.

请将研究方案附在本申请表上。

Requested Funding 申请资助

Please attach the Study Budget to this Application Form.

请将研究预算附在此申请表上。

Requested Currency 申请货币: _____

Overhead Percent 营运开支占比: _____

Total Direct Costs with Overhead 包括营运开支的总直接费用: _____

Total Indirect Costs 总间接费用: _____

Total Study Costs 研究总费用: _____

Amount Requested 申请金额: _____

Please list all other sources of funding (grants, additional supporters, etc.) 请列出所有其他资助来源（资助、其他支持者等）：

Budget Comments 预算备注：

HGRAC Information 国家人类遗传资源管理信息 [if applicable / 如适用]

HGR Contacts in the Research Team 研究团队中的 HGR 联系人：_____

Telephone 电话：_____

Email Address 邮箱地址：_____

Whether, in the judgment of the Investigator/Investigation Team, the research needs to be submitted for approval of international cooperative scientific research on human genetic resources prior to the commencement of the research?

研究者/研究团队判断，该研究开展前是否需提交人类遗传资源国际合作科学研究审批？(Y/N) _____

If yes, estimated time from submission to approval 如是，预计从递交至获得批准的时间花费：
_____ month 月

If no, basis and reasons for the judgment 判断的依据和原因 _____

Whether, in the judgment of the Investigator/Investigation Team, the data related to the results of the study, including clinical study reports (CSR) and/or preliminary manuscripts expected to be submitted to foreign congresses or journals, need to be submitted to the backup record of making human genetic resources available for public use/open access before submitting to Terumo Neuro?

研究者/研究团队判断，该研究相关结果数据，包括临床研究报告 (CSR) 和/或预计投稿国外大会或期刊的初稿，在递交 TN 前是否需要提交人类遗传资源对外提供/开放使用备份备案？(Y/N) _____

If yes, estimated time from submission to approval 如是，预计从递交至获得批准的时间花费：
_____ month 月

If no, basis and reasons for the judgment 判断的依据和原因 _____

Does the investigator and investigation team have experience with previous research that has been submitted for approval for international cooperative scientific research on human genetic resources?

研究者和研究团队的既往研究，是否有过提交人类遗传资源国际合作审批的经验？(Y/N) _____

If yes, have there been any successful approval cases 是否有过成功获批的案例 (Y/N)? _____

Planned Results/Publications 计划结果/出版物

Target date to provide results to Terumo Neuro 向 Terumo Neuro提供结果的目标日期:

Will you be publishing the results of the study 您是否会发表研究结果 (Y/N)? _____

If yes, please answer the following questions 如果是, 请回答以下问题:

Result type (e.g., abstract, final report, manuscript, poster, etc.)

结果类型 (例如摘要、最终报告、手稿、海报等):

Date of first anticipated publication 预期首次发表日期:

Planned results note 计划结果备注:

If no, please provide your reason(s) for not publishing 如果否, 请提供您不发布的原因:

Product Support 产品支持

Note: This section applies to Investigator-Initiated Study Research Grants only.

注: 仅适用于研究者发起的研究资助。

Are you seeking support in the form of a product from Terumo Neuro for any of the activities described above? 您是否寻求Terumo Neuro 为上述任何活动提供产品形式的支持?	If Yes, a Product Support Form shall be attached to this Application Form 如是, 本申请书应附《产品支持表》
Are you requesting Terumo Neuro to loan a Simulator(s)? 您是否申请 Terumo Neuro 借出模拟器?	If Yes, please describe 如是, 请说明
Are you requesting a Model(s)? 您是否申请提供模型?	If Yes, please describe 如是, 请说明

VII. CERTIFICATIONS 保证

Please read the following certifications carefully. You must certify the following before you can submit your request to Terumo Neuro for consideration. By signing this Application Form, you acknowledge that the following statements are true and correct.

请仔细阅读以下保证。在向 Terumo Neuro提交您的申请以供考虑之前，您必须保证以下内容。签署此申请表，即表示您确认以下陈述真实无误。

You certify that you are authorized to submit an application for financial support from Terumo Neuro and provide information in an application on behalf of the requesting organization and any partner organization(s), and you affirm that all responses and information provided in this application are truthful, accurate, and complete.

请您保证，您被授权提交Terumo Neuro的财务支持申请，并代表申请组织和任何合作伙伴组织在申请中提供信息，且您确认本申请中提供的所有回复和信息是真实、准确和完整的。

You certify that Terumo Neuro has had no involvement in the creation or development of this project or the completion of this Application Form.

请您保证，Terumo Neuro未参与本项目的创建或开发或此申请表的填写。

You certify that, if approved, the source of all support from Terumo Neuro must be disclosed in all publications and presentations.

请您保证，如果获得批准，Terumo Neuro的所有支持来源必须在所有出版物和演示文稿中披露。

You certify that neither this request nor the requested funding is conditioned on, related to, or intended as an inducement or reward for (a) any pre-existing or future business relationship with Terumo Neuro or (b) any business or other decision relating to Terumo Neuro or its products (including regulatory approval, coverage and pricing determinations, tenders, or formulary status decisions).

请您保证，此申请或申请的资助均不是以下事项的条件、与以下事项相关或意图作为以下事项的诱因或奖励：（a）与 Terumo Neuro 的任何已有或未来的业务关系；或（b）与 Terumo Neuro或其产品相关的任何业务或其他决定（包括监管审批、覆盖范围和定价决定、投标或处方状态决定）。

(For Research Grants only) You certify that all materials submitted are non-confidential (regardless of any markings on the documents, including, but not limited to, confidentiality, privilege, trademark, or copyright). By submitting your materials to Terumo Neuro for review, you expressly consent to the circulation, distribution, and use of the documents and information by Terumo Neuro as Terumo Neuro, in its sole discretion, deems reasonable and appropriate, including, but not limited to, in considering the request for financial support.

（仅适用于研究资助）请您保证，提交的所有材料均为非保密材料（无论文件上是否有任何标记，包括但不限于保密、特权、商标或版权）。将您的材料提交给 Terumo Neuro 进行审查，即表示您明确同意 Terumo Neuro 作为 Terumo Neuro进行其认为合理和适当的文档和信息的流通、分发和使用，包括但不限于在考虑财务支持申请时。

Please note, if the grant request is approved, you will be required to sign a contract that includes additional terms and conditions as they relate to the execution of the request consistent with all applicable law and Terumo Neuro policy.



请注意，如果资助申请获得批准，您将需要签署一份合同，其中包含与执行该申请相关的、符合所有适用法律和 Terumo Neuro 政策的其他条款和条件。

Name (Please print) 姓名（请印刷体书写）

Title 职务

Authorized Signature 授权签名

Date 日期

Organization Name 组织名称

Date 日期