

Signatory Page

Protocol VZ-009, version 3.0 :

**Safety and Efficacy of Varicella Zoster
Immune Globulin (Human) (VariZIG™) in
Patients At-Risk of Varicella Infection**

Clinical Site:

Name: _____

Address: _____

Telephone: _____

My signature below verifies that I have read and approved this protocol. I am aware of my responsibilities as an Investigator under the GCP guidelines of ICH, the Declaration of Helsinki, local regulations (as applicable) and the study protocol, and I agree to conduct the study in accordance with the aforementioned.

**Site Principal
Investigator:**

Principal Investigator Name (print)

Title (print)

Principal Investigator Signature

Date (yyyy/mmm/dd)

Sponsor Signatory:

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William Brooks, Ph.D.

2006-MAY-30

Date (yyyy/mmm/dd)