

Translation Quality Control Form*

DESCRIPTION OF THE REGULATED ESSENTIAL TRIAL DOCUMENT TO BE TRANSLATED

Document Title: (结直肠癌腺癌发生异时双侧孤立性肾上腺转移的病例报道)

Stimuvax INPIRE Protocol amendment 2

Trial reference number: N/A

Trial Title: N/A

Investigator Name and Site Number (if applicable): NA

Related Country: China

Original Version dated: / N/A /

Translation from : From Chinese to English

TRANSLATION

I have translated the above-mentioned document and confirm that the translation accurately represents the original.

Translator's name:	Department:	Date:	Signature:
<u>Shu Huabin</u>	<u>Translation</u>	<u>29/Mar/2015</u>	



QUALITY CONTROL

I have reviewed the translation of the above-mentioned document and confirm that the translation accurately represents the original.

QC responsible's name:	Department:	Date:	Signature:
_____	_____	_____	_____

The original document, the translation and the fully signed Translation Quality Control Form have to be attached together and sent for filing in the centralized Trial Master File

* This form is not applicable when established translator certificate of translation is available.