MTA Inquiry Request for Clinical Study

Disclaimer: It is understood that this Clinical Material Transfer Agreement Inquiry Request form is for discussion purposes only and imposes no obligation on ChromaDex or the investigator to pursue the Project. This application will be reviewed and voted upon by members of the ChromaDex External Research Program (CERP) Science Team. The application responses shall not be considered confidential and may be shared with members of our Scientific Advisory Board, all of whom are under a non-disclosure agreement (NDA). However, as a courtesy, you have the option to indicate below if you wish to exclude one or more members of our SAB from reviewing the application due to a potential conflict of interest. The names and bios of our SAB members can be found at https://www.chromadex.com/leadership/?scientific-advisory-board. Please send completed applications and attachments to CERP@chromadex.com.

Date: Requested Date of Response:

Please indicate if there are any members of our SAB that you would like to opt out from reviewing your application due to a potential conflict of interest. If none, please state:

Name of Principal Investigator:

Contact information for the Principal Investigator:

Name of Lead Investigator/primary contact (if applicable):

Contact information for Lead Investigator/Primary Contact (if applicable):

Institution:

Project Title:

Hypothesis:

Primary and secondary outcomes:

Is this study a continuation of published literature, unpublished data, data presented at a research conference or through collaboration with a PI conducting research with ChromaDex materials or related compounds? Choose an option
If so, please describe and include references:

Experimental Design:
Include dose, duration, subject population and enrollment numbers, treatment and control groups, method for analyzing NAD and the NADome, primary, secondary and exploratory outcomes

Anticipated Significance:

Timeline, including expected start and end date. Start: End:

For clinical studies NIAGEN® Nicotinamide riboside chloride (NR) is available as 250 mg opaque capsules. We can also supply matching placebo. Other ChromaDex ingredients are available as bulk powders; the allocation of such for research purposes is assessed on a case-by-case basis. Please contact CERP@chromadex.com for more information.

◯ Niagen® Nicotinamide Riboside Chloride ◯ Immulina™ Spirulina Extract ◉ Other Ingredient

Please provide a forecast for the type and amount of material(s) you are requesting for your study. If possible, please also indicate when the material will be needed.

Additional Questions

Do you have any reason to believe that the material is potentially subject to any export control restrictions? ◉ Yes ◯ No

If so, please explain:

Will the material be modified or used in combination with any other test materials(s) received from your collaborators, another institution, company or third party? ◉ Yes ◯ No

If so, please explain:

Are there plans to share the requested materials, data, and/or results with any collaborators outside of your institution? If so, please provide the name(s) and affiliate institution(s) of your collaborators, as they may need to be included on your MTA or have a separate MTA developed. ◉ Yes ◯ No

Is work being done on behalf of other groups or individuals? ◉ Yes ◯ No

If yes, please explain:

Please list all sources of funding, including government sources, private foundations, and departmental funds, which will be used to support the proposed research study.

Have you received IRB Approval for this project? (•) Yes ( ) No
If so, please include IRB acceptance letter with this application. IRB approval: Choose an option

We require all clinical studies utilizing our material to register on clinicaltrials.gov. Have you, or will you agree to register your proposed study on clinicaltrials.gov? (•) Yes ( ) No

If already registered please provide NCT#:
Do you anticipate your research will require an IND? (•) Yes ( ) No ( ) Maybe
If so, have you filed for an IND? Choose an option

If not, what support, if any, do you anticipate needing from ChromaDex for your filing?

Are you willing to send a blank copy of your finalized study participant consent form for our insurance purposes? (•) Yes ( ) No

To date no serious adverse events (SAE) have been attributed to use of our material. However, it is important to us that all adverse events are documented and reported to us as well as the appropriate authorities.
Please provide a summary of your pharmacovigilance strategy for identifying causation related to any adverse event:

Plan for reporting SAE:

Do you intend to publish or present your findings? (•) Yes ( ) No

If so, are you willing to provide an advance copy of the paper/presentation to us for review? (•) Yes ( ) No

Which research conferences do you plan to present your research findings?

Are there plans to collect additional samples from study participants that could be shared with other investigators including ChromaDex and its affiliates? Choose an option

As ChromaDex has clinical insights that may improve the likelihood of success of various studies, are you receptive to receiving protocol recommendations from our CERP science team?
If no, please explain: Choose an option

Do you anticipate the development of any potential research inventions, intellectual property, discoveries, or patents (including provisional and full patent applications) from your proposed study? Yes ◉ No ○
If yes, please elaborate or indicate below if you would like an NDA to discuss further:

Have you or your collaborators worked with or had a previous Material Transfer Agreement (MTA) with ChromaDex in the past? If so, please list: ◉ Yes ○ No

How did you hear about the ChromaDex External Research Program (CERP)?

Please provide 1-2 references that could speak to the caliber of your work:

Is there any other information that will be important in our evaluation of your application?

Submission Checklist (all materials should be emailed to CERP@chromadex.com)

- ☐ Completed Application
- ☐ IRB Approval (if obtained)
- ☐ IND Filing Information (if obtained)
- ☐ Optional Cover Email
  - Request for mutual Non-disclosure Agreement (NDA) to discuss potential discoveries and intellectual property