

## Global Medical Grants System (GMGS) 隐私政策

### Global Medical Grants System (GMGS) Privacy Statement

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辉瑞（包括 Pfizer Inc.和辉瑞投资有限公司等关联公司）（下称“我们”）一向重视用户（“您”）的个人信息及隐私的保护，我们深知个人信息对您的重要性，并严格遵循法律法规，竭力保障您的信息安全。鉴于此，我们制定本《Global Medical Grants System (GMGS) 隐私政策》（下称“本隐私政策”）并提醒您：您在使用我们的 Global Medical Grants System (GMGS)（下称“平台”）时，我们会收集和使用您相关的个人信息，我们希望通过本隐私政策向您说明我们在您使用我们的平台时如何收集、使用、保存、提供、删除、共享和转让这些个人信息，以及我们为您提供的查询、复制、删除和保护这些信息的方式。

Pfizer (including Pfizer Inc. and its affiliated companies such as Pfizer Investment Company Ltd.) (below referred to "we") have always attached great attention to the protection of personal information and privacy of users ("you"). We are fully aware of the importance of personal information to you, and strictly follow laws and regulations to ensure the security of your personal information. In view of this, we have developed this "Global Medical Grants System (GMGS) Privacy Statement" ("this Privacy Statement"), this Privacy Statement can remind you that when you use our Global Medical Grants System (GMGS) ("Platform") , we will collect and use your personal information. Hopefully, we can explain to you through this Privacy Statement of how we collect, use, store, provide, delete, share and transfer your personal information when you use our platform, and how we provide you the ways to access, copy, delete and protect your personal information.

希望您仔细阅读本隐私政策，详细了解我们对个人信息的处理的情况。您点击同意本隐私政策并开始使用辉瑞的 Global Medical Grants System (GMGS)，表示您知悉并同意我们收集您的个人信息，并在法律规定及本隐私政策约定的范围内进行使用。如有问题，您可通过本隐私政策规定的方式或辉瑞邮箱 [GMG@pfizer.com](mailto:GMG@pfizer.com) 与我们联系。

Please read this Privacy Statement carefully to learn more about the processing of your personal information. By clicking “Agree” to this Privacy Statement and begin to use Pfizer's Global Medical Grants System (GMGS), you acknowledge and agree to our collection of your personal information and use it within the scope of the law and this Privacy Statement. If you have any questions, you may contact us via the methods stated in this Privacy Statement or through [GMG@pfizer.com](mailto:GMG@pfizer.com).

## 一、 我们如何收集和使用您的个人信息

### 1. How do we collect and use your personal information

个人信息是指以电子或者其他方式记录的与已识别或者可识别的自然人有关的各种信息,不包括匿名化处理后的信息。敏感个人信息是一旦泄露或者非法使用,容易导致自然人的人格尊严受到侵害或者人身、财产安全受到危害的个人信息,包括生物识别、宗教信仰、特定身份、医疗健康、金融账户、行踪轨迹信息,以及不满十四周岁未成年人的个人信息。

Personal information is all kinds of information, recorded electronically or in other means, related to identified or identifiable natural persons, not including information after data anonymization. Sensitive personal information means personal information that, once leaked or illegally used, may easily cause harm to the dignity of natural persons or harm to personal or property security, including information on biometric characteristics, religious beliefs, specially-designated status, medical health, financial accounts, individual location tracking, etc., as well as the personal information of minors under the age of 14.

我们可能通过以下方式使用您的个人信息。对于其中**如果涉及的敏感个人信息,我们以加粗的显著方式提醒您注意**。如果您提供的个人信息非本人信息,您应确保您已获得本人的授权同意。

We may use your personal information in the following ways. When sensitive personal information is involved, we remind you with bolded fonts to draw your extra attention. If the personal information you provide is not your own, you should make sure that you have obtained the respective authorization and consent.

## 1. 用户注册

### 1. User Registration

当您在注册、创建平台账户时，您需要向我们提供以下注册信息：姓名、工作电话、工作邮箱地址、申请人所在机构名称、申请人机构所在国家、申请人机构邮编（非必填）、申请人机构税号（非必填）。

When you register and create an account on our platform, you need to provide us with the following registration information: name, work telephone number, work e-mail address, organization name, Zip/Postal Code, Organization Country, Tax ID/Charity ID (If applicable).

如您拒绝提供上述信息，您可能无法创建账户，可能无法使用本平台功能。

If you refuse to provide the above information, you may not be able to register and create an account and you may not be able to use the functions of our platform.

## 2. 外部人员申请全球独立医学项目

### 2. External requestor applies for the global independent medical grants

当您申请全球独立医学项目时，您需要提供如下信息：

When you apply for the Independent Medical Grants, you need to provide the following information:

- 研究项目（包括研究者发起的研究和一般研究）：
- Research Grants (including Investigator Sponsored Research and General Research Grants)

机构授权签字人姓名、机构授权签字人工作邮箱、额外机构授权签字人姓名（非必填）、额外机构授权签字人工作邮箱（非必填）。联系人称呼、联系人姓名、联系人职称、联系人工作邮箱。联系人工作电话、联系人传真（非必填）。项目负责人/主要研究者姓名、项目负责人/主要研究者工作邮箱、项目负责人/主要研究者工作电话（非必填）、项目负责人/主要研究者是否为美国执业医师、项目负责人

/主要研究者工作地址（国家、省市（非必填）、城市、地址、邮编）、项目负责人/主要研究者目前职称（非必填）、项目负责人/主要研究者第一学位、项目负责人/主要研究者第一学位所在机构和机构地址、项目负责人/主要研究者第一学位获得时间、项目负责人/主要研究者研究领域、项目负责人/主要研究者第二学位（非必填）、项目负责人/主要研究者第二学位所在机构和机构地址（非必填）、项目负责人/主要研究者第二学位获得时间（非必填）、项目负责人/主要研究者第二学位研究领域（非必填）、项目负责人/主要研究者职称及获奖情况（非必填）、项目负责人/主要研究者科学贡献（非必填）、项目负责人/主要研究者补充信息（非必填）、项目共同负责人/共同研究者姓名（非必填）、项目共同负责人/共同研究者第一学位（非必填）、项目共同负责人/共同研究者工作邮箱（非必填）、机构法律实体名称、税号（非必填）、机构类型、机构所在国家、机构地址（国家、省市（非必填）、城市、地址、邮编、机构官方网址（非必填））、机构目标与愿景（非必填）、收款机构名称、收款机构地址（国家、省市（非必填）、城市、地址、邮编（非必填））、研究项目名称和项目信息等。研究者手册额外接收人姓名（仅适用研究者发起的研究）、研究者手册额外接收人工作邮箱地址（仅适用研究者发起的研究）。药物安全联络人姓名（仅适用研究者发起的研究）、药物安全联络人工作地址（仅适用研究者发起的研究）、药物安全联络人城市（仅适用研究者发起的研究）、药物安全联络人州（省市）（非必填）（仅适用研究者发起的研究）、药物安全联络人国家（仅适用研究者发起的研究）、药物安全联络人邮政编码（非必填）（仅适用研究者发起的研究）、药物安全联络人工作邮箱（仅适用研究者发起的研究）、药物安全联络人传真（非必填）（仅适用研究者发起的研究）、药物安全联络人工作电话号码（非必填）（仅适用研究者发起的研究）。研究中心研究者姓名（仅适用研究者发起的研究）、研究中心机构名称（仅适用研究者发起的研究）、研究中心运输联系人姓名（仅适用研究者发起的研究）、研究中心收货地址（仅适用研究者发起的研究）、研究中心工作电话号码（仅适用研究者发起的研究）、研究中心传真（非必填）（仅适用研究者发起的研究）、研究中心工作邮箱（仅适用研究者发起的研究）。

Authorized Signatory Name, Authorized Signatory Work Email, Additional Authorized Signatory Name (Optional), Additional Authorized Signatory Work Email (Optional), Contact Salutation, Contact First Name, Contact Last Name, Contact Title/Position,

Contact Work Email Address, Contact Work Telephone, Contact Fax (Optional). Project Lead/Principal Investigator (PI) First Name, PI Middle Name (Optional), PI Last Name, Principal Investigator (PI) is a US-licensed physician(?), PI Work Telephone (Optional), PI Work Email, PI Work Address Country, PI Work Address Line 1, PI Work Address Line 2, PI Work Address City, PI Work Address Province (Optional), PI Work Address Postal Code, PI Current Position Title (Optional), PI Primary Degree, Institution and Location of PI Primary Degree, Completion Date of PI Primary Degree, Field of Study, PI Secondary Degree (Optional), Institution and Location of PI Secondary Degree (Optional), Completion Date of PI Secondary Degree (Optional), Field of Study of Secondary Degree (Optional), PI Positions and Honors (Optional), PI Contributions to Science (Optional), Additional PI Information (Optional), Project Co-Lead/Principal Co-Investigator (Co-PI) First Name (Optional), Co-PI Middle Name (Optional), Co-PI Last Name (Optional), Co-PI Primary Degree (Optional), Co-PI Work Email (Optional), Legal Entity Name, VAT Registration Number(Optional), Institution is a Practice or Private Physician Office (Optional), Organization Type, Organization Country, Organization Address Line 1, Organization Address Line 2 (Optional), Organization City, Organization Province (Optional), Organization Zip/Postal Code, Organization Website Address (Optional), Organization Mission Statement (Optional), Payee Name, Payee Country, Payee Address 1, Payee Address 2 (Optional), Payee City, Payee Province (Optional) Payee Zip/Postal Code (Optional), Grant Title and other grant information. IB First Name (Only Applicable to ISR), IB Last Name (Only Applicable to ISR), IB Work Email Address (Only Applicable to ISR).

Safety Contact Name (Only Applicable to ISR), Safety Contact Work Address 1 (Only Applicable to ISR), Safety Contact Work Address 2 (Only Applicable to ISR), Safety Contact City (Only Applicable to ISR), Safety Contact Work State (Optional) (Only Applicable to ISR), Safety Contact Work Country (Only Applicable to ISR), Safety Contact Work Address Postal Code (Optional) (Only Applicable to ISR), Safety Contact Work Email (Only Applicable to ISR), Safety Contact Work Fax (Optional) (Only Applicable to ISR), Safety Contact Work Phone (Optional) (Only Applicable to ISR).

Requesting Site Investigator First Name (Only Applicable to ISR),  
Requesting Site Investigator Last Name (Only Applicable to ISR),  
Requesting Site Institution Name (Only Applicable to ISR),  
Requesting Site Shipping Contact Name (Only Applicable to ISR),  
Requesting Site Shipping Address (Only Applicable to ISR),  
Requesting Site Work Telephone Number (Only Applicable to ISR),  
Requesting Site Fax Number (Optional) (Only Applicable to ISR),  
Requesting Site Work Email (Only Applicable to ISR).

- 全球独立医学教育项目：
- Independent Medical Education Grants (MedEd)

机构授权签字人姓名、机构授权签字人工作邮箱、额外机构授权签字人姓名（非必填）、额外机构授权签字人工作邮箱（非必填）、联系人称呼、联系人姓名、联系人职称、联系人工作电话、联系人工作邮箱、联系人传真（非必填）、机构法律实体名称、税号（非必填）、机构类型、机构所在国家、机构地址（国家、省市（非必填）、城市、地址、邮编、机构官方网址（非必填））、机构目标与愿景。是否有合作机构（如有，请您填写合作机构名称、合作机构联系人姓名、合作机构税号、合作机构联系人工作邮箱）。收款机构名称、收款机构地址（国家、省市（非必填）、城市、地址、邮编（非必填））、教育项目名称和项目信息。

Authorized Signatory Name, Authorized Signatory Work Email, Additional Authorized Signatory Name (Optional), Additional Authorized Signatory Work Email (Optional). Contact Salutation, Contact First Name, Contact Last Name, Contact Title/Position, Contact Work Telephone, Contact Work Email Address, Contact Fax (Optional). Legal Entity Name, VAT Registration Number(Optional), Organization Type, Organization Country, Organization Address Line 1, Organization Address Line 2 (Optional), Organization City, Organization Province (Optional), Organization Zip/Postal Code, Organization Website Address (Optional), Organization Mission Statement. Partner Organization Name, Partner Organization Contact Full Name, Partner Organization TAX ID Number, Partner Organization

Work Email Address, Payee Name, Payee Country, Payee Address 1, Payee Address 2 (Optional), Payee City, Payee Province (Optional), Payee Zip/Postal Code (Optional), Grant Title and other grant information.

- 质量提升项目
- Quality Improvement Grants

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Authorized Signatory Name, Authorized Signatory Work Email, Additional Authorized Signatory Name (Optional), Additional Authorized Signatory Work Email (Optional). Contact Salutation, Contact First Name, Contact Last Name, Contact Title/Position, Contact Work Telephone, Contact Work Email Address, Contact Fax (Optional). Legal Entity Name, VAT Registration Number(Optional), Organization Type, Organization Country, Organization Address Line 1, Organization Address Line 2 (Optional), Organization City, Organization Province (Optional), Organization Zip/Postal Code, Organization Website Address (Optional), Organization Mission Statement. Partner Organization Name, Partner Organization Contact Full

Name, Partner Organization TAX ID Number, Partner Organization Work Email Address. Project Lead/Principal Investigator Salutation(Optional), Project Lead/Principal Investigator First Name , Project Lead/Principal Investigator Middle Name (Optional), Project Lead/Principal Investigator Last Name, Project Lead/Principal Investigator Work Email, Project Lead/Principal

Investigator Work Phone Number (Optional), Project Lead/Principal Investigator Degree(Optional), Project Lead/Principal Investigator Email Address(Optional). Payee Name, Payee Country, Payee Address 1, Payee Address 2 (Optional), Payee City, Payee Province (Optional), Payee Zip/Postal Code (Optional), Grant Title and other grant information.

- 全球医学奖学金项目:
- Global Medical Grant Fellowship

机构授权签字人姓名、机构授权签字人工作邮箱、联系人称呼、联系人姓名、联系人职称、联系人工作电话、联系人工作邮箱、联系人传真（非必填）、机构法律实体名称、税号（非必填）、机构类型、机构所在国家、机构地址（国家、省市（非必填）、城市、地址、邮编、机构官方网址（非必填））、机构目标与愿景。主要导师称呼(非必填)、主要导师姓名、主要导师工作邮箱、主要导师职称、主要导师学位、主要导师学位获得机构名称和机构地址、主要导师学位获得时间、主要导师研究领域、主要导师第二学位、主要导师第二学位获得机构名称和机构地址、主要导师第二学位获得时间、主要导师第二学位研究领域、主要导师自我陈述（非必填）、主要导师职位与获奖情况（非必填）主要导师科学贡献（非必须）、收款机构名称、收款机构地址（国家、省市（非必填）、城市、地址、邮编（非必填））、项目名称和项目信息。

Authorized Signatory Name, Authorized Signatory Work Email, Contact Salutation, Contact First Name, Contact Last Name, Contact Title/Position, Contact Work Telephone, Contact Work Email Address, Contact Fax (Optional), Legal Entity Name, VAT Registration Number(Optional), Organization Type, Organization Country, Organization Address Line 1, Organization Address Line 2 (Optional), Organization City, Organization Province (Optional), Organization Zip/Postal Code, Organization Website Address (Optional), Organization Mission Statement. Primary Mentor Salutation(Optional), Primary Mentor First Name, Primary Mentor Middle Name (Optional), Primary Mentor Last Name, Primary Mentor Email, Primary Mentor Current Position Title, Primary Mentor Primary Degree, Institution and Location of Primary Mentor Primary Degree, Completion Date of Primary Mentor Primary Degree, Field of Study, Primary Mentor Secondary Degree, Institution and Location of Primary Mentor

Secondary Degree, Completion Date of Primary Mentor Secondary Degree, Field of Study of Secondary Degree, Primary Mentor Personal Statement (Optional), Project Primary Mentor Positions and Honors (Optional), Primary Mentor Contribution to Science (Optional), Payee Name, Payee Country, Payee Address 1, Payee Address 2 (Optional), Payee City, Payee Province (Optional), Payee Zip/Postal Code (Optional), Grant Title and other grant information.

- 机构研究基金项目:
- Institutional Research Fund Grants

机构授权签字人姓名、机构授权签字人工作邮箱、额外机构授权签字人姓名、额外机构授权签字人工作邮箱、联系人称呼、联系人姓名、联系人职称、联系人工作电话、联系人工作邮箱、联系人传真（非必填）、机构法律实体名称、税号（非必填）、机构类型、机构所在国家、机构地址（国家、省市（非必填）、城市、地址、邮编、机构官方网址（非必填））、机构目标与愿景。项目负责人/主要研究者称呼（非必填）、项目负责人/主要研究者姓名、项目负责人/主要研究者工作邮箱、项目负责人/主要研究者学位、收款机构名称、收款机构地址（国家、省市（非必填）、城市、地址、邮编（非必填））、项目名称和项目信息。

Authorized Signatory Name, Authorized Signatory Work Email, Additional Authorized Signatory Name, Additional Authorized Signatory Work Email, Contact Salutation, Contact First Name, Contact Last Name, Contact Title/Position, Contact Work Telephone, Contact Work Email Address, Contact Fax (Optional), Legal Entity Name, VAT Registration Number(Optional), Organization Type, Organization Country, Organization Address Line 1, Organization Address Line 2 (Optional), Organization City, Organization Province (Optional), Organization Zip/Postal Code, Organization Website Address (Optional), Organization Mission Statement. Project Lead Salutation(Optional), Project Lead First Name, Project Lead Middle Name (Optional), Project Lead Last Name, Project Lead Email, Project Lead Primary Degree. Payee Name, Payee Country, Payee Address 1, Payee Address 2 (Optional), Payee City,

Payee Province (Optional), Payee Zip/Postal Code (Optional), Grant Title and other grant information.

- 意向书申请
- Letter of Intent Applications

联系人称呼、联系人姓名、联系人职称、联系人工作电话、联系人工作邮箱、联系人传真（非必填）、机构法律实体名称、税号（非必填）、机构类型、机构所在国家、机构地址（国家、省市（非必填）、城市、地址、邮编、机构官方网址（非必填））、机构目标与愿景、项目负责人/主要研究者称呼（非必填）、项目负责人/主要研究者姓名、项目负责人/主要研究者邮箱、项目负责人/主要研究者学位、项目名称和项目信息。

Contact Salutation, Contact First Name, Contact Last Name, Contact Title/Position, Contact Work Telephone, Contact Work Email Address, Contact Fax (Optional), Legal Entity Name, VAT Registration Number(Optional), Organization Type, Organization Country, Organization Address Line 1, Organization Address Line 2 (Optional), Organization City, Organization Province (Optional), Organization Zip/Postal Code, Organization Website Address (Optional), Organization Mission Statement. Project Lead/Principal Investigator Salutation(Optional), Project Lead/Principal Investigator First Name, Project Lead/Principal Investigator Middle Name (Optional), Project Lead/Principal Investigator Last Name, Project Lead/Principal Investigator Email, Project Lead/Principal Investigator Primary Degree, Grant Title and other grant information.

通过这些信息，我们可以根据您的申请内容选择是否同意您的申请。

With this information, we can choose whether or not to approve your application based on the content of your application.

### 3. 外部人员参与合作型研究项目

#### 3.External Requestor in Research Collaborations

当您参与合作型研究项目时，您需要提供如下信息：主要研究者称呼（非必填），主要研究者姓名，主要研究者工作邮箱、主要研究者工作地址（国家、省份（非必填）、城市、地址、邮编）、主要研究者机构名称、主要研究者是否为美国执业医师、主要研究者目前职称（非必填）、主要研究者学位 /学位所在机构和机构地址/学位获得时间/研究领域、主要研究者学位第二学位/第二学位所在机构和机构地址/第二学位获得时间/第二学位研究领域（非必填）、主要研究者专业经验/荣誉和奖励/发表和演讲/学术兼职及活动，机构法律实体名称、税号（非必填）机构类型、机构所在国家、机构地址（省份（非必填）、城市、地址、邮编）、机构网址（非必填）、收款机构税务登记号、收款机构名称、收款机构地址（国家、省份（非必填）、城市、地址、邮编（非必填））、研究项目名称和项目信息。如适用，还需提供共同研究者姓名/工作邮箱/工作电话、共同研究者学位（非必填）、共同研究者工作地址（国家、省份、城市、地址、邮编，非必填）、研究协调员姓名/工作邮箱/工作电话、研究协调员学位（非必填）、研究协调员工作地址（国家、省份、城市、地址、邮编，非必填）、合同签署机构名称、合同签署机构地址（国家、省份、城市、地址、邮编）、合同签署机构联系人姓名/工作邮箱、主办机构名称、主办机构地址（国家、省份、城市、地址、邮编）、主办机构联系人姓名/工作邮箱、协调机构名称、协调机构地址（国家、省份、城市、地址、邮编）、协调机构联系人姓名/工作邮箱、药品供应请求相关信息（研究中心研究者姓名、研究中心机构名称、研究中心运输联系人姓名、研究中心收货地址、研究中心工作电话号码、研究中心传真（非必填）、研究中心工作邮箱）、项目人员变更信息。通过这些信息，我们可以根据您的申请内容选择是否同意您的申请。

When you participate in a research collaboration project, you will need to provide the following information: Principal Investigator (PI) Salutation(Optional), Principal Investigator (PI) First Name//Middle Name /Last Name, PI Work Email, PI Work Address (Work Address Country, Work Address, Work Address City, Work Address Province (Optional), Work Address Postal Code), PI is a US-licensed physician(?), PI Organization Name, PI Current Position Title(Optional), PI Primary Degree/Institution and Location of Primary Degree/Completion Date of Primary Degree/Field of Study, PI Secondary Degree(Optional)/Institution and Location of Secondary Degree(Optional)/Completion Date of Secondary Degree(Optional) /Field of Secondary Degree(Optional),

PI Professional Experience, PI Honors and Awards, PI Publications and Presentations, , PI Professional Affiliations/Activities, Legal Entity Name, VAT Registration Number(Optional), Organization Type, Organization Country, Organization Address, Organization City, Organization Province(Optional), Organization Zip/Postal Code, Organization Website Address(Optional) , Payee Tax ID, Payee Name, Payee Address, Payee City, Payee Province(optional), Payee Postal Code (optional), Research Title and Research Details, etc. If applicable, the following information is also required: Co-PI Name, Co-PI Work Email, Co-PI Work Phone Number, Co-PI Primary Degree(Optional), Co-PI Work Address(Optional), Co-PI Work Address City(optional), Co-PI Work Address Province(Optional), Co-PI Work Address Country(Optional), Co-PI Work Address Postal Code(Optional), Study Coordinator Name, Study Coordinator Work Email, Study Coordinator Work Phone Number, Study Coordinator Primary Degree(Optional), Study Coordinator Work Address(Optional), Study Coordinator Work Address City(Optional), Study Coordinator Work Address Province(Optional), Study Coordinator Work Address Country(Optional), Study Coordinator Work Address Postal Code(Optional), Contracting Organization Name, Contracting Organization Address (Organization Address, Organization City, Organization Province, Organization Country, Organization Postal Code), Contracting Organization POC Name, Contracting Organization POC Work Email, Sponsoring Organization Name, Sponsoring Organization Address (Organization Address, Organization City, Organization Province, Organization Country, Organization Postal Code), Sponsoring Organization POC Name, Sponsoring Organization POC Work Email, Coordinating Organization Name, Coordinating Organization Address (Organization Address, Organization City, Organization Province, Organization Country, Organization Postal Code), Coordinating Organization POC Name, Coordinating Organization POC Work Email, Drug Supply Request related information (Requesting Site Investigator First Name, Requesting Site Investigator Last Name, Requesting Site Institution Name, Requesting Site Shipping Contact Name, Requesting Site Shipping Address, Requesting

Site Work Telephone Number, Requesting Site Fax Number (Optional), Requesting Site Work Email), project staff change information. With this information, we can choose whether or not to approve your application based on the content of your application.

## 二、 我们如何使用 **Cookie** 和类似技术

### 2.How do we use **Cookie** and similar technologies

在您使用我们的平台时，我们会从您的浏览器或设备收集信息，其中可能包括个人信息。我们采用 **Cookie** 和像素标记等同类技术收集这些信息，其中可能包括您的：IP 地址、唯一 **Cookie** 标识符、**Cookie** 信息、关于您的设备是否安装有可访问某些功能的软件的信息、唯一设备识别码和设备类型、域名、浏览器类型和语言、操作系统和系统设置、国家和时区、您与我们的网站互动的信息，例如点击行为等。

When you use our platform, we collect information, which may include personal data, from your browser or device. We collect these information using similar technologies such as cookies and pixel tags, which may include your: IP address, unique cookie identifier, cookie information, information about whether your device has software installed to access certain features, unique device identification code and device type, domain name, browser type and language, operating system and system settings, country and time zone, information about your interaction with our website, such as click behavior, etc.

如果您不愿意接受 **Cookies**，请您将网络浏览器设置为关闭接受 **Cookies**，或者设置为在接收到 **Cookies** 的时候通知使用者。当 **Cookies** 被禁用时，您可能无法使用辉瑞平台的部分功能。

If you do not want to accept cookies, please set your web browser to disable accepting cookies, or set it to notify users when cookies are received. When cookies are disabled, you may not be able to use some features of the Pfizer platform.

## 三、 我们如何委托处理、与第三方共享、向第三方转移或披露您的个人信息

### **3. How do we entrust, share with, transfer or disclose your personal information with third parties**

#### **委托处理 Entrustment**

为本隐私政策中所述的目的，我们可能会委托第三方服务提供商帮助我们提供相关的运营和服务的支持。在此过程之中，为了向您提供服务，我们可能允许第三方服务提供商处理履行其职能所必需的个人信息，但是他们仅能代表我们基于向您提供服务的目的处理这些个人信息。我们在与上述服务供应商合作时，没有也不会许可他们将您的信息用于任何其他用途，服务提供商包括以下类型：

For the purposes described in this Privacy Statement, we may entrust third-party service providers to help us provide support for related operation and services. During this process, in order to provide service to you, we may allow third-party service providers process necessary personal information to perform their functions, but they will only process such personal information on our behalf in order to provide system technical service to you. We do not and will not permit these service providers to use your personal information for any other purposes during our cooperation, and service providers including the following types:

a) 系统技术服务提供商；

a) System technical service provider;

#### **与第三方共享 Sharing with third parties**

##### **1. 关联公司 Affiliates**

我们可能为本隐私政策中所述的目的向位于中国境内外的辉瑞关联方共享您的个人信息，以实现集团的全球化管理。

We may share your information with other Pfizer affiliates inside or outside China for the purposes described in this Privacy Statement for the global management of the conglomerate.

##### **2. 合作伙伴 Partner**

为了向您提供平台相关功能或服务，我们可能会和合作伙伴等第三方共享您的个人信息。我们的合作伙伴包括以下类型：

In order to provide you with the relevant functions and service of the platform, we may share your personal information with third parties such as partners. Our partners including the following types:

a) Bonterra (CyberGrants) –系统服务技术支持

a) Bonterra (CyberGrants) – system technical service support

b) 第三方医药企业-药品联合审批

由于合作项目的不同，且考虑到不断变化的实体名称及联系方式，您可以通过来函联系辉瑞邮箱 [GMG@pfizer.com](mailto:GMG@pfizer.com) 查阅独立处理您个人信息的第三方的具体名称及联系方式。

b) Third-party pharmaceutical companies – Joint grant review

Due to the types of projects are different, and the entity names and contact details are constantly changing, you may email Pfizer at [GMG@pfizer.com](mailto:GMG@pfizer.com) for the specific names and contact details of the third parties that independently process your personal information.

## **转移 Transferring**

我们不会将您的个人信息转移给任何公司、组织和个人，但以下情况除外：

We will not transfer your personal information to any companies, organizations or individuals, except in the following circumstances:

a) 事先获得您明确的同意或授权；

a) Obtain your express consent or authorization in advance;

b) 根据适用的法律法规、法律程序的要求、强制性的行政或司法要求所必须的情况进行提供；

b) Provided in accordance with applicable laws and regulations, requirements of legal process, mandatory administrative or judicial requirements

c) 在涉及合并、收购、资产转让或类似的交易时，如果涉及到个人信息转移，我们会告知您接受您个人信息的接收方的名称和联系方式，并要求接收方继续受本隐私政策的约束；接收方变更处理目的、处理方式的，我们将要求接收方重新向您征求授权同意。

c) In the case of mergers, acquisitions, asset transfers or similar transactions, if the transfer of personal information is involved, we will inform you of the name and contact information of the recipient who accepts your personal information, and require the recipient to continue to be bound by the terms of this Privacy Statement; if the recipient changes the processing purpose and method, we will require the recipient to seek your authorization and consent again.

## 公开披露 **Public disclosure**

我们不会主动公开你未自行公开的信息，除非遵循适用法律法规规定或者获得你的同意。

四、 We will not voluntarily disclose information that you have not disclosed yourself, unless we comply with applicable laws and regulations or obtain your consent.您如何管理自己的个人信息

## 4. How to manage your personal information

关于您的个人信息是如何被处理的，您享有以下权利，为行使您的权利，您可以通过本政策末尾“联系我们”一节所述方式联系我们，以提出相应请求：

You have the following rights with regard to how your personal information is processed, and to exercise your rights you may make a request by contacting us as described in the "Contact Us" section at the end of this policy:

1. 查询、更正权 Right to access and correction

您可以在以下渠道查询您的个人信息。当您认为有关您的个人信息是不正确或不完整的情况下可以在 Welcome page 的【Edit profile】中更正或更新您信息。

You can access your personal information through the following channels. When you think that your personal information is incorrect or incomplete, you can correct or update your information through the [Edit profile] portal in the Welcome page.

如果您需要查阅或更正在使用我们平台的过程中产生的其他个人信息，您可通过 GMG@pfizer.com 提出查询、更正我们持有的有关您的个人信息的要求，法律法规规定的例外情况除外。

If you need to access or correct other personal information which is generated in the process of using our platform, you can send your request to access or correct your personal information which is hold by us to [GMG@pfizer.com](mailto:GMG@pfizer.com), except for the exceptions stipulated by laws and regulations.

## 2. 获得您个人信息的副本的权利 Right to acquire the copy of your personal information

您有权获得您个人信息的副本。如果您需要复制我们收集的您的个人信息，您可以通过 [GMG@pfizer.com](mailto:GMG@pfizer.com) 随时与我们联系。在遵守适用法律和技术上可行的范围内，我们将按照您的要求向您提供一份您的个人信息副本。

You have the right to acquire the copy of your personal information. If you need to copy your personal information which is held by us, you can contact us through [GMG@pfizer.com](mailto:GMG@pfizer.com). On the basis of complying applicable law and technically practicable, we will provide you with a copy of your personal information upon your request.

## 3. 删除权 Right to deletion

在以下情况下，您可以向我们提出删除您的其他个人信息的请求：

Under the following circumstances, you can raise the request to us to delete your other personal information:

a) 处理目的已实现、无法实现或者为实现处理目的不再必要；

a) when the purpose of processing has been achieved, cannot be achieved or not necessary to achieve the purpose of processing;

b) 当我们停止提供产品或者服务，或者保存期限已届满；

b) When we stop providing the product of service, or the retention period has expired;

c) 您撤回同意后；

c) When you withdraw your consent;

d) 若我们违反法律、行政法规或者违反约定处理个人信息；

d) If we handle personal information in violation of laws, administrative regulations or agreements

e) 法律、行政法规规定的其他情形

e) Other situations stipulated by laws and administrative regulations

您删除信息后，我们不会再继续处理您的个人信息。

After you delete the information, we will not continue to process your personal information.

#### 4. 撤回同意的权利

##### Right to withdraw consent

如果您希望撤销对于辉瑞处理您个人信息的同意，您可以通过以下“联系我们”部分公布的联系方式与我们联系。如果您撤销对于使用个人信息的同意，您可能无法正常使用相关服务。

If you wish to withdraw your consent for Pfizer to process your personal information, you may not be able to use the related services. You can

check the stated method in “Contact Us” to have us execute your withdrawal request.

但请注意，对于部分类型的个人信息，例如为我们履行适用法律法规规定的义务所必需的信息，我们可能无法响应您撤回同意的请求。除该等我们无法响应的情况以外，当您撤回同意或授权后，我们将停止处理相应的个人信息，但您撤回同意的决定，不会影响我们此前基于您的同意已进行的个人信息处理活动。

Please note some types of personal information, such as the information which are necessary for us to perform our obligations under applicable laws and regulations, we may not be able to respond to your request to withdraw consent. Except for such situations which we cannot respond, we will stop processing the related personal information after your consent is withdrawn. However, your decision to withdraw your consent does not affect our previous personal information processing activities based on your prior consent.

## 5. 响应您的上述请求

### Respond to the above requests

为保障安全，我们可能会先要求验证您的身份（要求您提供书面资料或其他方式），然后再处理您的上述请求。我们将在收到相关请求后 15 个工作日内响应您的请求。

For security reasons, we will need to verify of your identity (by requesting you to provide information in written form or other means) before processing your request. We will respond to you within 15 working days upon receiving the relevant request.

请您理解，按照特定的法律法规要求，我们可能无法响应您的一些请求，包括与国家安全、公共利益、履行我们法定义务相关的，以及涉及商业秘密的情形。

Please understand that in accordance with specific laws and regulations, we may not be able to respond to some of your requests, including those related to national security, public interest, fulfilling our legal obligations, and situations involving trade secrets.

## 五、我们如何存储及传输您的个人信息

### 5. How we store and transfer your personal information

#### 1. 存储时间 Retention period

我们会根据适用的法律、法规的要求，在达成本隐私政策所述目的所需的最短期限内保留您的个人信息。在您撤回授权同意、删除个人信息时，我们将根据法律法规的要求删除或匿名化处理您的个人信息。

In accordance with the requirements of applicable laws and regulations, we will retain your personal information for the shortest period necessary to achieve the purposes described in this Privacy Statement. When you withdraw your consent, delete your personal information, we will delete or anonymize your personal information in accordance with the requirements of laws and regulations.

#### 2. 存储地点 Retention Location

平台收集的个人信息将存储在境外。为了更好地管理我们的全球业务和提升我们的服务，我们仅在必要且符合适用法律法规的前提下将您的个人信息向境外关联公司提供。您可以参阅以下列表了解境外接收方的名称、联系方式、处理目的、处理方式、个人信息的种类以及向境外接收方行使您的个人权利的方式。

The personal information collected by the platform will be stored overseas. In order to better manage our global business and improve our services, we only provide your personal information to the overseas affiliates when

necessary and in compliance with applicable laws and regulations. You can refer to the list below for the names, contact information, processing purposes, processing methods, types of personal information and ways of exercising your personal rights to overseas recipients.

<p>境外接收方</p> <p>Overseas Recipients</p>	<p>联系方式</p> <p>Contact Information</p>	<p>处理目的、处理方式</p> <p>Processing Purposes, Processing Methods</p>	<p>个人信息的种类</p> <p>Types of personal information</p>	<p>行使权利的方式</p> <p>Ways of exercising your personal rights</p>
<p>Pfizer Inc.</p>	<p>GMG@pfizer.com</p>	<p>全球业务管理</p> <p>Global business management</p>	<p>姓名、工作电话、工作邮箱地址、国家、机构授权签字人姓名、机构授权签字人工作邮箱、额外机构授权签字人姓名、额外机构授权签字人姓名、联系人姓名、联系人职称、联系人工作电话、联系人邮件、机构法律实体名称、机构所在国家、机构地址、研究项目名称和项目信息</p> <p>Name, Work Phone Number, Work Email Address, Country, Authorized Signatory Name of Organization, Work Email of Authorized Signatory of Organization, Additional Authorized Signatory Name of Organization, Name of Contact,</p>	<p>通过 GMG@pfizer.com 联系我们</p> <p>Contact us at GMG@pfizer.com</p>

			Title of Contact, Work Phone Number of Contact, Work Email of Contact, Legal Entity Name of Organization, Country of Organization, Address of Organization, Research Project Name and Project Information	
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## 六、 未成年人保护

### 6. Minors Protection (under age 18)

我们的平台和相关服务只面向成人，18岁以下的未成年人不应创建自己的账号。未取得未成年人的父母或其他监护人的同意，我们不会主动收集未成年人的个人信息。如果我们发现自己在未事先获得可证实的父母或其他监护人同意的情况下收集了未成年人的个人信息，则会设法尽快删除相关数据。

Our platform and related services are for adults only, and minors under the age of 18 should not create his/her own accounts. We will not actively collect personal information of minors without the consent of their parents or other guardians. If we discover that we have collected personal information from minors without the prior consent of a verifiable parent or other guardian, we will try to delete the relevant data as soon as possible.

## 七、 我们如何保护您的个人信息

### 7. How we protect your personal information

我们采取符合业界标准、合理可行的安全防护措施保护您提供的个人信息安全，防止您的个人信息遭到未经授权的访问、使用、修改，以及泄露、损坏或丢失。

We take reasonable and practicable security measures that meet industry standards to protect the personal information you provide and prevent your personal information from being accessed, used, modified without authorization, and being leaked, damaged or lost.

但请您理解，互联网并非绝对安全的环境，由于技术的限制以及可能存在的各种恶意手段，在互联网行业，即便竭尽所能加强安全措施，也不可能始终保证信息百分之百的安全，我们将尽力确保你提供给我们的个人信息的安全性。如果不幸发生信息安全事件，我们会按照法律法规的要求，采取合适、必要的处置措施。

However, please understand that the Internet is not an absolutely safe environment. Due to technical limitations and various malicious means that may exist, in the Internet industry, even if we do our best to strengthen security measures, it is impossible to always ensure 100% information security. We will try our best to ensure the security of the personal information you provide to us. In the unfortunate event of an information security incident, we will take appropriate and necessary measures in accordance with the requirements of laws and regulations.

## 八、本隐私政策更新

### 8. Privacy Statement Updates

我们可能依据法律法规变更或业务发展适时修订本隐私政策。我们将在修订后通过平台的显著页面通知、公告或其他合理、可行的方式通知您。如果您重新同意隐私政策并选择继续使用我们的平台及相关服务，即表示同意本隐私政策的修订内容亦对您有约束力。

We may revise this Privacy Statement from time to time in accordance with changes in laws and regulations or improvement of business. After revision, we will notify you through notices or announcements on the prominent page of the platform, or through other reasonable and practicable means. If you re-agree to the Privacy Statement and continue to use our platform and related services, you then agree that the revision

of the Privacy Statement are binding on you.

## 九、联系我们

### Contact us

若您需要行使您的上述权利，或对本政策存在任何疑问或意见、建议或投诉，以及您的其他顾虑无法在此找到解答，可通过选择以下任意一种方式联系我们。联系地址：上海市南京西路 1168 号中信泰富广场 36 层；我们设立了个人信息保护专职部门，您可以通过以下方式与其联系，邮箱：[GMG@pfizer.com](mailto:GMG@pfizer.com)

If you need to exercise the rights, or have any questions or comments, suggestions or complaints about this policy, as well as your other concerns that cannot be answered here, you can contact us by choosing one of the following methods.

Address: 36th Floor, CITIC Pacific Plaza, No. 1168 Nanjing West Road, Shanghai;

We have set up a full-time personal information protection department, and you can contact our professionals through email at [GMG@pfizer.com](mailto:GMG@pfizer.com)