AMENDMENT #1 TO THE AGREEMENT	**EMENDAMENTO n. 1 ALLA CONVENZIONE**	
This **AMENDMENT #1 TO THE AGREEMENT** ("Amendment #1" to the Agreement), dated as of the last signature (the "Effective Date"), is by and between:	**IL PRESENTE EMENDAMENTO n. 1 ALLA CONVENZIONE** ("Emendamento n. 1" alla "Convenzione"), in vigore dalla data dell'ultima firma (la "Data di decorrenza"), da e tra	
L'Azienda Ospedaliera-Universitaria Policlinico "Paolo Giaccone" (hereinafter abbreviated as "**Hospital**") located in Palermo, Via del Vespro, 129 with Tax ID Code and VAT no 05841790826, hereby represented by its Legal Representative, Dr. Maria Grazia Furnari, who possesses the appropriate powers to sign this document	**l'Azienda Ospedaliera-Universitaria Policlinico "Paolo Giaccone"** (di seguito per brevità "**Azienda**") con sede a Palermo, Via del Vespro, 129 C.F./P.I. 05841790826, nella persona del Legale Rappresentante, Dott.ssa Maria Grazia Furnari, munita di idonei poteri di firma del presente atto	
and	e	
ICON Holdings Clinical Research International Limited – Italian Branch (Secondary Office), with operating offices at Via Benigno Crespi, Maciachini Business Park, no. 19, 20159 Milan, Italy, tax code and VAT no. 12827880969, through its Proxy Francesco Falcicchio acting in her capacity as Senior Manager , (hereinafter the "CRO") acting as an independent contractor for Madrigal Pharmaceuticals, Inc. located at Four Tower Bridge, 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428 USA ("**Sponsor**")	**ICON Holdings Clinical Research International Limited** – Filiale Italiana (Sede Secondaria), con sede operativa in Via Benigno Crespi, Maciachini Business Park, n. 19, 20159 Milano, Italia, C.F. e P.IVA 12827880969, nella persona del Procuratore Francesco Falcicchio in qualità di Senior Manager , (di seguito per brevità "CRO") la quale agisce come contraente indipendente per Madrigal Pharmaceuticals, Inc. con sede a Four Tower Bridge, 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428 USA ("**Promotore**")	
Hereinafter for brevity individually/collectively referred to as the Party/the Parties.	di seguito per brevità denominati/e singolarmente/collettivamente la Parte / le Parti	

W I T N E S S E T H:	**SI CONVIENE E SI STIPULA QUANTO SEGUE :**	
WHEREAS, under the terms of a certain Agreement for the implementation of Clinical Trial dated 29 November 2019 (the "**Agreement**") between and among the Parties, CRO retained the Hospital to perform the research study entitled ***"A Phase 3, Multinational, Double-Blind, Randomized, Placebo-Controlled Study of MGL-3196 (resmetirom) in Patients With Non-Alcoholic Steatohepatitis (NASH) and Fibrosis to Resolve NASH and Reduce Progression to Cirrhosis and/or Hepatic Decompensation",*** Protocol No. MGL-3196-11(the "**Trial**"), as may be amended from time to time (the "**Protocol**")	**PREMESSO CHE,** secondo i termini di una Convenzione per la conduzione della Sperimentazione Clinica datata 29 novembre 2019 (la "**Convenzione**") tra le parti, la CRO ha incaricato l'Azienda di eseguire lo studio clinico dal titolo ***"Studio di fase 3, multinazionale, in doppio cieco, randomizzato, controllato con placebo di MGL-3196 (Resmetirom) in pazienti con steatoepatite non alcolica (Non-Alcoholic Steatohepatitis, NASH) e fibrosi per risolvere la NASH e ridurre la progressione verso la cirrosi e/o lo scompenso epatico"*** protocollo n. MGL-3196-11 (la "**Sperimentazione**"), così come modificata di volta in volta (il "**Protocollo**")	
WHEREAS, the Parties hereto have entered into certain additional agreements with respect to modification of the Agreement, and which they desire to memorialise in this Amendment #1 to the Agreement;	**PREMESSO CHE** le Parti hanno stipulato alcuni accordi aggiuntivi relativi alla modifica della Convenzione e che essi desiderano definire in questo Emendamento n. 1 alla Convenzione;	
NOW, THEREFORE, in consideration of the premises and of the following mutual promises, covenants and conditions hereinafter set forth, the Parties hereto agree as follows:	**IN CONSEGUENZA DI CIÒ,** in considerazione delle premesse e dei reciproci seguenti impegni, accordi e condizioni qui stabiliti, le Parti si impegnano a quanto segue:	
1. Update to Budget. To account for changes to the budget by adding the OLE Cirrhotic Cohort, OLE OLAT Cirrhotic Cohort and OLE Noncirrhotic Cohort, the Parties agree that the Exhibit B Budget attached to the Agreement is hereby deleted and replaced in its entirety by the revised Exhibit B Budget attached hereto.	**1. Aggiornamento del budget.** Per tener conto delle modifiche apportate sul budget, aggiungendo la Coorte Cirrotica OLE OLAT e la Coorte Non Cirrotica OLE, le Parti convengono che l'Allegato B Budget allegato alla Convenzione sia cancellato e sostituito nella sua interezza dal Budget rivisto allegato al presente documento come Allegato B – Budget.	

2. **Transfer from PRA to ICON.** Effective 30 June 2023, as part of the business transfer, all rights, titles, interests, and benefits relating to the Agreement between the site and Pharmaceutical Research Associates Italy S.r.l. ("PRA"), which is currently in effect, will be assigned and transferred from PRA to ICON Holdings Clinical Research International Limited – Italian Branch ("ICON Italy") with registered office at Via Benigno Crespi, Parco Maciachini n. 19, 20159, Milan, Italy, with Tax Code/VAT: 12827880969. This is primarily an administrative change of legal entity and the Agreement shall continue on existing terms in all other respects. Effective as of 30 June 2023, all references to PRA should now read as ICON Italy.	2. **Trasferimento da PRA a ICON.** A partire dal 30 giugno 2023, nell'ambito del trasferimento aziendale, tutti i diritti, titoli, interessi e benefici relativi alla Convenzione tra il Centro e Pharmaceutical Research Associates Italy S.r.l. ("PRA"), attualmente in vigore, saranno assegnati e trasferiti da PRA a ICON Italia con sede legale in Via Benigno Crespi, Parco Maciachini n. 19, 20159, Milano, Italia, con C.F./P.IVA: 12827880969. Si tratta principalmente di un cambiamento amministrativo di persona giuridica e per tutti gli altri aspetti la Convenzione continuerà alle condizioni esistenti. A partire dal 30 giugno 2023 tutti i riferimenti a PRA dovranno ora intendersi riferiti a ICON Italia.	
3. **For clarity purposes**: CRO's invoicing address under Exhibit A Payment Terms "Invoicing", section 7 "Invoicing" of the Agreement shall be replaced by the following: "ICON Holdings Clinical Research International Limited – Italian Branch (Sede Secondaria) Via Benigno Crespi, Maciachini Business Park, no. 19 20159 Milano, Italia Codice Fiscale-P.IVA: 12827880969 Codice destinatario: X2PH38J ATTN.: Accounts Payable ICON E-mail investigatorinvoices@iconplc.com	3. **Per motivi di chiarezza:** l'indirizzo di fatturazione della CRO dell'allegato A Termini di pagamento, sezione 7 "Fatturazione" della Convenzione è sostituito dal seguente: "ICON Holdings Clinical Research International Limited" – Italian Branch (Sede Secondaria) Via Benigno Crespi, Maciachini Business Park, n. 19 20159 Milano, Italia Codice Fiscale-P.IVA: 12827880969 Codice destinatario: X2PH38J ATTN.: Accounts Payable ICON E-mail investigatorinvoices@iconplc.com	
4. **Ratification of Balance of Agreement.** In all other respects, the terms of the Agreement are hereby	4. **Ratifica delle parti restanti della convenzione.** Per tutti gli altri aspetti, i termini della presente Convenzione si	

ratified and affirmed by each of the parties hereto.	intendono qui ratificati e confermati da ognuna delle parti.	
5. Headings. The headings in this Amendment #1 to the Agreement are for convenience of reference only and shall not affect its interpretation.	**5. Intestazioni.** Le intestazioni di questo Emendamento n. 1 alla Convenzione si devono intendere soltanto di riferimento alla stessa e non avranno alcuna influenza sulla sua interpretazione.	
SIGNATURES APPEAR ON FOLLOWING PAGE.	***LE FIRME SEGUONO NELLA PAGINA SUCCESSIVA***	

Stamp duty is paid electronically by ICON HOLDINGS CLINICAL RESEARCH INTERNATIONAL LIMITED, with registered offices at Via Benigno Crespi 19, 20159 Milan, Italy, Italian affiliate of the CRO, pursuant to art. 15 of the Presidential Decree 642 of 1972 (Authorization of the Revenue Agency of Milan registered on 14-June-2023 in the OFFICIAL REGISTER with number 203622).	Imposta di bollo assolta in modo virtuale ICON HOLDINGS CLINICAL RESEARCH INTERNATIONAL LIMITED, con sede legale in Via Benigno Crespi 19, 20159 Milano, Italia, affiliata italiana della CRO, ex art. 15 del D.P.R. 642 del 1972 (Autorizzazione Agenzia delle Entrate di Milano protocollata in data 14-giugno-2023 sul REGISTRO UFFICIALE con il numero 203622).
IN WITNESS WHEREOF, the Parties hereto, each by a duly authorised representative, have executed this Amendment #1 to the Agreement as of the date of the last signature.	**IN FEDE DI CIÒ** le Parti, ciascuna nella persona del/la proprio/a rappresentante debitamente autorizzato/a, hanno sottoscritto questo Emendamento n. 1 alla Convenzione a partire dalla data dell'ultima firma.

For the CRO/Per la CRO:

The Proxy/Il Procuratore

Dr./Dott. Francesco Falcicchio

Date/Data:

Signature/Firma: Digitally signed by FALCICCHIO FRANCESCO C=IT

For the Hospital/Per l'Azienda:

Dr./Dott.ssa Maria Grazia Furnari

The Legal Rappresentative/Il Legale Rappresentante

Date/Data:

Signature/Firma: Firmato digitalmente da: Maria Grazia Furnari
Data: 22/07/2025 09:31:06

The Investigator/Lo Sperimentatore

Dott. Salvatore Petta

Date/Data:

Firmato digitalmente da: Salvatore Petta
Organizzazione: UNIVERSITA' DEGLI STUDI DI PALERMO/80023730825
Data: 21/07/2025 10:18:24

Salvatore Petta

Signature/Firma: _____

EXHIBIT B – BUDGET / ALLEGATO B - BUDGET

DB Year 1

Trial Information

Sponsor: Madrigal Pharmaceuticals
Project: MGL03196-MG3196
Protocol Number: MGL-3196-11
Location: Italy
Overhead Percent: 0%
Currency: EUR Euro
Protocol Version: Addendum V 1.0: 05 Aug 2024
Arm: Double Blind Year 1 (First 1100 Patients)
Institution: Azienda Ospedaliero-Universitaria Policlinico " Paolo Giaccone"
Principal Investigator: Salvatore Petta

			Double Blind Treatment Period														Follow-up		
Name	Selected Cost	Screening	Baseline	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48	Week 52	Early Termination	28 Days	3 Months (Only Required following Early Termination)
Obtain Informed Consent	**27.00**	27.00																	
Determination/Confirmation of Eligibility	**24.00**	24.00	24.00																
Randomization	**31.00**		31.00																
Health-related QOL assessment (CLDQ, SF-LDQOL, WPAI-NASH)	**16.00**		16.00						16.00							16.00	16.00		
Complete Physical Examination including: Vital Signs/Anthropometrics, Demographic Information, Review of	**65.00**	65.00																	
Complete or Symptom-Directed Physical Examination including Vital Signs/Anthropometrics and MELD Score	**43.00**		43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00
12- Lead ECG, Single or Triplicate	**38.00**	38.00	38.00	38.00	38.00			38.00		38.00		38.00				38.00	38.00		
MRI-PDFF	**1,004.00**	Invoice					Invoice									Invoice	Invoice		
MRE	**396.00**	Invoice					Invoice					Invoice				Invoice	Invoice		
Corrected T1 (cT1)	**379.00**	Invoice					Invoice									Invoice	Invoice		
Fibroscan	**412.00**	Invoice														Invoice	Invoice		
Liver Biopsy including Sample Handling, Anesthesia, Recovery Room Bed (Day only)	**1,486.00**	Invoice														Invoice	Invoice		
Dual Energy X-Ray Absorptiometry	**197.00**	197.00														197.00	197.00		
Accountability of Blinded Study Drug	**9.00**		9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00		
Nutrition and Lifestyle Counseling	**18.00**		18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00		
Specimen Collection (Blood/Urine) for Central Lab Analysis	**25.00**	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
Specimen Handling (Blood/Urine/Biopsy Slides) including Preparation and Shipment to Central Lab	**24.00**	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
Review Concomitant Medications	**15.00**	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
Adverse Events Assessment	**17.00**	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00
Per Patient Activity Totals:	**432.00**	**260.00**	**189.00**	**189.00**	**151.00**	**151.00**	**189.00**	**167.00**	**189.00**	**151.00**	**189.00**	**151.00**	**151.00**	**151.00**	**402.00**	**402.00**	**124.00**	**124.00**	

Name	Selected Cost	Screening	Baseline	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48	Week 52	Early Termination	28 Days	3 Months (Only Required following Early Termination)
Pharmacy Dispensing	**27.00**		27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00			
Physician Fee	**77.00**	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00
Study Coordinator Fee	**70.00**	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00
Data Entry	**47.00**	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00
Per Patient Other Direct Cost Totals:	**194.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**194.00**	**194.00**	**194.00**	

	Screening	Baseline	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48	Week 52	ESTIMATED TOTAL COST PER PATIENT	Early Termination	28 Days	3 Months (Only Required following Early Termination)
Visit Subtotal	626.00	481.00	410.00	410.00	372.00	372.00	410.00	388.00	410.00	372.00	410.00	372.00	372.00	372.00	623.00	(through Week	596.00	318.00	318.00
Overhead at 0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52)	0.00	0.00	0.00
TOTAL Selected Cost Per Visit	**626.00**	**481.00**	**410.00**	**410.00**	**372.00**	**372.00**	**410.00**	**388.00**	**410.00**	**372.00**	**410.00**	**372.00**	**372.00**	**372.00**	**623.00**	**6,400.00**	**596.00**	**318.00**	**318.00**

Invoiceable Procedures and Other Direct Costs — **Study Total: 16,190.00**

Name	Selected Cost	Overhead at 0%	Total	Considerations
*Screen Failure WITH Biopsy Performed at Screening	2,112.00	0.00	**2,112.00**	For subjects who have a biopsy performed, site will be paid the full amount of Screening visit plus the cost of biopsy at the rates set forth in the budget. Additionally, site will be paid at a 5:1 ratio (5 screen failures paid for every 1 subject enrolled). As long as the ratio is maintained, there is no cap set for the number of screen failures to be paid to site. In order to be reimbursed in this scenario, site is required to submit a detailed invoice to Sponsor/CRO (including the Protocol number on the invoice).
*Screen Failure WITHOUT Biopsy Performed at Screening	626.00	0.00	**626.00**	For subjects who DO NOT have a biopsy performed, site will be paid the full amount of Screening visit at the rate set forth in the budget. Additionally, site will be paid at a 10:1 ratio (10 screen failures paid for every 1 subject enrolled). As long as the ratio is maintained, there is no cap set for the number of screen failures to be paid to site. In order to be reimbursed in this scenario, site is required to submit a detailed invoice to Sponsor/CRO (including the Protocol number on the invoice).
Unscheduled Visit	318.00	0.00	**318.00**	Unscheduled Visit to include: Symptom-Directed Physical Exam, Safety Labs, AE Assessment, Review of Con Meds, Physician, Study Coordinator, and Data Entry effort. Unscheduled Visits will be reimbursed on receipt of a detailed invoice (including the Protocol number on the invoice) by Sponsor/CRO.
MRI-PDFF	1,004.00	0.00	**1,004.00**	Invoiceable as outlined in the Protocol.
MRE	396.00	0.00	**396.00**	
Corrected T1 (cT1)	379.00	0.00	**379.00**	
Optional Fibroscan	412.00	0.00	**412.00**	Invoiceable as performed at Screening, Week 52, Month 24, Month 36, Month 48, Month 54 and Early Termination.
Liver Biopsy	1,486.00	0.00	**1,486.00**	Invoiceable at Screening for patients without a historical Liver Biopsy, and at Early Termination for subjects who do not withdraw within 6 months of starting study treatment.
Patient Travel Reimbursement (per visit)	**50.00**	N/A	**50.00**	Invoiceable once per visit requiring travel to/from site. Not to exceed AUD 1,750.00 per patient.
Patient Biopsy Stipend (per visit)	**150.00**	N/A	**150.00**	Invoiceable per patient per visit at which a Biopsy is performed.
Additional Blood Draw (including Handling, Preparation and	49.00	0.00	**49.00**	Invoiceable for repeat Laboratory samples, if clinically indicated (per Protocol section 7.6.1).
Informed Consent for Open-Label Active Treatment Study	27.00	0.00	**27.00**	Invoiceable for participating subjects, as required.
HCC monitoring using ultrasound	231.00	0.00	**231.00**	Invoiceable for OLE Cirrhotic and Olat Cirrhotic Cohort, depending on whether HCC monitoring available using ultrasound. If Ultrasound is unavailable, then monitr with serum AFP

*Re-screenings to be handled the same as screened/screen failed subjects. Per Protocol, subjects can be re-screened only once.

Administrative Invoiceable Costs

Name	Selected Cost	Considerations
Site Start-up Costs	**1,495.00**	Payable upon site activation and receipt of site-submitted invoice.
Pharmacy set-up fee	**500.00**	Payable upon site activation and receipt of site-submitted invoice.
Archiving/Document Storage	**400.00**	Payable upon site close-out and receipt of site-submitted invoice.
Prescreening Fee (PER CHART)	**10.00**	Site will be paid for Prescreen Failures at a 5:1 ratio (5 prescreen chart reviews paid for every 1 subject screened) on a per-chart reviewed basis upon reciept of detailed invoice by Sponsor/CRO.

DB Subsequent Patients

Trial Information

Sponsor: Madrigal Pharmaceuticals
Project: MGL03196-MG3196
Protocol Number: MGL-3196-11
Location: Italy
Overhead Percent: **0%**
Currency: EUR Euro
Protocol Version: Addendum V 1.0: 05 Aug 2024
Arm: Double Blind Year 1 (Subsequent Patients)
Institution: **Azienda Ospedaliero-Universitaria Policlinico " Paolo Giaccone"**
Principal Investigator: **Salvatore Petta**

		Double Blind Treatment Period									Follow-Up		
Name	**Selected Cost**	**Screening**	**Baseline**	**Week 4**	**Week 8**	**Week 12**	**Week 16 (Imaging Substudy Participants**	**Week 24**	**Week 38**	**Week 52**	**Early Termination**	**28 Days**	**3 Months (Only Required following Early Termination)**
Obtain Informed Consent	27.00	27.00											
Determination of Eligibility	24.00	24.00	24.00										
Randomization	31.00		31.00										
Health-related QOL assessment (CLDQ, SF-LDQOL, WPAI-NASH)	16.00		16.00					16.00		16.00	16.00		
Complete Physical Examination including: Vital Signs/Anthropometrics, Demographic Information, Review of	65.00	65.00											
Complete or Symptom-Directed Physical Examination including Vital Signs/Anthropometrics and MELD Score	43.00		43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00
12- Lead ECG, Single or Triplicate	38.00	38.00	38.00	38.00	38.00			38.00		38.00	38.00		
MRI-PDFF	1,004.00	Invoice					Invoice			Invoice	Invoice		
MRE	396.00	Invoice					Invoice			Invoice	Invoice		
Corrected T1 (cT1)	379.00	Invoice					Invoice			Invoice	Invoice		
Fibroscan	412.00	Invoice								Invoice	Invoice		
Liver Biopsy including Sample Handling, Anesthesia, Recovery Room Bed (Day only)	1,486.00	Invoice								Invoice	Invoice		
Dual Energy X-Ray Absorptiometry	197.00	197.00								197.00	197.00		
Accountability of Blinded Study Drug	9.00		9.00	9.00	9.00	9.00		9.00	9.00	9.00	9.00		
Nutrition and Lifestyle Counseling	18.00		18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00		
Specimen Collection (Blood/Urine) for Central Lab Analysis	25.00	25.00	25.00	25.00	25.00	25.00		25.00	25.00	25.00	25.00	25.00	25.00
Specimen Handling (Blood/Urine/Biopsy Slides) including Preparation and Shipment to Central Lab	24.00	24.00	24.00	24.00	24.00	24.00		24.00	24.00	24.00	24.00	24.00	24.00
Review Concomitant Medications	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
Adverse Events Assessment	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00
Per Patient Activity Totals:		**432.00**	**260.00**	**189.00**	**189.00**	**151.00**	**93.00**	**205.00**	**151.00**	**402.00**	**402.00**	**124.00**	**124.00**

Name	**Selected Cost**	**Screening**	**Baseline**	**Week 4**	**Week 8**	**Week 12**	**Week 16 (Imaging Substudy Participants**	**Week 24**	**Week 38**	**Week 52**	**Early Termination**	**28 Days**	**3 Months (Only Required following Early Termination)**
Pharmacy Dispensing	27.00		27.00	27.00	27.00	27.00		27.00	27.00	27.00			
Physician Fee	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00
Study Coordinator Fee	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00
Data Entry	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00
Per Patient Other Direct Cost Totals:		**194.00**	**221.00**	**221.00**	**221.00**	**221.00**	**194.00**	**221.00**	**221.00**	**221.00**	**194.00**	**194.00**	**194.00**

	Screening	**Baseline**	**Week 4**	**Week 8**	**Week 12**	**Week 16 (Imaging Substudy Participants**	**Week 24**	**Week 38**	**Week 52**	**ESTIMATED TOTAL COST PER PATIENT** (through Week 52)(inc. Week 16 Substudy	**Early Termination**	**28 Days**	**3 Months (Only Required following Early Termination)**
Visit Subtotal	626.00	481.00	410.00	410.00	372.00	287.00	426.00	372.00	623.00		596.00	318.00	318.00
Overhead at 0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
TOTAL Selected Cost Per Visit	**626.00**	**481.00**	**410.00**	**410.00**	**372.00**	**287.00**	**426.00**	**372.00**	**623.00**	**4,007.00**	**596.00**	**318.00**	**318.00**

DB Years 2-4.5 (Both Portions)

Trial Information

Sponsor: Madrigal Pharmaceuticals
Project: MGL03196-MG3196
Protocol Number: MGL-3196-11
Location: Italy
Overhead Percent: **0%**
Currency: EUR Euro
Protocol Version: Addendum V 1.0: 05 Aug 2024
Arm: Double Blind Years 2-4.5
Institution: **Azienda Ospedaliero-Universitaria Policlinico " Paolo Giaccone"**
Principal Investigator: **Salvatore Petta**

		Double Blind Treatment Period														Follow-Up		
Name	Selected Cost	Month 15	Month18	Month 21	Month 24	Month 27	Month 30	Month 33	Month 36	Month 39	Month 42	Month 45	Month 48	Month 51	Month 54	Early Termination	28 Days	3 Months (Only Required following Early Termination)
Obtain Informed Consent	27.00																	
Determination/Confirmation of Eligibility	24.00																	
Randomization	31.00																	
Health-related QOL assessment (CLDQ, SF-LDQOL, WPAI-NASH)	16.00		16.00		16.00		16.00		16.00		16.00		16.00		16.00	16.00		
Complete Physical Examination including: Vital Signs/Anthropometrics, Demographic Information, Review of	65.00																	
Complete or Symptom-Directed Physical Examination including Vital Signs/Anthropometrics and MELD Score	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00
12- Lead ECG, Single or Triplicate	38.00		38.00		38.00		38.00		38.00		38.00		38.00		38.00	38.00		
MRI-PDFF	1,004.00														Invoice	Invoice		
MRE	396.00								Invoice						Invoice	Invoice		
Corrected T1 (cT1)	379.00														Invoice	Invoice		
Fibroscan	412.00				Invoice				Invoice				Invoice		Invoice	Invoice		
Liver Biopsy including Sample Handling, Anesthesia, Recovery Room Bed (Day only)	1,486.00														Invoice	Invoice		
Dual Energy X-Ray Absorptiometry	197.00														197.00	197.00		
Accountability of Blinded Study Drug	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00		
Nutrition and Lifestyle Counseling	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00		
Specimen Collection (Blood/Urine) for Central Lab Analysis	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
Specimen Handling (Blood/Urine/Biopsy Slides) including Preparation and Shipment to Central Lab	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
Review Concomitant Medications	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
Adverse Events Assessment	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00
Per Patient Activity Totals:		**151.00**	**205.00**	**151.00**	**205.00**	**151.00**	**205.00**	**151.00**	**205.00**	**151.00**	**205.00**	**151.00**	**205.00**	**151.00**	**402.00**	**402.00**	**124.00**	**124.00**

Name	Selected Cost	Month 15	Month18	Month 21	Month 24	Month 27	Month 30	Month 33	Month 36	Month 39	Month 42	Month 45	Month 48	Month 51	Month 54	Early Termination	28 Days	3 Months (Only Required following Early Termination)
Pharmacy Dispensing	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00			
Physician Fee	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00
Study Coordinator Fee	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00
Data Entry	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00
Per Patient Other Direct Cost Totals:		**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**194.00**	**194.00**	**194.00**

	Month 15	Month18	Month 21	Month 24	Month 27	Month 30	Month 33	Month 36	Month 39	Month 42	Month 45	Month 48	Month 51	Month 54	ESTIMATED TOTAL COST PER PATIENT	Early Termination	28 Days	3 Months (Only Required following Early Termination)
Visit Subtotal	372.00	426.00	372.00	426.00	372.00	426.00	372.00	426.00	372.00	426.00	372.00	426.00	372.00	623.00	(froms Month	596.00	318.00	318.00
Overhead at 0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15 to 54)	0.00	0.00	0.00
TOTAL Selected Cost Per Visit	**372.00**	**426.00**	**372.00**	**426.00**	**372.00**	**426.00**	**372.00**	**426.00**	**372.00**	**426.00**	**372.00**	**426.00**	**372.00**	**623.00**	**5,783.00**	**596.00**	**318.00**	**318.00**

OLE Cirrhotic Cohort

Trial Information

Sponsor: Madrigal Pharmaceuticals
Project: MGL03196-MG3196
Protocol Number: MGL-3196-11
Location: Italy
Overhead Percent: **0%**
Currency: EUR Euro
Protocol Version: Addendum V 1.0: 05 Aug 2024
Arm: OLE Cirrhotic Cohort
Institution: **Azienda Ospedaliero-Universitaria Policlinico " Paolo Giaccone"**
Principal Investigator: **Salvatore Petta**

		OLE Cirrhotic Cohort																			
Name	**Selected Cost**	**Baseline**	**Week 2**	**Week 4**	**Week 12**	**Week 24**	**Week 38**	**Week 52**	**Month 15**	**Month18**	**Month 21**	**Month 24**	**Month 27**	**Month 30**	**Month 33**	**Month 36**	**Month 39**	**Month 42**	**OLE EOS/Early Term**	**OLE 28-day Follow-up**	**OLE 3-mon Follow-up (only for ET subjects)**
Obtain OLE Informed Consent	27.00	27.00																			
Determination of Eligibility	24.00	24.00																			
Health-related QOL assessment (CLDQ, SF-LDQOL, WPAI-NASH)	16.00	16.00				16.00		16.00		16.00		16.00		16.00		16.00		16.00	16.00		
Complete or Symptom-Directed Physical Examination including Vital Signs/Anthropometrics and MELD Score	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00
12- Lead ECG, Single or Triplicate	38.00	38.00						38.00											38.00		
MRI-PDFF	1,004.00	Invoice						Invoice				Invoice				Invoice			Invoice		
MRE	396.00	Invoice						Invoice				Invoice				Invoice			Invoice		
Fibroscan	412.00	Invoice				Invoice		Invoice		Invoice		Invoice		Invoice		Invoice		Invoice	Invoice		
HCC monitoring using ultrasound	231.00	Invoice				Invoice		Invoice		Invoice		Invoice		Invoice		Invoice		Invoice	Invoice		
Disposition and Accountability of blinded study drug	9.00	9.00		9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00		
Nutrition and Lifestyle Counseling	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00		
Specimen Collection (Blood/Urine) for Central Lab Analysis	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
Specimen Handling (Blood/Urine/Biopsy Slides) including Preparation and Shipment to Central Lab	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
Review Concomitant Medications	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
Adverse Events Assessment	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00
Per Patient Activity Totals:		**256.00**	**142.00**	**151.00**	**151.00**	**167.00**	**151.00**	**205.00**	**151.00**	**167.00**	**151.00**	**167.00**	**151.00**	**167.00**	**151.00**	**167.00**	**151.00**	**167.00**	**205.00**	**124.00**	**124.00**

Name	**Selected Cost**	**Baseline**	**Week 2**	**Week 4**	**Week 12**	**Week 24**	**Week 38**	**Week 52**	**Month 15**	**Month18**	**Month 21**	**Month 24**	**Month 27**	**Month 30**	**Month 33**	**Month 36**	**Month 39**	**Month 42**	**OLE EOS/Early Term**	**OLE 28-day Follow-up**	**OLE 3-mon Follow-up (only for ET subjects)**
Pharmacy Dispensing	27.00	27.00		27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00
Physician Fee	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00
Study Coordinator Fee	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00
Data Entry	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00
Per Patient Other Direct Cost Totals:		**221.00**	**194.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**

	Baseline	**Week 2**	**Week 4**	**Week 12**	**Week 24**	**Week 38**	**Week 52**	**Month 15**	**Month18**	**Month 21**	**Month 24**	**Month 27**	**Month 30**	**Month 33**	**Month 36**	**Month 39**	**Month 42**	**ESTIMATED TOTAL COST PER PATIENT**	**OLE EOS/Early Term**	**OLE 28-day Follow-up**	**OLE 3-mon Follow-up (only for ET subjects)**
Visit Subtotal	477.00	336.00	372.00	372.00	388.00	372.00	426.00	372.00	388.00	372.00	388.00	372.00	388.00	372.00	388.00	372.00	388.00	(from	426.00	345.00	345.00
Overhead at 0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Baseline to	0.00	0.00	0.00
TOTAL Selected Cost Per Visit	**477.00**	**336.00**	**372.00**	**372.00**	**388.00**	**372.00**	**426.00**	**372.00**	**388.00**	**372.00**	**388.00**	**372.00**	**388.00**	**372.00**	**388.00**	**372.00**	**388.00**	**6,543.00**	**426.00**	**345.00**	**345.00**

* Any previously negotiated costs, and procedures from the DB portion of the study, that have been finalized, are not subject to change and part of the negotiations for the OLE portion of the study, including the Administrative Invoiceable Costs

Invoiceable Procedures and Other Direct Costs

Name	**0**	**Overhead at 0%**	**Total**	**Considerations**
Informed Consent for Open-Label Active Treatment Study	27.00	0.00	**27.00**	Invoiceable for participating subjects, as required.
HCC monitoring using ultrasound	**231.00**	0.00	**231.00**	Invoiceable for OLE Cirrhotic and Olat Cirrhotic Cohort, depending on whether HCC monitoring available using ultrasound. If Ultrasound is unavailable, then monitr with serum AFP

OLE OLAT Cirrhotic Cohort

Trial Information

Sponsor: Madrigal Pharmaceuticals
Project: MGL03196-MG3196
Protocol Number: MGL-3196-11
Location: Italy
Overhead Percent: 0%
Currency: EUR Euro
Protocol Version: Addendum V 1.0: 05 Aug 2024
Arm: OLE OLAT Cirrhotic Cohort
Institution: Azienda Ospedaliero-Universitaria Policlinico " Paolo Giaccone"
Principal Investigator: Salvatore Petta

		OLE OLAT Cirrhotic Cohort															Follow-Up	
Name	Selected Cost	Baseline	Week 12	Week 24	Week 38	Week 52	Month 15	Month18	Month 21	Month 24	Month 27	Month 30	Month 33	Month 36	Month 39	Month 42	OLE Early Termination	28 Days	OLE ET 3 Months (Only Required following Early Termination)
Obtain OLE Informed Consent	27.00	27.00																	
Determination of Eligibility	24.00	24.00																	
Health-related QOL assessment (CLDQ, SF-LDQOL, WPAI-NASH)	16.00	16.00		16.00		16.00		16.00		16.00		16.00		16.00		16.00	16.00		
Complete or Symptom-Directed Physical Examination including Vital Signs/Anthropometrics and MELD Score	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00
12- Lead ECG, Single or Triplicate	38.00	38.00				38.00											38.00		
MRI-PDFF	1,004.00	Invoice				Invoice				Invoice				Invoice			Invoice		
MRE	396.00	Invoice				Invoice				Invoice				Invoice			Invoice		
Fibroscan	412.00	Invoice		Invoice		Invoice		Invoice		Invoice		Invoice		Invoice		Invoice	Invoice		
HCC monitoring using ultrasound	231.00	Invoice		Invoice		Invoice		Invoice		Invoice		Invoice		Invoice		Invoice	Invoice		
Disposition and Accountability of blinded study drug	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00		
Nutrition and Lifestyle Counseling	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00		
Specimen Collection (Blood/Urine) for Central Lab Analysis	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00		
Specimen Handling (Blood/Urine/Biopsy Slides) including Preparation and Shipment to Central Lab	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00		
Review Concomitant Medications	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
Adverse Events Assessment	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00
Per Patient Activity Totals:		**256.00**	**151.00**	**167.00**	**151.00**	**205.00**	**151.00**	**167.00**	**151.00**	**167.00**	**151.00**	**167.00**	**151.00**	**167.00**	**151.00**	**167.00**	**205.00**	**75.00**	**75.00**

Name	Selected Cost	Baseline	Week 12	Week 24	Week 38	Week 52	Month 15	Month18	Month 21	Month 24	Month 27	Month 30	Month 33	Month 36	Month 39	Month 42	OLE Early Termination	28 Days	OLE ET 3 Months (Only Required following Early Termination)
Pharmacy Dispensing	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00			
Physician Fee	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00
Study Coordinator Fee	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00
Data Entry	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00
Per Patient Other Direct Cost Totals:		**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**194.00**	**194.00**	**194.00**

	Baseline	Week 12	Week 24	Week 38	Week 52	Month 15	Month18	Month 21	Month 24	Month 27	Month 30	Month 33	Month 36	Month 39	Month 42	ESTIMATED TOTAL COST PER PATIENT	OLE Early Termination	28 Days	OLE ET 3 Months (Only Required following Early Termination)
Visit Subtotal	477.00	372.00	388.00	372.00	426.00	372.00	388.00	372.00	388.00	372.00	388.00	372.00	388.00	372.00	388.00	(from	399.00	269.00	269.00
Overhead at 0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Baseline to	0.00	0.00	0.00
TOTAL Selected Cost Per Visit	**477.00**	**372.00**	**388.00**	**372.00**	**426.00**	**372.00**	**388.00**	**372.00**	**388.00**	**372.00**	**388.00**	**372.00**	**388.00**	**372.00**	**388.00**	**5,835.00**	**399.00**	**269.00**	**269.00**

OLE Noncirrhotic Cohort

Trial Information

Sponsor: Madrigal Pharmaceuticals
Project: MGL03196-MG3196
Protocol Number: MGL-3196-11
Location: Italy
Overhead Percent: **0%**
Currency: EUR Euro
Protocol Version: Addendum V 1.0: 05 Aug 2024
Arm: OLE Noncirrhotic Cohort
Institution: **Azienda Ospedaliero-Universitaria Policlinico " Paolo Giaccone"**
Principal Investigator: **Salvatore Petta**

		OLE Noncirrhotic Cohort											Follow-Up	
Name	**Selected Cost**	**Baseline**	**Week 12**	**Week 24**	**Week 38**	**Week 52**	**Month 18**	**Month 24**	**Month 30**	**Month 36**	**Month 42**	**Early Termination**	**28 Days**	**3 Months (Only Required following Early Termination)**
Obtain OLE Informed Consent	27.00	27.00												
Determination of Eligibility	24.00	24.00												
Health-related QOL assessment (CLDQ, SF-LDQOL, WPAI-NASH)	16.00	16.00		16.00		16.00	16.00	16.00	16.00	16.00	16.00	16.00		
Complete or Symptom-Directed Physical Examination including Vital Signs/Anthropometrics and MELD Score	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00	43.00
12- Lead ECG, Single or Triplicate	38.00	38.00				38.00						38.00		
MRI-PDFF	1,004.00	Invoice				Invoice	Invoice	Invoice	Invoice	Invoice	Invoice	Invoice		
MRE	396.00	Invoice				Invoice	Invoice	Invoice	Invoice	Invoice	Invoice	Invoice		
Fibroscan	412.00	Invoice		Invoice		Invoice	Invoice	Invoice	Invoice	Invoice	Invoice	Invoice		
Disposition and Accountability of blinded study drug	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00		
Nutrition and Lifestyle Counseling	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00		
Specimen Collection (Blood/Urine) for Central Lab Analysis	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
Specimen Handling (Blood/Urine/Biopsy Slides) including Preparation and Shipment to Central Lab	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
Review Concomitant Medications	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
Adverse Events Assessment	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00
Per Patient Activity Totals:		**256.00**	**151.00**	**167.00**	**151.00**	**205.00**	**167.00**	**167.00**	**167.00**	**167.00**	**167.00**	**205.00**	**124.00**	**124.00**

Name	**Selected Cost**	**Baseline**	**Week 12**	**Week 24**	**Week 38**	**Week 52**	**Month 18**	**Month 24**	**Month 30**	**Month 36**	**Month 42**	**Early Termination**	**28 Days**	**3 Months (Only Required following Early Termination)**
Pharmacy Dispensing	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00			
Physician Fee	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00	77.00
Study Coordinator Fee	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00
Data Entry	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00	47.00
Per Patient Other Direct Cost Totals:		**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**221.00**	**194.00**	**194.00**	**194.00**

	Baseline	**Week 12**	**Week 24**	**Week 38**	**Week 52**	**Month 18**	**Month 24**	**Month 30**	**Month 36**	**Month 42**	**ESTIMATED TOTAL COST PER PATIENT**	**Early Termination**	**28 Days**	**3 Months (Only Required following Early Termination)**
Visit Subtotal	477.00	372.00	388.00	372.00	426.00	388.00	388.00	388.00	388.00	388.00	(from	399.00	318.00	318.00
Overhead at 0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Baseline to	0.00	0.00	0.00
TOTAL Selected Cost Per Visit	**477.00**	**372.00**	**388.00**	**372.00**	**426.00**	**388.00**	**388.00**	**388.00**	**388.00**	**388.00**	**3,975.00**	**399.00**	**318.00**	**318.00**