Consent for Processing of Personal Information (For Healthcare Professionals: Clinical Trials)

To. AbbVie Ltd.

I ("HCP") have confirmed the contents of this form and consent to the processing (collection, use, transfer, etc.) of my personal information by AbbVie Ltd. ("Company") as set forth below.

1. Consent to Collection and Use of Personal Information

● (1) Mandatory Collection and Use

Items to be collected	Name, address, name and address of affiliated medical institution, academic background and research experience, specialty and title, telephone number, e-mail address, experience in clinical trial participation, and other personal information that is included in documents (e.g., resumes, Investigator Information and Agreement) submitted to Company. expert opinion and views related to Company's products (including clinical study, adverse event, other all matters related to product, hereinafter, "Expert Opinion")
Purpose of Collection and Use	◦ Execution and implementation of contract: implementation of contract with HCP's institution, conduct of business communications within the scope necessary for the performance of the contract, handling of disputes and complaints relating to the contract ◦ Provision of clinical trial information, requesting attendance at relevant investigator meetings, provision and retrieval of products such as clinical trial drugs, and other tasks necessary for management and implementation of clinical trials ◦ Preparation and retention of records substantiating that contract was duly executed and implemented ◦ Maintenance and management of records regarding contract counterparty, contract details, payment history and other matters relating to the contract ◦ Fulfillment of Company's legal and administrative obligations: Performance of Company's legal and administrative duties including report to relevant authorities such as the Ministry of Food and Drug Safety, ; and external expense reporting and transparency disclosure requirements applicable to the pharmaceutical industry ◦ Fulfillment of Company's legal and regulatory obligations pursuant to applicable anti-corruption laws, regulations, decrees and/or directives. ◦ Determination on whether to terminate or renew contract and performance of tasks related thereto
Period of Retention and Use	Unless otherwise required by applicable laws to retain your personal information, the Company will retain and use your personal information for the life of the product (**insert name of product)** plus 20 years.

● (2) Optional Collection and Use

Items to be collected	◦ Facsimile number and other personal information that is included in documents (e.g., resumes) submitted by the HCP to Company (certain items set forth in 'Collected Items' of the 'Mandatory Collection and Use' section may be also used for the optional purposes stated in the next row)
Purpose of Collection and Use	◦ To use as reference data in determining whether to execute contract ◦ To confirm valid execution and performance of contracts
Period of Retention and Use	Unless otherwise required by applicable laws to retain your personal information, the Company will retain and use your personal information for the life of the product (**insert name of product)** plus 20 years.

□ I agree to the optional collection and use of my general personal information. **□ I do not agree.**

You have the right to refuse to consent to the collection and use of your personal information as set forth above. However, if you refuse to consent to the mandatory collection and use of personal information, you may not execute or maintain a contract with the Company and may not participate in the Company's clinical trials. If you refuse to consent to the optional collection and use of personal information, the items of personal information listed under Optional Collection and Use may not be considered when determining whether to execute a contract with you or you may not receive requests to provide services such as research.

□ I have fully understood the Company's explanation on the collection and use of general personal information and hereby consent thereto.

2. Consent to Transfer of Personal Information to Third Party

● Mandatory Transfer

Recipient Name (Contact Info.)	Country Where Recipient is Located	Purpose for which Recipient will use the Personal Information	Items of Personal Information to be Transferred	Period of Retention and Use by Recipient

Ministry of Food and Drug Safety (1577-1255) Korea Institute of Drug Safety & Risk Management (1644-6223) Ministry of Health and Welfare (129) National Health Insurance Service (1577-1000) Other related government authorities	Korea	Verification of implementation status of clinical trials, adverse effects of drugs, clinical trial results, status of clinical trials, identification of adverse events, review research results, etc. pursuant to relevant laws including the Pharmaceutical Affairs Law	All items of personal information the Company collects under Section 1.(1)	Until the purposes of use of personal information are attained by the relevant organizations
Korean Research-based Pharma Industry Association (456-8553)		Reports/Approval for HCP related events pursuant to related code		
AbbVie Inc. (847-937-6100) and affiliates[1]	AbbVie Inc., USA and other Affiliates [USA, Netherlands, Germany and other countries.]	Examination of expert findings based on research results, cost settlement, contract fulfilment, global statistics calculation, information guidance, monitoring, analysis, compliance with legal, regulatory and administrative requirements etc.	All items of personal information the Company collects under Section 1.(1)	Life of the product **(insert name of product)** plus 20 years

- Optional Transfer

Recipient Name (Contact Info.)	Country Where Recipient is Located	Purpose for which Recipient will use the Personal Information	Items of Personal Information to be Transferred	Period of Retention and Use by Recipient
Health authorities (i.e., FDA, EMA) in countries where AbbVie, Inc. and affiliates are located	USA, Europe and other countries	Status of clinical trials, identification of adverse events, research results, etc. pursuant to relevant laws in each of the countries	Name, title, telephone number, name and address of affiliated medical institution	Until the purposes of use of personal information are attained by the relevant organization

□ I agree to the optional transfer of my general personal information. **□ I do not agree.**

You have the right to refuse to consent to the collection and use of your personal information as set forth above. However, if you refuse to consent to the mandatory collection and use of personal information, you may not execute or maintain a contract with the Company and may not participate in the Company's clinical trials. If you refuse to consent to the optional collection and use of personal information, the items of personal information listed under Optional Collection and Use may not be considered when determining whether to execute a contract with you or you may not receive requests to provide services such as lectures, consultations or research.

□ I have fully understood the Company's explanation on the transfer of general personal information to (a) third part(y/ies) and hereby consent thereto.

I have carefully read and fully understand the above information, and sign below to show that I give my consent at my own free will.

_____, 20___

Name:

Signature: _____

[1] You can find the current status of AbbVie affiliates at *http:/www.abbvie.com/country-contacts.html*