

SERVICES AGREEMENT

Direktør Claus Richter
 Representing Diabetesforeningen
 Stationsparken 24, st. tv.
 2600 Glostrup

Dear Claus Richter

Thank you for agreeing to share your knowledge within the below field of expertise, as a speaker or consultant at the upcoming event ("the Activity"). Please see event details below.

Name of event	Taskforce on the use of derived effects in the healthcare sector
	The task force will hold two meetings: <ul style="list-style-type: none"> • First meeting: 4.30-7.00 p.m. on June 16, 2025 • Second meeting: 4.30-7.00 p.m. on September 15, 2025
Date of event	The consultant is expected to contribute with input to the task force's discussions on how to best work with derived effects in the welfare sector and measure the value of investments in health. The consultant will, to the extent that it is relevant, provide comments on the white paper that is being prepared based on the two meetings of the task force. The white paper is expected to be completed by October 15, 2025
Topic or title of activity	Participation in task force discussions and optional remarks to whitepaper.
Your field of expertise	Healthcare system
Agreement duration	This agreement begins on 16/06/2025 and will terminate 15/10/2025

We, Novo Nordisk Denmark A/S, Kaj Fiskers Plads 10, 2300 Copenhagen S, Denmark ("Novo Nordisk") request your agreement to the below terms.

1. Payment

- 1.1. **Payment.** There is no financial compensation for participation, directly or indirectly under this agreement. Novo Nordisk may compensate for necessary travel expenses. Novo Nordisk or a third party will book and pay for all travel and accommodation costs if travel is required to perform the Activity. Novo Nordisk will also pay for reasonable and documented out-of-pocket expenses (e.g. taxi).
- 1.2. **Compliance with applicable laws.** You will comply with (i) applicable laws, rules, regulations, industry guidelines and (ii) Novo Nordisk's standard procedures as provided by Novo Nordisk.
- 1.3. **No Promotion to the public.** You will comply with applicable laws, rules, regulations and industry guidelines and Novo Nordisk standard procedures. You warrant that you will not promote, endorse or advertise Novo Nordisk medicinal products to the public, including on social media or other platforms. For the avoidance of doubt, you are strictly prohibited from any promotion of off-label information or use of a Novo Nordisk medicinal product.
- 1.4. **Disclosure.** Novo Nordisk and you have a joint responsibility for openness about this consultancy. Novo Nordisk may disclose this consultancy and related documents, including this Agreement, on Novo Nordisk's website as required by applicable laws and regulations. You agree to the publication of annual, cumulative monetary and material contributions by Novo Nordisk, as set forth in relevant industry, organization, or other codes, or other applicable laws and regulations. Patient organizations must similarly publish support from pharmaceutical companies on its website, according to §21 of the Advertising Order.

1.5. **No conflict of interest.** You state that You are not aware of any conflict of interest related to the Activity provided and will promptly inform Novo Nordisk if such conflict of interest is discovered.

2. Novo Nordisk's Invoice Requirements and Transfer of Payments

2.1. You must submit an invoice to Novo Nordisk to receive compensation for necessary travel costs, i.e. reasonable and documented out-of-pocket expenses (e.g. train, bus, parking). Include the below information on the invoice:

- Your name and address
- Your Organisation Number or ID and Organisation Address
- Date of invoice
- Name of Novo Nordisk entity and address as stated in the introduction of this Agreement
- Novo Nordisk recipient of invoice as included below:

Name of invoice recipient Søren Beicker Sørensen (BSBS)

2.2. **Payment after receipt of invoice.** Novo Nordisk will send your payment to the below bank account within 30 days of receiving a complete invoice. Novo Nordisk will pay for all bank fees related to payment transfer.

Bank name:
Bank address:
Bank SWIFT/BIC number:
IBAN number:
Bank Code Number:
Account Holder:
Account Number:
Company Number or ID

3. Other Terms and Conditions

3.1. **Notice of Personal Data Processing.** Novo Nordisk is responsible for any processing of your personal data, as set out in the Notice of Personal Data Processing: <https://www.novonordisk.com/contact-us/external-support/external-commitments.html>. The version in force corresponds to the latest version before this agreement was signed. Follow the link for more information about how your data is collected, used, and protected, including your rights and who to contact with requests or concerns.

3.2. **Termination without cause.** Either party may terminate this agreement with immediate effect by providing written notice to the other party.

3.3. **Force Majeure.** Neither party will be liable for failing to perform any obligation in this agreement due to circumstances beyond the party's reasonable control and could not reasonably have been foreseen or avoided.

3.4. **Governing Law and Dispute Resolution.** The laws of Denmark govern this agreement, disregarding choice of law rules. If a dispute cannot be settled by negotiation between parties, it will be settled by the ordinary courts in that country.

4. Approval by Principal

Your compliance with local rules and regulations. You confirm that the services you provide are in compliance with the requirements of your employer

5. Agreed to and accepted by:

Date: 3/6-2025

Date: 3/6

On behalf of the Organization: Diabetesforeningen

On behalf of NOVO NORDISK:

Name: Claus Richter

Name: Markus Peter Hochmuth

Title: Direktør, Diabetesforeningen

Title: Senior Director, External Affairs



Transfer of Value Disclosure Appendix

1. WHY DO WE NEED TO COLLECT AND DISCLOSE YOUR INFORMATION?

Novo Nordisk will collect your data and when required by law, disclose transfer of value provided to Healthcare professionals (“HCPs”) and Healthcare Organizations (“HCOs”) and Patient Organizations (“POs”).

2. YOUR INFORMATION - WHAT WE COLLECT FOR DISCLOSURE PURPOSES

We collect your personal information (as defined in the list below) to comply with the applicable transparency requirements. This means that we will collect, and may disclose the following information:

- Name
- Address
- Contact details
- Nature of relationship with Novo Nordisk
- Tax number or unique identifier
- Any transfers of value and its payment details from us to you

3. WHAT ARE YOUR OBLIGATIONS?

If you share personal information about employees of your organisation with us, it is your obligation to inform the employees that their information has been shared with us and that they have been provided the right information as stated in applicable data protection laws including General Data Protection Regulation. Your organization is responsible for any losses caused to Novo Nordisk if the above obligation is not fulfilled.