

REGENERON**INFUSION PREPARATION WORKSHEET****(Form Version 1.0)****Investigational Product (IP) Name: Odronextamab (REGN1979)****OLYMPIA 1-6 Pooled Supply**

Participant Number:		Site Number:	
Date (dd/mmm/yyyy):		Principal Investigator Name:	
Odronextamab (REGN1979) Dose prepared		mg	

Drug Product			
Odronextamab (REGN1979) vial	Total number of vials used to prepare dose		
	Odronextamab (REGN1979) Vial Concentration	<input type="checkbox"/> 2 mg/ 1 mL <input type="checkbox"/> 20mg/mL (160mg/8mL)	
	Lot number(s)		
	Expiry date		
	Kit Reference (Ref.) number(s)		
Date/Time vial(s) removed from refrigerator Allow vial(s) to come to room temperature		Date (dd/mmm/yyyy)	
		Time (hh:mm)	
Kit Ref. Number verified against IRT assignment		Performed by (initials)	
		Verified by (initials)	
Solution is clear and essentially free of particulates		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Final Dilution of Odronextamab (REGN1979) for Administration			
Total volume to be infused: mL plus manufacturer's overage	Infusion duration plus flush: *1 hour to 4 hours per protocol *Prefilled IV bag contains overage. To ensure complete dose administration, an additional few minutes may be needed to complete infusion of IV bag manufacturer's overage.		
Infusion Bag Diluent (*do not remove manufacturer's overage unless using a 25mL bag)	Infusion Diluent Type <input type="checkbox"/> 0.9% Sodium Chloride		
	Infusion bag volume <input type="checkbox"/> 25 mL* <input type="checkbox"/> 50 mL <input type="checkbox"/> 100 mL		
	Manufacturer		
	Lot/batch number of commercial infusion bag		
	Expiry Date		



INFUSION PREPARATION WORKSHEET

(Form Version 1.0)

Investigational Product (IP) Name: Odronextamab (REGN1979)

OLYMPIA 1-6 Pooled Supply

Odronextamab (REGN1979) 0.2 mg in EVA bag without HSA* Tick if EVA bag not used <input type="checkbox"/> N/A	EVA bag size/capacity: <input type="checkbox"/> 50 mL <input type="checkbox"/> 100 mL <input type="checkbox"/> Other: mL		
	Manufacturer		
	Lot number:		
	Expiry Date:		
Human Serum Albumin (HSA) required :* *Only to be used when choosing the option of preparing Odronextamab (REGN1979) 0.2 mg dose solution with HSA for IV infusion		<input type="checkbox"/> Yes, complete section below <input type="checkbox"/> No	
Human Serum Albumin (HSA)	HSA Concentration <input type="checkbox"/> 5% <input type="checkbox"/> 20% <input type="checkbox"/> 25%		
	Manufacturer		
	Lot number:		
	Expiry Date		
Volume of 0.9% Sodium Chloride added to empty infusion bag (mL) <input type="checkbox"/> N/A			mL
Total volume of HSA added to IV infusion Bag: Invert infusion bag 10 times to completely mix fluids <input type="checkbox"/> N/A			mL
Total volume of Odronextamab (REGN1979) added to infusion Bag (mL) Invert infusion bag 10 times to completely mix fluids			mL
Date/Time of first vial puncture (start of preparation)		Date (dd/mm/yyyy)	
		Time (hh:mm)	
Final Infusion beyond use date BUD (from the start time of IP preparation to the start of the infusion) The prepared infusion solutions should be used immediately. If not used immediately, store the prepared infusion solution either: • Refrigerated (2-8°C): for all doses for up to 24 hours ; • Room temperature (15-25°C): For up to 6 hours for the 0.2 mg dose with HSA. For up to 12 hours for 0.2 mg dose without HSA, 0.5 mg or greater		Date (dd/mm/yyyy)	
		Time (hh:mm)	
Final Infusion Dosing Solution is clear and essentially free of particulates:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Performed by			Date (dd/mm/yyyy)
			Time (hh:mm)
Verified by			Date (dd/mm/yyyy)
			Time (hh:mm)
Comments <input type="checkbox"/> N/A	<input type="checkbox"/> Prepared Infusion was not administered (provide reason) <div style="text-align: right;">Initials: date:</div>		

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Reason for signing: Approved	Name: Nazia Iqbal Role: Clinical Science Date of signature: 15-Aug-2025 17:59:58 GMT+0000
Reason for signing: Approved	Name: Yuan Cheng Role: Other Date of signature: 15-Aug-2025 18:25:43 GMT+0000
Reason for signing: Approved	Name: Himlal Thakar Role: Clinical Science Date of signature: 16-Aug-2025 00:02:23 GMT+0000
Reason for signing: Approved	Name: Manjusha Namuduri Role: Medical Monitoring Date of signature: 25-Aug-2025 16:02:17 GMT+0000
Reason for signing: Approved	Name: Galina Bargman Role: Clinical Drug Supply and Logistics Date of signature: 25-Aug-2025 17:55:12 GMT+0000
Reason for signing: Approved	Name: Ashish Risal Role: Medical Monitoring Date of signature: 25-Aug-2025 17:56:55 GMT+0000

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