OVERVIEW

We are a clinical Contract Research Organization ("CRO") based in Hangzhou, China, dedicated to advancing clinical research through digital transformation. We provide services during pharmaceutical medical studies R&D process on a contract basis for pharmaceutical and biotechnological companies during clinical stage. Our principal business is the provision of clinical trial technical services designed to accelerate the development and commercialization of chemical drugs and biologics for pharmaceutical and biotechnology companies both in China and internationally. During the Track Record Period, we served customers incorporated in various overseas jurisdictions, including Singapore, the United States, South Korea, Australia, and Hong Kong. In 2025, we ranked 14th in terms of revenue from clinical CRO services among the China-headquartered companies, with a market share of 0.7%.

By incorporating digital systems into our clinical trial process, we enable pharmaceutical and biotechnology companies to bring innovative drugs and therapies to patients with enhanced speed and efficiency. Our proprietary digital infrastructure integrates our CTMS (clinical trial management system), eTMF (electronic trial master file), and CTFS (clinical trial financial system) across the full project lifecycle. Our digital systems have reduced bid preparation time by approximately 30% and quotation turnaround by approximately 66%. During project execution, real-time project dashboards enhance visibility of key project metrics, timelines, and resource allocation, and intelligent enrollment prediction algorithms enable us to identify and address potential delays proactively. Our digital systems have improved monitoring visit compliance by approximately 50% and increased report preparation efficiency by approximately 25%. Our eTMF system automates document generation and archiving, achieving a high level of document accuracy and reducing document preparation and audit time by 30%. Our CTFS system integrates in real time with CTMS to ensure that project milestone progress and deliverables are promptly reflected in CTFS, thereby improving financial reconciliation efficiency by reducing the process from a 7-day feedback cycle to automated online integration. This digital transformation entails the strategic application of data-driven insights and automated workflows to optimize key stages of the clinical trial lifecycle. Additionally, our efficiency-driven operating model and refined management practices accelerate research timelines, reduce overall R&D expenditure, and enhance project operational efficiency for our clients.

Our business model focuses on operating efficiency and profitability. In 2025, we achieved a gross profit margin of 38.9%, which, according to the F&S, exceeded the industry average of approximately 30%. In the same year, our net profit margin reached 15.4%, surpassing the industry average of approximately 10%. Additionally, our revenue per employee in 2025 was RMB0.71 million, representing an increase of approximately 30% over the industry average of approximately RMB0.55 million.

Our scope of services covers the entire clinical development process, including IND applications, Phase I-IV clinical studies, NDA registration filings, and FSP:

(i). ***Clinical Development Planning and Protocol Design***: We assist with clinical development planning, protocol design, and risk management. Our services include comprehensive regulatory consultation for submissions to the NMPA and FDA, ensuring trial designs are scientifically rigorous and compliant.

(ii). ***Site Initiation and Management***: We leverage our integrated hospital network to provide site selection, principal investigator (PI) qualification, and management of all start-up activities, including ethics committee approvals and contract negotiations, to ensure rapid trial initiation.

(iii). ***Project Management and Quality Control***: Our experienced team provides comprehensive oversight of trial operations, managing project quality, timelines, and costs for complex, multi-center, and international clinical programs.

(iv). ***Clinical Monitoring***: Our Clinical Research Associates ensure strict adherence to protocols, ICH-GCP standards, and applicable regulations at trial sites, performing rigorous source data verification, clinical drug and biological sample management, and adverse event reporting to ensure subject safety.

(v). ***Medical Monitoring***: Our medical team conducts detailed reviews of clinical data to ensure subject safety and data integrity, and supports Independent Data Monitoring Committees (IDMCs) with data analysis and reporting.

(vi). ***Pharmacovigilance:*** We offer pharmacovigilance services to help our customers monitor, detect, assess, understand and prevent adverse reactions or any other possible drug-related problems, aiming to reduce a drug's risks to subjects.

(vii). ***Data Management and Statistical Analysis***: We provide end-to-end data management and validation, database design, and statistical analysis. Our proprietary clinical trial database enhances data quality and operational efficiency.

(viii). ***Regulatory Affairs***: We provide comprehensive support for the IND and NDA process, assisting clients with regulatory communication and submission to facilitate clinical trial approval and final marketing approval.

In addition, we provide FSP services through flexible personnel resourcing by deploying full-time or project-based staff to support a specific functional module of the entire clinical trial process. Our talent pool enables efficient recruitment and dispatch of suitable FSP staff to meet clients' targeted needs with enhanced flexibility and control.

OUR STRENGTHS

We have built competitive advantages in the clinical CRO sector by executing a strategy focused on key therapeutic areas, management granularity, and digital operational efficiency. Over the past decade, we have developed specialized expertise and integrated digital systems to enhance our service capabilities. We believe that our key advantages are:

Focused Business Strategy and Therapeutic Areas

Since 2016, we have strategically realigned our business portfolio and priorities based on market trends, competitive analysis and our unique strengths:

- ***Focused Business Strategy***. Since 2016, we have been transitioning our core business away from clinical trial services for generic drugs and traditional Chinese medicine, which carried gross margins of approximately 16% in 2017, toward clinical development services for innovative drugs and therapies. As a result of this transition, our gross margin attributable to innovative drug services improved from approximately 34% in 2023 to approximately 39% in 2024 and approximately 42% in 2025. According to Frost & Sullivan, the industry average gross margin for clinical CRO services in relation to generic drugs and traditional Chinese medicine was approximately 20% in 2025, while the industry average gross margin for clinical CRO services in relation to innovative drugs was above 30%. We shifted from lower margin business to innovative drugs and therapies development by strategic recruitment of personnel with expertise and experience in the field of innovative drugs and therapies and refinement of our clinical trial SOPs. According to F&S, innovative drugs are projected to reach US$1,797.4 billion by 2034, accounting for over 70% of the global pharmaceutical market, and are expected to be the primary growth driver of the China pharmaceutical market, growing at a CAGR of 10.3% from 2025 to 2034.

- ***Focused Therapeutic Areas***. In our primary focus area of innovative drug and therapy clinical development, we have concentrated our expertise on oncology, autoimmune diseases, infectious diseases, and ophthalmology, establishing these as our key therapeutic pillars. We are dedicated to delivering clinical research services within these specialized fields. According to F&S, the China clinical CRO services market was valued at US$6.7 billion in 2025 and is expected to increase to US$19.5 billion in 2034, encompassing services for innovative drugs, and innovative therapies, etc. These therapeutic fields typically involve complex trial designs, evolving treatment paradigms and diverse drug modalities, which require experienced execution teams and stringent quality control.

As of the Latest Practicable Date, we have supported 16 successful NDA approvals and nine submissions of innovative drugs or therapies in China. In 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, clinical trial technical services for oncology and autoimmune diseases accounted for 51.1%, 69.1%, 83.4%, 84.3% and 82.8%, of our total revenue, respectively.

Oncology

We have positioned our services on high-priority therapeutic targets, including PD-1, a protein found on the surface of T-immune cells as first-line defender against diseases, PD-L1, a protein displayed at the surface of cells and could act as an indicator of tumor cells, KRAS, a protein acting as a switch to control the growth of cells and PD-L1/VEGF bispecific fusion protein, an engineered fusion protein capable of simultaneously targeting PD-L1 and VEGF, a protein that promotes blood vessel formation. As of the Latest Practicable Date, we had undertaken 139 oncology CRO projects and assisted clients in submitting NDAs for six innovative drugs or therapies. Our portfolio covers solid tumors (including gastric, non-small cell lung, ovarian, and breast cancers, etc.) and hematologic malignancies (including multiple myeloma, acute myeloid leukemia, and chronic myeloid leukemia, etc.). We have experience with diverse modalities, including antibody-drug conjugates (ADCs), monoclonal antibodies, bispecific antibodies, cell and gene therapies, oncolytic viruses, and cancer vaccines. From January 1, 2023, to June 30, 2026, we completed 19 Phase I–III oncology clinical trials.

We have successfully supported a Chinese pharmaceutical company headquartered in Hangzhou in developing its first-in-class ADC targeting ovarian cancer, *Elahere*, in obtaining regulatory approval from the NMPA, providing Chinese ovarian cancer patients with a novel treatment option. We successfully supported Jemincare's *Jilemei* (soxmeraseb sulfate tablets), a self-developed oral small-molecule KRAS G12C inhibitor, in achieving successful market launch, bringing a new option to patients with KRAS G12C-mutant advanced non-small cell lung cancer. We have also successfully assisted TYK Medicines. Inc. in submitting an NDA for an innovative therapy targeting EGFR-mutated brain metastases in non-small cell lung cancer patients, which aims to provide the first highly effective first-line treatment option for this patient population.

Autoimmune Diseases

We cover ten distinct mechanisms of action, including JAK, a family of enzymes that are critical to control the cell's immune mechanisms, PDE4, an enzyme that regulates the pro-immune and inflammatory cells, and TNF-α, a protein that acts as indicator of inflammation, etc. As of the Latest Practicable Date, we have undertaken 96 autoimmune disease projects involving small-molecule drugs, monoclonal antibodies, and bispecific antibodies. We have completed Phase III autoimmune disease clinical trials for seven NDAs and supported regulatory approvals for therapies including Xeligekimab (IL-17A), adalimumab, and Benvitimod cream.

We also focus on targets such as TSLP, a protein usually found in the skin, airway, and guts signaling immune and allergic responses, IL-4, a protein produced by immune cells to signal allergic responses, and 2-adrenergic receptors, a protein that regulates the mechanical compression of airway. We have completed 21 projects in asthma and COPD, including biologics, and small molecules, and these drugs include injectables, and advanced inhalation systems. These projects have enrolled over 1,200 subjects. As of June 30, 2026, we had partnered with over 200 respiratory departments nationwide and supported the approval of salmeterol/fluticasone propionate inhalation powder generic drugs.

Ophthalmology

In the field of ophthalmology, we have established dedicated medical and clinical operations teams with expertise across both posterior segment and ocular surface diseases. Our covered indications include age-related macular degeneration ("AMD"), diabetic macular edema, geographic atrophy, dry eye disease, bacterial conjunctivitis and ocular trauma. We have undertaken Phase III clinical trials for AMD, which have successfully passed NMPA on-site inspections.

Infectious Diseases

We collaborate with infectious disease specialists nationwide on infectious diseases clinical trial projects. Our experience covers indications including community-acquired pneumonia, chronic viral hepatitis (including hepatitis B and hepatitis C), acute liver injury, thrombocytopenia associated with chronic liver disease, and acquired hypofibrinogenemia in patients with chronic liver disease.

Others

We have also accumulated experience in the fields of metabolic diseases, neuropsychiatric disorders, and anesthesia and analgesia. The relevant indications we have covered include diabetes, gout, non-alcoholic steatohepatitis (NASH), Alzheimer's disease, insomnia, and anesthesia and postoperative analgesia. Looking ahead, we intend to continue deepening our presence in these therapeutic areas, expand and enhance our clinical trial technologies.

Efficiency-Oriented Operation Driven by a Refined Management System

To establish an efficiency-oriented clinical CRO management model, we have adopted an operational and management strategy focused on three key areas: value creation, value evaluation, and value distribution. By introducing refined management practices, we have streamlined our organizational structure into a leaner, more agile matrix. This shift supports a competitive and goal-driven internal ecosystem, leading to lower operational costs and higher efficiency in project execution.

Unlike the traditional line-and-functional model typical of the CRO industry, where departments work independently and cross-department collaboration depends on senior leadership, we use a matrix organization structure. This setup eliminates conventional hierarchies and creates smaller, agile business units that support regional teams, making resource allocation more efficient and improving responsiveness to challenges.

Our internal assessment system relies on objective, results-based management that encourages healthy competition. We evaluate performance using key business indicators, motivating both the organization and individual employees to maximize input-output efficiency. By directly linking performance assessments to productivity, we have cultivated a culture of accountability and initiative throughout our organization.

Our incentive philosophy prioritizes performance and accountability. We maintain a mechanism where the top 20% to 30% of our employees, based on performance assessments, are eligible for enhanced remuneration. This approach is designed to retain key talent and reinforce performance-driven behavior.

During the Track Record Period, our focus on efficiency led to improvement in our annual per employee revenue. In 2025, we recorded annual revenue per employee of approximately RMB0.71 million, which is above the industry average, according to F&S.

Enhanced Operational Efficiency and Project Quality Through Digitalization

We develop and integrate digital systems of CTMS (clinical trial management system), eTMF (electronic trial master file), CTFS (clinical trial financial system) throughout our workflows to improve clinical trial speed and efficiency. We automate workflows across project execution, documentation compliance, and financial control and support decision-making process with data-driven insights. Our digital transformation improves operational efficiency and enhances our delivery and competitiveness.

CTMS: Our clinical trial management system (CTMS) centralizes full lifecycle digital oversight across clinical trial process and provides data insight for decision-making. Our customized digital system proactively integrates data to assist clinical trial teams. Our algorithm visualizes key indicators and generates data-supported predictions to assist in resource allocation and execution responsiveness.

eTMF: Our electronic trial master file (eTMF) automates documentation workflows, enhances regulatory compliance and data responsiveness. Our eTMF system is linked to CTMS and CTFS, automatically aligns project milestones to documentation process and integrity cross-checking, ensures timeliness and integrity from initial data input. The automation ensures accuracy, eliminates missing, inconsistent, or outdated records, saves time for manual validation and inspection preparation, thereby improves clinical trial efficiency.

CTFS: Our clinical trial financial system (CTFS) uses financial indicators to quantify trial milestone progress, provides multi-dimensional project monitoring across different functions. Through monitoring input-output ratio, our team guided by efficiency-driven operation optimize resources allocation, save time and financial expenditure to improve overall efficiency across the entire clinical trial lifecycle.

Recurring and Established Client Base

We have established a recurring client base of over 200 pharmaceutical and biotechnology companies in China and internationally, including multinational pharmaceutical firms and domestic innovators. Our client relationships are distinguished by long-term collaborations, high retention rates, and consistent recurring business.

Our client base is a result of our commitment to delivering services to address our clients' needs and maintaining a responsive team. Throughout the Track Record Period, a significant portion of our revenue has been generated from returning clients, many of whom have expanded the depth and scale of their engagement with us as their pipelines progress.

During the Track Record Period, we maintained relationship with our top five customers in each year or period during the Track Record Period for an average of over six years, with certain relationship spanning more than a decade. We have consistently achieved good customer retention and repeat purchase rates. During the Track Record Period, our overall customer retention rate was 78.4%, 74.4%, 68.5%, 70.1% and 77.2% in 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, respectively. Our overall net dollar retention rate was 110.8%, 90.6% and 105.7% in 2023, 2024 and 2025, respectively, reflecting the

continued engagement of our existing customer base across the Track Record Period. In 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, approximately 95.0%, 96.5%, 97.1%, 98.8% and 90.9% of our revenue, respectively, was generated from customers who had engaged us in the prior year.

Our ability to act as a preferred clinical CRO partner for multiple programs reflects client trust, execution credibility and market recognition. Our long-standing client relationships support a virtuous cycle, where client engagement drives continuous service optimization. This commitment to quality delivery has solidified our reputation within the healthcare ecosystem, enabling us to consistently attract and retain clients.

Nationwide Clinical Site Network

We have established a nationwide clinical trial site network, collaborating with over 700 hospitals in China since our inception.The clinical trial sites we collaborate with include Class III hospitals (comprising Class III Grade A hospitals, Class III Grade B hospitals and Class III specialist hospitals) and Class II Grade A hospitals, as well as other healthcare institutions such as disease control and prevention centers and privately-owned specialist hospitals. Since our inception, as measured by the *Hospital Blue Book* list released by AiLiBi Hospital Management Center in its *Hospital Blue Book*, we have developed collaborative relationships with the top 30 hospitals in China in 2024, of which are Class III Grade A tertiary hospitals. These hospitals possess advanced clinical research infrastructure, abundant subject resources, and experienced research teams, providing us with a high-quality execution platform for our clinical trials. In each of 2023, 2024 and 2025 and the six months ended June 30, 2026, we collaborated with principal investigators on more than 50 projects.

In dermatology, for example, we collaborated with the top 10 principal investigators in the six months ended June 30, 2026 as ranked by activity rate (measured by the number of matched clinical trials). We believe our collaboration with these top-tier principal investigators provides us with a significant competitive advantage in the execution of dermatological clinical trials, supported by the following factors:

- ***Academic Standing***. Five of these principal investigators serve as members of the Chinese Society of Dermatology (中華醫學會皮膚性病學分會), reflecting their familiarity with clinical trial protocols and regulatory standards; and

- ***Patient Base***. These principal investigators practice at Class III Grade A hospitals and specialized dermatology hospitals in China, with certain hospitals recording annual dermatology outpatient visits of over one million, supporting subject recruitment for clinical trials.

This hospital network benefits our CRO business in the following areas:

- ***Trial Site Management***. Our long-term collaborative relationships with hospitals ensure rapid initiation, stable operation, and high execution quality of trial projects at research centers.

- ***Multi-site Coordination***. We are able to coordinate multi-site activities across geographic regions, adapting research center selection according to the distribution and mechanism of different diseases, thereby ensuring seamless trial implementation.

- ***Subject Recruitment***. Our hospital collaboration network facilitates swift and efficient subject recruitment and enrollment, enabling us to shorten project timelines effectively.

We believe this established network underpins our ability to secure high-quality clinical resources and deliver efficient, reliable clinical development solutions, thereby reinforcing our competitive position in the industry.

OUR STRATEGIES

We aim to build an AI-driven, international clinical CRO with strong execution capability in high-value therapeutic areas, supported by an efficiency-focused operating model and scalable digital infrastructure. To achieve this goal, we intend to execute the following strategies:

Multi-Therpeutic Areas Expansion

We will continue to prioritize high-value clinical services for innovative therapeutics, focusing our resources on scientifically significant and break-through programs. We believe value creation in the clinical CRO industry depends on technical know-how, regulatory sophistication, and execution reliability. Since 2016, we have strategically targeted segments with high barriers to entry and strong innovation momentum.

- ***Reinforce Leadership in Core Areas*:** We plan to deepen our specialization in oncology and autoimmune diseases by leveraging our accumulated technical expertise, investigator networks, and regulatory experience. We believe that sustained specialization in these areas will enhance our execution capabilities, improve delivery predictability, and strengthen long-term client relationships.

- ***Expand into Frontier Therapies*:** We intend to expand our focus into emerging frontier therapeutic areas, including cell and gene therapies (CGT), microRNA drugs (miRNA), central nervous system (CNS) diseases, and metabolic diseases. These areas represent some of the fastest-growing segments in global pharmaceutical development, characterized by complex mechanisms of action and evolving regulatory frameworks. We believe disciplined expansion into these fields will enable us to capture significant growth opportunities.

- ***Upgrade Quality Management System*:** To support this expansion, we plan to upgrade our quality control systems and standard operating procedures.

- ***Project Management:*** We intend to establish a cross-therapeutic Project Management Office (PMO) to formulate management policies, coordinate and manage complex project. We will also optimize our Clinical Trial Management System (CTMS) to enhance resource coordination and collaboration.

- ***Development of Standard Operating Procedures:*** We plan to develop indication-specific standard operating procedures and quality control frameworks tailored to frontier areas. Given the high-risk nature of these fields, we will establish comprehensive checkpoints spanning from protocol design to final report.

- ***Talent Development:*** We will recruit and train talent with specialized knowledge in these emerging therapeutic areas.

- ***Expand Clinical Site Network*:** We intend to extend our presence into second- and third-tier cities to access broader subject populations. We will identify research hospitals in these regions and establish preferred partnerships, particularly for ophthalmology, neurology, and metabolic diseases. We also plan to leverage our digital and KOL engagement teams to deepen hospital collaboration and facilitate subject recruitment in hard-to-recruit indications.

We intend to [**REDACTED**] approximately [**REDACTED**]% of the [**REDACTED**] from the [**REDACTED**] to advance our multi-therapeutic area expansion and to build service capabilities in frontier therapeutic areas. See "Future Plans and [**REDACTED**]."

Implemenation of Step-by-Step Globalization Strategy

We plan to gradually expand our global presence through a phased approach involving organic growth, strategic partnerships and M&A, and operational integration.

- ***Local Team Establishment*:** We plan to form local operation teams in North America, Europe, Australia, Korea, and Southeast Asia. We will recruit local talent with business development and management experience to serve global customers directly.

- ***Strategic Partnerships and M&A:*** In key international markets, we plan to identify local therapeutic-focused CROs for strategic partnerships. Subject to the success of such collaborations, we may consider investing in minority equity interests or acquiring these partners to accelerate our global footprint. As of the Latest Practicable Date, we did not identify any potential M&A target.

- ***Global Integration and Talent Rotation*:** We intend to second employees from our PRC operating sites overseas to cultivate global expertise and establish an integrated global management system.

- ***Global Operations Support Center (GOSC):*** We will establish a centralized GOSC to provide unified clinical operations, project management, data management, and statistical support for cross-time-zone projects.

We intend to [**REDACTED**] approximately [**REDACTED**]% of the [**REDACTED**] for localizing our overseas operating platforms, including the formation of local teams and operating centers capable of directly serving global customers in North America, Europe, Australia, Korea and Southeast Asia. See "Future Plans and [**REDACTED**]."

Strengthen our AI-Driven Clinical CRO Model

We plan to further integrate digital systems and initiate incorporation of AI to enhance our service capabilities and operational efficiency.

- ***Vertical LLMs:*** We plan to develop therapeutic area-specific LLMs tailored to our core strengths (oncology, autoimmune diseases, infectious diseases, and ophthalmology) and frontier areas (CGT, miRNA, CNS, and metabolic diseases).

- ***AI Agents for Operation Management Efficiency*:** We intend to deploy AI Agents to support our important workflows.

- ***Data Governance Framework*:** We plan to establish data governance and a centralized database that comply with regulatory requirements in China, the United States and the European Union, laying the foundation for data assetization and LLM training.

- ***Ecosystem Integration*:** We plan to integrate our internal business systems with external partners, including sponsors, SMOs, and research centers, to establish a unified project management portal and data visualization platform.

- ***Next-Generation Technologies*:** We will collaborate with technology companies and academic institutions to explore advanced methodologies, including decentralized clinical trials (DCTs), adaptive trial designs and AI-driven subject screening applications.

We intend to [**REDACTED**] approximately [**REDACTED**]% of the [**REDACTED**] from the [**REDACTED**] to implement our platform-based strategy, including LLM training, application of AI Agents and the development of Guangdong Weilin's clinical trial digital solutions and integration with our existing digital systems. See "Future Plans and [**REDACTED**]."

OUR SERVICES

We provide clinical trial and regulatory services to pharmaceutical, biotech, and vaccine developers across clinical research Phases I to IV, helping pharmaceutical and biotechnology companies optimize their research and development and ensure compliance with complex regulatory requirements.

Our clinical CRO services primarily focus on (i) clinical trial technical services (ii) FSP services and (iii) others.

Clinical Trial Technical Services

We provide clinical trial technical services to help biopharmaceutical companies operate clinical trials for innovative drugs. We primarily focus on innovative drugs, with therapeutic areas comprising oncology, autoimmune diseases, infectious diseases and frontier areas (ophthalmology, CGT, miRNA, CNS, and metabolic diseases). Throughout the clinical trial process, we engage in clinical development planning and protocol design, project management and quality control, clinical monitoring, pharmacovigilance, medical monitoring, data management and statistical analysis and regulatory affairs with a goal to accelerate the R&D process for clients while ensuring high-quality delivery. The duration and contract value of drug clinical research projects vary primarily depending on their clinical phases, complexity, service scope and the underlying drug candidates. According to F&S, in the drug clinical CRO market in China, in general, Phase I projects last for a few months with cost per subject, including costs incurred by CRO and third-party suppliers, ranging from RMB0.3 million to RMB0.4 million, Phase II projects between several months and two years with cost per subject ranging from RMB0.4 million to RMB0.5 million, Phase III projects between one to four years with cost per subject ranging from RMB0.4 million to RMB0.6 million and Phase IV projects approximately 39 months with cost per subject ranging from RMB0.1 million to RMB0.2 million.

In 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, our revenue generated from clinical trial technical services were RMB317.6 million, RMB290.3 million, RMB269.9 million, RMB149.6 million and RMB161.5 million, respectively. The numbers of ongoing projects during each respective year or period were 194, 209, 193, 150 and 178, with average revenue per project of RMB1.6 million, RMB1.4 million, RMB1.4 million, RMB1.0 million and RMB0.9 million.

The following table sets forth the breakdown of the numbers of ongoing clinical trial by phase and therapeutic areas during the Track Record Period:

	Year ended December 31,			Six months ended June 30,	
	2023	2024	2025	2025	2026
	Ongoing project [1]	Ongoing project	Ongoing project	Ongoing project	Ongoing project
Phase I	67	72	53	42	56
Phase II	49	46	50	42	50
Phase III	38	36	40	30	41
Phase IV	11	16	10	9	7
Others[2]	29	39	40	27	24
Total	**194**	**209**	**193**	**150**	**178**

	Year ended December 31,			Six months ended June 30,	
	2023	2024	2025	2025	2026
	Ongoing project [1]	Ongoing project	Ongoing project	Ongoing project	Ongoing project
Oncology	68	70	71	61	63
Autoimmune disease	30	35	45	29	55
Ophthalmology	3	3	3	1	7
Infectious disease	9	9	5	4	4
Others	84	92	69	55	49
Total	**194**	**209**	**193**	**150**	**178**

(1) Ongoing projects refer to our projects that were in progress and generated revenue during the relevant period.

(2) Others include other non-phase-based services such as bioequivalence studies and regulatory registration.

As of June 30, 2026, all of our top five ongoing projects in terms of contract value are clinical trial technical services for innovative drugs, which were all subject to the regulation of the Chinese NMPA. Below sets forth key information of our top five ongoing projects.

	Project A	Project B	Project C	Project D	Project E
Contract value as of June 30, 2026 *(RMB in thousands)**	209,148	58,113	46,606	45,893	40,635
Clinical trial phase	Phase III	Phase III	Phase I	Phase III	Phase II
Therapeutic area	Oncology	Autoimmune disease	Oncology	Autoimmune disease	Oncology
Revenue recognized during Track Record Period: *(RMB in thousands)*					
– Six months ended June 30, 2026	33,014	61	5,297	677	7,986
– 2025	64,130	–	11,287	–	12,605
– 2024	54,519	–	11,344	–	7,134
– 2023	15,758	–	5,053	–	3,637
Revenue recognized before Track Record Period (in 2022 or before): *(RMB in thousands)*	–	–	5,677	–	–
Total accumulated revenue recognized by June 30, 2026 *(RMB in thousands)*	167,421	61	38,658	677	31,362
Expected revenue to be recognized by the end of year: *(RMB in thousands)*					
– 2026 (From July 1 to December 31)	10,355	5,750	957	6,207	1,147
– 2027	31,372	11,623	6,991	22,946	8,126
– 2028	–	34,868	–	16,063	–
Expected project progress by the end of 2026	85%	10%	85%	15%	80%
Expected project progress by the end of 2027	100%	30%	100%	65%	100%
Expected project progress by the end of 2028	100%	90%	100%	100%	100%

* The contract value represents the total contract value as of June 30, 2026, exclusive of applicable value-added tax, which may exceed the original contract value at signing due to subsequent supplemental agreements entered into under the same contract.

Clinical Development Planning and Protocol Design

We assist our clients in formulating and optimizing clinical trial plans. Our clinical development planning and protocol design services encompass protocol design and regulatory communication consultation.

In the trial planning phase, we work closely with trial sponsors to develop detailed clinical trial protocols that define study objectives, sample size, treatment regimens, efficacy and safety endpoints, and safety monitoring procedures. Where required, we provide scientific support, including medical and statistical input and target patient population analysis, to support protocol design and optimization. We provide regulatory consultation to help clients navigate complex regulatory requirements and prepare clients for meetings with regulatory authorities such as the NMPA and FDA.

We conduct risk assessments to identify potential execution risks and develop mitigation strategies. In conducting such risk assessments, we refer to our prior project experience and review key protocol elements, including inclusion and exclusion criteria and material trial design features, to analyze the causes of relevant risks and prepare contingency plans in advance. We tailor our recruitment plan to serve our clients' specific needs and effectively help them accelerate the subject recruitment process.

Project Management and Quality Control

We help our clients supervise and manage the overall operations of their clinical trials. Our project managers serve as the primary coordinators for each clinical trial, responsible for coordinating the trial sponsor, clinical trial sites, third-party service providers, and our internal teams. The project manager is responsible for developing and executing the project management plan, managing all project activities from initiation through close-out, ensuring project quality meets GCP standards and applicable regulations, budget and timeline control, and fostering client relationships.

We monitor project progress based on key clinical trial milestones defined in the project management plan, utilizing Gantt charts and regular status updates. We monitor project quality through established metrics including Protocol Deviations, data queries, and QC/QA findings. We monitor project costs by comparing planned task completion and budgeted costs against actual task completion and incurred costs. We maintain regular communication with our clients regarding project progress. In accordance with contract terms, our Project Managers provide regular updates to the trial sponsor, typically on a weekly or bi-weekly basis.

Clinical Monitoring

We ensure the quality of the trial execution conducted at clinical sites throughout the clinical trial. We conduct clinical monitoring to ensure that clinical trials are executed in accordance with the trial protocol, applicable guidelines, and GCP standards. Our clinical research associates execute monitoring activities in accordance with the monitoring frequency and requirements specified in the clinical monitoring plan. Routine monitoring is typically conducted at clinical trial sites. We maintain a team of experienced clinical research associates who are familiar with the requirements of clinical monitoring and have relevant experience in the therapeutic areas. Our clinical research associates are generally required to have a medical, pharmaceutical or nursing background, hold GCP certificates and complete internal training and assessment before undertaking monitoring responsibilities.

Our monitoring activities focus on key areas including data accuracy, adverse events, protocol deviations, informed consent, drug management, and sample management. During monitoring visits, our clinical research associates verify that data recorded in the case report forms is accurate and consistent with source documents, confirm that adverse events are properly documented and reported, verify that the trial is being conducted in accordance with

the protocol, ensure that informed consent has been properly obtained and documented, verify that investigational drugs are being managed and stored appropriately, and confirm that samples are being collected, handled, and stored in accordance with protocol requirements.

When issues are identified during monitoring, our clinical research associates document them accurately in the monitoring report and take appropriate follow-up actions. Our clinical research associates communicate directly with PIs and research site staff on-site to discuss and resolve the issues. For significant issues or issues where the appropriate resolution is unclear, our clinical research associates report the issues immediately to the project manager or their line manager for guidance and resolution.

Medical Monitoring

Our medical monitoring personnel conduct detailed medical review of clinical trial data to ensure subject safety and data integrity. During the medical monitoring process, our medical monitors focus on assessing the clinical significance of abnormal lab results, identifying any missed adverse events, and verifying that adverse event names, severity, management, outcome, and drug relatedness are accurately and reasonably recorded in accordance with study protocol. Our medical monitors identify any issues and communicate with the operations team and site staffs to verify and confirm findings, ensuring subject safety throughout the trial.

Our medical monitors conduct logical checks across all data types recorded to ensure data integrity and completeness. These logical checks verify that medical history records, adverse event records, laboratory results, concomitant medication records, and study drug records are logically consistent with each other and that all required data elements are complete and properly documented.

When Data Safety Monitoring Board (DSMB) review is required, our medical monitors will assist in data cleaning, analysis, and reporting. Our medical monitors collect and provide relevant study background information to the DSMB to enable them to understand the latest study progress and make informed decisions. Our medical monitors participate throughout the DSMB process and are responsible for preparing, revising, and finalizing important documents such as DSMB charter, attending regular meeting and taking meeting minutes.

Pharmacovigilance

We offer pharmacovigilance services to help our customers conduct compliant pharmacovigilance activities in accordance with applicable regulatory requirements, including the collection, monitoring and reporting of individual case safety reports for serious adverse events and adverse drug reactions, safety signal detection and analysis, and risk identification, evaluation and control, aiming to reduce a drug's risks to patients. Our pharmacovigilance services cover both clinical and post-marketing stages and mainly include individual case safety report collection, processing and compliant submission, pharmacovigilance training, safety signal detection, evaluation and risk management, drug safety database configuration and deployment, development safety update reports and periodic safety update reports, including DSUR and PSUR, risk management plans, and aggregated analysis of safety information. We also assist our customers with the establishment and implementation of pharmacovigilance systems and support their effective operation.

Data Management and Statistical Analysis

Being a critical component of the clinical trial process, clinical data management involves clinical trial database setup, data collection, and validation of data from clinical trials. We provide comprehensive clinical data management and biostatistics services, ensuring the integrity, accuracy, and reliability of clinical trial data, which forms the basis for regulatory submissions.

Our service offerings are designed to support the entire lifecycle of a clinical trial, from initial planning to final reporting. These services are delivered by our dedicated team of data management professionals and biostatisticians, operating under a quality management system. Below sets forth a table which illustrates the services we offer and the corresponding stage of a clinical trial in which they are provided:

Service	Clinical Development Planning and Protocol Design	Project Management	Regulatory Affairs
Data Management	(i). Design of case report form; (ii). Develop data management and validation plans; (iii). Develop case report form completion guidelines, SAE consistency check plan, external data transfer agreement (if applicable), and medical coding plan; (iv). Establish and test the clinical trial database	(i). Oversee the timeliness and accuracy of data entry; (ii). Data review and cleaning; (iii). External data and SAE consistency check; (iv). Medical coding; (v). User account and normal range management; (vi). Regular progress reporting	(i). Database lock; (ii). Final data transfer; (iii). Document filing
Statistical Analysis	(i). Advise on clinical trial plan and protocol; (ii). Formulate statistical analysis plan	(i). Perform statistical programming; (ii). Statistical support on communication with regulators	(i). Perform statistical analysis; (ii). Generation of statistical analysis report; (iii). Statistical support for regulatory agencies; (iv). Submission and publication
Quality Control	(i). Internal quality control of data management documents; (ii). Quality control of data cleaning activities; (iii). Quality control of database build activities; (iv). Quality control of database changes		

Data Management

Our data management services are engaged throughout the trial lifecycle and encompass the following key activities:

(i). Trial Planning and Database Design: We assist our clients in the design of case report forms and develop comprehensive data management and validation plans. Our database engineers then construct the clinical trial database in accordance with the protocol and database design specifications, which is then subject to user acceptance testing by data management personnel. This phase includes the development of online edit checks and other functional settings to ensure the accuracy of the database design.

(ii). Data Processing and Monitoring: We oversee the timeliness and accuracy of data entry, perform regular cleaning of the entered data, and provide our clients with regular progress reports. We also conduct consistency checks on external data and SAE information, provide medical coding, and manage user accounts and normal value ranges in a timely manner. Our team is equipped to manage and process the large and complex datasets generated from multi-center clinical trials.

(iii). Database Lock and Data Transfer: Prior to the conclusion of a trial, we perform final data review and cleaning. Upon confirmation that all requisite pre-lock activities have been completed, such as the closure of all data queries, receipt of principal investigator signatures, and approval of the database lock application, we execute the database lock. The final dataset is then exported post-lock and securely transferred to the project statistician for analysis, and all project-related documents are subject to final archiving.

Statistical Analysis

Our biostatistics team is typically involved from the early stages of clinical trial design to ensure that the proposed statistical methodologies are scientifically valid. Our statistical analysis services include:

(i). Statistical Planning and Consultation: We provide expert advice on the clinical trial plan and protocol, including the selection of appropriate statistical models and tools. We also offer statistical support for our clients' communications with regulatory authorities.

(ii). Statistical Analysis and Reporting: Subsequent to the database lock, our biostatisticians perform statistical analyses on the validated dataset in accordance with the statistical analysis plan. The results are interpreted and presented in statistical analysis reports, which include various tables, listings, and figures. These reports are an integral part of the clinical study report required for regulatory submissions.

(iii). Statistical Programming: Our statistical programming services bridge the data management and statistical analysis phases. We utilize industry-standard software, primarily the SAS system, to efficiently process datasets and generate statistical outputs efficiently. Our capabilities include the implementation of Clinical Data Interchange Standards Consortium ("CDISC") standards for data preparation and upload.

Quality Control

Quality control is integrated throughout our data management and statistical analysis processes. Key data management documents are subject to internal review by independent personnel. The database construction undergoes internal quality control by independent personnel before being handed over to data management staff for user acceptance testing. The quality of data cleaning is periodically reviewed by data management staff not assigned to the specific project. If a need for database modification arises, a database migration quality control process is executed to ensure the accuracy of the changes. To safeguard data security and subject privacy, we minimize the collection of directly identifiable personal information in the clinical database and employ encryption for the transmission of key datasets.

Regulatory Affairs

Following the completion of a clinical trial, we assist in the preparation of the clinical study report. The CSR is an integrated scientific report that provides a comprehensive and detailed account of the trial's methodology, results, and statistical analysis, with a particular focus on the safety and efficacy findings. Our team is responsible for ensuring that the CSR is prepared in strict accordance with all applicable regulatory requirements and guidelines. We also assist in the regulatory filing process when clients require.

Our regulatory affairs team guides clients through every stage from IND to NDA. We develop tailored clinical development strategies, facilitate pre-IND regulatory meetings, and oversee the preparation and filing of IND applications with complete IND application documentation. We further support the application and submission progress of NDAs, while maintaining ongoing coordination with regulatory authorities to ensure timely and successful program advancement. For clients of our clinical trial services, we also support communications with regulatory authorities in relation to clinical trial data, and we may review our clients' proposed protocols for subsequent clinical trial stages and provide relevant comments and recommendations.

Clinical Trial Participants

According to F&S, clinical trials involve six main participants: trial sponsors, CROs, subjects, PIs, clinical site ethics committees, and regulatory authorities. Below sets forth our drug clinical research services in relation to them:

Trial sponsor: The Trial Sponsor is typically responsible for initiating, managing and financing the clinical trial and for overall trial oversight, including ensuring that the trial is designed and conducted in accordance with applicable laws and regulations and GCP requirements, selecting and appointing service providers, including CROs, under written agreements, and making required regulatory submissions and safety reporting. The trial sponsor remains ultimately responsible for the quality and integrity of the trial data and holds intellectual properties of the drug candidates.

CROs: A CRO is a service provider to which a trial sponsor may delegate certain trial-related duties and functions. CRO responsibilities typically depend on the scope agreed with the trial sponsor and may include trial planning and start-up support, project management, site management, monitoring, data management, statistical analysis, medical monitoring support, medical writing support and regulatory support. CROs perform delegated responsibilities in accordance with the written agreement with the trial sponsor.

Subjects: Subjects are individuals who participate in the clinical trial. Subject participation is voluntary and is based on informed consent. Subjects may withdraw from participation at any time in accordance with the informed consent documentation and applicable requirements. Subject data and samples are collected and used for trial purposes in accordance with the protocol, informed consent and applicable requirements.

PI: A PI is the person responsible for the conduct of the clinical trial at a trial site. The PI is responsible for ensuring that the trial is conducted at the site in accordance with the protocol, ethics committee approval, applicable regulations and GCP requirements, including protecting subject rights and safety, obtaining and documenting informed consent, ensuring appropriate investigational product accountability at the site, and maintaining required trial records and source documentation. The PI typically supervises the site team, including sub-investigators and other site staff.

Clinical Site Ethics Committee: A Clinical Site Ethics Committee, often referred to as an Institutional Review Board (IRB), is an independent body composed of medical professional, non-medical personnel, legal expert, and external members, of at least five people members. The primary responsibility of the Clinical Site Ethics Committee is to protect the rights, safety, and well-being of subjects participating in a clinical trial. The Clinical Site Ethics Committee is responsible for reviewing, and providing an opinion on the clinical trial protocol, the suitability of the investigators, the adequacy of facilities, and the methods and materials to be used in obtaining and documenting informed consent from trial subjects. It conducts a risk-benefit analysis to ensure that the potential benefits for subjects and society justify the identified risks. The Clinical Site Ethics Committee must approve these documents and procedures before the commencement of a trial at the site and conduct continuing review of the ongoing trial at appropriate intervals.

Regulatory Authority: Regulatory authorities, such as the NMPA and its CDE in China and, where applicable, other authorities such as the FDA, are responsible for reviewing regulatory submissions for clinical trial authorization and marketing approval and may conduct

inspections and other regulatory oversight activities. Regulatory authorities may request additional information, impose conditions or requirements and take regulatory actions in accordance with applicable laws and regulations.

FSP Services

We provide FSP services focusing on flexible personnel resourcing and clinical development support for pharmaceutical companies. Our FSP services are delivered through an end-to-end process from client sourcing and contract scoping to staff recruitment, deployment and ongoing performance monitoring. After initial engagement, trial sponsors enter into service contracts with us to specify their requirements for FSP staffs, including the relevant work scope, service duration, functional roles and rates. We then identify and hire suitable FSP staffs, and dispatch them to work in the city designated by the client. FSP staff deployed by us include clinical professionals such as CRAs, data managers, statistical programmers and pharmacovigilance specialists. Service fees are charged on a full-time-equivalent model and settled monthly or quarterly, and we obtain regular client feedback on the performance of the deployed FSP staffs.

According to F&S, some pharmaceutical companies are able to conduct clinical trials in-house and only require CROs to assist with certain tasks. Even clients already engaging in full-service CRO projects choose our FSP services for targeted needs. This is because the FSP model offers (i) potential cost savings; (ii) access to specialized talent; and (iii) greater flexibility and control for our clients compared to full-service outsourcing.

We typically enter into service contracts with pharmaceutical companies that set out the scope of services, number of personnel required and service duration. Our service fees are calculated based on the number of orders under the contract, with each order generally consisting of one professional deployed full-time for a 12-month term. For service durations of six months, we treat each engagement as half an order for calculation purposes. We also frequently renew service agreements for an additional 12-month term at the request of our clients, reflecting the recurring nature of our FSP engagements.

The table below sets forth the number of customers for our FSP services and the revenue generated from our FSP services for the year or period indicated:

	For the year ended December 31,			For the six months ended June 30	
	2023	2024	2025	2025	2026
Number of customers	16	18	22	13	23
Revenue *(RMB in thousands)*	50,616	49,510	63,324	28,833	41,244

Our FSP business demonstrated continued customer retention during the Track Record Period. Our FSP customer retention rate was 100.0%, 68.8%, 72.2%, 66.7% and 90.9% in 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026,, respectively. The decline in 2024 and the six months ended June 30, 2025 was primarily attributable to the non-renewal of certain smaller-scale FSP engagements. Despite the reduction in retained customers, the total number of FSP customers increased from 16 in 2023 to 18 in 2024, 22 in 2025 and 23 for the six months ended June 30, 2026, driven by the addition of new customers. During the same years or periods, our revenue from FSP services was RMB50.6 million, RMB49.5 million, RMB63.3 million, RMB28.8 million and RMB41.2 million with average revenue per customer of RMB3.2 million, RMB2.8 million, RMB2.9 million, RMB2.2 million and RMB1.8 million respectively.

Others

During the Track Record Period, our others primarily include subject recruitment and standalone site management. Our subject recruitment mainly assist trial sponsors and clinical research institutions in identifying patients who are potentially eligible for the enrollment of

clinical trials. In addition to providing site initiation and management in our clinical trial technical services, we also provide standalone site management services primarily assist clinical research institutions and investigators in the actual logistics and execution of clinical trial operations. In 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, our revenue from others was RMB2.3 million, RMB0.5 million, RMB2.7 million, RMB1.0 million and RMB1.2 million, respectively.

Average Revenue and Retention Rate

Below sets forth of average revenue per project, customer retention rate, and net dollar retention rate in each year or period during the Track Record Period.

	Year ended December 31,			Six months ended June 30,	
	2023	2024	2025	2025	2026
Average revenue per project – clinical trial technical services *(RMB in million)*	1.6	1.4	1.4	1.0	0.9
Average revenue per customer – FSP services *(RMB in million)*	3.2	2.8	2.9	2.2	1.8
Customer retention rate[(1)] %	78.4	74.4	68.5	70.1	77.2
Net dollar retention rate[(2)] %	110.8	90.6	105.7	N/A[(3)]	N/A[(3)]

Notes:

(1) Customer retention rate is calculated as the number of customers who contributed revenue to us in both the prior year and the current year or period divided by the total number of customers in the prior year.

(2) Net dollar retention rate is calculated as the aggregate revenue in the current year from customers who contributed revenue to us in both the prior year and the current year, divided by the total revenue from such customers in the prior year.

(3) Net dollar retention rate for the six months ended June 30, 2025 and 2026 is not presented as this metric is evaluated on an annual basis. Calculating this metric for a sub-annual period would produce a structurally lower figure because the current-period revenue numerator covers only six months while the prior-year revenue denominator covers a full year, rendering the figures not meaningful or comparable to the annual figures.

Our average revenue per project for clinical trial technical services was RMB1.6 million, RMB1.4 million, and RMB1.4 million, RMB1.0 million and RMB0.9 million in 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, respectively. The average revenue per project remained relatively stable across the Track Record Period, with year to year or period to period variations reflecting differences in the stage of progress of individual projects and the contract value of individual projects during each year or period. Our average revenue per customer for FSP services was RMB3.2 million, RMB2.8 million, RMB2.9 million, RMB2.2 million and RMB1.8 million in 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, respectively. The average revenue per customer remained relatively stable across the Track Record Period, with year to year or period to period variations reflecting fluctuations in customer demand for service personnel during each year or period.

Our overall customer retention rate was 78.4%, 74.4%, 68.5%, 70.1% and 77.2% in 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, respectively. The gradual decline from 2023 to 2025 was driven primarily by changes in our clinical trial technical services business line, including (i) the non-renewal of engagements by certain customers in the vaccine segment following the completion of their projects; and (ii) the non-recurring nature of certain small-value project engagements. Notwithstanding the above, the customers we retained continued to represent a substantial and growing proportion of our revenue and our

customer rentention rate for the six months ended June 30, 2026 increased to 77.2%. In 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, approximately 95.0%, 96.5%, 97.1%, 98.8% and 90.9% of our revenue, respectively, was generated from customers who had engaged us in the prior year.

Our overall net dollar retention rate was 110.8%, 90.6% and 105.7% in 2023, 2024 and 2025, respectively. The decline in 2024 was primarily attributable to (i) certain projects with higher contract values in our clinical trial technical services business line entering their final stages in 2024, resulting in lower revenue recognized from those projects compared to 2023; and (ii) reduced demand from customers that had contributed revenue to us in the prior year due to broader industry conditions, including a contraction in biopharmaceutical financing and intensified competition among clinical CRO service providers. According to F&S, total primary-market financing raised by China's biopharmaceutical companies decreased by approximately 19% in 2024 as compared with 2023, which led certain existing customers to reduce, delay or terminate their research and development programs and scale back engagements with us. In addition, intensified competition placed downward pressure on contract pricing, resulting in lower revenue contribution from certain existing customers even where they continued to engage our services. This resulted in lower revenue recognized from customers that contributed revenue to us in both the prior and the current year. The recovery in 2025 was driven by an increase in new projects or orders placed by existing customers across both our clinical trial technical services and FSP services business lines, resulting in higher revenue recognized from customers that contributed revenue to us in both the prior and the current year.

Loss-making Projects

Below sets forth the number of loss-making projects and the provisions made for loss-making projects during the Track Record Period:

	As of December 31,			As of June 30,
	2023	2024	2025	2026
Number of loss- making projects[1]	7	9	8	7
Provision for loss-making projects[2] *(RMB in thousands)*	1,463	1,708	914	889
Contract sum of the loss-making projects *(RMB in thousands)*[3]	23,407	28,071	13,259	13,158

(1) Loss-making projects refers to projects for which the latest estimated costs as of the respective year or period end exceed the tax-exclusive contract value.

(2) Provision for these projects is measured in accordance with the accounting policy as set out in note 2 to the Accountants' Report in Appendix I to this document.

(3) Contract sum of the loss-making projects is presented exclusive of applicable value-added tax.

We have recorded 13 loss-making projects in total during the Track Record Period. The aggregate number of loss-making projects across the Track Record Period (seven, nine, eight and seven in 2023, 2024 and 2025 and the six months ended June 30, 2026, respectively) exceeds this total because certain projects spanned multiple years and were classified as loss-making in each relevant year or period based on the latest cost estimates. Of these 13 loss-making projects, 12 were clinical trial technical services projects and one was a project under our others service line, which only arose in 2025. Of the 12 clinical trial technical services projects, seven were vaccine projects, two were infectious disease projects, two were oncology projects, and one was an autoimmune disease project.

The losses on these projects were primarily attributable to cost overruns on certain legacy contracts entered into during the early stage of our transition towards innovative drug clinical development services, where subsequent increases in labor and delivery costs exceeded the original pricing assumptions.

In order to minimize future exposure to loss-making projects, we have adopted enhanced internal control mechanisms.

(i) We have adopted enhanced quotation mechanism to actively scrutinize our quotation and expected revenue against expected cost for each project to prevent contracting at prices unable to cover expected costs;

(ii) We will stringently manage and monitor project budget and scale, avoiding waste and overspending and establishing benchmark for operational control.

(iii) We will actively monitor project operation and progress by reviewing expected cost, revenue, and progress and actual perimeters. We enhance our operational control over projects to ensure they are carried out punctually and not exceeding projected costs, therefore protecting our profitability.

OUR FEE MODELS

Our service fee model can be primarily divided into two models: (i) fee-for-service model, and (ii) full-time-equivalent model. See "Financial Information — Discussion of Key Items of Consolidated Statements of Profit or Loss and Other Comprehensive Income — Revenue — Revenue by Fee Model."

Fee-For-Service

Under the fee-for-service model, we charge a project-based fee for agreed deliverables and services. We typically enter into a service agreement with our clients and receive payments in accordance with a payment schedule specified in the relevant service agreements. We generally determine the fee level for each service based on a number of factors including the scope of the services required, the estimated costs and expenses of the required services, and the estimated amount of time to be allocated to the project. The project-based fee is a fixed amount at the time of contract signing. However, it is subject to adjustment in certain circumstances, including (i) certain items within the contract that are estimated at the time of contract signing and subject to final settlement based on actual costs incurred; (ii) changes in the scope of services during project execution, which are reflected through supplemental agreements that increase or decrease the contract value; and (iii) reductions in contract value arising from early termination of a project. During the Track Record Period, we primarily charge clinical trial technical services clients under fee-for-service model.

Revenue from our clinical trial technical services under the fee-for-service model is generally recognized over time as the services are performed, as the customer simultaneously receives and consumes the benefits of our services. Set out below are the key stages, indicative timing and the portion of the estimated contract sum that we are generally entitled to claim at each payment milestone for a standard clinical trial technical services project. The actual timing and payment arrangement may vary depending on the trial design, number of sites, enrollment rate and the specific requirements of the customer.

- *Contract signing:* Upon execution of a legally binding service agreement, an upfront payment of 5% to 10% of the estimated contract sum is generally payable. This stage usually takes approximately one to four weeks.

- *Site initiation*: Following contract signing, we commence start-up activities and readiness checks in accordance with the clinical trial plan and agreed workplan. We complete site initiation and related training and other commencement preparations. Upon completion of the agreed site initiation milestone and the customer's confirmation that the relevant readiness requirements have been met, a milestone payment of 10% to 20% of the estimated contract sum is generally payable.

- *Subject enrollment milestones:* During the subject enrollment period, payments are generally linked to pre-agreed enrollment thresholds. Enrollment-related milestone payments in aggregate generally represent 30% to 50% of the estimated contract sum. A milestone payment of 10% to 20% becomes payable upon first subject enrolled. A milestone payment of 10% to 20% becomes payable upon reaching 50%

of the targeted subjects enrolled. A milestone payment of 10% to 20% becomes payable upon completion of subject enrollment. The duration of the enrollment period varies depending on the indication, protocol design, number of sites and recruitment rate.

- *Database lock:* Upon finalization of information and data sets obtained in clinical trials, external data collection has been completed in a clinical study, including follow up of all participants, data quality and validation exercises are undertaken. A milestone payment of 10% to 20% of the contract value is charged to the client at this point.

- *Clinical study report:* Upon submission of the clinical study report in accordance with the service agreement and completion of the corresponding milestone, a milestone payment of 5% to 10% of the estimated contract sum is generally payable.

- *Final delivery and close-out:* Upon final delivery of the agreed deliverables and completion of project close-out procedures, the remaining balance becomes payable. The remaining balance is generally around 10% to 20% of the estimated contract sum and represents the tail payment and final settlement. A final invoice is issued at this stage to settle the final service fees based on actual services performed.

During the Track Record Period, revenue derived under the fee-for-service model accounted for 86.3%, 85.4%, 81.0%, 83.5% and 79.8% of our total revenue in 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, respectively.

Full-Time-Equivalent Model

Our FSP services are charged under the full-time-equivalent model. Fees are typically calculated on a person-month basis, with person-day rates applied where appropriate, and are generally settled on a monthly or quarterly basis. The unit rate is generally determined by reference to the position, seniority and the duration of engagement, as agreed with the client in the relevant service contract, which also sets out the scope of work and the required number of FSP staffs. During the Track Record Period, revenue derived under the full-time-equivalent model accounted for 13.7%, 14.5%, 18.9%, 16.1%, and 20.2% of our total revenue in 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, respectively.

Contracted Future Revenue

Contracted future revenue represents, at a particular point in time, the future revenue from services not yet completed or performed under all signed contracts in effect at that time. Once work begins on a project, revenue is generally recognized over the duration of the project. Contracted future revenue is assessed primarily by reference to signed contracts, which reflect the client's agreement to pay for specified services at specified prices, and by reference to the percentage of work completed under such contracts as of the relevant measurement date. There is no standardized accounting practice for calculating contracted future revenue and approaches to estimating contracted future revenue may vary between industry players. Accordingly, comparisons of contracted future revenue between us and other companies may not be meaningful and should be made with caution. The future revenue associated with a contract may not be realized as initially expected, including as a result of adjustments to contract value arising from supplemental agreements entered into during project execution, as well as changes resulting from project termination or completion settlement. Our contracted future revenue as of June 30, 2026 was RMB578.3 million.

The following table sets forth a summary of the movement in number and contract value of projects for our clinical trial technical services and other services during the Track Record Period, all of which are presented on a tax-exclusive basis.

	Year ended December 31,			Six months ended June 30,
	2023	2024	2025	2026
Number of ongoing projects at the beginning of the year or period	151	177	173	162
Clinical trial technical services	143	168	163	148
Other services	8	9	10	14
Number of newly awarded projects during the year or period	49	46	57	33
Clinical trial technical services	47	42	47	26
Other services	2	4	10	7
Number of completed projects during the year or period	23	50	68	61
Clinical trial technical services	22	47	62	49
Other services	1	3	6	12
Number of ongoing projects at the end of the year or period	177	173	162	134
Clinical trial technical services	168	163	148	125
Other services	9	10	14	9
Outstanding balance of contract value* at the beginning of the year or period (RMB million)	715.8	726.4	563.9	528.9
Clinical trial technical services	709.9	720.2	558.2	525.6
Other services	5.9	6.2	5.7	3.3
Contract value* of newly awarded projects during the year or period (RMB million)	354.6	143.3	303.4	249.4
Clinical trial technical services	353.2	142.8	300.0	249.4
Other services	1.4	0.4	3.4	0.0
Contract value* adjustments and terminations during the year or period (RMB million)[(1)]	(24.1)	(15.0)	(66.5)	(37.3)
Clinical trial technical services	(25.3)	(14.5)	(62.7)	(36.7)
Other services	1.2	(0.5)	(3.8)	(0.6)
Revenue recognized during the year or period (RMB million)	319.9	290.7	271.9	162.7
Clinical trial technical services	317.6	290.3	269.9	161.5
Other services	2.3	0.4	2.0	1.2
Outstanding balance of contract value* at the end of the year or period (RMB million)	726.4	563.9	528.9	578.3
Clinical trial technical services	720.2	558.2	525.6	576.8
Other services	6.2	5.7	3.3	1.5

* Contract value is presented exclusive of applicable value-added tax.

(1) Contract value adjustments and terminations during the year or period includes adjustments to contract value arising from supplemental agreements entered into during project execution, as well as changes resulting from project termination or completion settlement.

Our FSP service primarily operates under a full-time equivalent (FTE) model. Under this model, contract revenue is not based on fixed-price deliverables, but is instead billed based on the actual number of service personnel assigned to clients and their actual working hours. Our FSP contracts do not contain any legally binding work scope or legally binding contract value from which we could reasonably expect future revenue. As such, our FSP business does not generate backlog in the sense of unrecognized contract value. Future revenue may vary depending on the number of service personnel assigned to clients and real-time changes in client demand.

OUR PARTNERSHIPS

We maintain relationships with hospitals and clinical research institutions to support clinical trial execution and site access. We worked with 296, 324, 539 and 563 partner hospitals in 2023, 2024 and 2025 and the six months ended June 30, 2026 respectively. As of June 30, 2026, these partner hospitals covered 30 provinces, regions or municipalities in China, and 347 of the 563 partner hospitals were Class III Grade A hospitals.

To enhance our clinical trial service capabilities and secure access to clinical resources, we have entered into strategic cooperation agreements with a number of hospitals in China. These collaborations are designed to improve the efficiency and quality of clinical research by defining the cooperation model, our obligations, and the mutual benefits for both our Company and our partners.

We have established strategic cooperation partnerships with the following Class III Grade A hospitals: a public tertiary hospital located in Liaoning Province, the Affiliated Hospital of Yanbian University, and Xianyang Hospital of Yan'an University. These agreements typically have terms ranging from two to ten years. Pursuant to these agreements, the cooperation content involves a comprehensive collaboration in clinical research, where we commit to prioritizing these hospitals as preferred sites for our clinical trial projects. Our obligations include providing technical support, training for hospital staff, and conducting regular academic exchanges to enhance their research capabilities. In return, we gain significant benefits, including act as preferred partner to the hospitals and acquire reliable and high-quality clinical trial resources.

Furthermore, in December 2021, we entered into a strategic framework agreement with a public hospital located in Anhui Province, a Class III Grade A comprehensive teaching hospital, to jointly build an integrated clinical trial platform. Under this collaboration, our primary obligation is to provide the hospital with our proprietary integrated clinical trial platform software and related technical support on a complimentary basis, including a three-year free maintenance period. This enables the hospital to digitize and streamline its clinical trial management. The hospital commits to utilizing its clinical trial resources to support our research projects. This collaboration not only provides us with a significant and predictable volume of clinical trial projects but also serves as a demonstration site for our integrated platform, promoting its adoption by other medical institutions.

We believe our strategic partnerships with these clinical trial sites enhance our access to clinical trial resources. The defined obligations and mutual benefits within these agreements ensure access to relevant clinical resources, foster technical and scientific exchange, and create business development opportunities, thereby enhancing our competitiveness in the CRO industry.

INTELLECTUAL PROPERTIES

Intellectual property rights are important to our business. We develop and use a number of proprietary methodologies, analytics, systems, technologies, trade secrets, know-how and other intellectual property during the conduct of our business, including our operational know-how and certain internally developed systems and tools used to support clinical trial operations, such as our CTMS, eTMF, and CTFS digital systems. As of the Latest Practicable Date, we had 15 registered trademarks and 91 software copyrights in Chinese Mainland. See "Statutory and General Information — B. Further Information about Our Business — 2. Intelletual Property Rights of Our Group" for further details of our material intellectual property rights. We also maintain various licenses to use the intellectual property of third parties that facilitate our clinical trial and other operations, including third-party software, databases and systems used in connection with certain projects.

The protection of our clients' intellectual property is important to our business. Our employees are bound by confidentiality obligations under their employment contracts and are prohibited from disclosing our intellectual property or that of our clients. We apply encryption technologies and other technical and organizational measures, such as role-based access controls and secure transmission measures for sensitive documents, and our working areas and relevant information systems can only be accessed by authorized personnel. We had complied with all applicable intellectual property laws and regulations in all material respects during the Track Record Period and up to the Latest Practicable Date.

Our PRC Legal Advisors are of the view that we have maintained full material compliance with intellectual property laws throughout the Track Record Period and up to the Latest Practicable Date.

OUR R&D AND DIGITALIZATION

We focus on providing services for innovative drug and therapies clinical research and other supporting services to Chinese and global pharmaceutical and biotechnology companies. As of June 30, 2026, we had a research and development team of 52 personnel. Our R&D personnel include one Ph.D holder and 44 holders of bachelor or above degrees, most of whom have extensive working experience in clinical CRO and related fields. In 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, our research and development expenses were RMB27.8 million, RMB20.5 million, RMB18.7 million, RMB8.9 million and RMB9.4 million, respectively.

Our ongoing R&D efforts focus on: (i) improving clinical trial technical services and (ii) enhancing our digital systems.

Clinical Trial Technical Services

We improve risk-adaptive SOPs, which are a suite of quality management system documents including policies, quality manuals, standard operating procedures and work instructions that are continuously updated to reflect changes in domestic and international regulatory requirements, and intelligent decision-support mechanisms, which are a methodology framework covering the key stages of innovative drug development, to streamline the full innovative drug development lifecycle–from early-stage FIH design to final regulatory submission–ensuring high-quality, predictable, and compliant clinical trial delivery.

Our clinical trial technical services R&D improves our clinical trial process by refining our SOPs in the key technical areas of our innovative drug development services, including protocol design and drafting, clinical operations and monitoring, data management and statistical analysis, pharmacovigilance activities, and NDA clinical document preparation and CDE communication support. These refinements are based on experience accumulated from client projects and are aimed at improving our workflow and efficiency.

Our research on risk-based medical monitoring technologies for clinical trial projects focuses on risk prediction, identification and control to improve data quality and accelerate trial progress. The research encompasses three interconnected components. First, we study the identification and classification of core quality risks in clinical trials, focusing on risks relating to participant safety, core trial data integrity, inclusion and exclusion criteria, and efficacy and safety assessments. Second, we develop risk stratification algorithms based on three dimensions, namely the probability of occurrence, severity of impact and controllability of each identified risk, to categorise clinical trial risks into four levels of criticality and assign corresponding monitoring priorities. Third, we research a dual-model monitoring framework combining a static baseline model and a dynamic real-time model. The static model is applied at trial initiation to assess site, personnel and protocol risks, while the dynamic model continuously incorporates live data on adverse events, protocol deviations and enrollment dropout to automatically update risk levels throughout the trial. The research also covers the development of standardised intervention protocols corresponding to each risk level. This

research is ongoing and we continue to collect data to quantify the improvements achieved through its application. We also conduct research on a decision-support system for mid-to-late-stage innovative drug development, covering protocol drafting and execution planning, clinical operations and monitoring, data management and statistical analysis, pharmacovigilance activities, and NDA-enabling deliverables and regulatory communications. The system is iteratively refined based on experience accumulated from customer projects. Experience gained through the research process has been applied across all of the above service areas in live customer engagements. For example, we have assisted a customer in completing a Phase II clinical study of a small-molecule JAK inhibitor, supporting data analysis and CDE communications that enabled progression to Phase III, and assisting in the Phase III protocol design and sample size estimation. We further develop innovative drug development strategies, first-in-human (FIH) trial top-level design and a clinical trial operations management system, covering early development pathway planning from FIH through Phase IIa proof-of-concept, and related dose selection, risk management and cross-functional execution workflows. This research is closely integrated with our day-to-day service delivery, with outputs taking the form of project-specific deliverables such as IND application materials, development strategy documents and FIH trial designs. For example, we have assisted a customer in completing IND submissions for a topical small-molecule innovative drug in both China and the United States, and in advancing the programme to a Phase I first-in-human study in healthy volunteers.

Digital Systems

We develop and integrate digital systems of CTMS (clinical trial management system), eTMF (electronic trial master file), CTFS (clinical trial financial system) throughout our workflows to improve clinical trial speed and efficiency. We automate workflows across project execution, documentation compliance, and financial control and support decision-making process with data-driven insights. Through the acquisition of Guangdong Weilin, we have further supplemented our digital capabilities with dedicated systems for hospital and institutional settings, including an institutional ethics system, clinical trial information system, GCP pharmacy system, sample management system, and remote monitoring system. These systems operate primarily within hospital environments and complement our existing platforms, extending our digital capabilities from clinical trial operations to the upstream and downstream hospital and institutional ecosystem. Our digital transformation improves operational efficiency and enhances our delivery and competitiveness.

CTMS – Enhancing Project Execution Efficiency

Our clinical trial management system (CTMS) serves as the digital mastermind for project execution, providing end-to-end data insight for decision-making. Our customized digital system proactively integrates data to assist clinical trial teams. Our CTMS acts as a cross functional information hub, enabling medical, statistics, and operational departments realtime access and collaboration on the common version of data and information. Our algorithm visualizes key indicators and generates data-supported predictions to assist in resource allocation and execution responsiveness. Project managers could proactively streamline decision-making and adjust resource allocation in real-time. Since 2025, we have also piloted open-sourced AI technologies to facilitate business development and commercial tendering. Our CTMS harmonizes clinical trial demands with operational responsiveness, leverages statistical transparency to safeguard execution quality and minimize project risks.

eTMF – Documentation Compliance

Our electronic trial master file (eTMF) system is a core component of our digital transformation strategy, enabling automated documentation to empower clinical trial lifecycle. By directly integrating with our CTMS, the eTMF system automatically aligns project execution milestones to documentation input and accuracy and timeliness. The automation is further supported by cross-checking validation mechanism to ensure precision, eliminating missing, inconsistent, or outdated records, saving time for manual validation and inspection preparation and improving clinical trial efficiency.

CTFS – Integrating Business Operations with Financial Management

Our clinical trial financial system (CTFS) maps financial indicators to project progress and bridges financial tracking to our clinical trial services. By linking financial input directly to clinical trial output, CTFS enables real-time visibility into project-level cost structures, budget utilization and financial performance, and supports resource allocation optimization and operational decision-making.

Through automated support from eTMF, CTFS streamlines contract management, billing, payment and settlement processes, with system-generated financial vouchers automatically interfaced with our financial systems, targeting to address the industry pain point of financial record version control. Built-in validation and traceability mechanisms ensure accuracy and consistency across contracts and financial record versions, ensuring effective internal control on financial inputs to improve trial project efficiency while maintaining service delivery quality.

Based on our industrial experience and insight, we believe leveraging AI to empower our clinical trial technologies could consolidate and improve our market competitiveness. In the future, we plan to [**REDACTED**] approximately [**REDACTED**]% of the [**REDACTED**] from the [**REDACTED**] to implement our platform-based strategy, including LLM and AI agents application and the development of Guangdong Weilin's digital solutions and integration with our existing digital systems. See "Future Plans and [**REDACTED**]."

ACQUISITION OF GUANGDONG WEILIN

On October 28, 2025, we entered into an equity transfer agreement with Mr. Zhao (one of our Controlling Shareholders and the founder of Guangdong Weilin) and other shareholders of Guangdong Weilin, pursuant to which we agreed to acquire 100% of the equity interests in Guangdong Weilin for nil consideration. Separately, we made a capital contribution of RMB1.0 million to Guangdong Weilin to bring its registered capital to the amount required under its articles of association, and we made a capital contribution of RMB25.0 million to Guangdong Weilin. On December 22, 2025, following completion of the relevant industrial and commercial registration, Guangdong Weilin became our subsidiary. Since its inception, Guangdong Weilin has focused on developing digital solutions for clinical trials. Guangdong Weilin was initially established separately due to its perceived potential for independent development. Consistent with our strategy focusing on AI and digitalization, we decided to integrate Guangdong Weilin into our Group in order to enhance our in-house digital capabilities. We anticipate that this integration will improve project execution efficiency, strengthen quality management, and elevate our overall service delivery over time.

Our group is primarily engaged in offering clinical trial technical services and Guangdong Weilin primarily develops digital clinical trial platform. The platform interconnects CROs and sponsors' proprietary systems, integrates the overview of clinical trial data and progress, allowing full-cycle monitoring and management. Core functions include online ethics application and review, subject enrollment and visit tracking, drug lifecycle management, trial document archiving, quality control with issue tracking, multi-center project monitoring with cross-site data comparison, and electronic data capture enabling automated extraction of subject clinical data. The remote monitoring module allows monitors to securely access source records and trial documents online, reducing on-site visit frequency. The platform is designed in regulatory compliance with ICH-GCP, NMPA and 21 CFR Part 11 requirements.

The acquisition of Guangdong Weilin was aligned to our digitalization and efficiency driven strengths. The Weilin platform is expected to improve operational efficiency and reduce costs, synergistically empower our CRO business. Online application and approval workflows between us and research institutions, together with real-time visibility into project status at trial sites, are expected to improve project coordination and reduce approval cycle times. By embedding the platform into our clinical trial service delivery, we are able to establish a persistent digital connection with research institutions and sponsors throughout the trial lifecycle and benefit from data supported realtime analysis and management of clinical trial process. We believe such functions will improve our project execution efficiency, lower our per-trial operating costs, and further strengthen client retention through providing efficient

operation and competitive pricing. In addition, the platform's standardized data architecture and cross-institutional interoperability are expected to support our overseas expansion by providing a scalable infrastructure for coordinating international multi-center trials across regulatory jurisdictions and assetize know-how during the clinical trial process through quantitative and qualitative training of our LLMs and improve our SOPs.

QUALITY MANAGEMENT

Overview of Our Quality Management System

We have established a quality management system to support the consistent delivery of our clinical trial services and to help ensure compliance with applicable regulatory requirements and GCP standards. Our quality management system covers the full lifecycle of a clinical trial project and is built on a risk-based, process-based management and data-driven approach. In designing our system, we have referred to the core principles of the TransCelerate clinical Quality Management System (cQMS) framework and the quality management concepts in ICH-GCP and Chinese GCP, including quality by design and risk-based quality risk management, and we obtained ISO 9001:2015 certification in December 2025.

Our quality assurance department operates independently, reports to our executive leadership, from all stages of the clinical trial process. Our members possess experience in the field of clinical research, audits and regulatory inspection supports.

The primary responsibilities of our quality assurance department include: (i) establishing, maintaining and continuously improving our quality management system; (ii) developing and updating standard operating procedures and providing quality compliance guidance to project teams and business units; (iii) conducting independent audits, supporting client audits and regulatory inspections, and tracking follow-up actions; (iv) assessing quality management systems of key suppliers and service providers; (v) providing GCP and quality management training; and (vi) supporting the assessment of quality issues, root cause analysis and the formulation and monitoring of corrective and preventive actions ("CAPA").

Our quality assurance department has the authority to report material quality issues or compliance risks directly to senior management, to approve or reject quality-system-related standard operating procedures, and to require relevant departments and personnel to cooperate with audits, investigations and CAPA implementation.

Our quality control measures focus on areas including subject safety and protection of subject rights, the quality and completeness of key data, compliance of key trial processes, and the timeliness, accuracy and completeness of essential documentation and archiving. Where quality issues are identified, we classify them by severity and potential impact and report them through established escalation channels, and we conduct root cause analysis and implement CAPA to address identified issues and reduce recurrence.

We have established internal quality management mechanisms applicable to our clinical trial technical services broadly, including: (i) on-site monitoring visits to clinical research centers to assess site performance and compliance; (ii) internal audit programs to provide independent oversight of trial conduct; and (iii) review of eTMF documentation to verify the accuracy, completeness, and regulatory compliance of trial records.

Pursuant to the service agreements entered into between us and our third-party service providers, liabilities are allocated as follows.

- ***Employer liability of third-party service providers.*** Personnel deployed by third-party service providers are required to be their formal employees. Each third-party service provider assumes all responsibilities and obligations as the employing entity, and any acts or omissions of its deployed personnel in the course of service delivery are treated as acts of the service provider, with all consequences arising therefrom borne by the service provider.

- ***Compliance obligations of third-party service providers.*** Third-party service providers are required to strictly comply with applicable PRC laws and regulations, GCP guidelines, the clinical trial protocol, and our and the research center's standard operating procedures.

- ***Our remedies for misconduct.*** In the event of material misconduct by a third-party service provider or its personnel, including falsification of trial documents, AEs or SAEs caused by willful misconduct or gross negligence, or other irreparable issues affecting the authenticity of trial records, we are entitled to terminate the agreement, withhold outstanding payments, and claim compensation for losses suffered.

- ***Liquidated damages for breach.*** Third-party service providers are subject to liquidated damages for specific breaches, including (i) unilateral termination of services without our consent, attracting liquidated damages of 30% of the total contract value, and (ii) failure to report progress or material events (such as protocol deviations or SAEs) within the stipulated timeframe, attracting liquidated damages of 0.05% of the total contract value per 24-hour delay.

- ***Our supervisory rights.*** We retain the right to monitor and inspect the performance of third-party service providers, require replacement of underperforming personnel, and terminate the agreement at any time based on project progress.

To manage our potential exposure arising from the engagement of third-party service providers, we have implemented the following measures:

- ***Pre-engagement controls.*** Our procurement department has established stringent supplier selection criteria and approval procedures. Prior to engagement, project leaders are required to formulate detailed management plans that clearly delineate the roles, scope of work, and responsibilities of all parties, including third-party suppliers, through contractual agreements.

- ***Ongoing oversight during project execution.*** Third-party suppliers are required to attend regular and ad hoc project meetings, report comprehensively on their work progress and deliverables, and comply with work arrangements and rectification requests issued by the project team. Where a third-party supplier fails to perform its duties in strict compliance with applicable requirements, the project team has the authority to replace such supplier.

- ***Independent quality assurance reviews.*** Our QA department conducts independent inspections of third-party suppliers as needed. In addition, our procurement department conducts annual satisfaction assessments of all third-party suppliers, and suppliers that fail to meet the required standards are subject to suspension or termination of engagement.

We evaluate client satisfaction through a structured feedback process coordinated by our project management office (PMO). Feedback is collected through periodic project communications and PMO follow-up, escalated where appropriate, and the PMO generally responds to complaints within three business days. Corrective actions are tracked to completion and summarized in periodic management reports.

During the Track Record Period and up to the Latest Practicable Date, we did not experience any material quality incidents, material compliance breaches or material client complaints in relation to our clinical trial services, and to our knowledge, none of our third-party service providers experienced any material failure in meeting the applicable service standards.

Our PRC Legal Advisors are of the view that no material quality incidents, compliance breaches, or client complaints have occurred that would materially affect our business operations, financial condition, or prospects throughout the Track Record Period and up to the Latest Practicable Date.

DATA PRIVACY AND SECURITY

Overview

We are committed to protecting the privacy and security of personal information and other sensitive data that we collect, process, and store in the course of our business operations. As a CRO, we process data, including personal information of clinical trial participants, subject health information, research data, and proprietary information of our clients, in accordance with trial sponsors' instructions. In addition, we also process the personal information of researchers, clinical research coordinators, collaborator contacts and candidates of our FSP business. Data Protection is fundamental to our business operations, our relationships with clients and research participants, and our reputation in the industry. During the Track Record Period, we progressively implemented comprehensive data compliance work, and established our data privacy and security system as well as relevant internal control mechanisms, and adopted various technical measures to safegaurd data privacy and security. During the Track Record Period and up to the Latest Practicable Date, we have not been subject to any penalties related to data compliance issues. During the Track Record Period and up to the Latest Practicable Date, we did not experience any material data leakage, material data loss, or material unauthorized access to or use of data, including data relating to patients enrolled in clinical trials.

During the Track Record Period and up to the Latest Practicable Date, in the course of our business operations, we have not been involved in any cross-border data transmission in the PRC. Specifically, in the provision of clinical trial technical services, we only process data based on the entrustment of the sponsor and under the sponsor's instructions, and do not involve the cross-border transfer of any data collected and generated in the PRC. We also do not transfer any data outside of the PRC in the course of providing FSP services and conducting other business operations. In anticipation of potential future cross-border data transmission requirements, we have adopted corresponding internal control measures by formulating and implementing the Data Privacy Protection Policy. This policy explicitly stipulates that if it becomes necessary in the future to transfer data to or permit access by overseas entities, we will ensure that authorization and consent from data subjects have been obtained and that all relevant legal requirements relating to cross-border data transfer are fully complied with.

As of the Latest Practicable Date, we have not been notified of being classified as a critical information infrastructure operator ("CIIO"), we have not received any inquiry, notice, warning from any PRC government authorities, and have not been subject to any investigation, sanctions or penalties made by any PRC government authorities regarding national security risks caused by our business operations or the [**REDACTED**]. In addition, while [**REDACTED**] is not included in the scope of "listing abroad (國外上市)" under the Cybersecurity Review Measures, we are not required to proactively submit an application for cybersecurity review in respect of [**REDACTED**]. Our PRC Legal Advisors are of the view that we were not required to apply for cybersecurity review.

Our PRC Legal Advisors are of the view that, as of the Latest Practicable Date, following our implementation of various data compliance measures, we have complied in all material respects with applicable PRC laws and regulations on cybersecurity, personal privacy and data protection, and are not required to apply for cybersecurity review. In addition, as of the Latest Practicable Date, we have not been involved in any cross-border data transfer in the PRC.

Data Privacy and Security Framework

We have established a data privacy and security framework designed to address data privacy and security risks and to provide reasonable assurance that we can protect the confidentiality, integrity, and availability of the data we process. Current key measures include:

(i). We are entrusted by trial sponsors to collect and process personal information only for legitimate and specified purposes that are clearly communicated to the data subjects, or in strict accordance with study protocol and related regulations. We only engage in secondary uses of personal information upon obtaining appropriate consent or having a lawful basis for such use.

(ii). Obtain the consent of individuals before collecting and processing their personal information, where required by law or by our contractual obligations. We provide individuals with information about our data processing activities, including processing purposes, categories of recipients and applicable rights.

(iii). Implement appropriate technical and organizational measures to protect personal information from unauthorized access, use, disclosure, alteration, or destruction. These measures are designed to provide a level of security appropriate to the nature and sensitivity of the data we process and the risks associated with our processing activities.

(iv). Respect the rights of individuals with respect to their personal information, including but not limited to the right to access and correct their information, the right to restrict our processing of their information, the right to object to our processing of their information, and the right to data portability.

(v). Transfer personal information across borders only in compliance with applicable laws and regulations. We implement appropriate safeguards for cross-border transfers, including the use of standard contractual clauses, binding corporate rules, and other legally recognized mechanisms.

(vi). Maintain documentation of our data processing activities and our compliance with applicable laws and regulations.

We process data throughout its lifecycle, including collection, storage, processing and use, sharing and disclosure, and retention and deletion, through policies, procedures and controls such as access controls, secure transmission, retention schedules and secure deletion or destruction. We maintain logs and records where appropriate to support monitoring, investigations and compliance. We have duly completed the cybersecurity classified protection assessment and filing procedures for our clinical trial cloud platform in accordance with applicable PRC laws and regulations, and the platform has been classified as Level 3 under the PRC classified protection of cybersecurity regime.

Internal Control

We are subject to various regulatory requirements relating to cybersecurity and data privacy in the PRC, including the PRC Personal Information Protection Law (中華人民共和國個人信息保護法), PRC Data Security Law (中華人民共和國數據安全法) and the PRC Cybersecurity Law (中華人民共和國網絡安全法). To ensure full compliance with the aforesaid regulatory requirements and protect our data from unauthorized access, use, disclosure, alteration, or destruction, we have established a comprehensive internal control system, including management, organizational and technical measures.

Firstly, we have formulated and implemented comprehensive data compliance management systems, including the Data Privacy Protection Policy, Measures for the Classification and Administration of Data, Measures for the Emergency Response to Information Security Incidents, Personal Information Protection Impact Assessment System, Personal Information Protection Compliance Audit System and certain supporting procedural documents, so as to ensure a level of security appropriate to the nature and sensitivity of the data we process as well as the risks arising from our processing activities.

Secondly, we have established a multi-tiered data protection framework to ensure the effective implementation of our data compliance initiatives. For example, we have appointed a Data Protection Officer who is overall responsible for the planning, establishment, implementation and ongoing monitoring of our data and privacy protection framework. We have also set up a Data Security and Privacy Protection department responsible for the implementation of data compliance-related work.

In addition, we have implemented various technical measures to maintain cybersecurity and data privacy security, including encryption of data in transit and at rest, firewalls and intrusion detection and prevention systems, multi-factor authentication, role-based access

controls, data loss prevention tools, and regular security patching and updates. We have also adopted strict physical controls, including restricted access to facilities, surveillance, secure storage of physical documents and devices containing sensitive data, and secure disposal of such documents and devices.

Data Breach Response and Incident Management

We have established a data breach response plan to detect and report data security incidents, investigate the cause and scope of incidents, assess notification obligations, and implement remedial measures to prevent similar incidents in the future. We maintain incident logs and documentation and notify affected individuals and regulatory authorities where required by law.

During the Track Record Period and up to the Latest Practicable Date, we have not experienced any material data leakage, data loss, or unauthorised use of data. Our PRC Legal Advisor is of the view that we have complied with data privacy laws and cybersecurity laws in the PRC in all material aspects and up to the Latest Practicable Date.

Employee Training and Awareness

We recognize that our employees are a critical component of our data privacy and security framework. We provide regular training to our employees on our data privacy and security policies and procedures, and we conduct awareness campaigns to promote a culture of data privacy and security throughout our organization.

Third-Party Risk Management

We engage third-party suppliers to support our business operations. We conduct supplier due diligence, include data protection and security requirements in relevant contracts, enter into data processing agreements where suppliers process personal information on our behalf, and conduct ongoing monitoring and periodic audits as appropriate.

OUR SUPPLIERS

Our Major Suppliers

Given our CRO services, our suppliers include clinical trial sites and other third-party service providers. Such services and supplies are generally available from a number of suppliers in quantities adequate to meet our needs. We carefully select our suppliers based on factors including their qualifications and compliance record, service capabilities and capacity, quality and delivery performance, reputation, pricing, geographic coverage, and overall services.

We have established supplier selection and management procedures. In general, we conduct supplier onboarding and qualification review, and we regularly monitor and evaluate suppliers' performance based on project delivery and other relevant metrics. We may conduct on-site audits and/or enhanced reviews for key suppliers on an as-needed basis. During the Track Record Period, all of our top five suppliers in each year or period during the Track Record Period were Independent Third Parties.

Our procurement and supplier management functions are generally carried out on a centralized basis. Our procurement team and project teams coordinate to forecast demand based on the status of our ongoing projects and the expected project pipeline, and procure services and supplies in accordance with project needs. Depending on the nature of the procurement, we typically enter into (i) framework agreements supplemented by project-specific statements of work or purchase orders, or (ii) project-based agreements. We seek to manage supplier concentration and the impact of cost fluctuations through various measures, such as maintaining a diversified supplier pool, obtaining competitive quotations where appropriate, and negotiating commercial terms. During the Track Record Period, we did not experience any material shortage or delay in the supply of key services or supplies that had a material adverse impact on our operations.

During the Track Record Period, the total amount purchased from our top five suppliers in each year or period during the Track Record Period amounted to RMB38.3 million, RMB29.1 million, RMB20.2 million and RMB15.1 million in 2023, 2024 and 2025 and the six months ended June 30, 2026, respectively, representing 28.6%, 25.4%, 18.3% and 20.5% of our total purchase amount for the respective periods. Our largest supplier accounted for 11.2%, 9.2%, 10.4% and 7.6%, respectively, of our total purchase amount in 2023, 2024 and 2025 and the six months ended June 30, 2026, with the amounts incurred being RMB15.1 million, RMB10.5 million, RMB11.4 million and RMB5.6 million, respectively. See "Risk Factors — Risks Related to Our Business and Industry — We have experienced and may continue to experience customer and supplier concentration risks." During the Track Record Period and up to the Latest Practicable Date, we did not have any material disputes with our suppliers or experience any material breach of our supply agreements. To the best of our knowledge, as of the Latest Practicable Date, there was no information or arrangement that would lead to termination of our relationships with any of our major suppliers.

According to the industry consultant, our credit terms with our major suppliers are in line with the industry norm.

None of our Directors, their respective associates, or Shareholders who own 5% or more of our issued share capital had any interest in any of our top five suppliers in each year or period during the Track Record Period during the Track Record Period. During the Track Record Period, none of our major suppliers was also our customer.

During the Track Record Period and up to the Latest Practicable Date, we did not experience any material shortage or material delay in the supply of key services or supplies, nor did we have any material disputes or material breaches of agreements with any of our major suppliers, and there were no events that led to, or that we are aware of that could lead to, the termination of our relationships with any of our major suppliers.

The following tables set forth certain information about our top five suppliers in each year or period during the Track Record Period in terms of transaction amount incurred for the periods indicated.

For the six months ended June 30, 2026

Rank	Supplier	Background	Major products/services purchased	Purchase amount	Percentage of total purchase amount	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
1. . .	Supplier F	Health Service Provider	SMO service	5,552	7.6%	2019	Within 7 business days from the invoice date
2. . .	Supplier E	Health Service Provider	SMO service	4,473	6.1%	2019	Within 7 to 30 business days from the invoice date
3. . .	Supplier C	Cancer hospital and academic center	Clinical research institution service	2,012	2.7%	2019	Within 7 to 10 business days from the invoice date

Rank	Supplier	Background	Major products/services purchased	Purchase amount	Percentage of total purchase amount	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
4. . .	Supplier J[10]	Cancer hospital and academic center	Clinical research institution service	1,614	2.2%	2022	Within 5 to 10 business days from the invoice date
5. . .	Supplier K[11]	Health Service Provider	Subject recruitment service	1,406	1.9%	2023	Within 15 business days from the invoice date
	Total			**15,057**	**20.5%**		

2025

Rank	Supplier	Background	Major products/services purchased	Purchase amount	Percentage of total purchase amount	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
1. . .	Supplier F	Health Service Provider	SMO service	11,439	10.4%	2019	Within 7 to 10 business days from the invoice date
2. . .	Supplier H[8]	Health Service Provider	SMO service	2,442	2.2%	2021	Within 10 business days from the invoice date
3. . .	Supplier E	Health Service Provider	SMO service	2,383	2.2%	2019	Within 7 to 30 business days from the invoice date
4. . .	Supplier C	Cancer hospital and academic center	Clinical research institution service	2,186	2.0%	2019	Within 7 to 10 business days from the invoice date
5. . .	Supplier I[9]	General hospital	Clinical research institution service	1,714	1.6%	2023	Within 10 to 15 business days from the invoice date
	Total			**20,164**	**18.3**		

2024

Rank	Supplier	Background	Major products/services purchased	Purchase amount	Percentage of total purchase amount	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
1 . .	Supplier F[6]	Healthcare Service Provider	SMO services	10,528	9.2%	2019	Within 7 to 10 business days from the invoice date
2. . .	Supplier B	Medical technology company	EDC and IWRS services	6,140	5.4%	2016	Within 10 to 30 business days from the invoice date
3. . .	Supplier E	Healthcare Service Provider	SMO services	4,596	4.0%	2019	Within 7 to 10 business days from the invoice date
4. . .	Supplier G[7]	Medical technology company	Central imaging services	4,307	3.8%	2022	Within 45 business days from the invoice date
5. . .	Supplier C	Cancer hospital and academic center	Clinical research institution services	3,543	3.1%	2019	Within 10 to 15 business days from the invoice date
	Total			**29,114**	**25.4%**		

2023

Rank	Supplier	Background	Major products/services purchased	Purchase amount	Percentage of total purchase amount	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
1. . .	Supplier A[1]	Regional CRO	CRO services	15,078	11.2%	2022	Within 10 business days from the invoice date
2. . .	Supplier B[2]	Medical technology company	EDC and IWRS services	11,542	8.6%	2016	Within 10 to 30 business days from the invoice date
3. . .	Supplier C[3]	Cancer hospital and academic center	Clinical research institution services	4,671	3.5%	2019	Within 10 business days from the invoice date

Rank	Supplier	Background	Major products/services purchased	Purchase amount	Percentage of total purchase amount	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
4. . .	Supplier D[4]	Cancer center and teaching hospital	Clinical research institution services	3,732	2.8%	2022	Within 10 to 15 business days from the invoice date
5. . .	Supplier E[5]	Healthcare Service Provider	SMO services	3,303	2.5%	2019	Within 7 to 30 business days from the invoice date
	Total			**38,326**	**28.6%**		

(1). Supplier A is a contract research organization headquartered in Singapore, Singapore that specializes in clinical research, regulatory startups, clinical operations, data management, biostatistics, and clinical trial management. As of the latest available data, Supplier A had between 11 and 50 employees.

(2). Supplier B is a medical technology company headquartered in Jiaxing, Zhejiang that specializes in digital solutions for the life sciences industry, including a clinical research digital platform, pharmacovigilance, medical affairs, market access, and pharmaceutical marketing. As of the latest available data, Supplier B had 656 employees and a registered capital of RMB563.779 million.

(3). Supplier C is a specialized cancer hospital and academic center headquartered in Beijing, Beijing that specializes in clinical oncology, cancer research, cancer education, and cancer prevention, with a focus on gastrointestinal and breast cancer. As of latest available data, Supplier C had more than 2,400 employees.

(4). Supplier D is a provincial-level cancer prevention and research center and teaching hospital headquartered in Jinan, Shandong that specializes in oncology, cancer prevention and research, and a wide range of cancer treatment modalities including radiation therapy, surgery, chemotherapy, and proton therapy. As of the latest available data, Supplier D had over 2,600 staff.

(5). Supplier E is a pharmaceutical technology development company headquartered in Shanghai, Shanghai that specializes in SMO services, including site selection and start-up, FSP, and third-party quality control and audits. As of the end of 2025, Supplier E had 4,157 employees and a registered capital of RMB79,502,540.

(6). Supplier F is a medicinal technological progress company headquartered in Beijing, Beijing that specializes in Clinical Research Coordinator services and SMO for a wide range of clinical research projects. As of the latest available data, Supplier F had nearly 800 employees and a registered capital of RMB10 million.

(7). Supplier G is a medical technology company headquartered in Haiyan, Zhejiang that specializes in clinical trial endpoint services, with a focus on central imaging reading for ophthalmology, respiratory, and oncology. As of the latest available data, Supplier G had between 100 and 499 employees and a registered capital of US$1.5 million.

(8). Supplier H is a medical technology company headquartered in Hangzhou, Zhejiang that specializes in SMO and Clinical Research Coordinator services for Phase I-IV clinical studies, real-world studies, and medical device clinical trials. As of the latest available data, Supplier H had over 3,600 professional team members.

(9). Supplier I is a tertiary Grade-A general hospital and cancer center headquartered in Shijiazhuang, Hebei that is affiliated with Hebei Medical University. Founded in 1955, the hospital integrates clinical care, teaching, research, prevention, and healthcare, and also serves as the Hebei Provincial Cancer Center. The hospital specializes in oncology and a broad range of clinical disciplines, and is an accredited clinical trial institution registered with the NMPA. As of the latest available data, Supplier I had approximately 4,761 employees and over 3,186 licensed beds.

(10). Supplier J is a specialized cancer hospital and research center based in Guangzhou, Guangdong that specializes in cancer diagnosis and treatment, cancer research, medical education and cancer prevention. As of December 31, 2025, Supplier J had 2,245 beds in operation and 4,416 employees.

(11). Supplier K is a clinical trial subject recruitment service provider headquartered in Beijing, Beijing that specializes in one-stop subject recruitment solutions for Phase I to Phase IV clinical trials, including patient recruitment, healthy volunteer recruitment and patient management. As of December 13, 2025, Supplier K had 117 employees and a registered capital of RMB4.0 million.

General Terms of Contracts with Suppliers

We procure services and supplies from suppliers to support the delivery of our services. We enter into service agreements with suppliers that set out the general rights and obligations of the parties, the scope of services, deliverables, service standards, staffing arrangement, project timetable and fees are agreed in the relevant project documents or appendices.

Our supplier agreements generally provide for: (i) performance and compliance requirements, including compliance with applicable laws and regulations and the relevant study protocol and operating procedures; (ii) project management and reporting arrangements to monitor supplier performance, and, in certain cases, restrictions on subcontracting and assignment without prior written consent; (iii) payment terms linked to project progress, and, in some cases, settlement conditional upon our receipt of the relevant pass through payment from the trial sponsor; and (iv) confidentiality provisions, and, where applicable, data ownership and return or delivery of project documents and materials in accordance with our instructions.

We may terminate supplier agreements based on project needs or where a supplier fails to perform, breaches the contract or otherwise fails to meet required standards. Upon termination, amounts payable are settled by reference to services already performed and expenses incurred. Our supplier agreements set out governing law and dispute resolution mechanisms. PRC based agreements are generally governed by PRC law and provide for resolution through litigation at the agreed competent court, while certain cross border arrangements may provide for foreign governing law and arbitration.

OUR CUSTOMERS

Our Major Customers

We have developed established relationships with many of our customers and a significant portion of our revenue is generated from repeat customers.During the Track Record Period, our overall customer retention rate was 78.4%, 74.4%, 68.5%, 70.1% and 77.2% in 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, respectively. Our overall net dollar retention rate was 110.8%, 90.6% and 105.7% in 2023, 2024 and 2025, respectively. These reflect the continued engagement of our existing customer base across the Track Record Period. In 2023, 2024 and 2025 and the six months ended June 30, 2025 and 2026, approximately 95.0%, 96.5%, 97.1%, 98.8% and 90.9% of our revenue, respectively, was generated from customers who had engaged us in the prior year. Our customers are mainly pharmaceutical and biotechnology companies. During the Track Record Period, all of our top five customers in each year or period during the Track Record Period were independent third parties.

The total revenue generated from our top five customers in each year or period during the Track Record Period amounted to RMB221.9 million, RMB190.6 million, RMB198.7 million and RMB110.8 million in 2023, 2024 and 2025 and the six months ended June 30, 2026, respectively. In 2023, 2024 and 2025 and the six months ended June 30, 2026, our top five customers in each year or period during the Track Record Period together accounted for 59.9%, 56.0%, 59.2% and 54.3%, respectively, of our total revenue, and our largest customer accounted for 21.6%, 16.2%, 19.1% and 17.6%, respectively, of our total revenue. See "Risk Factors — Risks Related to Our Business and Industry — We have experienced and may continue to experience customer and supplier concentration risks."

According to the industry consultant, our credit terms with our major customers are in line with the industry norm.

None of our Directors, their respective associates, or Shareholders who own 5% or more of our issued share capital had any interest in any of our top five customers in each year or period during the Track Record Period. During the Track Record Period, none of our major customers was also our supplier.

During the Track Record Period and up to the Latest Practicable Date, we did not have any material disputes or material breaches of agreements with any of our major customers, and there were no events that led to, or that we are aware of that could lead to, the termination of our relationships with any of our major customers.

The following tables set forth certain information about our top five customers in each year or period during the Track Record Period in terms of revenue generated for the periods indicated.

For the six months ended June 30, 2026

Rank	Customer	Background	Services and/or solutions provided by us	Sale amount	Percentage of total revenue	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
1. . .	Customer B	Pharmaceutical company	Clinical trial technical service and FSP	35,961	17.6%	2013	Within 5 to 30 business days from the invoice date
2. . .	Customer E	Biopharmaceutical company	Clinical trial technical service	33,108	16.2%	2018	Within 5 business days from the invoice date
3. . .	Customer A	Biopharmaceutical company	Clinical trial technical service and FSP	25,453	12.5%	2014	Within 10 to 60 business days from the invoice date
4. . .	Customer H[8]	Biopharmaceutical company	Clinical trial technical service	8,168	4.0%	2026	Within 20 business days from the invoice date
5. . .	Customer I[9]	Pharmaceutical company	Clinical trial technical service	8,098	4.0%	2021	Within 5 to 30 business days from the invoice date
	Total			**110,788**	**54.3%**		

2025

Rank	Customer	Background	Services and/or solutions provided by us	Sale amount	Percentage of total revenue	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
1. . .	Customer E	Biopharmaceutical company	Clinical trial technical service	64,190	19.1%	2018	Within 5 business days from the invoice date
2. . .	Customer B	Pharmaceutical company	Clinical trial technical service and FSP	54,537	16.2%	2013	Within 5 to 30 business days from the invoice date

Rank	Customer	Background	Services and/or solutions provided by us	Sale amount	Percentage of total revenue	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
3. . .	Customer A	Biopharmaceutical company	Clinical trial technical service and FSP	39,889	11.9%	2014	Within 10 to 60 business days from the invoice date
4. . .	Customer F	Pharmaceutical group	Clinical trial technical service	20,627	6.1%	2018	Within 7 to 10 business days from the invoice date
5. . .	Customer G	Pharmaceutical company	Clinical trial technical service	19,471	5.9%	2022	Within 5 to 10 business days from the invoice date
	Total			**198,714**	**59.2**		

2024

Rank	Customer	Background	Services and/or solutions provided by us	Sale amount	Percentage of total revenue	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
1. .	Customer E	Biopharmaceutical company	Clinical trial technical services	55,183	16.2%	2018	Within 5 to 15 business days from the invoice date
2. .	Customer A	Biopharmaceutical company	Clinical trial technical services and FSP	45,318	13.3%	2014	Within 10 to 60 business days from the invoice date
3. .	Customer B	Pharmaceutical company	Clinical trial technical services and FSP	40,680	12.0%	2013	Within 5 to 30 business days from the invoice date
4. .	Customer D	Pharmaceutical company	Clinical trial technical services	29,376	8.6%	2021	Within 5 to 10 business days from the invoice date
5. .	Customer F	Pharmaceutical group	Clinical trial technical services	20,005	5.9%	2018	Within 7 to 10 business days from the invoice date
	Total			**190,562**	**56.0%**		

2023

Rank	Customer	Background	Services and/or solutions provided by us	Sale amount	Percentage of total revenue	Year of commencement of business relationship with us	Typical credit term
				(RMB in thousands)	*(%)*		
1. . .	Customer A	Biopharmaceutical company	Clinical trial technical services and FSP	80,154	21.6%	2014	Within 10 to 60 business days from the invoice date
2. . .	Customer B	Pharmaceutical company	Clinical trial technical services and FSP	52,486	14.2%	2013	Within 5 to 30 business days from the invoice date
3. . .	Customer C[(3)]	Biopharmaceutical company	Clinical trial technical services	37,978	10.3%	2019	Within 5 to 15 business days from the invoice date
4. . .	Customer D[(4)]	Pharmaceutical company	Clinical trial technical services	27,885	7.5%	2021	Within 5 to 10 business days from the invoice date
5. . .	Customer E[(5)]	Biopharmaceutical company	Clinical trial technical services	23,408	6.3%	2018	Within 5 to 15 business days from the invoice date
	Total			**221,911**	**59.9%**		

(1). Customer A is a biopharmaceutical company headquartered in Shanghai, the PRC, primarily engaged in the research and development, manufacturing and commercialization of monoclonal antibody (mAb) drugs, and the provision of related technical services, technology transfer and technology consultation services. As of the latest available data, Customer A had over 40,000 employees.

(2). Customer B is a pharmaceutical company headquartered in Hangzhou, Zhejiang that specializes in Traditional Chinese Medicine, Western Medicine, Biotechnology, APIs, Finished Products, Transplant Immunology, Endocrinology, Chronic Kidney Disease, Digestive System, Antibiotics, Oncology, and Cardiovascular products. As of the latest available data, Customer B had over 9,000 employees.

(3). Customer C is a state-owned biopharmaceutical company headquartered in Beijing and an important member of China National Pharmaceutical Group Co., Ltd. (Sinopharm). It is principally engaged in the R&D, manufacturing and sales of biological products, covering (among others) human vaccines, blood products, medical aesthetics, animal healthcare, biotherapeutics and medical diagnostics. As of the latest available information, Customer C had over 10,000 employees.

(4). Customer D is a pharmaceutical technology company headquartered in Shanghai that specializes in innovative drug research and development, manufacturing, and commercialization, with a focus on oncology, nephrology, cerebro-cardiovascular, analgesic, respiratory health, and immunology therapeutics. As of 2024, Customer D had 389 employees.

(5). Customer E is a bio-pharmaceutical company headquartered in Luzhou, Sichuan that specializes in the research and development, production, and sales of biological products, biotechnology, and biopharmaceuticals, as well as pharmaceutical manufacturing, drug production, drug wholesale, and drug import and export. As of the latest available data, Customer E had between 100 and 199 employees.

(6). Customer F is a pharmaceutical holdings company headquartered in Guangzhou, Guangdong that specializes in the research and development, manufacturing, and sales of Chinese patent medicine, Western medicine, biological products, health products, health drinks, wholesale and retail of pharmaceuticals and medical devices, and import and export business. As of December 31, 2023, Customer F had 28,048 employees.

(7). Customer G is a pharmaceutical company headquartered in Wuxi, Jiangsu that specializes in Antibiotic APIs, Immunosuppressant APIs, Chemical Synthesis Bulk Drugs, Oral Solid Dosage Forms, New Antineoplastic Drugs, and Hepatoprotective Drugs. As of the latest available data, Customer G had between 300 and 399 employees.

(8) Customer H is a biopharmaceutical company based in Suzhou, Jiangsu that specializes in the research and development of pharmaceutical products, with a focus on antibody-based therapies for immune diseases. As of December 31, 2025, Customer H had 95 employees and a registered capital of RMB450.0 million.

(9) Customer I is a biopharmaceutical company headquartered in Huzhou, Zhejiang that specializes in the research, development and commercialization of innovative pharmaceutical products, with a focus on oncology therapies, including small-molecule targeted therapies. As of December 31, 2025, Customer I had 173 employees and, as of the latest available data, a registered capital of RMB380.1 million.

General Terms of Contracts with Customers

We enter into project-based clinical trial service agreements with our customers. These agreements set out the scope of services, project timelines, key milestones, deliverables, quality standards and compliance requirements under applicable laws and regulations, including clinical trial quality management requirements.

Our customer agreements generally provide for: (i) service fees agreed based on the scope and complexity of the project and the resource requirements; (ii) payment schedules linked to project milestones, including contract signing, completion of ethics approvals, first subject first visit, last subject last visit, data cleaning, delivery of final clinical study reports and project close out, with payments usually required within a specified number of working days after the relevant milestone is achieved and, in certain cases, after the customer receives the relevant value added tax invoice; (iii) delivery of agreed project documents and reports and the customer's review and acceptance, and amendments to protocol, scope of work, timelines, number of clinical sites and other key terms documented in writing, including by supplemental agreements where appropriate; and (iv) customer ownership of intellectual property and project results generated under the customer's project, and confidentiality obligations covering the customer's technical and commercial information and project results, with breach giving rise to contractual liabilities, including termination and liquidated damages. For details of payment schedule, see "Business — Our Fee Models — Fee-for-service Model."

The agreements set out termination and settlement arrangements. Termination may arise by mutual agreement, due to force majeure or policy changes that prevent continued performance, or due to breach. Where a project is terminated, fees and reimbursable expenses are settled based on work performed and costs incurred up to the termination date, and the parties may enter into a separate termination settlement agreement to confirm the outstanding balance and payment conditions.

MARKETING AND SALES

We obtain business through efforts of our business development team. We increase our brand awareness, expand our customer base and strengthen relationships with existing clients.

Our marketing and business development activities are primarily led by our business development department, which reports directly to our chief executive officer. Our business development team conducts marketing activities through multiple channels, including customer visits, and industry conferences, and public information platforms. These channels allow us to identify potential opportunities, maintain communications with prospective clients, and convert project leads into contract awards. As of June 30, 2026, our business development team comprises 28 members. Most of our clinical CRO services are sourced through tendering and competitive bidding process.

We maintain a customer relationship management system, to support customer development and retention. The customer relationship management system contains customer profile information such as registration details, pipeline, financing status, organizational structure and key contacts, as well as follow-up records and historical cooperation information, enabling lead tracking and account management. We evaluate client satisfaction through a structured feedback process coordinated by our project management office (PMO). Feedback is collected through periodic project communications and PMO follow-up, escalated where appropriate, and the PMO generally responds to complaints within three business days. Corrective actions are tracked to completion and summarized in periodic management reports. We also provide after-sales support through our professional technical teams, including regulatory affairs, medical, clinical operations, data management, biostatistics and pharmacovigilance. Throughout project execution, business development personnel remain involved to coordinate internal and external resources and support communications.

COMPETITION

The global and China biopharmaceutical R&D services markets are highly fragmented. In China, the five largest clinical CROs by revenue accounted for 29.9% of the total clinical CRO market in 2025, according to the F&S Report.

We face significant competition from leading China-headquartered CROs, such as Tigermed, R&G, and Pharmaron. In addition, we face competition from a substantial number of small- to medium-sized CROs and the in-house R&D departments of biopharmaceutical companies. For more details regarding our competitive landscape, see "Industry Overview — Competitive Landscape in the Clinical CRO Market" and "Risk Related — Risks Relating to our Business and Industry — We face intense competition in the PRC and international markets. Our inability to compete effectively may result in downward pricing pressure, reduced demand for our services, and adverse impacts on our operating results and profitability."

AWARDS AND RECOGNITIONS

The table below sets forth a summary of the major awards and recognitions we received as of the Latest Practicable Date:

Awards/Recognitions	Granting Authority/Organization	Award Year
High-tech Zone "Gazelle" Enterprise (高新區瞪羚企業)	Hefei High-tech Zone Administrative Committee (合肥高新區管委會)	2024
Anhui Province Innovative Enterprise (安徽省創新型企業)	Anhui Provincial Department of Economy and Information Technology (安徽省經濟和信息化廳)	2023
Anhui Province "Specialized, Refined, Distinctive and Innovative" Enterprise (安徽省專精特新企業)	Anhui Provincial Department of Economy and Information Technology (安徽省經濟和信息化廳)	2023
Anhui Province Big Data Enterprise (安徽省大數據企業)	Anhui Provincial Data Resources Administration (安徽省數據資源管理局)	2023
Hefei Municipal Big Data Enterprise (合肥市大數據企業)	Hefei Municipal Data Resources Administration (合肥市數據資源局)	2023
Enterprise admitted to the Hefei Biomedical Industry Public Platform (合肥市生物醫藥產業公共平台入庫企業)	Hefei Municipal Bureau of Economy and Information Technology (合肥市經濟和信息化局)	2023

EMPLOYEES

As of June 30, 2026, we had a total of 566 employees. The table below sets forth a breakdown of our employees by function and by region as of June 30, 2026.

	China	Oversea
Project operations[(1)]	436	12
Business development[(2)]	24	4
Functional management [(3)]	38	–
Research and development[(4)]	52	–
Total	**550**	**16**

(1). "Project operations" primarily include personnel engaged in clinical operations, medical science, data management, biostatistics, pharmacovigilance, regulatory registration, subject recruitment and other functions.

(2). "Business development" primarily include personnel responsible for client development and client management.

(3). "Functional management" primarily includes personnel in finance, legal, procurement, human resources, administration and other supporting functions.

(4). "Research and development" primarily include personnel engaged in system development, clinical trial technology research and development and quality research and development.

Employment Arrangements and Employee Benefits

We enter into individual employment contracts with our employees in accordance with applicable labor laws. These contracts generally cover wages, bonuses, employee benefits, workplace safety, confidentiality obligations, non-competition where applicable and grounds for termination, and typically have terms of three years. For our employees in the PRC, we are required by applicable PRC laws and regulations to make contributions to statutory social insurance funds and housing provident funds, including basic pension insurance, medical insurance, unemployment insurance, work-related injury insurance, and maternity insurance. During the Track Record Period, we did not make adequate contributions to the social insurance and housing provident funds with respect to certain of our employees, and engaged third-party human resources agencies to make such contributions on behalf of certain other employees. See "— Employees — Social Insurance and Housing Provident Funds Contribution".

Recruitment, Training and Talent Development

We recruit through campus recruitment and experienced-hire channels. In the PRC, we source experienced hires through online recruitment platforms, recruitment agencies and headhunters and employee referrals, and for international recruitment we also use professional networking platforms. We invest in continuing education and training programs to upgrade employees' skills and knowledge. Our training programs generally include:

(i). Onboarding and role-based training, including SOP orientation and project delivery basics;

(ii). Technical and professional training tailored to clinical research functions, including GCP awareness, protocol and process training, and function-specific training such as monitoring, data management, biostatistics and pharmacovigilance;

(iii). Ongoing internal and external training, including participation in industry conferences and workshops; and

(iv). Compliance training, including anti-bribery and anti-corruption requirements and other relevant legal and regulatory updates.

Remuneration, Incentives and Retention

We provide compensation and benefits that generally include base salary and performance-based incentives. Employee compensation is typically comprised of base salary plus bonus, with bonuses determined based on role responsibilities, performance assessment and business outcomes. We also provide employee benefits in accordance with applicable laws and our internal policies.

Compliance and Ethical Requirements

We require our employees, especially those involved in business development and customer-facing activities, to abide by our internal compliance requirements and applicable laws and regulations to mitigate bribery and corruption risks, and we provide regular compliance training. Compliance oversight and internal supervision arrangements are

primarily implemented through the Audit Committee, Internal Audit Department and General Management Office, with support from the Legal Department and Human Resources and Administration, including whistleblowing channels and the handling of reports. The Audit Committee has overall oversight of the relevant corporate seals and related controls, and the Internal Audit Department investigates reported matters.

Social Insurance and Housing Provident Funds Contribution

Pursuant to the relevant PRC laws and regulations, employers are obligated to contribute to the social insurance and housing provident funds for their employees. During the Track Record Period, we (i) did not make adequate social insurances and housing provident fund contributions for certain employees; and (ii) engaged third-party human resources agencies to make social insurance and housing provident fund contributions.

During the Track Record Period, we did not make adequate contributions to the social insurance and housing provident funds with respect to certain of our employees as required by the relevant PRC laws and regulations, primarily because certain employees were unwilling to pay the social insurance and housing provident funds in full as it requires additional contributions from our employees. In 2023, 2024 and 2025, and the six months ended June 30, 2026, the aggregate shortfall amount of social insurance contributions to our employees was RMB4.4 million, RMB5.7 million, RMB7.8 million and RMB4.3 million, respectively, and the aggregate shortfall amount of housing provident fund contributions was RMB1.6 million, RMB2.1 million, RMB2.8 million and RMB1.9 million, respectively. As advised by our PRC Legal Advisors, if any of the relevant social insurance authorities is of the view that the social insurance contributions we made for our employees do not comply with the requirements under the relevant PRC laws and regulations, it may order us to pay the outstanding balance within a prescribed time period plus a late fee of 0.05% of the total outstanding balance per day. The maximum aggregate potential late fees for which we may be liable in connection with the inadequate contributions to social insurance were approximately RMB0.3 million, RMB0.4 million, RMB0.5 million and RMB0.1 million in 2023, 2024 and 2025 and the six months ended June 30, 2026, respectively. If we fail to do so within the prescribed period as requested by the relevant social insurance authorities, we may be subject to a fine ranging between one to three times of the total outstanding balance. In addition, if any of the relevant housing provident fund authorities is of the view that our contributions to the housing provident funds do not satisfy the requirements under the relevant PRC laws and regulations, it may order us to pay the outstanding balance within a prescribed period. If we fail to do so within the prescribed period, the relevant housing provident fund authority may apply to a PRC court for an order of mandatory payment.

In addition, during the Track Record Period, we engaged third-party human resources agencies to make social insurance and housing provident fund contributions for a portion of our employees, primarily because they prefer their social insurance and housing provident funds to be paid at their respective places of residence for the convenience of utilizing such benefits locally. This practice does not constitute compliance with applicable PRC laws and regulations, as such contributions are required to be made directly by the employing entity. If this arrangement is challenged by the relevant authorities, we may be deemed to have failed to discharge our statutory obligations.

Based on the applicable laws, regulations, and normative documents, the relevant credit reports obtained by us and our PRC subsidiaries, and the undertakings provided by us and each of our PRC subsidiaries, our PRC Legal Advisors are of the view that, as of the Latest Practicable Date, neither we nor our PRC subsidiaries and their respective branches have been subject to any material administrative penalties imposed by the competent authorities in charge of labor and personnel, social insurance, or housing provident fund matters. As advised by our PRC Legal Advisors, in the absence of any material changes in the current policies, regulations, and enforcement and supervisory requirements of the relevant local authorities, and provided that no material employee complaints or claims arise, the risk of us being required by the relevant authorities to make supplementary contributions or being subject to administrative

penalties in respect of historical non-compliance with social insurance and housing provident fund contribution requirements during the Track Record Period is remote, based on the following: (i) the current PRC government policy against centralized collection of historical arrears; (ii) no material administrative penalties had been imposed on us or our PRC subsidiaries in relation to social insurance or housing provident fund contributions during the Track Record Period and up to the Latest Practicable Date, and we were not aware of any plan or arrangement by the relevant authorities to pursue historical shortfalls; (iii) the credit reports obtained by us and each of our PRC subsidiaries confirm the absence of any record of arrears or administrative penalties in the areas of social insurance and housing provident fund contributions during the respective periods covered; (iv) we and each of our PRC subsidiaries have undertaken in writing that, in the event that any employee files a complaint with the competent authorities or the competent authorities require rectification or supplementary payment within a stipulated time period, we will duly comply in a timely manner; and (v) our controlling shareholders have undertaken in writing to personally bear any supplementary contributions, late payment surcharges, fines, or other losses incurred by us or our PRC subsidiaries as a result of any historical non-compliance, so as to ensure that we do not suffer any loss in connection therewith. See "Risk Factors — Our failure to make sufficient contributions to employee benefit plans as mandated by PRC regulations may lead to penalties, which could adversely affect our business, financial condition and reputation."

Based on Article 19 of the Interpretation II by the Supreme People's Court of the PRC on Legal Issues in the Trial of Labor Dispute Cases, which provides that "where the employer and the laborer agree, or the laborer promises the employer, that there is no need to pay social insurance premiums, the people's court shall determine that such agreement or promise is invalid", our PRC Legal Advisors confirm that no such agreement or waiver exists between us and our employees whereby the employees have agreed to or promised to forgo the payment of social insurance premiums. Accordingly, our PRC Legal Advisers are of the view that this provision has no material impact on us.

Rectification and Enhanced Internal Control Measures

With respect to the inadequate social insurance and housing provident fund contributions, we have adopted a phased rectification plan to progressively bring our contributions into full compliance. In 2026, we plan to adjust the contribution base to 65% of each employee's actual salary. In 2027, we plan to further increase the contribution base to 80% of each employee's actual salary. We expect to achieve full compliance by 2028, with contributions calculated based on 100% of each employee's actual salary.

With respect to the third-party agency arrangements, as of June 30, 2026, social insurance and housing provident fund contributions for 14 of our employees continue to be made through third-party human resources agencies. We expect to fully eliminate all third-party agency arrangements by October 2026.

In the event that we receive notification from the relevant government authorities requiring us to rectify, make timely payments, or pay any outstanding amounts, we will promptly cooperate with the relevant competent authorities to fulfil our obligations in full.

To ensure ongoing compliance, we have implemented the following enhanced internal control measures: (i) adopting an Employee Benefits Management Policy requiring social insurance and housing provident fund contributions to be made for all eligible employees based on their actual salaries in accordance with applicable national and local regulations; (ii) adopting a Third-Party Payment Management Policy establishing a three-layer identification and monitoring mechanism for third-party payments, supported by a multi-level approval process and due diligence requirements; (iii) assigning a dedicated compliance team to monitor our ongoing adherence to applicable regulations and implement corrective measures as necessary; and (iv) proactively tracking regulatory developments and maintaining regular communication with the relevant PRC authorities to ensure our contribution practices remain fully compliant.

INSURANCE

We maintain insurance coverage that we believe is appropriate for our business operations and generally in line with industry practices. Our insurance policies are primarily intended to cover risks arising from our day-to-day operations and employee-related exposures. We do not maintain key-man life insurance for any member of our senior management. We also do not maintain business interruption insurance.

ENVIRONMENTAL, SOCIAL AND GOVERNANCE MATTERS

ESG Governance

As a CRO, we adhere to applicable national and local laws and regulations relating to environmental protection, labor management, occupational health and safety and business ethics (anti-corruption). We have formulated ESG policies covering environmental protection measures, social responsibility principles and internal governance frameworks. Post-[**REDACTED**], we will comply with applicable ESG reporting requirements and engage transparently with stakeholders.

Our Board is responsible for ESG management and oversees the implementation of ESG and climate-related policies and measures. Its duties include reviewing and approving major ESG issues, objectives and strategies, reviewing and approving the ESG report and external disclosures, and confirming significant ESG issues, materiality assessments and key data. The Audit Committee assists the Board in overseeing ESG matters, including reviewing the draft annual ESG report before it is submitted to the Board for approval.

Our ESG Working Group coordinates the implementation of ESG work and disclosure and reports to the Board on major ESG and climate-related issues and implementation progress. The Board Office is the coordinating department responsible for day-to-day ESG matters, including ESG data collection and the preparation of our annual ESG report and liaison with The Stock Exchange of Hong Kong Limited on ESG reporting matters. Relevant business and functional departments are responsible for identifying, managing and reporting ESG risks and performance within their remit and implementing ESG action plans. Our internal audit function conducts periodic independent assessments of the ESG management system and the reliability of data collection and reporting processes and reports its findings to the Audit Committee.

ESG Goals

We have identified ESG focus areas covering environmental responsibility, employee responsibility, sustainable supply chain, business ethics (anti-corruption), and client responsibility, including service quality, ethical standards in clinical trials and data privacy and information security.

Environmental Responsibility

Our waste primarily comprises general office waste such as waste ink cartridges and toner cartridges. As we do not manufacture pharmaceuticals, we do not generate production-related waste from drug manufacturing, and any unused drugs for clinical trials are collected and returned to the relevant pharmaceutical companies.

Our energy consumption mainly relates to purchased electricity for offices, and our water consumption is mainly for office daily use. We implement measures to improve resource efficiency, including equipment maintenance, lighting controls and monitoring and water-saving devices.

The below table sets forth our energy and water consumption during the Track Record Period:

	Unit	Year ended December 31, 2023	2024	2025	Six months ended June 30, 2026
Total Electricity Consumption[(1)]	MWh	179,223	144,644	144,868	103,090
Total Water Consumption	m^3	392	395	329	151

Note:

(1) The Electricity Consumption is calculated from bills paid with prepaid account and direct payment

We categorize our greenhouse gas (GHG) emissions into Scope 1, Scope 2 and Scope 3 in accordance with the Greenhouse Gas (GHG) Protocol Corporate Accounting and Reporting Standard. Scope 1 emissions primarily arise from refrigerant leakage in our refrigeration equipment. Scope 2 emissions primarily arise from our purchased electricity. Scope 3 emissions primarily arise from employee business travel. The table below sets out our GHG emissions during the Track Record Period:

Category	Unit	Year Ended December 31, 2023	2024	2025	Six months ended June 30, 2026
Total GHG Emissions	(tonnes of CO_2eq)	1,029.48	1,199.85	1,308.5	586.48
Scope 1	(tonnes of CO_2eq)	1.31	1.31	1.31	2.26[(1)]
Scope 2	(tonnes of CO_2eq)	96.17	77.62	77.74	55.32
Scope 3[(2)]	(tonnes of CO_2eq)	932	1,120.93	1,229.46	528.90

Notes:

(1) As of June 30, 2026, the increase in Scope 1 emissions is attributed to the addition of the Hangzhou office and increased refrigeration equipment, leading to higher refrigerant leakage emissions.

(2) The increase in Scope 3 emissions from 2023 to 2025 was primarily driven by growth in employee business travel, attributable to four factors: (i) the release of previously suppressed business travel demand following the lifting of COVID-19-related restrictions; (ii) an increase in our total headcount from 430 to 474 employees; (iii) a higher frequency of on-site monitoring visits and investigator meetings as our project portfolio expanded; and (iv) increased client visits and business development activities amid intensifying competition in the industry.

Based on our historical GHG emission data, we have established an emission reduction target: with 2025 as the base year, we will reduce the average annual GHG emissions per employee by 5% by 2028. To achieve this target, we will take the following measures: (i) For Scope 1 emissions, we focus on refrigerant leakage in our refrigeration equipment, and will reduce such leakage emissions by conducting regular inspections to register potential hazards and rolling out compliance training and awareness initiatives. (ii) For Scope 2 emissions, we focus on purchased electricity, and will reduce power consumption by promoting low-carbon electricity use behaviors, carrying out electricity use awareness training, implementing paperless office operations and enforcing time-limited use of non-essential equipment. (iii) For Scope 3 emissions, we focus on employee business travel, and will achieve full-dimensional emission reduction through behavioral guidance and management optimization, including strengthening green publicity and advocacy and standardizing the routes and modes of official business travel.

Employee Responsibility

We comply with applicable labor laws and regulations and maintain standardized employment policies. We provide a remuneration and benefits framework, including mandatory social insurance and bonuses, and we are committed to non-discrimination, fair treatment and equal opportunity.

The below table sets forth the composition of our total workforce during the Track Record Period:

	Year ended December 31,			Six months ended June 30,
	2023	2024	2025	2026
By Gender				
Male	123	108	134	163
Female	307	291	340	403
By Age Group				
Under 30 years old	229	176	184	212
30-50 years old	193	216	281	345
Over 50 years old	8	7	9	9

Occupational Health and Safety

We prioritize occupational health and safety through health management measures, including entry physical examination reports and annual health check-ups. During the Track Record Period, there were no work-related fatalities or injuries recorded among our employees working at our on-site premises. We provide onboarding and annual training programs.

Development and Training

We provide our employees with annual training programs and plans, and provide new employees with onboarding training. We also encourage employees to participate in external organization forums, sharing sessions, etc. to enrich their professional knowledge — all designed to build capability and support long-term career advancement.

Supply Chain Management

We have a supplier management system and maintain a qualified supplier list. We conduct pre-engagement due diligence and regularly evaluate supplier performance. We require suppliers to comply with applicable laws and regulations on anti-bribery, anti-corruption and business ethics.

The below table sets forth the supplier distribution during the Track Record Period:

	Year ended December 31,			Six months ended June 30,
	2023	2024	2025	2026
PRC	29	94	211	140
Outside the PRC	0	15	13	17

Clinical Trial Patient Recruitment

We have established a patient recruitment standard operating procedure governing the recruitment process. All recruitment materials and protocols are subject to EC/IRB approval prior to use, and the eligibility of each prospective subject is verified against their prior medical records.

Prior to enrolment, our investigators explain the informed consent form to each prospective subject on an item-by-item basis, including the potential benefits and risks of the trial. To safeguard the well-being of trial participants, we arrange insurance coverage for subjects and provides transportation subsidies, complimentary medical examinations and investigational drugs at no cost.

Patient recruitment organizations are required to provide their business licences and execute confidentiality agreements prior to onboarding. We conduct regular meetings, periodic on-site visits and training sessions to monitor performance on an ongoing basis. During the Track Record Period, we did not experience any material difficulty in patient recruitment. We have collaborated with over 60 patient recruitment organizations to support stable and orderly recruitment progress. We therefore do not consider patient recruitment difficulty to be a material risk to our operations.

Third Party Payment

During the Track Record Period, we received certain payments through third parties primarily where the payor and the customer are affiliates for business convenience ("Third Party Payment Arrangements"). The Third Party Payment Arrangements arose because the relevant customer encountered cross-border remittance difficulties in making direct payments to us in the contractual currency due to banking and foreign exchange constraints between the relevant jurisdictions. Following the resolution of these constraints, payments were made in accordance with the payment provisions set forth in the relevant contracts. One customer was involved in such arrangements during the Track Record Period, and the third-party payor was an affiliate of that customer. We received third-party payments in an aggregate amount of RMB450,000 from the above customer in 2023, and no payments were received under the Third Party Payment Arrangements in 2024 or 2025. All amounts received under the Third Party Payment Arrangements have been fully settled as of the Latest Practicable Date, and there are no outstanding or unsettled amounts thereunder. Our Directors confirm that, as of the Latest Practicable Date, each of the relevant customer and third-party payors involved in the Third Party Payment Arrangements during the Track Record Period were Independent Third Parties, and none of our Directors, their close associates, or Shareholders who own more than 5% of the share capital of our Company had any interest in such customer or third-party payors. Our PRC Legal Advisors are of the opinion that the third-party payment arrangement constitutes a violation of the foreign exchange administration regulations of the PRC. Specifically, this arrangement falls under Article 40 of the Foreign Exchange Administration Regulations, which prohibits illegal arbitrage, including the act of making payments in Renminbi that should be made in foreign exchange. Pursuant to this provision, the foreign exchange control authorities may order the repatriation of the illegally arbitraged funds and impose a fine of up to 30% of the illegal arbitrage amount for non-serious violations, or a fine ranging from 30% to the full equivalent amount where the case is serious; criminal liability shall be pursued where the offense constitutes a crime. Our PRC Legal Advisors are of the view that, given the non-serious nature of the violation, (i) the above-mentioned third-party payment acts do not satisfy the criminal case filing and prosecution standards and thus do not constitute a criminal offense, and the Group will not be subject to any criminal liability therefor; and (ii) any administrative penalty would likely be limited to the lower tier — not exceeding 30% of the transaction value, calculated as RMB135,000 (based on the RMB450,000 service fee). As of the Last Practical Date, the Company has not been subject to any administrative penalties imposed by the foreign exchange administration authorities in respect of the foregoing matters.

Our Directors are of the view that the cessation of the Third Party Payment Arrangements would not result in any material adverse impact on our operations, liquidity, or financial performance. Based on the independent due diligence conducted by the Joint Sponsors, no material matter has come to the Joint Sponsors' attention that would cause them to disagree with this view.

As of June 30, 2026, regarding the third party payment received by us, we have not encountered any refund requests, actual or pending disputes or disagreements or claims as a result of the Third Party Payment Arrangements.

We have strengthened our internal control measures to minimize the use of Third Party Payment Arrangements going forward, including: (i) verifying the consistency of the payor's bank account information against the customer's bank account information stated in the contract when following up on outstanding payments, with any discrepancies recorded immediately and an investigation into the third-party payment initiated; (ii) comparing the actual payers listed on bank receipts or statements with the contract parties in the system when reconciling payments, and flagging and reporting to the relevant business department any discrepancies identified; (iii) setting up automated alert rules in our financial system to flag transactions where the payer does not match the contracting party; (iv) suspending payment processing immediately upon identification of any such discrepancy, notifying the relevant business department to contact the customer for verification, and, where no reasonable explanation or prior notice is provided, processing a refund within three business days and requesting the customer to make a new payment; and (v) maintaining written records of the entire handling process for no less than seven years. The Internal Control Consultant engaged by us has reviewed our internal control procedures regarding the Third Party Payment management. We adopted rectification measures recommended by the Internal Control Consultant and the Internal Control Consultant has no further recommendation after the follow-up review on these procedures. Based on aforesaid, we are of the view, and the Joint Sponsors concur after having conducted the independent due diligence, that these internal control measures are effective and adequate to minimize the use of Third Party Payment Arrangements going forward.

Anti-corruption

Our anti-corruption framework includes the Anti-fraud System, the Anti-corruption, Money Laundering, and Sanction System, and whistleblowing mechanism. We prohibit improper conduct such as accepting kickbacks, embezzlement of company assets and unauthorized disclosure of commercial secrets and impose disciplinary measures for violations, We maintain internal controls over high-risk areas such as procurement and financial reporting and provide ethics training.

We have established a multi-level feedback system that includes anonymous reporting to senior management, and explicitly commit to no retaliation against bona fide whistle blowers and zero tolerance for retaliatory acts. In the procurement process, we integrate anti-corruption due diligence into the entire process of partner selection, embed anti-bribery clauses in contracts, and stipulate that the Company may unilaterally terminate the agreement if a partner engages in bribery activities.

Community Engagement

We support community programs and charitable initiatives and will continue to explore community engagement initiatives consistent with our resources and business operations.

RISK MANAGEMENT AND INTERNAL CONTROLS

Risk Management

We recognize that risk management is critical to the success of our business operations. We face risks relating to market and regulatory conditions, the quality and compliance of clinical trial CRO services, growth execution, competition, and the protection of confidential information and data. See "Risk Factors" for a discussion of various risks and uncertainties that we face. We are also exposed to market risks, including credit, liquidity, interest rate and currency risks, and see "Financial Information — Financial Risks Disclosure" for further information. In order to meet these challenges, we have established a risk management framework, which is summarized as follows:

Risk governance structure: The Board has ultimate responsibility for risk management, the Audit Committee provides oversight under the Board's authorization, senior management implements relevant policies and procedures, and business and functional departments identify, assess, control and report risks within their respective scope of responsibilities.

Risk identification, assessment, response and monitoring: We conduct a comprehensive risk assessment on an annual basis, including risk rating using a likelihood-impact risk matrix and ongoing update of the major risk register, with key results reported to senior management and the Audit Committee and material risk matters reported to the Board as appropriate.

Internal audit and continuous improvement: Our internal audit department performs periodic independent assessments on the effectiveness of our risk management and internal control systems and reports its findings to the Audit Committee. This helps ensure that our risk management process operates on a closed-loop basis and is continuously enhanced.

Internal Controls

We have engaged an internal control consultant (the "Internal Control Consultant") to perform certain agreed-upon procedures in connection with the internal control of our Company and our major operating subsidiaries and to report factual findings on our Company's entity-level controls and internal controls of various processes, including control environment, risk assessment, control activities, information and communication and internal monitoring, and selected business and operational processes. The Internal Control Consultant performed procedures from December 30, 2025 to January 17, 2026 on our Company's system of internal control. Internal Control Consultant has made recommendations to us on January 17, 2026 and we have adopted or plan to adopt a series of internal control policies. Internal Control Consultant has not made further recommendation on our internal control system after that.

We have adopted a series of internal control policies, measures and procedures to facilitate and ensure effective and efficient operations, reliable financial reporting and compliance with applicable laws and regulations, among other things. During the Track Record Period, we have regularly reviewed and enhanced our internal control system. The following is a summary of the internal control policies, measures and procedures we have implemented or plan to implement:

i. We have established internal control and internal audit institutions, including teams and regulations responsible for overall Internal Conrol function and development.

ii. Our internal control team is responsible for promulgation and stipulation of internal control policies, measures, and procedures aiming to maintain a fully functional and effective internal control mechanism.

iii. Our internal audit team regularly inspects all departments on their execution and conformity to our internal control institutions. We conduct inspections based on our annual internal auditing goals and plans. We report directly to the Auditing Committee , CEO, and CFO to ensure an effective and unbiased internal auditing mechanism.

iv. We have established departmental internal control mechanisms, covering Third-Party Payment, Securities affairs, legal and corporate governance compliance, etc. Departmental leaders are responsible for the implementation of the respective mechanism, under the supervision of internal control and audit teams.

v. We have established internal control mechanism regarding our business operations, across project management, data governance, intellectual property protection, etc.

vi. We have established internal report channel for confidential whistleblowing against any misconduct, including fraud and corruption. We will conduct independent investigation of the reports and take appropriate actions as investigation and remedies.

OUR OFFICES AND PROPERTIES

We are headquartered in Hangzhou, Zhejiang Province, China as of the Latest Practicable Date.

Owned properties

As of the Latest Practicable Date, we did not own any properties in China and overseas.

Leased properties

We primarily lease premises to support our operations. As of the Latest Practicable Date, we leased four properties in the PRC with an aggregate GFA of approximately 2,438.36 sq.m. for office and research purposes. Among the four leased properties, we operated leased facilities in Hangzhou, Zhejiang for our headquarters with an area of 1,546.26 sq.m, Hefei, Anhui for research and office purposes with an area of 298.56 sq.m., Chaoyang, Beijing for office purposes with an area of 511.11 sq.m., and Zhuhai, Guangdong for office purposes with an area of 82.33 sq.m.

Non-registration of lease agreements

As of the Latest Practicable Date, two of our PRC lease agreements had not been registered and filed with the relevant real estate management authorities pursuant to the Administrative Measures for Commodity House Leasing, (《商品房屋租賃管理辦法》). As advised by our PRC Legal Advisor, failure to register and file lease agreements does not affect the validity and enforceability of the relevant lease agreements. Under applicable PRC regulations, we may be ordered to complete such registration within a prescribed period and may be subject to administrative fines. The maximum aggregate fine exposure is RMB10,000 for each lease. During the Track Record Period and up to the Latest Practicable Date, we had not received any request or suffered any fine from the relevant government authorities in relation to non-registration of leases.

Our Directors are of the view that non-registration of leased properties would not have a material adverse impact on the Company. We will cooperate with lessors to facilitate registration of lease agreements if required by relevant government authorities.

To prevent the recurrence of similar incidents, we have implemented enhanced internal control measures in respect of lease registration. Following execution of a lease agreement, the responsible business department is required to submit the relevant documentation to our asset management department for entry into a centralized lease register within 15 business days of the lease taking effect, and to complete registration and filing with the relevant authorities in accordance with applicable regulations. The legal department is responsible for reviewing all lease agreements prior to execution, archiving executed agreements, and updating records upon any amendments.

LICENSES, PERMITS AND CERTIFICATES

Notwithstanding that our services involve complex and highly regulated activities across the clinical research lifecycle, we operate solely as a third-party service provider rendering technical support, rather than as a regulated entity (such as a medical device manufacturer, drug producer, clinical trial site, or in-country agent) that is required to obtain Medical Device Registration Certificates, Drug Manufacturing Licenses, or other special regulatory permits or licenses specific to the clinical research or healthcare sectors. Accordingly, we are only required to hold general business licenses with appropriate scopes covering "technical services," which are sufficient for our operations, and no certificates, permits, or licenses beyond such general corporate registrations are material to our operations.

During the Track Record Period and up to the Latest Practicable Date, there were no certificates, permits, or licenses that were material to our operations beyond the general business licenses described above. Our PRC Legal Advisors are of the view that all material requisite licenses, permits, and certificates obtained by us have remained valid and in full effect during the Track Record Period and up to the Latest Practicable Date, and that there are no legal impediments to the renewal of any expiring or soon-to-expire licenses, permits, or certificates.

LEGAL PROCEEDINGS AND COMPLIANCE

Legal proceedings

We may from time to time be involved in contractual disputes or legal proceedings arising out of the ordinary course of business or pursuant to governmental or regulatory enforcement actions. During the Track Record Period and up to the Latest Practicable Date, we were not subject to any claims, damages or losses which would have a material adverse effect on our financial position or results of operations as a whole. As of the Latest Practicable Date, no material litigation, arbitration or administrative proceedings, which as a whole would have a material adverse effect on our financial position or results of operations, had been threatened against us.

The types of disputes or proceedings that a CRO service provider may encounter in the ordinary course of business may include: (i) contractual disputes with clients and suppliers; (ii) employment-related disputes; (iii) disputes relating to confidentiality, data use or intellectual property; and (iv) regulatory or administrative proceedings arising from alleged non-compliance with applicable laws and regulations. During the Track Record Period and up to the Latest Practicable Date, we did not experience any material dispute or proceeding in the above categories that had or could have a material adverse effect on our business, financial condition or results of operations.

Our PRC Legal Advisors are of the view that no material litigation, arbitration or administrative proceedings exist that would adversely affect our financial position or results of operations throughout the Track Record Period and up to the Latest Practicable Date.

Legal Compliance

During the Track Record Period and up to the Latest Practicable Date, we complied with applicable laws and regulations in all material respects, and we were not aware of any non-compliance incidents that, individually or in the aggregate, had or would have a material operational or financial impact on our business.

Our PRC Legal Advisors are of the view that we have complied with all applicable PRC laws and regulations in all material respects during the Track Record Period and up to the Latest Practicable Date.

With respect to our FSP services specifically, there are no specific laws, regulations, or regulatory guidelines exclusively governing the provision of FSP services in China. FSP services are generally classified as technical service outsourcing rather than regulated medical device or pharmaceutical manufacturing activities in China. While FSP services constitute a subset of Clinical CRO services and are therefore subject to the general laws, regulations, guidelines, and regulatory requirements applicable to Clinical CRO services, the provision of FSP services does not in itself constitute a regulated activity requiring specific regulatory filings, approvals, registrations, or qualifications under the applicable laws and regulations in China. Our PRC Legal Advisors are of the view that (i) we have lawfully conducted our FSP business during the Track Record Period and up to the Latest Practicable Date in material compliance with all applicable PRC laws and regulations governing FSP services; (ii) we possess all necessary licenses, registrations, and qualifications required for our FSP operations; and (iii) no material legal impediments exist to the continued provision of such services.

Third-party Outsourcing of CRO Activities

In the ordinary course of our business, we may outsource certain CRO activities to third-party service providers in the following circumstances: (i) where a clinical trial project requires execution in overseas markets in which we have not yet established sufficient local operational resources, we engage local CRO service providers with the relevant on-the-ground capabilities; and (ii) where project-specific circumstances require certain data analysis services to be performed by an independent third party, such as where an independent data monitoring committee requires statistical independence or a sponsor has contractually specified third-party performance.

The fees paid to third-party CRO service providers in the circumstances described above are reflected as "Outsourced CRO service fees" under "Third-party service provider fees" in our cost of sales. See "Financial Information — Discussion of Key Items of Consolidated Statements of Profit or Loss and Other Comprehensive Income — Cost of Sales — Cost of Sales by Nature." In addition to the outsourced CRO service fees described above, subject recruitment is required across our clinical trial projects, and we engage specialist subject recruitment service providers to fulfill such requirements. We also engage third-party service providers for other clinical trial-related professional services as part of the integrated execution of clinical trial projects, including CRC services, sample testing services and other specialist support services. Such procurement arrangements are made in the ordinary course of clinical trial execution and are distinct from the outsourced CRO arrangements described above. According to Frost & Sullivan, it is not uncommon in the CRO industry for clinical trial service providers to engage third-party specialist service providers for clinical trial services as part of the integrated execution of clinical trial projects.

In all such arrangements, we act as the principal contractor and retain overall management responsibility and quality oversight for the projects we undertake, remaining fully responsible to our clients for the quality and delivery of services. All third-party service providers engaged operate under our oversight and management.

Our PRC Legal Advisors are of the view that our arrangements with third-party service providers in the course of our business operations, including our outsourcing arrangements and our procurement of clinical trial services from specialist third-party service providers as part of the integrated execution of clinical trial projects, are in compliance with applicable PRC laws and regulations, on the basis that Article 33 of the Good Clinical Practice for Drug Clinical Trials (《藥物臨床試驗品質管理規範》) permits the subcontracting of tasks provided that the written approval of the sponsor has been obtained, and we have confirmed that all outsourcing arrangements entered into during the Track Record Period were made with the prior written consent of the respective sponsors. As of the Latest Practicable Date, we have no existing or potential disputes arising from such outsourcing arrangements, nor have we been subject to any penalties imposed by competent regulatory authorities in connection therewith.