

CLINICAL STUDY PROTOCOL

STUDY TITLE

Placebo-controlled clinical and instrumental evaluation of the anti-aging efficacy of a dietary supplement on facial skin

PROTOCOL REFERENCES

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Clinical Study Protocol Version and Date of issue:

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Study Code_Order:

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GENERAL INFORMATION

SPONSOR

Name and Address:

MONTELOEDER S.L.
Miguel Servet 16, nave 17
Elche Parque Industrial Apdo. 5092
03203 Elche, Alicante, Spain

Authorized Signatory:

Dr Nuria Caturla Cernuda, Chief R&D Officer at Monteloeder

INVESTIGATORS AND SITES

Study Setting:

Multicenter

Principal Investigator:

Dr. Enza Cestone, MD, Dermatologist, Consultant Complife Italia S.r.l.

Co-investigators:

Dr. Arianna Ottone, Biologist

Principal Study center

Via Monsignor Angelini 21, San Martino Siccomario (PV) 27028 - Italy

Other Study Centers and Associated Co-Investigators:

The number of study sites and associated co-investigators will be defined, as appropriate to ensure the proper conduct of the study, during the study start-up phase and documented in a separate document, subject to review and approval by the Sponsor, the Principal Investigator, the Project Manager, and the Ethics Committee (see Annex 1 for the list of potential study centers).

Other laboratories:

External partners associated with the other participating study centers will be defined in the same separate document referred to above

MANAGEMENT

Responsible Person:

Dr. Fabiola Giovanna Mestanza Mattos, Clinical Trial Specialist.

Facility Name and address:

Complife Italia S.r.l.; office in Viale Indipendenza, 11 - 27100 Pavia (PV), Italy
Headquarters: Via Guido Rossa, 1 - 20024 Garbagnate Milanese (MI), Italy



PROTOCOL APPROVAL

The undersigned acknowledge having read and understood the Clinical Study Protocol EC_PIT0000339/25 ver.00 of 06/02/2026. They hereby agree to its content and commit to conduct or oversee the study in full compliance with this Protocol, the Declaration of Helsinki, Good Clinical Practice (GCP), and applicable regulatory requirements.

AUTHORIZED SIGNATORY OF THE SPONSOR

Date and Signature



10/02/2026 Nuria Caturla Cernuda

PRINCIPAL INVESTIGATOR

Date and Signature:

RESPONSIBLE FOR STUDY MANAGEMENT

Date and Signature:



PROTOCOL AMENDMENTS

All protocol amendments must be jointly approved and signed by the Sponsor, the Principal Investigator, and the Project Manager of the study.

Deviations during the study will be reviewed to determine whether they require a formal amendment or justify study termination.

Updates to the list of investigators and study sites will not be formally updated through protocol amendments but will be managed by the project manager (or delegate) and included in the final report.

AMENDMENTS HISTORY

Clinical Study Protocol Version and Date of issue:

00, 06/02/2026

Description:

First release



SUMMARY

GENERAL INFORMATION 2

PROTOCOL APPROVAL 3

PROTOCOL AMENDMENTS 4

1. PROTOCOL SUMMARY 7

2. BACKGROUND AND RATIONALE 7

3. OBJECTIVES 8

3.1. Primary objective 8

3.2. Secondary objectives 8

4. STUDY DESIGN 8

4.1. Randomization 8

4.2. Blinding 8

5. INVESTIGATIONAL PRODUCTS 8

5.1. Composition 8

5.2. Dosage and direction of use 9

5.3. Supply and storage 10

6. STUDY POPULATION 10

6.1. Subjects’ enrolment 10

6.1.1. Inclusion criteria 10

6.1.2. Exclusion criteria 10

6.2. Subject withdrawal and discontinuation 11

6.3. Subject full participation 11

7. ETHICAL CONSIDERATIONS 11

7.1. Risk and benefit 11

7.2. Compliance with the Declaration of Helsinki 11

7.3. Informed Consent 11

7.4. Confidentiality and Data Protection 12

8. STUDY SCHEDULE AND PROCEDURES 12

8.1. Summary of study visits and procedures 12

8.2. Initial visit (D0) 13

8.3. Follow-up visit D14 (after 14 ± 2 days) 13

8.4. Follow-up visit D28 (after 28 ± 2 days) 13

8.5. Follow-up visit D56 (after 28 ± 2 days) 13

8.6. Final visit D84 (after 84 ± 2 days) 14

9. TREATMENT COMPLIANCE 14

10. ENDPOINTS 14

10.1. Skin moisturization (D0; D14; D28; D56; D84) 14

10.2. Skin elasticity (D0; D28; D56; D84) 14

10.3. Skin profilometry (D0; D14; D28; D56; D84) 15

10.4. Skin radiance/brightness (D0; D14; D28; D56; D84) 16

10.5. Dark spot color intensity (D0; D28; D56; D84) 16

10.6. Dermis density (D0; D28; D56; D84) 17

10.7. Digital pictures (D0; D28; D56; D84) 17

10.8. In situ measurement of the antioxidant potential – on Caucasian subjects only (D0-D84) 17

10.8.1. Skin stripping 18

10.8.2. FRAP assay 18

11. SUPPORT MATERIAL 19

11.1. Digital photographs 19

11.2. Video materials 19

11.3. 3D skin surface profile (PRIMOS-CR®) 19

12. SAFETY ASSESSMENT 19

12.1. Causality assessment 19

12.2. Recording and evaluation of adverse reactions 20



12.3. Documentation of Adverse Event and Serious Adverse Event	20
12.4. Notification to the Sponsor	20
12.5. Follow-up procedures	20
12.6. Definitions.....	20
13. DATA HANDLING AND RECORD KEEPING	20
13.1. Data collection	20
13.2. Quality assurance	21
13.3. Archiving and Retention	21
14. STATISTIC	21
14.1. Study population for analysis	21
14.2. Descriptive analysis.....	21
14.3. Inferential statistical analysis.....	21
15. ADMINISTRATIVE ASPECTS	21
15.1. Publication policy.....	21
15.2. Contractual and financial agreements.....	22
15.3. Insurance	22
ANNEX 1- List of Potential Study Sites	23
ANNEX 2- Labelling	24
ANNEX 3- Self assessment questionnaire	25



1. PROTOCOL SUMMARY

The aim of this study is to evaluate the anti-aging efficacy of the dietary supplement determined by wrinkle reduction and improvement in skin biomechanics. Secondary, the study aims at evaluating additional effects in the following skin parameters: skin hydration, luminosity and pigmentation, dermal density and architecture, and finally the oxidative status of the skin.

To reach this goal, a double-blind, randomized, placebo-controlled clinical instrumental study is planned to be performed on 180 healthy subjects aged between 35 and 65 years old (for Asian subjects, the upper age limit may be extended by up to 5 years to ensure eligibility based on the inclusion criteria), exhibiting moderate clinical signs of skin aging, such as dark spots and wrinkles or fine lines in the crow's feet area, nasolabial wrinkles and frontal wrinkles. The study will be conducted under the supervision of a board-certified dermatologist. 60 subjects will assume the high-dose active product, 60 subjects will assume the low-dose active product and 60 subjects the placebo for 84 days according to the instruction for use. Specific assessments will be carried out before (D0) and after 14 (D14), 28 (D28), 56 (D56) and 84 (D84) days of product intake. The occurrence of adverse events will be also recorded.

2. BACKGROUND AND RATIONALE

MONTELOEDER S.L. (the Sponsor of the study) is interested in evaluating the efficacy of a food supplement claiming antiaging properties.

Skin aging is a multifactorial biological process driven by both intrinsic factors, such as genetics and metabolism, and extrinsic factors, primarily environmental exposure. Among the latter, ultraviolet (UV) radiation represents the major contributor to premature skin aging, commonly referred to as photoaging. Chronic UV exposure induces oxidative stress, inflammatory responses, and degradation of extracellular matrix components, leading clinically to wrinkles, loss of elasticity, and hyperpigmentation. While topical photoprotection remains a cornerstone of prevention, its real-world effectiveness is often compromised by inadequate reapplication, uneven coverage, and user-dependent variability. These limitations have prompted growing interest in complementary oral photoprotection strategies, particularly those based on antioxidant mechanisms.

Nutroxsun® is positioned as a “beauty from within” nutritional supplement intended to complement, rather than replace, topical sunscreens by modulating biological pathways involved in UV-induced skin damage.^{1,2} Its proposed mechanisms include the reduction of oxidative stress and inflammation, as well as the preservation of dermal structural integrity. Previous clinical evidence supports this approach. In particular, a study by Nobile et al.³ demonstrated that daily supplementation with a combination of rosemary and grapefruit extracts (100 mg and 250 mg, respectively) significantly improved skin elasticity, reduced wrinkle depth, and decreased lipid peroxidation after 8 weeks of intake.

Building on these findings, the present study is designed to expand and strengthen the clinical evidence in individuals with moderate signs of skin aging. This is achieved through a larger sample size (180 volunteers) and a longer intervention period (12 weeks), as well as the integration of advanced, noninvasive instrumental techniques under real-life conditions. Unlike earlier studies that primarily assessed superficial skin parameters, the current protocol incorporates Linear Coherence Tomography (LC-OCT) and high-frequency ultrasound. These technologies enable direct visualization and quantitative assessment of dermal fiber density and anisotropy, thereby providing robust structural evidence of anti-aging efficacy. Additionally, the inclusion of a mixed cohort of Caucasian (90%) and Asian (10%) participants allows evaluation of the product's effects across different skin types and aging patterns. The extended study duration of 84 days exceeds the conventional 8-week timeframe and is more consistent with the biological timeline of collagen remodeling, facilitating the assessment of longer-term dermal changes.

The anticipated outcomes of this study are supported by: (i) mechanistic evidence demonstrating reductions in reactive oxygen species, inflammatory mediators, and matrix metalloproteinases, alongside preservation of collagen and elastin in in vitro models; (ii) prior clinical data showing increased minimal erythema dose and decreased lipid peroxidation markers; and (iii) documented improvements in wrinkles and elasticity following 2 months of supplementation. Accordingly, the 84-day intervention is expected to yield measurable improvements in wrinkle appearance, elasticity and firmness, hydration, radiance, and tone homogeneity, as well as favorable modulation of local and systemic oxidative stress biomarkers.

1. Pérez-Sánchez A, Barrajón-Catalán E, Caturla N, et al. Protective effects of citrus and rosemary extracts on UV-induced damage in skin cell model and human volunteers. *J Photochem Photobiol B.* 2014;136:12–18.
2. Navarro P, Castillo J, Jones J, García A, Caturla N. Skin Photoprotection and Anti-Aging Benefits of a Combination of Rosemary and Grapefruit Extracts: Evidence from In Vitro Models and Human Study. *Int J Mol Sci.* 2025;26(9):4001. doi:10.3390/ijms26094001.
3. Nobile V, Michelotti A, Cestone E, et al. Skin photoprotective and antiaging effects of a combination of rosemary (*Rosmarinus officinalis*) and grapefruit (*Citrus paradisi*) polyphenols. *Food Nutr Res.* 2016;60:31871.



3. OBJECTIVES

3.1. Primary objective

The primary objective of this study is to evaluate the anti-aging efficacy of the product.

Primary end-points:

- Wrinkle reduction: Quantitative decrease in wrinkle depth in the crow's feet, nasolabial, and forehead areas, measured by 3D profilometry (Primos).
- Improvement in skin biomechanics: Increase in elasticity (R2), firmness (R0), and net elasticity (R5) measured using cutometer.

3.2. Secondary objectives

The secondary objective of this study is to evaluate the efficacy of the product in improve skin condition

Secondary end-points:

- Hydration: Improvement in water content in the stratum corneum (Corneometer).
- Luminosity and Pigmentation: Increased luminosity (Gloss) and reduced intensity of dark spots (ITA° value) measured by spectrophotometry.
- Dermal Density: Increased density and thickness of the dermis assessed by high-frequency ultrasound (22 MHz).
- Dermal Architecture (Subgroup): Improvement in fiber density and anisotropy of the fiber network using LC-OCT.
- Oxidative Systemic Status: Reduction of reactive oxygen metabolites (d-ROMs) in capillary blood.
- Oxidative Cutaneous Status: Increase in antioxidant potential in situ (FRAP assay) in tape stripping samples.
- Tolerance and Perception: Confirm good cutaneous/gastric tolerance and efficacy as perceived by the subject (self-assessment questionnaire).

4. STUDY DESIGN

The study will be double-blind, randomized, placebo-controlled: 60 of the subjects will be allocated to the high-dose active product, 60 subjects will be allocated to the low-dose active product and 60 of the subjects will be allocated to a placebo. Subjects will take the assigned food supplement for 84 days according to the directions for use.

4.1. Randomization

A restricted randomization list will be generated by an independent technician using the appropriate algorithm ("Wei's urn") of the PASS 11 software (PASS, LLC. Kaysville, UT, USA) and stored in a secure location. The Principal Investigator or designated personnel will dispense the products according to the generated randomization list.

4.2. Blinding

The study will be double-blind, meaning that subjects, Principal Investigator and collaborators are kept masked to products assignment. The products will be supplied in the same packaging with no obvious differences between the products (see Annex 1).

5. INVESTIGATIONAL PRODUCTS

5.1. Composition

ACTIVE HIGH-DOSE ACTIVE

250mg NutroXSun® (50% citrus paradisi, 50% Rosmarinus officinalis), 225mg maltodextrina.

Components of the capsule shell: coating agent (hydroxypropyl methylcellulose), colourant (copper chlorophyllin complex).

Allergens

+ ALLERGENS DUE TO CROSS-CONTAMINATION*

The product may contain allergens: Cereals containing gluten (namely wheat, rye, barley, oats, spelt, kamut, or their hybridised strains) and products thereof; fish and fish products; soybeans and products thereof; celery and products thereof; sesame seeds and products thereof; and sulphur dioxide and sulphites at concentrations of more than 10 mg/kg



or 10 mg/litre, expressed as total SO₂, in products ready for consumption or reconstituted according to the manufacturer's instructions.

* Although this product does not contain allergens in its formulation, it is manufactured on equipment that also processes products containing allergens.

ACTIVE LOW-DOSE

375 mg Maltodextrina, 100mg NutroxSun® (50% citrus paradisi, 50% Rosmarinus officinalis).

Components of the capsule shell: coating agent (hydroxypropyl methylcellulose), colourant (copper chlorophyllin complex).

Allergens

+ ALLERGENS DUE TO CROSS-CONTAMINATION*

The product may contain allergens: Cereals containing gluten (namely wheat, rye, barley, oats, spelt, kamut, or their hybridised strains) and products thereof; fish and fish products; soybeans and products thereof; celery and products thereof; sesame seeds and products thereof; and sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10 mg/litre, expressed as total SO₂, in products ready for consumption or reconstituted according to the manufacturer's instructions.

* Although this product does not contain allergens in its formulation, it is manufactured on equipment that also processes products containing allergens.

PLACEBO

475 mg Maltodextrina

Components of the capsule shell: coating agent (hydroxypropyl methylcellulose), colourant (copper chlorophyllin complex).

Allergens

+ ALLERGENS DUE TO CROSS-CONTAMINATION*

The product may contain allergens: Cereals containing gluten (namely wheat, rye, barley, oats, spelt, kamut, or their hybridised strains) and products thereof; fish and fish products; soybeans and products thereof; celery and products thereof; sesame seeds and products thereof; and sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10 mg/litre, expressed as total SO₂, in products ready for consumption or reconstituted according to the manufacturer's instructions.

* Although this product does not contain allergens in its formulation, it is manufactured on equipment that also processes products containing allergens.

Base cream

INCI: AQUA, HELIANTHUS ANNUUS SEED OIL, ISONONYL ISONONANOATE, POLYGLYCERYL-3 METHYLGLUCOSE DISTEARATE, GLYCERYL STEARATE, CETEARYL ALCOHOL, DISODIUM EDTA, CHLORPHENESIN, O-CYMEN-5-OL, FRAGRANCE/PARFUM.

5.2. Dosage and direction of use

1 capsule per day 30 min before or after breakfast.

To standardize participants' skincare routine, Complife will provide a neutral base facial cream. This cream is to be used throughout the study in place of participants' usual day and night facial creams. Participants must not apply the cream on the morning of any scheduled study assessments.

Participants should maintain their usual dietary habits, particularly with regard to fruit and vegetable intake, and avoid consuming any additional dietary supplements that could interfere with study outcomes. Subjects should also ensure that they will not be exposed to sunlight or other sources of UV light if they are not properly protected for the entire study period.



5.3. Supply and storage

The products will be supplied by the Sponsor.

The shipment address is: Complife S.r.l., Via Monsignor Angelini, 21, 27028, S. Martino Siccomario (PV), Italy.

The contact person is Sabrina Martinazzo (@: segreteriapavia@complifegroup.com; T: +39 0382 25504

Products will be stored at room temperature protected from direct light, heat and source of water safe place with restricted access.

6. STUDY POPULATION

6.1. Sample size

The study will be performed on 180 subjects.

6.1. Subjects' enrolment

Subjects are enrolled according to specific inclusion and exclusion criteria listed in the sections below.

All inclusion and exclusion criteria are checked by the Principal Investigator or designated personnel. The Principal Investigator maintains a record of all subjects who are enrolled and who are considered screen-failed (i.e., subject who signs the informed consent form and is not enrolled) and for each subject, the primary reason for not enrolling is recorded. Subjects enrolled are identified by a unique code that remains personal and cannot be associated to another subject during the study.

6.1.1. Inclusion criteria

1. Healthy female subjects
2. Subjects of Caucasian and Asian (10% of the panel) ethnicity
3. Subjects aged between 35 and 65 years (extremes included, for Asian subjects the upper age limit may be extended by up to 5 years to ensure eligibility based on the inclusion criteria)
4. Subjects who exhibit moderate clinical signs of skin aging, such as dark spots and wrinkles or fine lines in the crow's feet area, nasolabial wrinkles and frontal wrinkles.
5. Subjects registered with national health service
6. Subjects certifying the truthfulness of the personal data disclosed to the Principal Investigator or designated personnel
7. Subjects able to understand the language used in the investigation centre and the information given by the Principal Investigator or designated personnel
8. Subjects able to respect the instructions given by the Principal Investigator or designated personnel as well as able to respect the study constraints and specific requirements
9. Subjects who commit not to change their daily routine or lifestyle during the study
10. Subjects on stable pharmacological therapy (except for the pharmacological therapy in the non-inclusion criteria) for at least one month without any changes expected or planned during the study
11. Subjects informed about the test procedures who have signed a consent form and privacy agreement

6.1.2. Exclusion criteria

1. Subjects who do not meet the inclusion criteria
2. Subjects with any acute, chronic, or progressive disease or condition that may interfere with the study data or that the Principal Investigator considers dangerous to the subject or incompatible with the requirements of the study
3. Subjects participating or planning to participate in other clinical trials
4. Subjects who participated in a similar study without respecting an adequate washout period (at least one month)
5. Subjects that have food intolerances or food allergies to ingredients of the study product
6. Subjects under pharmacological treatments that are considered incompatible with the study requirement by the Principal Investigator
7. Subjects who are currently using food supplement(s) and/or products with the same activity as the study product, or who haven't observed an adequate washout period (at least one month)
8. Subjects admitted to a health or social facility
9. Subjects planning a hospitalization during the study
10. Subjects not able to be contacted in case of emergency
11. Subjects deprived of freedom by administrative or legal decision or under guardianship
12. Subjects who have or have had a history of alcohol or drug addiction
13. Subjects with eating disorders (i.e. bulimia, psychogenic eating disorders, etc.)



14. Subject breastfeeding, pregnant or not willing to take necessary precautions to avoid pregnancy during the study (for the women of childbearing potential).

6.2. Subject withdrawal and discontinuation

In compliance with the Declaration of Helsinki, subjects have the right to withdraw from the study at any time and for any reason. In all cases, the Principal Investigator or designated personnel should try to contact the subject as soon as possible for a final assessment to: i) document the subject's decision on the informed consent form, ii) record the reason(s) for withdrawal on the data collection sheet, iii) evaluate the subject's clinical condition, if relevant iv) provide appropriate therapeutic measures if necessary (e.g., management of adverse events or concomitant conditions), v) collect any investigational product provided to the subject.

If a subject misses a scheduled visit, the Principal Investigator or designated personnel will attempt to contact the subject by phone on two separate occasions. If the subject cannot be reached after these attempts, they will be considered lost to follow-up. These contact attempts and their outcomes will be documented in the source document. The Principal Investigator may also decide to withdraw a participant from the trial early if the subject no longer meets the eligibility criteria, fails to comply with the protocol, or is deemed unsuitable to continue the study. This may occur, for example, in the event of illness, pregnancy, or the occurrence of an Adverse Event (AE) or Serious Adverse Event (SAE), particularly if the Principal Investigator considers that the subject's health may be at risk or if concomitant treatments required are incompatible with the continuation of the trial. In such cases, the Sponsor will be notified immediately, and a detailed report explaining the reason for withdrawal will be forwarded as soon as possible. Any early termination related to an AE or SAE will be monitored until its resolution.

The sponsor has the right to exclude any subject from the trial for major protocol violations, administrative reasons, or other justifiable reasons.

However, a high dropout rate may compromise or invalidate the interpretability of the study. Therefore, premature exits without valid reasons should be minimized and carefully documented in the case report form, the final report, and, if applicable, in the AE form. Each premature exit will be categorized as follows: i) violation of inclusion and exclusion criteria, ii) occurrence of an AE, iii) occurrence of an SAE, iv) withdrawal of consent, v) lost to follow-up, vi) non-adherence to the protocol, vii) other reason (to be clearly specified).

Withdrawn/lost to follow-up/drop-out subjects will not be replaced.

Further details regarding safety reporting and management are provided in Paragraph 12.

6.3. Subject full participation

Study completion is achieved when a subject has completed all treatment and has attended all scheduled visits.

7. ETHICAL CONSIDERATIONS

7.1. Risk and benefit

The food supplement administered in this study is in compliance with current food legislation and is composed of ingredients with a well-established history of safe use in humans.

No adverse effects are expected under the indication of use. However, as with any food product, the possibility of individual reactions cannot be completely excluded. If applicable, information regarding the presence of any substances that may cause hypersensitivity will be provided prior to participation.

The potential benefits associated with the use of the product are related to the improvement of skin condition thanks to the antiaging effect of the food supplement.

7.2. Compliance with the Declaration of Helsinki

The study will be conducted in accordance with the ethical principles for the medical research (Ethical Principles for Medical Research Involving Human Subjects, adopted by the 18th WMA General Assembly Helsinki, Finland, June 1964 and amendments).

7.3. Informed Consent

During the recruitment phase, the Principal Investigator or designated personnel will explain to each subject the nature, purpose, potential benefits, and possible risks of participation in the study. The investigator must ensure that the subject has understood all relevant aspects of the study. Sufficient time will be provided to allow questions to be asked and answered.

After this discussion, subjects will be asked to carefully read and sign the study information sheet, the informed consent form, and the privacy agreement pursuant to art. 13 of EU Regulation 2016/679.

The informed consent form, approved by the Sponsor, will be prepared in two versions: a version in English and a version in the local language, written in terms readily understandable to the subject. Only the version in the local language will



be presented to and signed by study participants.

The informed consent form, approved by the Sponsor, will contain all required elements in language that is readily understandable to the subject. Each original consent form, personally signed and dated by both the subject and the investigator conducting the consent discussion, will be retained by the investigator. A copy will be provided to the subject. Subjects will be informed that they have the right to withdraw their consent.

The consent form may need to be revised during the study, either because important new information has become available that may be relevant to the safety of the subjects, or because of protocol amendments. It is the investigator's responsibility to ensure that the amended form is signed by all subjects who are subsequently entered into the study, as well as by those who are already in it. This is documented in the same way as previously described.

7.4. Confidentiality and Data Protection

All information, data, and results of the study are strictly confidential, and all individuals with access to such data are informed of this obligation.

In accordance with the applicable law on data protection (EU Regulation 679/2016), the personal data, which may be special, including date of birth, sex, race, etc., the information resulting from clinical studies and on health status are processed in confidence, only for research purposes in relation with this study. If the results arising from the clinical study should be published or disseminated in scientific journals or conferences, this is done in a manner that preserves confidentiality. For this purpose, relevant subject data may be forwarded to the Sponsor or its partners abroad. In each case, subject data will be pseudonymised and identified only by a code number and initials. The Principal Investigator will be responsible for maintaining the list of codes that links each subject's number with their identity.

In all cases, nominative information shall not be transmitted to the Sponsor. If a subject's name appears on a document required by the Sponsor (e.g., photographs), the name will be permanently blacked out by the site personnel, leaving only the initials visible and annotating the subject number for identification.

The data will remain strictly confidential and will not be made public. However, at any time during or after the study, health authorities may be granted direct access to the records to verify the accuracy of the collected information. In such cases, subject identity may be disclosed. All individuals granted access to these records are bound by professional secrecy.

8. STUDY SCHEDULE AND PROCEDURES

The study will last 84 ± 2 days. Clinical visits are planned at baseline (D0) and after 14 (D14), 28 (D28), and 56 (D56) ± 2 days of treatment and at D84 (final visit, after 84 ± 2 days of treatment).

8.1. Summary of study visits and procedures

The following table summarizes the planned visits and procedures:

Procedures	D-1	D0	D14	D28	D56	D84
Signature of informed consent and privacy statement of screened subjects	X	-	-	-	-	-
Verification of subject eligibility	-	X	X	X	X	X
Collection of subjects' demographic data and variables relevant to eligibility assessment	-	X	-	-	-	-
Randomization to treatment	-	X	-	-	-	-
Distribution of products and base cream	-	X	-	-	-	-
Measurements of skin moisturization	-	X	X	X	X	X
Measurements of skin elasticity	-	X	-	X	X	X
Measurements of skin profilometry	-	X	X	X	X	X
Measurements of skin radiance	-	X	X	X	X	X
Measurements of dark spot skin color intensity	-	X	-	X	X	X
Measurements of dermis density	-	X	-	X	X	X
Measurements of dermal fibers density and anisotropy (LC-OCT)	-	X	-	-	-	X
Digital pictures by Visia-CR	-	X	-	X	X	X
Skin stripping on face (FRAP assay)	-	X	-	-	-	X
Measurement of derivatives-Reactive Oxygen Metabolites	-	X	-	-	-	X



The Principal Investigator or designated personnel will assess whether each participant still meets all inclusion and exclusion criteria.

During this visit, the assessment of the following parameters will be performed: skin moisturization, skin elasticity, skin profilometry, skin radiance, dark spot skin colour intensity, and dermis density. Moreover, digital pictures will be acquired and subjects will also be asked to complete a self-assessment questionnaire about your perception of the product's efficacy and acceptability.

To assess the compliance, unused product samples will be collected and counted and subjects will be advised to bring back the advanced products at the next visit.

8.6. Final visit D84 (after 84 ± 2 days)

After 84 days (± 2 days) of product intake subjects will be visited by the Principal Investigator or designated personnel. The Principal Investigator or designated personnel will assess whether each participant still meets all inclusion and exclusion criteria.

The following parameters will be measured/ assessed: skin moisturization, skin elasticity, skin profilometry, skin radiance, dark spot skin colour intensity, dermis density, dermal fibers density and anisotropy, clinical evaluation of product tolerability, in situ antioxidant efficacy (FRAP assay), systemic oxidation (derivatives-Reactive Oxygen Metabolites). Moreover, digital pictures will be acquired and subjects will also be asked to complete a self-assessment questionnaire about your perception of the product's efficacy and acceptability. To assess the compliance, unused product samples will be collected and counted.

NOTES:

The tolerability of the product will be monitored through the reporting of adverse events throughout the entire duration of the study (see paragraph 12).

9. TREATMENT COMPLIANCE

The Principal Investigator and designated personnel will keep a record of products given to subjects and unused products received by subjects during the visits.

Any returned product will be destroyed according to current internal procedures.

Compliance will be calculated as follows:

$$\text{Compliance to treatment} = \frac{\text{number of intake product}}{\text{number of product to intake}} \times 100$$

Subjects will be defined as compliant if they use 80 –120% of the treatment regimen over the 84-day period.

10. ENDPOINTS

All the study procedures are carried out under temperature and humidity-controlled conditions (temperature 18-26°C and humidity 50 ± 10%). The subjects, before each visit, observe a 15-20 minute acclimatization period in these conditions.

10.1. Skin moisturization (D0; D14; D28; D56; D84)

Skin hydration/moisturization is evaluated by means of Corneometer® measurement. This measurement is based on the completely different dielectric constant of water (81) and other substances (mostly < 7). The measuring capacitor shows changes of capacitance according to the moisture content of the skin. A glass lamina separates the metallic tracks (gold) in the probe head from the skin in order to prevent current conduction in the measured area. An electric field between the tracks with alternating attraction develops. One track builds up a surplus of electrons (minus charge) the other a lack of electrons (plus charge). The scatterfield penetrates the very first layer of the skin (10-20 µm) during the measurement and the capacitance is determined. The measurement will be performed on the cheek (five measurements will be acquired and the mean value will be provided).

10.2. Skin elasticity (D0; D28; D56; D84)

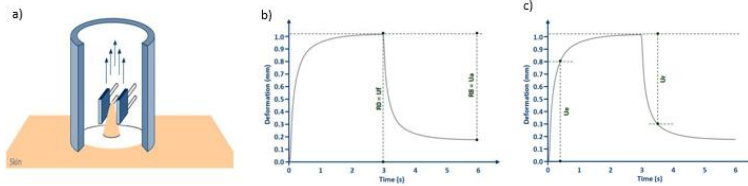
Skin elasticity measurement is based on the suction/elongation method and the subsequent release of the skin inside the opening of the instrument (Cutometer®MPA 580, Courage+Khazaka, electronic GmbH). During the suction/elongation phase the instrument generates, in fact, a constant negative pressure (450 mbar) able to aspirate the skin inside the measurement probe. The suction phase is followed by the release phase, in which the pressure inside the probe is switched to 0 mbar allowing the skin recovery after the elongation phase. An optical measurement system evaluates the depth of the skin inside the probe in the two phases of the measurement, the obtained data are then elaborated and showed graphically and numerically in order to calculate the viscoelastic properties of the skin. The



measurement will be performed on the cheek. For further information see box 1.

- **R2 parameter** (gross elasticity or overall elasticity): it is the ratio between the residual deformation and the maximum elongation of the skin (U_a/U_f) and it indicates the ability of the skin to return to its original state of recovery after a stressing event. Closer the value is to 1, more elastic is the skin.
- **R0 parameter** (skin distensibility): it is the first max amplitude of the curve (U_f) and it represents the passive behavior of the skin to a force (i.e. gravity). A reduction of R0 parameter indicates an improvement of the skin ability to oppose to the deformation imposed by the probe during the suction phase, that can be expressed as an improvement of skin firmness.
- **R5 parameter** (net-elasticity) – an improvement of R5 values indicates an improvement of skin elastic recovery after deformation (U_r/U_e).

Box 1. (a) Skin elasticity measurement process. (b) R0 parameter. (c) R2 parameter.



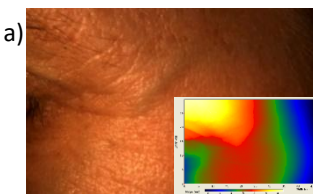
10.3. Skin profilometry (D0; D14; D28; D56; D84)

Skin surface is quantitatively assessed by Primos-CR SF (Canfield Scientific Europe, BV, Utrecht, Netherlands). Primos-CR SF is a non-contact *in vivo* skin measurement device based on structured light projection. In conjunction with a comprehensive 3-D measurement and evaluation software, the sensor allows to evaluate skin surface properties (i.e. wrinkle depth, volume, roughness etc.). In this study wrinkle depth is evaluated in the crow’s feet area, in the nasolabial and in the frontal wrinkles. For further information see box 2.

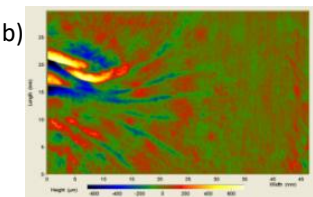
The **five before/after best cases** of the active groups will be included in the report and delivered to the Sponsor in JPG format.

Box 2. Skin profilometry by means of PrimosCR SF.

- a) Point cloud image (data point defined by x,y, and z coordinates intended to represent the external surface of the skin). In the insert the original 2D picture of the area to be measured is shown. b) Skin microtopography reconstruction by temporal phase shift algorithm, c) Wrinkle analysis.

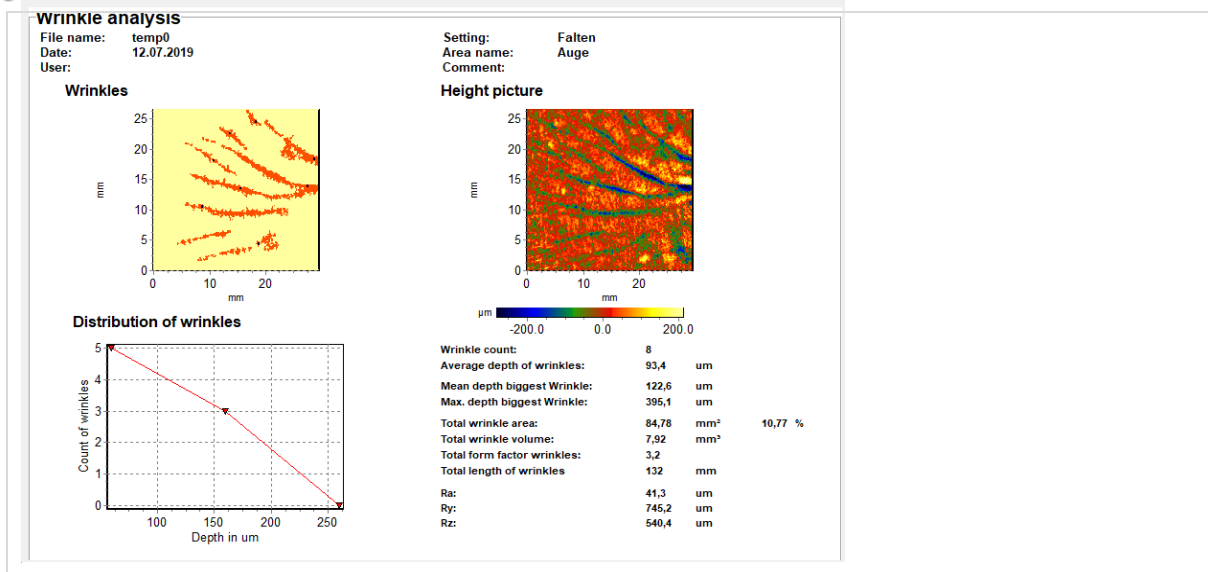


The technique. PrimosCR SF is a 3D scanner that create a point cloud (set of vertices in a three-dimensional coordinate system) of geometric samples on the surface of the subject. These points are then used to extrapolate the shape of the subject (a process called reconstruction). Like cameras, 3D-scanner have a cone-like field of view, and like cameras, they can only collect information about surfaces that are not obscured. While a camera collects color information about surfaces within its field of view, 3D **scanners** collect distance information about surfaces within its field of view. The “picture” produced by a 3D scanner describes the distance to a surface at each point in the picture (see the image in the insert).



c)



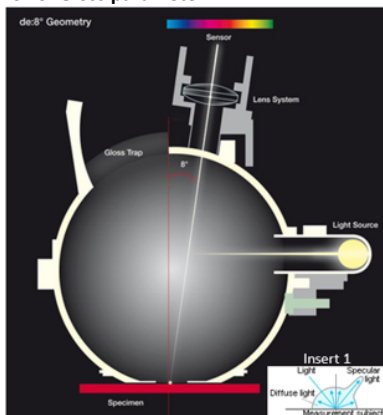


10.4. Skin radiance/brightness (D0; D14; D28; D56; D84)

Skin radiance (or skin brightness), is the ability of the skin to reflect the light and it is measured using the gloss parameter (taken using the spectrophotometer/colorimeter CM-700D (Konica-Minolta). The instrument emits diffuse light that reaches the skin through an opening located at the extreme of the lighting sphere. A sensor located at 8° compared to the vertical axis of the opening detects then the reflected light and calculates a parameter known as "gloss". The gloss value is used in the management of the brilliance of the colour. The measurement will be performed on the cheek.

For further information on the principle of the measurement and data analysis see box 3.

Box 3. Gloss parameter



When light reach a surface it is reflected at the equal but opposite angle from the light source; this is called specularly reflected light. This specular component is reflected as if reflected by a mirror. The light that is not specularly reflected, but scattered in many directions, is called diffuse reflectance (insert 1). The sum of the specular reflectance plus the diffuse reflectance is called the total reflectance. For objects with shiny surfaces, the specularly reflected light is relatively strong and the diffused light is weaker. On rough surfaces with a low gloss, the specular component is weak and the diffused light is stronger. The measuring geometry d: 8° features an optical device which provides diffuse illumination (Ulbricht sphere). The light (Xenon lamp) is projected into a sphere. The interior of the sphere is coated with a white highly reflecting substance (barium sulphate, ceramic, special plastic) which reflects the light manifold. A shutter, an optical element inside the sphere, prevents the directional rays from reaching the measuring sample directly. The sample is positioned at an opening of the sphere and is illuminated from all directions with a close to perfect diffuse light. Through an opening at the top of the sphere the sensor is viewing the surface being measured with an angle of 8° to the vertical. In order to prevent reflection of specular light from the sample surface, the instrument feature a gloss trap. When the trap which is arranged with an angle of -8° to the viewing opening, is open, the light which would otherwise be reflected from the interior wall of the sphere, will be eliminated and can therefore not

illuminate the sample. The relation between directional and diffuse reflection allows calculating the gloss component. The measuring system including gloss is named di: 8° whilst the measuring system excluding gloss is described as de: 8°.

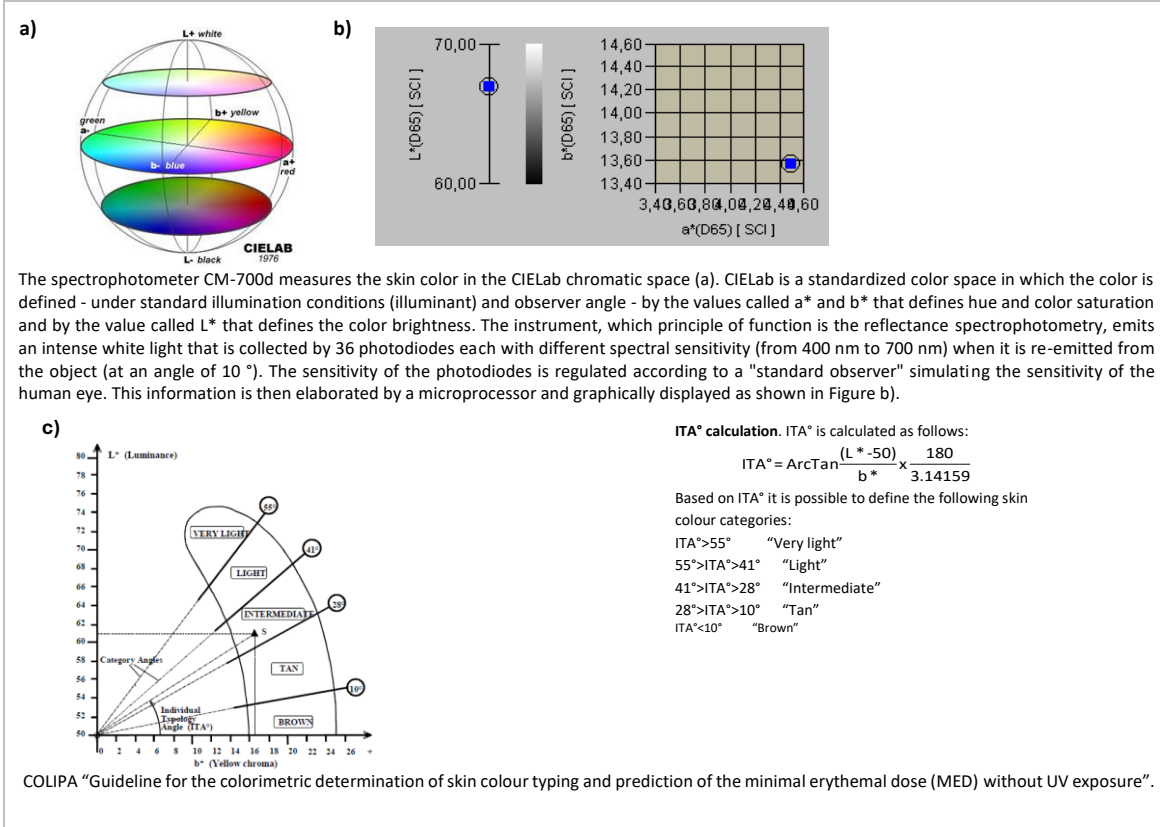
10.5. Dark spot color intensity (D0; D28; D56; D84)

The measurement of dark spot color intensity is carried out by means of a spectrophotometer /colorimeter CM-700D (Konica Minolta). The instrument is able to evaluate the colour according to a standard method defined by the International Lighting Commission (CIE). CIELab is a standardized colour space in which the colour is defined - under standard illumination conditions (illuminant) and observer angle - by three colorimetric parameters called a*, b* and L*. a* and b* values define hue and colour saturation and L* value is related to the colour brightness.

The L* and b* values are then interpolated using a mathematical formula that allows to calculate the ITA° (Individual Typological Angle). The ITA° categorized skin colour. A low ITA° value indicates a brown pigmentation, while an high ITA° value indicates a very light pigmentation. L* is luminance which represents relative brightness from total darkness (L*=0) to absolute white (L*=100). For more information about the process of measurement and data analysis see box 4.



Box 4. Color intensity evaluation by means of CM-700d spectrophotometer analysis.



10.6. Dermis density (D0; D28; D56; D84)

The dermis density and thickness will be assessed using two high-frequency ultrasound systems: the DUB® Skin Scanner System (22 MHz) and the Ultrascan UC 22 (22 MHz, Courage + Khazaka). Both devices allow non-invasive, high-resolution, in-vivo evaluation of the skin layers (epidermis and dermis). Measurements will be performed on the face (zygomatic/cheekbone area). The following parameter will be acquired: dermis density.

The digital images of the **five before/after best cases of the active groups** acquired will be included in the report and delivered to the Sponsor in JPG format.

10.7. Digital pictures (D0; D28; D56; D84)

Digital pictures are acquired by means of Visia-CR (Canfield Scientific) under standard lighting conditions. *The pictures of the best three cases (treated and untreated) areas are delivered to the Sponsor in jpeg format.*

Box 5. Examples of Visia-CR pictures a) STD1 Standard.



10.8. In situ measurement of the antioxidant potential – on Caucasian subjects only (D0-D84)

Skin antioxidant potential is assessed by the evaluation of the antioxidants in the first skin layers (stratum corneum). Samples of the first layers of the stratum corneum are collected by the experimenter from the cleaned skin of the cheeks



by means of tape stripping procedure using Corneofix® (Courage+Khazaka, electronic GmbH) in order to determine the skin antioxidant potential; in particular, consecutive tape strips are collected from the same skin area.

10.8.1. Skin stripping

Skin stripping is performed using Corneofix® foils (Courage+Khazaka electronic GmbH). The technique allows to collect different layers of stratum corneum (Fig.1). The first stripped layer is discarded and strips 2 and 3 are collected and stored at -80°C upon further analysis. The skin stripping will be performed on the cheek.

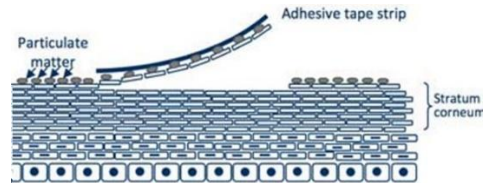


Figure 1 Skin stripping technique. Different layers of the stratum corneum are collected using an adhesive tape strip (Corneofix).

10.8.2. FRAP assay

The Ferric Reducing Antioxidant Parameter (FRAP) is a direct measure of the total reductive power of a biological matrix and an indirect index of the capability of the considered system to resist to the oxidative damage. FRAP uses the antioxidants in the biological system as reductive agent in a colorimetric method based on redox reactions (Benzie IFF, Strani JJ, Anal Biochem 1996, 239: 70-76).

10.9. Assessment of the efficacy on systemic oxidation (d-ROMS) – on Caucasian subjects only (D0-D84)

Oxidative stress will be assessed by measuring derivatives of Reactive Oxygen Metabolites (d-ROMs) using the d-ROM Fast Test on capillary blood, performed with the Free Radical Analytical System (FRAS 5), a validated device for the global evaluation of oxidative stress. The test quantifies the blood concentration of reactive oxygen metabolites (ROMs), with results expressed in Carratelli Units (U CARR). The normal reference range is 250–300 U CARR, as established from the evaluation of approximately 5,000 clinically healthy subjects. Elevated d-ROMs levels indicate increased oxidative damage; therefore, participants will be instructed to avoid intense physical exercise prior to assessments, as it may contribute to oxidative stress.

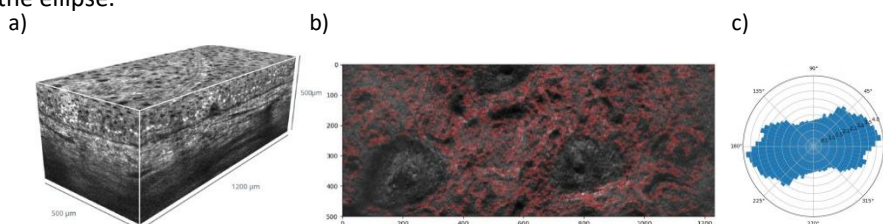
10.10. LCOCT (Line field Confocal Optical Coherence Tomography) – on 20 Caucasian subjects per group

3D vertical stacks with isotropic cellular resolution are taken using *Line field Confocal Optical Coherence Tomography* (LC-OCT) technology (Fig. 1a). For each stack one horizontal image under the dermal-epidermal junction is extracted, segmented, and quantified. The following parameters (Fig. 1b, c) are measured:

- ✓ Fibers’ density
- ✓ Anisotropy of the fiber network

The digital images of the five before/after best cases of the active groups acquired will be included in the report and delivered to the Sponsor in JPG format

Figure 2. a) 3D vertical stacks with isotropic cellular resolution. b) Fibers’ density (segmented image, fibers appear in red). Fiber density is the ratio between the area in red and the total area of the image (excluding hair follicles areas). c) Anisotropy of the fiber network. The anisotropy score is computed from the polar diagram of the fibers’ directions distribution. Anisotropy of the fiber network = a/b where a and b are respectively the semi-major axis and semi-minor axis of the ellipse.



10.11. SELF-ASSESSMENT (D28; D56; D84)

Subjects will be asked to express their opinion about products efficacy by answering to a questionnaire to be agreed with the customer (12 questions). The four possible answers will be: completely agree / agree / disagree / completely disagree. (See annex 2)

11. SUPPORT MATERIAL

11.1. Digital photographs

Photographic images of the 5 best cases will be provided

11.2. Video materials

Video material will be collected on the best cases for marketing purposes.

11.3. 3D skin surface profile (PRIMOS-CR®)

3D images of the 5 best cases will be provided

12. SAFETY ASSESSMENT

The tolerability of the product will be closely followed by the study Principal Investigator during the study. Subjects will have access to the investigator via a contact phone number provided with the study information sheet in case of intolerance reactions. If a subject reports an event, the Principal Investigator will establish whether it is product-related. If so, report it as an adverse reaction. Any unexpected side effects related to the product will be reported to the sponsor. At the investigator's discretion, the subject may be withdrawn from the study, in which case the side effect will be monitored until it is resolved.

12.1. Causality assessment

There are five levels of causality that can be used to determine whether the event is related to the product.

- Very likely

Clinical signs suggest a link with the product. The reaction follows a clear temporal sequence in relation to the time of product use and rechallenge is positive.

- Likely

Clinical signs suggest a link with the product; the reaction follows a definite reasonable temporal sequence from the time of the product intake and there hasn't been a rechallenge or results of rechallenge are ambiguous. Or clinical signs suggest a link with the product; the reaction follows a partially reasonable or unknown temporal sequence from the time of the product intake and rechallenge is positive. Or, clinical signs only partially suggest or do not suggest a link with the product, the reaction follows a definite reasonable temporal sequence from the time of the product intake and rechallenge is positive.

- Not clearly attributable

Clinical signs suggest a link with the product; the reaction follows a definite reasonable temporal sequence from the time of the product intake and rechallenge is negative. Or clinical signs suggest a link with the product; the reaction follows a partially reasonable or unknown temporal sequence from the time of the product intake and there hasn't been a rechallenge or results of rechallenge are ambiguous. Or clinical signs only partially suggest or do not suggest a link with the product; the reaction follows a definite reasonable temporal sequence from the time of the product intake and there hasn't been a rechallenge or results of rechallenge are ambiguous. Or clinical signs only partially suggest or do not suggest a link with the product; the reaction follows a partially reasonable or unknown temporal sequence from the time of the product intake and rechallenge is positive.

- Unlikely

Clinical signs suggest a link with the product; the reaction follows a partially reasonable or unknown temporal sequence from the time of the product intake and rechallenge is negative. Or clinical signs only partially suggest or do not suggest a link with the product; the time sequence between use of the product and occurrence of the symptoms is compatible; and rechallenge is negative. Or clinical signs only partially suggest or do not suggest a link with the product; the reaction follows a partially reasonable or unknown temporal sequence from the time of the product intake and there hasn't been a rechallenge or results of rechallenge are ambiguous. Or clinical signs only partially suggest or do not suggest a link with the product; the reaction follows a partially reasonable or unknown temporal sequence from the time of the product intake and rechallenge is negative.

- Excluded



Causality can only be excluded if another aetiology has been medically validated or if the time sequence between exposure and the occurrence of signs is incompatible. In case of adverse events, subjects can also contact the Principal Investigator or designated personnel if necessary. If required, they would be assessed by the specialist who would perform the clinical assessment and decide the appropriate measures to take (i.e. medical treatment, withdrawal ...).

12.2. Recording and evaluation of adverse reactions

For each sign, intensity, location, duration (hours, minutes), and frequency are recorded. Moreover, the investigator collects all discomfort or reactions reported by the subjects. Each time a sign (physical or functional) appears (new sign or worsened compared to the baseline evaluation i.e. evaluation on the first day of the study), a reaction is recorded. All the reactions observed by the specialist and reported by the subject are recorded. The following information are recorded: i) subject characteristics, ii) details about study product (product code or name, date of first use, way of use), iii) description of the reaction (functional and physical signs, intensity of the signs, location, date/time of onset, timeframe between product use and onset of the reaction, date/time of end or duration (hours, minutes), frequency, diagnosis/nature of the reaction), iv) significant medical history, v) concomitant events: cutaneous diseases, medical treatments, products application, food, external factors (weather conditions), other diseases, vi) outcome and actions taken (way of use modification, temporary interruption, definitively discontinuation, medical treatment, care), and viii) relationship to the product (causality assessment). This assessment is done in conjunction with clinical expertise, and knowledge of the product (type of product, conditions of use...).

12.3. Documentation of Adverse Event and Serious Adverse Event

All Adverse Events considered likely to be related to the study product, as well as all Serious Adverse Events, will be documented in the data collection sheet and included in the report of the study. If no Adverse Events occur, the report will explicitly state that no side effects were observed during the study.

12.4. Notification to the Sponsor

Any adverse events occurring during the study or after the study will be reported to the Sponsor's vigilance officer by e-mail nuriacatura@Monteloeder.com with a copy to the project manager, using the appropriate notification forms. Serious adverse events will be reported within 24 hours of observation, and adverse events related to the product will be reported as soon as possible. If pictures of the reactions are available, these will be included in the notification.

12.5. Follow-up procedures

Any adverse events or serious adverse events related to the product will be followed up until they are resolved or stabilised. To inform the sponsor's vigilance officer of any new information, the investigator will use the appropriate forms, which will be filled in with the results collected from the examination carried out. Reports of hospitalisation will be enclosed with the notification form.

12.6. Definitions

Adverse Event (AE): An Adverse Event is any untoward medical occurrence in a clinical investigation subject administered a test product and that does not necessarily have a causal relationship with this treatment. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a test product, whether related to the test product.

Serious Adverse Event (SAE): A Serious Adverse Event is any untoward medical occurrence that: i) results in death, ii) is life-threatening, iii) requires inpatient hospitalization or prolongation of existing hospitalization, iv) results in persistent or significant disability/incapacity, or v) is a congenital anomaly/birth defect.

13. DATA HANDLING AND RECORD KEEPING

13.1. Data collection

Data will be recorded in paper and/or electronic data collection sheets. The Principal Investigator, or appropriately qualified staff authorized by the Investigator, will be responsible for completing the data collection sheets. Paper forms will be completed in blue ballpoint pen, while electronic data capture will be performed using Microsoft® Office 365.

The Principal Investigator will review the data collection sheets and all adverse event reporting forms, attesting to the accuracy and completeness of the information. Any corrections made to the data collection sheets or source documents must be performed by the responsible staff member or an authorized delegate in a manner that does not obscure the original entry. For paper forms, all corrections must be dated and initialled by study site personnel. For electronic data capture, all modifications will be automatically tracked. Where the reason for a correction is not self-evident, an explanatory note must be provided.



Data entry and quality control will be performed by two different persons. The Principal Investigator remains ultimately responsible for all recorded data.

In line with Good Clinical Practice, the following definitions apply to clarify the nature and origin of recorded information:

- Source Data: all original records and certified copies of original records of clinical findings, observations, or other activities necessary for the reconstruction and evaluation of the trial. Source data are contained within source documents (i.e., original records or certified copies).
- Source Documents: original documents, data, and records, such as subject files, data collection sheets, notes, or evaluation checklists.

13.2. Quality assurance

All study-related files (including data collection sheets, the protocol, results, the final report, and other study documents) are subject to quality assurance procedures in compliance with regulatory requirements. Investigating sites authorize inspections by Regulatory Authorities and audits or controls by the Sponsor, granting access to raw data as needed.

13.3. Archiving and Retention

An original copy of all study documentation (signed protocol, Sponsor's safety assessment letter, case report forms, raw data, administrative file including all correspondence, etc.) will be retained in the records of Complife Srl for 10 years. The archives will only be destroyed after receipt of written and signed authorization from the Sponsor. However, documents will be kept for a longer period if required by applicable regulatory requirements or by agreement with the Sponsor. The Investigator must take appropriate measures to prevent accidental or premature destruction of these documents. Archiving arrangements will be defined at site close-out. The Sponsor will inform Complife Srl in writing when the documents are no longer required to be kept.

14. STATISTIC

14.1. Study population for analysis

The analysis will be conducted on the Per Protocol population. The per-protocol (PP) population is defined as all subjects who will complete the study without any major protocol violations. Subjects will be excluded from the per-protocol population if: they miss the one or more evaluation visit; or they do not use the product properly during the study period (as reported by the subject itself).

Any drop-outs and the reason for each drop-out will be reported in the final report.

14.2. Descriptive analysis

Demographic data and eligibility variables will be collected and reported in a Microsoft® Excel spreadsheet together with the randomization list and will be summarized using: i) mean value and/or median value; ii) standard error; iii) minimum value; iv) maximum value.

Endpoint variables will be recorded in a Microsoft® Excel spreadsheet, graphically represented, and analyzed using: i) mean value and/or median value; ii) standard error and/or interquartile range; iii) minimum value; iv) maximum value; v) individual variation or percentage variation versus baseline; vi) mean and/or median variation versus baseline.

The data on the self-evaluation questionnaire will be described with i) the median value, ii) the frequency percentage of subjects that give a judgment among those proposed.

14.3. Inferential statistical analysis

To assess the efficacy of the product, inferential statistical analyses will be performed on the endpoints, with the exception of the self-evaluation questionnaires.

For each endpoint, appropriate parametric or non-parametric technique will be applied to compare the two actives and the placebo and to evaluate their effect over time.

No inferential analysis by subgroup will be provided.

The significance level (α) will be set at 0,05.

Statistical analysis will be performed using NCSS 10 data analysis (Copyright © 1983-2015, NCSS, LLC.).

15. ADMINISTRATIVE ASPECTS

15.1. Publication policy

The results of the study as well as any other data disclosed or generated in the context of the study are confidential. Any publication in relation to the study shall be subject to Sponsor's prior written approval and authorization of the Principal Investigator of the study.



15.2. Contractual and financial agreements

The Principal Investigator and the Sponsor sign a clinical study agreement prior to the start of the study, outlining overall sponsor and investigator responsibilities in relation to the study. Financial remuneration covers the cost per included subject, based on the calculated costs of performing the study assessments in accordance with the protocol, and the terms of payment are described in the contract.

15.3. Insurance

Product liability insurance may be provided by the Sponsor.



ANNEX 1- List of Potential Study Sites

Complife Italia SRL

- Piazzale Siena 11, 20146 – Milano (MI), Italy
- Via Fratelli Signorelli 159, 20024 – Garbagnate Milanese (MI), Italy
- Via Angelini 21, 27028 – S. Martino Siccomario (PV), Italy
- Corso San Maurizio, 25 – 13900 Biella (BI), Italy
- Via Mortara 171, 44121 – Ferrara (FE), Italy

Nutrastech SRL

Via Francesco Todaro 20/22, 87036 - Rende (CS), Italy

Complife France SAS

LE QUADRILLE, 18 rue Jacqueline Auriol, 69008 – Lyon, France

Complife South Africa Pty LTD

Unit H 3, The Willows Office Park, c/o Simon Vermooten and farm Roads, The Willows – Pretoria, South Africa

Complife Iberia SLU

Calle del Capitán Arenas 3, Local 3, 08028 – Barcelona, Spain

Complife (Beijing) Testing Technology Co., Ltd

Beizhan North Street 17, Room 902, Xicheng District, 100089 – Beijing, China

Complife Romania SRL

Strada Orzari 92A, 021554 – București, Romania



ANNEX 2- Labelling

Complife Srl will affix on each product the following labels:

Figure 1. Active high-dose label

Sample for testing purposes only	Food supplement	Complife Srl Via Monsignor Angelini, 21, 27028, S. Martino Siccomario (PV), Italy Tel. 0382 25504
	<p style="text-align: center;">Product 1</p> <p>Batch n.: L265110N//01/2028 Expiration date: 01/2028 IT0000771-26 Way of use: 1 capsule per day 30 min before or after breakfast</p>	
WARNINGS: --		

Figure 2. Active low-dose label

Sample for testing purposes only	Food supplement	Complife Srl Via Monsignor Angelini, 21, 27028, S. Martino Siccomario (PV), Italy Tel. 0382 25504
	<p style="text-align: center;">Product 2</p> <p>Batch n.: L265112N//01/2028 Expiration date: 01/2028 IT0000771-26 Way of use: 1 capsule per day 30 min before or after breakfast</p>	
WARNINGS: --		

Figure 3. Placebo product label

Sample for testing purposes only	Food supplement	Complife Srl Via Monsignor Angelini, 21, 27028, S. Martino Siccomario (PV), Italy Tel. 0382 25504
	<p style="text-align: center;">Product 3</p> <p>Batch n.: L265108N//01/2028 Expiration date: 01/2028 IT0000771-26 Way of use: 1 capsule per day 30 min before or after breakfast</p>	
WARNINGS: --		



ANNEX 3- Self assessment questionnaire

SELF-ASSESSMENT QUESTIONNAIRE rev 00 by 12/01/2026 – D28-D56-D84

N°	Questions	Completely agree	Ageee	Disagree	Completely disagree
01	My overall skin quality has improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	The appearance of my fine lines and wrinkles is reduced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	My skin surface looks smoother and more refined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	My skin feels firmer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	My skin feels denser and elastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	My skin feels better moisturised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	My complexion looks more radiant and luminous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	The appearance of dark spots is reduced, resulting in a more even-looking skin tone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	The appearance of skin irregularities (such as enlarged pores and blemishes) is reduced. (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The overall appearance of my neck has improved (firmer, smoother, fewer visible lines).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	My eye area looks more rested, with reduced dark circles. (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	My eye area looks less puffy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



QUESTIONARIO DI AUTOVALUTAZIONE – D28-D56-D84

N°	Domanda	Completamente d'accordo	D'accordo	In disaccordo	Completamente in disaccordo
01	La qualità complessiva della mia pelle è migliorata.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	L'aspetto delle mie linee sottili e rughe è ridotto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	La superficie della mia pelle appare più liscia e levigata.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	La mia pelle sembra più tonica.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	La mia pelle appare più densa ed elastica.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	La mia pelle appare meglio idratata.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Il mio incarnato appare più luminoso e radioso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	L'aspetto delle macchie scure è ridotto, risultando in un tono della pelle più uniforme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	L'aspetto delle irregolarità cutanee (come pori dilatati e imperfezioni) è ridotto. (Se applicabile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	L'aspetto generale del mio collo è migliorato (più tonico, più liscio, con meno linee visibili).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	L'area intorno agli occhi appare più riposata, con occhiaie ridotte. (Se applicabile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	L'area intorno agli occhi appare meno gonfia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



