SUBJECT INFORMATION AND INFORMED CONSENT FORM AND HIPAA AUTHORIZATION

Study Title: A RANDOMIZED DOUBLE-BLIND PHASE 1b/2 COMBINED STAGGERED MULTIPLE DOSE ESCALATION STUDY OF BOS161721 IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS ON A BACKGROUND OF LIMITED STANDARD OF CARE

Protocol Number: BOS161721-02

Sponsor: Boston Pharmaceuticals, Inc.
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Introduction

You are being asked to volunteer and take part in a study of an experimental drug called BOS161721, which is being developed as a drug treatment for adult patients with moderately to severely active Systemic Lupus Erythematosus (SLE) on limited background standard of care treatment. “Experimental” means the drug has not been approved by any authority around the world, such as the US Food and Drug Administration (FDA). “Limited background standard of care treatment” means that you are already receiving certain treatments for your disease, which your doctor will review. Therefore, this study is part of a research project. The study is sponsored by Boston Pharmaceuticals, Inc. (“the Sponsor”).

A description of this clinical trial will be available on *http://www.ClinicalTrials.gov*, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Your Study Doctor is a researcher for this study. The Study Doctor is being paid by Boston Pharmaceuticals, Inc. to carry out this study. Your participation is voluntary. Whether or not you choose to take part in this study, you will still receive the medical care you already have been receiving. There will be no penalty or loss of benefits to which you are otherwise entitled if you choose not to participate or if you leave early.

Before you decide if you want to take part in this study, it is important for you to understand why the research is being done, how your information will be used, what the study will involve, and the possible benefits, risks, and discomforts involved in participating in this study. Please take time to read the following information carefully and discuss it with your family doctor, if you wish. If you are participating in any other study, you cannot take part in this study. If you do not sign this subject information and informed consent form, you cannot take part in this study.

Why is this study being done?

This study is being conducted in 2 parts. If enrolled, you will only participate in one part. The first part focuses on the safety, tolerability, and immunogenicity of repeat doses of BOS161721 administered by an injection(s) “shot” under the skin in adult patients with moderately to severely active SLE on limited background standard of care treatment. The second part focuses on finding out how effective the study is in patients with SLE. “Immunogenicity” is the ability of a particular substance, in this case BOS161721, to cause an immune response in the body.

BOS161721 is a fully human monoclonal antibody (mAb; a kind of protein made in the laboratory that can bind to substances in the body), which is a type of artificial antibody that fights human IL-21. IL-21 helps to control various aspects of immune function. Increased IL-21 production is characteristic of several autoimmune diseases such as SLE. SLE is an autoimmune disease which develops when your immune system, which defends your body against disease, decides your healthy cells are foreign. As a result, your immune system attacks healthy cells.

How many people will take part in the study?
There will be about 190 subjects in this study. The study is being carried out throughout the world.

Do I have to take part?
It is up to you to decide whether or not to take part. If you decide not to take part in this clinical study, your decision will not affect the medical treatment and care you are entitled to receive. If you do decide to take part after reading this subject information and informed consent form, you will be asked to indicate your consent to take part in this study by signing this subject information and informed consent form.

If you decide to take part you are still free to withdraw from study assessments and/or study treatment at any time. This is described in more detail below.

Your primary physician/general practitioner will be informed about your participation in this study with your agreement.

How long will I be in the study?
The planned length of time you will be in the study is about 270 days (38 weeks). This includes 180 days on study drug or placebo (looks identical to the study drug but contains no active ingredients) followed by safety follow-up visits at 30, 60, and 90 days after your last dose.

What will happen to me if I take part?
After you have read this subject information and informed consent form and asked any questions you might have about the study, you will be asked to sign this form if you wish to participate in the study. You must sign this form before any study procedures are performed.

If you are eligible and choose to take part in this study, you will be randomly assigned by chance (like rolling dice) to receive either active study drug, or placebo. If enrolled in the first part of this study, you will be assigned to receive 1 of 3 dose levels (20, 60, or 120 mg) and then randomly assigned to receive either the active study drug, or placebo (at a ratio of 5 to 1 [study drug to placebo] for the 20 mg group and 3 to 1 [study drug to placebo] for the 60 and 120 mg groups). If enrolled in the second part of the study, you will be randomly assigned to active study drug or placebo (at a ratio of 2 to 1). The dose used in the second part of this study will be determined based on the Sponsor's assessment of safety and other factors from the first part of the study. Both parts of this study are double-blind, which means that neither you nor the site study staff will know whether you have been assigned to active study drug, or placebo. However, information about the study treatment you are receiving will be available to the Study Doctor in case of an emergency. You will remain on the same treatment (study drug, or placebo) throughout the treatment period of the study.

If enrolled in this study, you will receive a total of 7 monthly injections "shots" of study drug or placebo given on Days 0, 30, 60, 90, 120, 150, and 180. All patients will be asked to come in around Days 210, 240, and 270 for safety follow-up visits.

If you decide to participate in this study, you will be asked to make a total of 12 to 16 scheduled study visits over about 38 to 43 weeks. The Study Doctor will schedule an initial Screening visit to determine if you are eligible to participate in the study.

Screening
At Screening and after you have signed the informed consent form to participate, you will have some tests and procedures to determine if you are eligible to take part in the study. These will include collecting samples of your blood and urine.

The following assessments and procedures will be performed during the Screening part of the study:

- Your Study Doctor will ask you some questions about your general health including your current medications and medical history. It is important for your own safety that you tell your Study Doctor about any medications you are taking or have taken for SLE and for any other conditions, including nonprescription medications (over the counter medications) and any herbal or dietary supplements. You should also tell your Study Doctor about any allergies that you have so that he or she can check that you are not allergic to anything in the study drug.
- You will have a full physical examination (including height, weight, blood pressure, heart rate, and temperature).
- You will have an electrocardiogram (ECG) to check the health of your heart. This will involve sticky pads being stuck to your chest, wrist, and legs.
- If you have not had an x-ray of your chest in the previous 3 months, you will have an x-ray performed as well.
- You will have some assessments done to evaluate your SLE status.
- You will have blood drawn (about 13 teaspoons or 61 mL) to:

    - Test for Hepatitis B and C, human immunodeficiency virus (HIV)-1/(HIV)-2, to see if you are eligible for the study. If you have positive test results for HIV or Hepatitis B or C, we will notify you. Depending on what state you live in, we may be required to notify state health authorities of positive results.
    - Assess your general health and measure levels of other factors related to your SLE.
    - To test for tuberculosis, which is a type of bacterial infection that affects the lungs and on rare occasions can be fatal. A blood sample is required to perform this test.Depending on what state you live in, we may be required to notify state health authorities of positive results.
    - If you have positive test results for tuberculosis, we will notify you. If you are a woman of child-bearing potential (you are capable of becoming pregnant), you will have a blood pregnancy test to confirm that you are not pregnant. If you are a postmenopausal woman under the age of 55, you will have a follicle stimulating hormone (FSH) test.

- You will provide a urine sample (about one-half cup) to:
    - See how well your kidneys are performing.
    - Perform a urinalysis to evaluate your general health.

- You will provide a stool sample at screening to see if you have a certain parasite that causes diarrhea.

If your Study Doctor agrees you are still eligible to participate in this study, you will be asked to return for a study visit within 28 days of the date you signed the informed consent form to confirm your eligibility and for you to receive the first dose of study drug at the Enrollment visit.

Enrollment/Day 0
Enrollment visit will take place 1 to 28 days after the date you signed the informed consent form to participate. The following assessments and procedures will be performed at this visit:

- The Study Doctor or team will ask you some questions about your general health including your current medications and medical history.
- A full physical examination (including height, weight, blood pressure, heart rate, and temperature).
- An ECG to check the health of your heart.
- You will have some assessments done to evaluate your SLE status.
- You will have blood drawn (about 17 teaspoons or about 84 mL) for test such as:
    - To assess your general health and measure levels of other factors related to your SLE.
    - IL-21 gene signature and genotyping. A gene is a small unit piece of our genetic material written in a code and called DNA. This is what makes you different from anyone else. Each gene carries within it a set of instructions for making molecules essential to survive. The purpose of these two tests is to study IL-21 gene expression (the process by which the information contained within a gene becomes a useful product to our body) that is associated with the onset and severity of lupus and potential genetic variations and treatment responses to the study drug.
    - If you are enrolled at a site participating in the PK laboratory draws, additional PK blood samples will be collected to allow us to follow the changing drug levels on your body over time (about an additional 3 teaspoons or about 12 mL of blood).

- You will provide a urine sample (about one-half cup) to:
    - See how well your kidneys are performing.
    - Perform a urinalysis to evaluate your general health.

  - If you are a woman of child-bearing potential (you are capable of becoming pregnant), you will have a urine pregnancy test to confirm that you are not pregnant.

- Be randomized to treatment, receive study drug, and have the skin where your study treatment was given evaluated for redness or other signs of a reaction.

Day 15 to Day 180
Some or all of the following assessments and procedures will be performed at Day 15 to Day 180:

- Receive study drug (at each monthly treatment visit) and have the skin where your study treatment was given evaluated for redness or other signs of a reaction.
- The Study Doctor or team will ask you some questions about your general health including your current medications and medical history.
- A targeted physical examination (including height, weight, blood pressure, heart rate, and temperature).
- An ECG to check the health of your heart (at visits 4, and 7).
- You will have some assessments done to evaluate your SLE status.
- You will have blood drawn (about 6 to 16 teaspoons or about 27 to 79 mL) to:
  - Assess your general health and measure levels of other factors related to your SLE.
  - IL 21 gene signature and genotyping.
  - If you are enrolled at a site participating in the PK laboratory draws, additional PK blood samples will be collected to allow us to follow the changing drug levels on your body over time (about an additional 1 to 3 teaspoons or about 3 to 12 mL of blood).

- You will provide a urine sample (about one-half cup) to:
  - See how well your kidneys are performing.
  - Perform a urinalysis to evaluate your general health.
  - If you are a woman of child-bearing potential (you are capable of becoming pregnant), you will have a urine pregnancy test to confirm that you are not pregnant.

Safety Follow-Up Days 210, 240, And 270
At the Safety Follow-up visits, you will have some tests and procedures to determine your general health and your health as it relates to your SLE. These will include collecting samples of your blood and urine. The following assessments and procedures will be performed at the Safety Follow-up visits:

- Have the skin where your study drug was given evaluated for redness or other signs of a reaction.

- The study Doctor or team will ask you some questions about your general health including your current medications and medical history.
- A targeted physical examination (including height, weight, blood pressure, heart rate, and temperature).
- An ECG to check the health of your heart (visit 13 only)
- You will have some assessments done to evaluate your SLE status.
- You will have blood drawn about 8 to 11 teaspoons or 37 to 52 mL) to:

    - Assess your general health and measure levels of other factors related to your SLE.
    - IL-21 gene signature and genotyping.
    - If you are enrolled at a site participating in the PK laboratory draws, additional PK blood samples will be collected to allow us to follow the changing drug levels on your body over time (about an additional 1 teaspoons or about 3 mL of blood at each visit).

- You will provide a urine sample (about one-half cup) to:

    - See how well your kidneys are performing.
    - Perform a urinalysis to evaluate your general health.

Pharmacokinetics Only Visits Days 7, 187, And 195
All sites in the first phase and some sites in the second phase of this study will be participating in another part of the study) to follow the changing drug levels on your body over time before and after drug administration (called pharmacokinetics). If you are at a site that is participating in this PK portion, you will be asked to come in for additional blood samples at Days 7, 187, and 195 at specific times.

If you are not at a site participating in the PK portion of the study, you will not have these visits or blood drawn.

Early Discontinuation
If you decide to leave the study early, you will be asked to have all assessments completed that would be expected on your last day of treatment and to return for Follow-up visits 30, 60, and 90 days after the last dose of your study drug.

Handling of Samples
Your blood and urine samples will be sent to BARC central laboratory (in the USA, Belgium, and or Singapore, dependent upon your site location) for testing, and then will be destroyed. PK blood samples will be sent to the laboratories PRA Health Sciences (in the USA) for testing and then will be destroyed.

IL-21 gene signature and genotyping blood samples will be sent to EUROFINS (in Denmark) for testing and will be stored up to a year after the study completion in the case re-testing is needed.

Over the course of the entire study (approximately 300 days), a total of about 128 to 140 teaspoons or about 630 to 687 mL of blood will be taken.

What are my responsibilities?

You must be willing to attend the scheduled visits as described in this subject information and informed consent form. It is also important that you receive the study drug injections at your scheduled visits. You must inform the Study Doctor as soon as possible about any medical treatment you receive outside of your participation in the study.

Your Study Doctor or team will discuss your other medications with you, and explain what you may and may not take during the study. Do not start taking any new medications (prescription, nonprescription, or herbal supplements) during the study without checking with the Study Doctor first.

You must also be willing to report any undesirable, unwanted, or unusual symptoms you may experience as well as report any worsening of conditions you have now, whether or not you think these problems are related to the investigational drug.

If you are a male or female of childbearing potential, you are required to consistently use at least one highly effective method of birth control throughout the study period and continuing for at least 36 weeks for females or 44 weeks for males after the last dose of study drug. Acceptable highly effective methods of contraception in this study are: male condoms with spermicide; hormonal methods of contraception including combined oral contraceptive pills, vaginal ring, injectables, implants, and intrauterine devices (IUDs). Women who are partners of men who are patients participating in the study may use hormone based contraceptives as 1 of the acceptable methods of contraception since they will not be receiving study drug; IUDs, tubal ligation, vasectomy, and/or complete abstinence. Complete abstinence is defined as complete avoidance of heterosexual intercourse and is an acceptable form of contraception. Women who are abstinent while participating in the study must continue to have pregnancy tests. Acceptable alternate methods of highly effective contraception must be discussed in the event that the subject chooses to forego complete abstinence.

If you, or your partner, become pregnant during the study, you must notify the Study Doctor immediately and the study doctor will ask to collect information about the pregnancy and its outcome.

What are the possible side effects, risks, and discomforts of taking part?

Side Effects Reported in Previous Clinical Trials with BOS161721

The risks associated with BOS161721 are not known. Two investigational drug products are considered to be in the same pharmacological class as BOS161721. No potential risk generalizable across the class has been observed with these investigational products. Based on early clinical trials of BOS161721, adverse events included infections (such as flu-like symptoms). Although not seen to date in trials,

potential risks based on the mechanism of action of BOS161721 include infections, risks associated with the administration of any foreign protein or biologic agent, including injection site reactions, anaphylaxis, serious allergic reaction, increase in the risk of malignancies, autoimmunity, altered BOS161721 levels or activity, or immune complex disease, which can cause the development of anti-drug antibodies (ADAs), which can occur when anti-drug antibodies are formed in the body. “Antibody-antigen complexes” happens when your body produces an antibody that binds to the foreign substance, in this case, BOS161721. This can cause arthralgias (joint pain), serum-sickness (an allergic reaction in the blood), and vasculitis (inflammation of your blood vessels). Subjects will be monitored both for signs and symptoms of immune complex disease, and for the presence of such antibodies. It is not known if you will experience these or any other side effects, but your safety will be monitored throughout the study. There may be side effects that are not known at this time. Ask the Study Doctor if you have questions about the signs or symptoms of any side effects in this consent form.

Drug Administration-Related Reactions

Study drug will be given as an injection(s) “shot” under the skin. In earlier studies where BOS161721 was given as an infusion (administered directly into a vein), side effects called infusion-related reactions have been reported. In studies where BOS161721 was given as an infusion, these reactions usually developed within 2 hours of the start of a protein infusion and often resolve within 24 hours after completion of study drug administration. The cause of infusion-related reactions is often unknown; however, the side effects associated with mAbs like BOS161721 are often due to antigen-mAb interactions on specific cells and tissues. It is not known if administration of BOS161721 as an injection shot will cause drug administration-related reactions. In earlier studies where BOS161721 was given as an infusion, signs and symptoms of infusion-related reactions have included the following:

- urticaria (hives)
- arthralgia (joint pain)
- wheeze
- cough
- dizziness
- dyspnea (shortness of breath)
- fatigue (weakness)
- headache
- hypotension (low blood pressure)
- myalgia (muscle pain)
- vomiting

If you participate in this study, you will be closely monitored during and after each injection. Severe injection-related reactions should be managed by appropriately trained medical personnel with termination of injection and appropriate drugs and medical equipment, which will be immediately available at the study site.

Anaphylaxis and Serious Allergic Reactions
As with the administration of any foreign protein (i.e., a protein that differs from any protein normally found in your body) and/or other biologic agents (substance made by an organism such as antibodies, interleukins, and vaccines), acute hypersensitivity (an immune response that is greater than expected and/or desired) reactions including severe allergic reactions may follow injection of mAbs and can be caused by various mechanisms.

Clinical manifestations of these rare but serious acute reactions may include cardiorespiratory, skin, and gastrointestinal signs and symptoms, such as the following:

- chest pain
- hypotension (low blood pressure)
- dyspnea (shortness of breath)
- bronchospasm (difficult breathing)
- respiratory failure (stop breathing)
- urticaria (hives)
- pruritus (itchy sensation)
- angioedema (swelling beneath the skin)
- nausea (feel like vomiting)
- vomiting
- diarrhea (loose or watery stool)
- hypotonia (low muscle tone)
- collapse

Subjects with a known history of any clinically important drug or vaccine allergy or to any other biologic therapy such as mAbs will be excluded. In addition, appropriate drugs and medical equipment to treat acute hypotensive, bronchoconstrictive, or anaphylactic reactions must be immediately available at study sites, and study personnel will be trained to recognize and treat these reactions.

Side Effects Associated with Collecting Blood Samples
Venipuncture (i.e., taking blood) presents a slight risk of discomfort. Taking blood may result in a bruise at the puncture site, or less commonly fainting, swelling of the vein, infection and bleeding from the site. Procedures are performed under hygienic conditions by experienced personnel.

Reproductive Risks
Currently, it is not known whether the study drug may affect an unborn baby; therefore, you should not become pregnant or father a baby while on this study. Women should not breastfeed a baby while in this study.

Women of childbearing potential participating in this study must use contraceptive methods to prevent pregnancy. If you are a female, you should not get pregnant during this study or for 36 weeks after taking the study drug. If you are male, you should not impregnate your partner during this study or for 44 weeks after taking the study drug. You should talk about this information with your partner(s) and you (and your partner) must agree to use birth control to not become pregnant.

What if new information becomes available?
You will be told of any new information about the study drug that might affect your decision to continue in the study. You and your Study Doctor will discuss whether you want to or should continue in the study. If you decide not to continue, your study doctor will discuss potential options for your care. If you decide to continue in the study, you may be asked to sign an updated subject information and informed consent form.

Are there any benefits to taking part in the study?
If BOS161721 is effective, your symptoms of SLE may improve and your need for oral corticosteroids may be reduced during your participation, although this cannot be guaranteed. Even if there is no benefit to you, information from this study may help researchers to better understand SLE or to develop future tests or treatments to help patients with this condition.

What other treatments are available?
If you do not want to take part in the study, there are other medications which are available to treat your disease, such as corticosteroids, immunosuppressants, and cytotoxic agents. You should discuss with your doctor other alternatives for treatment of your condition. Your Study Doctor can explain these treatments to you.

Can I stop being in the study?
At any time during the course of the study and for any reason, you can withdraw from the study without any penalty or loss of benefits to which you are otherwise entitled. Your decision to leave the study will have no effect on your future care or treatment by physicians or by this institution.

If you leave the study early, it is recommended that you go through the study withdrawal procedures that the Study Doctor considers necessary. No further study-related contacts or data collection will then occur.

If you have an adverse event at your final study visit or withdrawal visit, then your Study Doctor may wish to contact you to check on the event until it has completely resolved. The Sponsor may also ask the Study Doctor for this information.

Involuntary Withdrawal and Study Termination
The Study Doctor may terminate your participation, based on clinical judgement. This can happen because:

- The Study Doctor thinks it is best for you to stop taking part in the study.
- You develop side effects that are considered dangerous.
- You do not follow the study procedures given by the Study Doctor.
- You became pregnant during the study.

The FDA or the Sponsor may also decide to terminate the study without your prior consent. If this happens, the reason will be explained to you.

Should this happen, your study doctor will decide the best course of treatment for you.

What are the costs of taking part in this study?
There will be no cost to you for any expenses related to this study.

You will continue to receive your current standard of care during the study. You or your insurance company will still be charged for your standard care.

Will I be compensated for taking part in the study?
If you will take part in the first part of the study, you will be paid $50.00 for each completed study visit, with the exception of Day 0, Day 30, and Day 180 visits, for which you will receive up to $150.00 for each completed visit including the 24-hour return for lab draw. You will not be paid for lost wages or other damages or losses. There are 13 study visits and you be paid up to $1100.00. If you miss any visits, you will not be paid for those visits. You will be reimbursed only for those visits you have completed should you leave the study early. You will be paid at the end of each visit.

If you will take part in the second part of the study, you will be paid $50.00 for each completed study visit. You will not be paid for lost wages or other damages or losses. There are 12 study visits and you will be paid up to $700.00. If you miss any visits, you will not be paid for those visits. You will be reimbursed only for those visits you have completed should you leave the study early. You will be paid at the end of each visit.

What happens if I have an injury resulting from this study?
If you become sick or injured as a direct result of a properly performed study procedure or because you are taking the study drug as directed, appropriate medical care for the treatment of the illness or injury will be given to you. The Sponsor will pay for the reasonable and necessary costs associated with this care. There are no plans for other compensation or payment to be provided to you, including lost wages.

If you experience any unexpected symptoms or injury, and if emergency medical treatment is required, please report immediately to your Study Doctor.

Who can answer my questions about the study?
If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number(s) listed above on the first page.

This research is being overseen by an Institutional Review Board ("IRB"). You may talk to them at (888)-303-2224, irb@cgirb.com if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.

- You have questions about your rights as a research subject.

How will my medical information and samples be used?

Study Data
During the course of the study, the Study Doctor will collect health information about you, which will be used to learn about the effectiveness and safety of the study drug. This will include information about your past and present health conditions and medications, your experience with the study drug, and the results of the tests described in this informed consent form. By signing this informed consent form, you are allowing your Study Doctor and Study team to provide access to this study data to the Sponsor and third parties working with the Sponsor. You are also allowing your Study Doctor, Study team, the Sponsor, and third parties working with the Sponsor to use the study data to conduct the study. Your information will be submitted to the U.S. Food and Drug Administration (FDA) and may also be given to regulatory (government) agencies in other countries where the study drug may be considered for approval.

Biological Samples
Your Study Doctor and the Study team will collect samples from you as described in this informed consent form. By signing this informed consent form, you are allowing your Study Doctor and Study team to provide these samples to the Sponsor and third parties working with the Sponsor. You are also allowing your Study Doctor, Study team, the Sponsor, and third parties working with the Sponsor to use the samples collected from you to conduct the study.

Continued use of Study Data and Samples
The Sponsor may continue using the study data and samples after the study is over. If you withdraw from treatment in the study, the study data and samples collected, including study data and samples collected during any follow-up visits after your withdrawal from treatment, will remain part of the study. You will not be able to request the withdrawal of your information from the study data. You may request destruction of the samples collected from you during the study as long as those samples can be identified as your samples.

You are allowing the Sponsor to use the information and samples in the research and development of the study drug and other medicines and diagnostics. You will not own any of the information or samples collected.

Medical Records
A study number, rather than your name, will be used on study records. All records related to study data will be kept in a secure area and access to this information will be restricted.

Your Study Doctor, the Study team, the Sponsor and third parties working with the Sponsor will have access to your medical records in connection with the study.

The FDA and other regulatory (government) agencies in other countries may also have access to your medical records.

What is individual health information and how will it be used?
Your identifiable health information (information that contains anything that may be used to identify you) is protected by a federal law called Health Insurance Portability and Accountability Act of 1996 (HIPAA).

By signing this subject information and informed consent form you consent to the Study Doctor and his or her staff ("Study Team") collecting and using personal data about you for the study. This includes your date of birth/age as permitted by local laws, your sex, your ethnic origin, and personal data on your physical or mental health or condition.

The Sponsor and the groups above will use your health information:

- to complete this research
- to evaluate the results of the study
- to check that the study is being done properly

If you do not withdraw this Authorization, it will remain in effect.

If the research site is located in California, Delaware, Illinois, Indiana, Washington, or Wisconsin, this authorization will expire on 31Dec2060.

There is no expiration of this authorization except for research conducted in the states listed above.

You may withdraw your authorization at any time by notifying the Study Doctor in writing. If you withdraw your consent the Study Doctor will no longer use your information or share it with others. The Sponsor may still use your information that was shared with it before you withdrew your consent.

Any identifiable information given to and used by the Sponsor is protected by the use of a subject identification number, which is a number specific to you. The Study Data given to the Sponsor does not include identifying information such as your name. The Study Doctor maintains a confidential list that links the subject identification number to you. A person appointed by the Sponsor, regulatory authorities, or other supervisory bodies may review any of your information held by the Study Doctor and the Study Doctor's institution. The reason these people may look at your health information is to make sure the study has been done the right way and that the Study Data are accurate.

Information and personal data collected about you for the study will be kept in a secure research file that is separate from your medical chart. You will be provided access to your research file upon request after the study has concluded.

The following groups may review and use your study information to make sure that it is correct:

- The study Sponsor and its representatives
- The U.S. Food and Drug Administration (FDA)
- Copernicus Group Independent Review Board (CGIRB). The IRB is a group of scientists and non-scientists who review the ethics of research. The goal of the IRB is to protect the rights and welfare of study subjects.
- The U.S. Department of Health and Human Service (DHHS)
- CHMP/EMA as well as other government agencies in other countries
- Other doctors, health care professionals or research staff who are involved in the study

Your health information may be further shared by the groups above. If shared by them, the information will no longer be covered by this Authorization. These groups are committed to keeping your health information confidential.

Although information about this study, including the results, may be published for scientific purposes or posted electronically (for example, in a clinical trials registry database) or presented to scientific groups, your identity will not be revealed.

You have the right to request more details and to see your information held by the Study Doctor and the Sponsor; however, the information about your study treatment (active drug or placebo) may be delayed until the study is complete. You also have the right to request that any inaccuracies in your data be corrected. You may request that your collected data is no longer used, but if so, Sponsor may still use the data collected up to that moment and you may no longer participate in the study. If you wish to make a request, then please contact the Study Doctor, who can help you contact the Sponsor if necessary.

You do not have to sign this form. If you do not sign this form, you cannot take part in this research study.

Your decision to withdraw your Authorization or not to participate will not involve any penalty or loss of access to treatment or other benefits to which you are entitled.

SUBJECT INFORMATION AND INFORMED CONSENT FORM

By signing this subject information and informed consent form, I agree to the following:

I confirm that I have read and understand this form and any information sheets. I have had a chance to consider the information, ask questions, and discuss the study.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without my medical care or legal rights being affected. I understand that by signing this form I am not waiving any legal rights that I otherwise have.

I understand that relevant sections of my medical notes, and data collected during the study, may be looked at by responsible individuals representing the company sponsoring the study (the Sponsor), auditors, supervisory bodies, or regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

I agree that my regular doctor (e.g., family doctor or general practitioner) can be informed of my participation in the study.

I agree that my personal data, including data relating to my physical or mental health or condition, and race or ethnic origin, may be used as described in this form, and may be transferred to countries outside of the United States.

I will receive a copy of this signed and dated consent form and any information sheets to keep. I understand that the signed original will remain on file with the Study Doctor.

I agree to take part in this study.

_____ _____/_____/_____

Signature of Subject Date (dd/mmm/yyyy)

_____

Printed Name of Subject (BLOCK CAPITALS)

_____ _____/_____/_____
Signature of Person Conducting Informed Consent Discussion Date (dd/mmm/yyyy)

_____
Printed Name of Person Conducting Informed Consent Discussion (BLOCK CAPITALS)

NOTE: The impartial witness signature should be added if the subject is unable to read or write.

Statement of the Witness
The information in the consent form was accurately explained to, and appeared to be understood by the subject. Informed consent was freely given.

_____ _____/_____/_____
Signature of Impartial Witness Date (dd/mmm/yyyy)

_____
Printed Name of Impartial Witness (BLOCK CAPITALS)

*Impartial Witness: If the subject cannot read, the signature of an Impartial Witness is needed.

An impartial witness is:

- a person who is independent of the trial,
- who cannot be unfairly influenced by people involved with the trial,
- who attends the informed consent process, and
- who reads the informed consent form and any other written information supplied to the subject.