INVESTIGATOR AGREEMENT

"A Prospective Multi-Site Observational Study of Peptide-Supported Metabolic, Regenerative, and Performance-Enhancement Protocols in Ambulatory Adults"

Protocol Number: PPRN-001-2025
IRB Approval Number: IRCM-2025-467 (Institute of Regenerative and Cellular Medicine IRB)
Principal Investigator: M. Scott Mortensen MD, MPAS, MLT
Sponsor: Mortensen Medical, 101 Hodencamp Rd Suite 103, Thousand Oaks, CA 91360

I have read the specified protocol. In my formal capacity as Investigator, my duties include ensuring the safety of the study subjects enrolled under my supervision and providing them with complete information about the protocol and its risks, as well as providing the sponsor with complete and timely information, as outlined in the protocol. It is understood that all information pertaining to the study will be held strictly confidential except for legal requirements and that this confidentiality requirement applies to all study staff at this site. Furthermore, on behalf of the study staff and myself, I agree to maintain the procedures required to carry out the study in accordance with accepted GCP principles and to abide by the terms of this protocol.

Investigator Signature: _____ Date: _____

Print Name and Title: _____

Credential and State License No.: _____ NPI: _____

Clinic or Site Name: _____

Site Address: _____

Work Email: _____ Phone: _____

Sponsor Approval

Sponsor Signature (Name and Title): _____ Date: _____

Return the signed agreement to contact@mortensenmedical.com or through your network coordinator.