INDIVIDUAL PATIENT RIGHT-TO-TRY REQUEST AND INFORMED CONSENT FORM

INVESTIGATIONAL DRUG NAME: ANTROQUINONOL(HOCENA) 100mg
Sponsor: Golden Biotechnology Corporation

Purpose of this document:

- This document is to request individual patient access to ANTROQUINONOL(HOCENA);
- Eligible physician information is required for consideration of an individual patient request,and
- Patient information is required for clinical review of patient eligibility based upon criteria established for the ANTROQUINONOL(HOCENA) Right-to-Try program;
  Necessary information will be gathered from the questions below:
  The following information is for review purposes only and will be kept confidential in accordance with GBC (Golden Biotechnology Corporation) Right-To-Try policy.

Primary Eligibility Criteria:

- ANTROQUINONOL(HOCENA) has not been approved by the Food and Drug Administration to treat any disease. Right-to-Try requests are limited to patients (according to Federal Law R.T.T (Right-To-Try)) who have been:

- Diagnosed with a life-threating disease or condition,
- Exhausted approved treatment options and is unable to participate in clinical trial involving the eligible investigational drug (this must be certified by a physician who is in good standing with their licensing organization or board and who will not be compensated directly by the manufacturer for certifying),
- And has provided, or their legally authorized representative has provided, written informed consent regarding the eligible investigational drug to the treating physician.

- Meeting primary eligibility criteria is not a guarantee of approval. All requests will be evaluated on a case by case basis.

Cost of Participation:

- Federal law Right-to-Try Law is silent on, and FDA regulations do not consider whether patients may be charged for investigational products in Right-to-Try cases. GBC believes that it can recover reasonable direct manufacturing, storage and handling of investigational products made available for Right-to-Try. Similarly, GBC may charge patients for fees paid to third parties who support this program, such as hospitals or clinics. Patients and/or their third- party payer (e.g. insurance company) will be billed for these costs.

PATIENTS GENERAL INFORMATION:	
Patient's Name (PRINT) :	
Age (years):	Weight (kg):
Height (cm):	Gender:
Pregnancy Status (in case of female patients):	Lactation Status (in case of female patients):

INFORMATION RELATED TO CURRENT MEDICAL CONDITION:	
Diagnosis(Oncology):	Diagnosis(Other terminally iil conditions):
Additonal information:	Additonal information:

ELIGIBLE PHYSICIAN INFORMATION		
First Name:	Last Name:	
Physician Degree(s):		
Institution:	Title:	
License (State/Province/Country):	Expiry Date:	
Address:		
City:	State:	ZIP Code:
Office Phone:	Email:	
Preferred form of Contact: (Office phone/ Office fax/ Email/ Other)		
Prior audit by FDA? Y ☐ N ☐	Received FDA 483? Y ☐ N ☐	Received FDA Warning Letter? Y ☐ N ☐
FDA Debarred? Y ☐ N ☐		

Once the form is completed, please submit the form to medicalaffairs@goldenbiotech.com

IMPORTANT NOTICE
When emailing this form, please do not cc any other email addresses as this form contains patient information.

Both patient (or authorized legal representative) and physician have read and agree to the Right-To-Try Policy of Golden Biotechnology Corporation and fully understand his/her own right in undergoing such treatment. Although it is sincere our hope that the patient's condition will be improved by this treatment, no guarantees can be made when using this investigational drug. The physician confirms that the patient meets all the required criteria and qualify for access under the Federal Right To Try Law.

Patient's Name (Print):

_____

Authorized Legal Representative (Print):
(If required)

_____

Signature:

_____

Date:

_____

If the patient is under the age of 18 or can not sign the form due to physical inability, we would require the patient's Authorized Legal Representative to sign on his/her behalf.

Treating Physician's name(Print):

_____

Signature:

_____

Date:

_____