INFORMED CONSENT FORM AND HIPAA AUTHORIZATION

TITLE: A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Clinical Study Evaluating the Safety and Efficacy of Icatibant as a Treatment for Angiotensin-Converting Enzyme Inhibitor (ACE-I)-Induced Angioedema in Adults

PROTOCOL NO.: HGT-FIR-096
WIRB® Protocol #20131079

SPONSOR: Shire Orphan Therapies, Inc.

INVESTIGATOR: Michael Seneff, M.D.
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United States

SITE(S): The George Washington University Hospital
900 23rd St., NW
Washington, District of Columbia 20037
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STUDY-RELATED PHONE NUMBER(S): Michael Seneff, M.D.
202-715-4591
301-602-8987 (24 hours)

You should keep a copy of this form. If you have any questions or problems during the study, call the phone number(s) above.

INTRODUCTION:

You are being asked to be a subject in a research study being conducted at the Institution identified above. This study involves the use of an investigational drug. Investigational means that it has not been approved by regulatory authorities, such as the U.S. Food and Drug Administration (FDA). This consent form documents the information that is necessary to assist you in considering whether to participate in this research study.

The study doctor (identified above) or a member of his/her research team will first explain the research study to you verbally, and then he or she will ask you whether you would like to participate. If you agree, you will then be asked to read and sign this consent form, which documents that the study has been explained to you, that your questions have been answered, and that you agree to participate.

The study doctor or a member of the research team will explain the purpose of the research study, how the study will be carried out, and what you will be expected to do. Your participation in this study is entirely voluntary. Your decision whether or not to participate in this study will not affect your medical care. The study doctor or a member of the research team will also explain the possible risks and possible benefits of being in the study and also explain your right to withdraw your consent and to discontinue your participation from the study at any time.

Please read this consent form carefully and talk to the study doctor about any questions you may have. Take your time to make your decision about participating in the research study. You may discuss your decision with your friends, family, and your health care team.

If you decide to participate in the study, please sign and date this form in front of the person who explained the study to you. You will be given a copy of this form to keep.

STUDY PURPOSE:
Angiotensin-converting enzyme inhibitors (ACE-I) are medicines commonly given to patients for the treatment of hypertension (high blood pressure), myocardial infarction (heart attack), heart failure, diabetes, and chronic kidney disease. Approximately 35 to 40 million patients are on ACE inhibitors worldwide. A side effect of ACE-I therapy is angioedema (swelling). People with ACE-I-induced angioedema can have symptoms which include swelling of the head and/or neck area, including the lips, mouth, tongue, and throat, which may cause breathing problems.

You are being asked to take part in a research study for an investigational drug called icatibant (eye-cat-i-bant) because you have ACE-I-induced angioedema (swelling) of your head and/or neck area. Icatibant is a drug that blocks the effect of bradykinin, the substance in your body that is responsible for the swelling seen with an ACE-I-induced angioedema.

The purpose of this study is to help answer the following question(s):

- How does icatibant compare to treatment with placebo in resolving an attack of ACE-I-induced angioedema? A placebo is a look-alike treatment that has no active drug in it.
- How safe is icatibant and what are the side effects?
- How well do subjects tolerate icatibant when having an attack of ACE-I-induced angioedema?
- How long does it take for subjects to start feeling relief of breathing problems caused by the ACE-I-induced angioedema?

Icatibant is an investigational drug. Investigational means that it has not been approved by regulatory authorities in the US or Canada for treatment of ACE-I-induced angioedema.

Icatibant is approved and may be available by prescription for adults with hereditary angioedema (HAE) in 40 countries worldwide, including the US, EU member countries, and Israel. HAE is a rare genetic condition that causes swelling. Although icatibant is approved for adults with HAE, this will be the Sponsor's first research study in which icatibant is administered to subjects for treatment of ACE-I-induced angioedema.

To date, approximately 269 subjects with HAE have received icatibant in clinical studies.

NUMBER OF SUBJECTS/LENGTH OF TIME IN STUDY:
Approximately 118 subjects aged 18 years and older will be enrolled to receive either icatibant (about 59 subjects) or placebo (about 59 subjects). The study will be conducted in approximately 50 study centers in the US and Canada. The entire study will last about 18 months.

You will be in the study for up to 5 days, including a follow-up telephone call on Day 3 (with a window of +2 days). Your length of time in the study may be longer if you remain in the hospital and are released on or after Day 3. In these cases, your participation in the study will continue until about 2 days after you are released from the hospital.

STUDY PROCEDURES:
If you choose to participate in the study, the study doctor and his/her research staff will first need to determine whether you are eligible to join the study. You will be asked to review and sign this informed consent form (ICF) before any study procedures are done. This form should be signed only after all your questions are answered. You may contact your study doctor with questions about your participation in this study at any time during and after the study. You will be given a signed and dated copy of the consent form.

After you sign the consent form the procedures listed below will begin.

Before the study begins (Baseline):

- The study doctor will end your current ACE inhibitor treatment
- You will be asked about your medical history, including past illnesses and surgeries. The staff will review your current medical condition, and what medications you have recently taken or are taking.
- A physical examination will be done including height, weight and vital signs (pulse rate and blood pressure)
- A 12 lead ECG (electrocardiogram – which measures the electrical activity of the heart) will be done
- Blood (approximately 4.5-6 mLs or 1-1.5 teaspoons) and urine (approximately 10 mL or 2 teaspoons) samples will be collected for routine laboratory testing. If you are female and able to have children, this will include a urine pregnancy test.

- The study doctor will also evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling due to the angioedema (swelling) attack. The presence of other swelling symptoms may also be assessed.

Treatment Assignment (Randomization):
If the doctor determines you qualify for this study you will then be randomly assigned to treatment with either icatibant 30mg or placebo. A placebo is a look-alike treatment that has no active drug in it. The icatibant and placebo appear identical, and both are administered in the same way. In this consent form, both the icatibant and placebo are referred to as the "study drug".

Randomization means that you are put into a group by chance. You have a 50% chance of receiving icatibant and a 50% chance of receiving placebo. Neither you nor the study doctor can choose the group you will be in. During the study, you and the study doctor will not know which group you are in. Your study doctor can find out in case of an emergency.

Study Treatment Period:
After you are assigned to your treatment group the study drug or placebo will be given as a single injection under the skin of your abdomen (belly).

Pharmacokinetic Blood Samples after Treatment
Pharmacokinetic (PK) testing looks at the way your body takes in, uses, breaks down and removes the study drug. At minimum, the first 40 subjects in the study will participate in the PK part of the study.

Two blood samples (approximately 6 mL or 1.5 teaspoons each) will be collected at 45 minutes and 2 hours after you receive study drug. The blood samples will help determine how much study drug is in your blood.

Other Procedures
Once you have received study drug you will stay in the Emergency Department or hospital for a minimum of 8 hours. You will be continuously monitored and asked how you are feeling during your stay. The following test and procedures will be performed:

30 minutes after the injection (Hour 0.5 Post Treatment)

- Vital signs
- 12 lead ECG
- The site staff will examine the area where the study drug was injected
- The site staff will ask you how you feel
- The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling

45 minutes after the injection (Hour 0.75 Post Treatment)

- 12 lead ECG
- Pharmacokinetic (PK) testing
- The site staff will ask you how you feel

1 hour after the injection (Hour 1 Post Treatment)

- Vital signs
- The site staff will ask you how you feel
- The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling

2 hours after the injection (Hour 2 Post Treatment)

- Vital signs
- The site staff will examine the area where the study drug was injected.
- Pharmacokinetic (PK) testing
- The site staff will ask you how you feel
- The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling

3, 5, and 7 hours after the injection (Hour 3, 5, and 7 Post Treatment)

- The site staff will ask you how you feel
- The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling

4 hours after the injection (Hour 4 Post Treatment)

- Vital signs
- The site staff will examine the area where the study drug was injected
- The site staff will ask you how you feel
- The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling

6 hours after the injection (Hour 6 Post Treatment)

- Vital signs
- The site staff will ask you how you feel
- The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling

8 hours after the injection (Hour 8 Post Treatment)

- A physical examination will be done, including vital signs
- 12 lead ECG
- Blood samples (approximately 4.5-6.0 mL or 1-1.5 teaspoons) and a urine sample (approximately 10 mL or 2 teaspoons) will be collected for routine laboratory testing
- The site staff will examine the area where the study drug was injected

- The site staff will ask you how you feel
- The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling. The presence of other swelling symptoms may also be assessed.

You will be expected to complete all assessments, procedures and testing up until 8 hours after the injection (hour 8 Post Treatment), unless you require additional medical treatment. If you have met the appropriate criteria you can be discharged. If you have not met the appropriate criteria you must remain in the Emergency Department or hospital until the study doctor determines you are well enough to be released.

If you remain in the Emergency Department or hospital for greater than 8 hours after receiving study drug, the following procedures will be conducted:

- Every 3 hours, the site staff will measure your vital signs
- The site staff will continuously ask you how you feel
- From 8 to 24 hours after the injection: The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling every 2 hours.
- More than 24 hours after the injection: The study doctor will evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling every 3 hours.
- At discharge, a final physical examination will be done and vital signs (pulse rate and blood pressure) will be measured. The study doctor will also evaluate your breathing and whether you are having difficulty breathing, difficulty swallowing, voice changes, or tongue swelling. The presence of other swelling symptoms may also be assessed.

Follow-up Telephone Call (Day 3):

Prior to leaving the hospital your study doctor will give you a worksheet. Use this worksheet to write down how you are feeling, from the time you leave the hospital until the time you receive the follow-up telephone call (approximately 3 days after your injection of study drug). You should record your symptoms and note if they get better or worse. You should also record any medicine you take.

If you are concerned about your symptoms, if your angioedema (swelling) symptoms return, or if you are hospitalized or go to the emergency department for any reason, call your study doctor immediately.

Approximately 3 days after you receive study drug you will be contacted by a member of the study team or staff members at the Sponsor's study call center. They will ask you to talk about how you are feeling and if anything has changed since you left the Emergency Department or hospital.

Please use the worksheet to ensure you accurately report any side effects, symptoms and medication. Once this telephone call is complete you no longer need to use this worksheet.

In order to complete the Day 3 telephone call you will need to share your phone number with the hospital staff and the study call center. You may also be asked to share your mailing address. In both cases your information will remain strictly confidential and your information will not be part of the study data. You may also contact the call center on Day 3 yourself. The call center phone number will be printed on the worksheet.

After the telephone call is complete the staff at the call center will enter your information regarding side effects, symptoms and medication into the Sponsor's study database. These staff members will be able to see the side effects, symptoms and medications you experienced on the day you received study drug, however they will not be able to see any other healthcare information.

SUBJECT RESPONSIBILITIES:
As a study participant, you will be required to attend all study visits and complete follow up phone calls required by the clinical study plan as described to you by the study doctor and in this document under the heading "Study Procedures." You must also follow any directions given to you by the study doctor or study team. You must report all medications that you are taking or plan to take to the doctor or a member of the study staff. It is important that you report any changes in your health status, including pregnancy, and report any side effects to your study doctor as soon as possible.

STUDY SAMPLES
Blood will be drawn a total of 4 times. The volume of blood that will be taken at each time point will vary from 4.5 mL (1 teaspoon) to 6.0 mL (1.5 teaspoons). The total amount of blood drawn in this study will be approximately 21 mL (4.5 teaspoons). Urine samples will be collected twice. The total amount of urine collected will be approximately 20 mL (4 teaspoons).

Urine pregnancy tests are completed at your study site. Your blood and remaining urine samples will be shipped to a centrally located laboratory in the US for storage, testing, and analysis.

Your blood and urine samples will be stored for as long as is required to:

- Complete the study
- Publish data related to the study
- Support any regulatory applications for the study drug

This could be for up to about 10 years. Your samples will then be destroyed.

The samples you provide during your participation in the study may be used for the development of additional scientific research. This additional research may include, but is not limited to, the development of additional treatment-related antibody assays and to identify substances that are associated with the activity related to your disease or its response to treatment. This research will not require that additional blood be taken or that you undergo any additional tests or procedures. You have the right to refuse further testing, according to applicable laws and regulations on your already collected study related samples and assessments with no loss of benefits or care.

STUDY RISKS AND DISCOMFORTS:
There are risks, discomforts and inconveniences associated with any research study. These deserve careful thought before agreeing to participate in the study. You may have side effects while participating in the study.

All subjects taking part in the study will be watched carefully for any side effects; however, doctors do not know all the side effects that may happen. Your study team may give you medicines to help reduce side effects. Side effects may be mild or very serious. In some cases, side effects can be long lasting, or permanent. There is also a risk of death.

Your participation in this study involves the following risks:

Icatibant:
The most commonly reported side effects (more than 10% of subjects) in adult subjects were injection site reactions (occurring at the place where the needle enters your skin). These reactions included irritation, swelling, bruising, numbness, sense of pressure, pain, itchiness, redness of the skin, burning or warming sensation.

Nausea, fever, headache, dizziness, rash, redness of the skin, itchiness, and increase in liver function tests, indicating possible injury to the liver, occurred in between 1-10% of adult subjects who were treated with icatibant in clinical trials. The increases in liver function tests did not cause any symptoms and got better without any treatment.

The side effects in adult subjects were generally mild to moderate in severity, short in duration and got better without further treatment.

No deaths considered to be related to icatibant have been reported in these clinical trials or from the use of the product for adults. Also, no serious systemic (throughout the body) or anaphylactic (severe, allergic-like) reactions have been reported.

Caution should be observed when icatibant is given to subjects with heart conditions like acute ischemic heart disease (decreased blood supply of the heart muscle) or unstable angina pectoris (chest pain) and in the weeks following a stroke. Your study doctor will let you know if he/she feels that these risks apply to you.

None of the subjects dropped out due to side effects during the late-stage clinical studies.

If you experience any side effects, it is important that you let your study doctor or research staff know immediately. You may require additional physical examinations or medical testing. You must also tell your study doctor if you have started any new medications. This includes medications available without a prescription (over the counter) and any alternative medicines or supplements.

If you have any questions or concerns about any of the information provided above, about the possible side effects of treatment, or the possible consequences of treatment for those side effects, please ask the study doctor or the research staff for more information.

Risks of Other Study Procedures:

Blood Drawing (Venipuncture) Risks
You may experience some discomfort at the site of needle entry. Bruising is sometimes seen after the blood is taken. There is a small risk of fainting or infection at the site of needle entry.

ECG Risks
There are no significant risks or discomforts associated with an ECG. However, the adhesive sticky patches attached to the skin may cause redness, irritation, or itching after their removal (similar to removing a band aid).

Randomization Risks
You will be assigned to a treatment program by chance, and the treatment you receive may prove to be less effective or to have more side effects than the other study treatments or other available treatments.

Placebo Risks
If you are in the group that receives placebo, your condition will go without the active (study) treatment. However, conventional medications such as corticosteroids and antihistamines will not be withheld during the study and may be given to you at any time if your study doctor determines treatment is needed.

There may be other risks that no one knows about yet. New information about the study or icatibant that might affect your decision to stay in the study may become available during the study. If this happens, your study doctor will tell you about it in a timely manner and ask you whether you want to continue in the study.

You may decide to stop taking part in the study at that time. If you stop taking part, your study doctor will discuss the steps you should follow. If you decide to continue in the study, you may be asked to read and sign a revised consent form containing the new information.

For more information about possible risks and side effects you may experience, ask your study doctor.

REPRODUCTIVE RISKS:
As this is an investigational drug, little is known about the effects of this study drug on an unborn child or child who is nursing. It is possible that if the study drug is given to a pregnant or nursing woman, it may harm the unborn child or child who is nursing. Therefore, if you may be pregnant or should become pregnant, plan to become pregnant, or are nursing during the course of this study, you cannot be in the study.

Women who are able to have children are required to have a negative urine pregnancy test before taking part in the study.

Inform the study doctor immediately if you or your partner become pregnant at any time during the study and for 30 days after you receive study drug. Your participation in this research study will be ended immediately. However, the study doctor will ask to follow the course of the pregnancy and delivery, as well as the condition of the baby. The outcome of the pregnancy will be reported to the Sponsor.

STUDY BENEFITS:
While doctors hope icatibant will be more useful against attacks of ACE inhibitor-induced angioedema compared to the usual treatment, there is no proof of this. We do know that the information from this study will help doctors learn more about icatibant as a potential treatment for ACE inhibitor-induced angioedema. This information could help future patients by giving important insights into the treatment of ACE inhibitor-induced angioedema.

You may or may not benefit personally from this study. If you are in the group that receives icatibant and it proves to work, you may benefit from participating in the study, but this cannot be guaranteed. You may not experience any relief of your symptoms, or your symptoms may worsen.

WHO IS SPONSORING THIS STUDY?
This research study is funded by Shire Orphan Therapies, Inc. Shire Orphan Therapies, Inc., a wholly-owned subsidiary of Shire Human Genetic Therapies, Inc. In addition, the study doctor receives money from Shire for carrying out this study. A committee at the hospital has reviewed the financial arrangements and concluded that the possible financial benefit to the person involved in the research is not likely to affect your safety and/or the scientific quality of the study.

If you would like more information, please ask the study doctor or a member of the research team. The research team does not hold a direct financial interest with the sponsor or in the final results of the study.

COMPENSATION:
You may receive up to $175.00 for your participation in the study and completion of required assessments and follow up activities.

If you complete the procedures and testing required for 8 hours after receiving study drug (including completion of the Hour 8 Post-Treatment time point), you will receive a $100.00 pre-paid check card. If you complete the Day 3 follow up telephone call an additional $75.00 will be added to the pre-paid check card.

COSTS TO THE SUBJECT:
Neither you, nor your insurance provider, will be charged for the costs of any of the procedures performed solely for the purpose of this research study. The study sponsor will cover the costs of these procedures including the cost of the study drug, which will be provided by the study sponsor free of charge for purposes of the study. Additional costs relating to procedures not needed by this study will not be paid for by the study sponsor.

You or your insurance carrier or your managed care plan will be responsible for the costs of routine or standard care medical treatment; this may include, but is not limited to, clinic visits, hospital admissions, laboratory tests, x-rays, or other tests. Specifically, some procedures and tests are done routinely for all patients receiving standard care for your illness or disease, and you likely would receive these, regardless of whether you were in this study. You or your insurance carrier or managed care plan will be billed in the ordinary manner for such standard care costs, and you will be responsible for any co-payments or deductibles as you would in the normal course of receiving standard care.

If your insurance carrier or managed care plan does not pay for the procedures and tests done as part of your routine or standard care, no additional funds have been set aside by the study sponsor or the Institution to cover those costs and you will be financially responsible for the costs of those procedures.

ALTERNATIVES TO PARTICIPATING IN THE RESEARCH STUDY:
You are not required to participate in this research study. You and your doctor will determine how to treat your angioedema outside of this research study if you decide not to participate. Participation in this study will not change any supportive treatment (that is, non-drug or non-research related treatments) you are currently receiving. You can choose not to participate in this research study and remain under the care of the hospital physicians.

There are no approved drug treatments specifically for ACE-I-induced angioedema, however alternative treatments may be available. Alternate treatments may include medicine typically given for allergic reactions such as antihistamines, corticosteroids and epinephrine. All of these medicines have different safety profiles than icatibant. You should discuss these options with the study doctor.

CONFIDENTIALITY:
All information that you give will be kept strictly confidential. The information collected about you usually will not directly identify you (for example, by name, address, or social security number). Instead, your initials and a code number will be used for your information.

Your records may be reviewed by:

- the study sponsor
- people who work with the sponsor on the study
- Government agencies, such as the FDA
- Medical Faculty Associates, Inc.
- Western Institutional Review Board® (WIRB®). 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.

These people may look at your records to make sure the study has been done the right way. They also want to make sure that your health information has been collected the right way, or for other reasons that are allowed under the law.

If information about this study is published, you will not be identified.

There is a risk of loss of confidentiality in research studies. Every effort will be made to protect you and your health information to the extent possible.

A description of this clinical trial will be available on www.ClinicalTrials.gov, as required by US 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.

COMPENSATION FOR STUDY-RELATED INJURY:
You may have medical problems or side effects from taking part in this research study. If you have any side effects after taking the study drug or are injured during the study, tell your study doctor right away. Once you tell your study doctor, he will either provide you with or refer to you proper medical treatment.

If you believe that you have been injured or have become ill from taking part in this study, you should seek medical treatment right away. This can be done through:

- GWU Hospital and/or the GWU MFA or
- your physician or
- treatment center of your choice.

The study sponsor, Shire Orphan Therapies, Inc., will pay for the reasonable costs of medical care and treatment if the injury or illness is directly related to the study drug or the study procedures **and** the injury or illness is not caused by:

- Failure of the study doctor or study staff to follow the study protocol, sponsor's written instructions about the use of the study drugs, or comply with laws and regulations;
- The negligence of the study doctor or study staff;
- Your failure to follow study instructions
- The normal progression of your primary disease or any concurrent disease that is not due to administration of the study drugs; or
- A standard of care procedure that you would have undergone even if you were not participating in the study.

There are no plans for GWU Hospital and/or the GWU MFA to pay you for any injuries or illnesses. There are no plans to pay you for lost pay or other losses. The study sponsor does not plan to make any other payment to you, but you do not give up any legal rights by signing this form and may have other legal options.

VOLUNTARY PARTICIPATION AND WITHDRAWAL:
The decision whether to be in this study is entirely up to you. Participation is voluntary. You can refuse to participate in the study, or withdraw from the study at any time, and this decision will not affect your medical care at the Institution, either now or in the future. Additionally, a refusal to participate or withdrawal of participation will not result in any penalty or loss of benefits to which you are otherwise entitled. Signing this form does not waive any of your legal rights.

Should you decide to withdraw from the study for any reason, you should contact the study doctor and let him/her know about your decision. The study doctor or another member of the study team will discuss with you any considerations involved in withdrawing from the study. You will be given instructions regarding orderly withdrawal from the study and may be asked to return for a final check-up.

The study doctor may discontinue your participation in the study at any time without your consent, if he/she has good reason for doing so (for example, if your health deteriorates, if you do not follow the instructions of the study team, or if the study is stopped for any reason).

Data collected about you up to the time of your withdrawal will remain in the trial database and be included in the data analysis.

QUESTIONS AND CONTACT PEOPLE:
If you have additional questions about the study at any time, you can reach the study doctor at:

Study Doctor/Contact Name: Michael G. Seneff, M.D.

Daytime telephone number(s): 202-715-4591

24-hour contact number(s): 301-602-8987

If you have questions about your rights as a research subject, or if you have questions, concerns, or complaints about the research, contact:

Western Institutional Review Board® (WIRB®)
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1-800-562-4789 or 360-252-2500
E-mail: Help@wirb.com

WIRB is a group of people who perform independent review of research.

WIRB will not be able to answer some study-specific questions, such as questions about appointment times. However, you may contact WIRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff.

Please visit the WIRB website www.wirb.com for more information about research studies and the role of a research subject.

STATEMENT OF CONSENT:

A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Clinical Study Evaluating the Safety and Efficacy of Icatibant as a Treatment for Angiotensin-Converting Enzyme Inhibitor (ACE-I)-Induced Angioedema in Adults

I have discussed this study with the study doctor and/or study staff to my satisfaction. I understand that my participation is voluntary and that I can withdraw from the study at any time without any penalty or loss of benefits to which I am otherwise entitled. I also understand that if I do leave the study, this will not affect my future care. If I decide to leave the study, I agree that the information collected about me up to the point when I withdraw, may continue to be used. Signing this form does not waive any of my legal rights.

I have had sufficient opportunity to review this consent form and to consider whether or not to participate in the study. I have read the information presented in this form and have had all of my questions (if any) adequately answered. I have been told about the purpose, nature, risks, benefits and alternatives (including non-participation) of the study as presented in this form and as described to me.

_____
Printed Name of Subject

_____
Signature of Subject Date

In addition to advising the person who signed the above “Statement of Consent” of other forms of treatment and therapy which are appropriate to the subject’s disease or condition, I have offered an opportunity for further explanation of the risks and discomforts which are, or may be, associated with this study and to answer any further questions relating to it.

_____
Printed Name of investigator or designee

_____ _____
Signature of investigator or designee Date

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

_____
Printed Name of Impartial witness

_____ _____
Signature of Impartial witness Date

*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.

A copy of the signed consent form will be provided to subject providing consent; a copy will be placed in subject's medical record. The original will be kept in investigator's file.

HIPAA AUTHORIZATION

Federal regulations give you certain rights related to your health information. These include the right to know who will receive the information and how it will be used. The study doctor must obtain your authorization (permission) to use or release any health information that might identify you.

If you agree to participate in this research study and sign this Authorization, you are giving permission for your health information to be collected. Research staff will use this information to determine the benefits of the study drug. Some of this information, called Protected Health Information (PHI), is protected by law. This may include your name, address, telephone number or other facts that could identify the health information as yours. By signing this consent form, you give permission for your PHI to be collected and used inside and outside the United States for research.

Your personal information will be kept confidential and will not be released without your written permission, except as described in this Authorization or as required by law.

The study doctor will also ask you to allow the sharing of your personal information with the study sponsor, with authorized representatives of the study sponsor who help the study sponsor to manage the study, Regulatory Agencies (such as the FDA), Medical Faculty Associates, Inc., and/or Western Institutional Review Board® (WIRB®). If you are participating in a multi-site research study, your information may also be shared, to the extent necessary, with researchers at associated sites. Your PHI will be kept as confidential as possible. Laws prohibit the study doctor from using your PHI in any way other than described in this form, however once your information is disclosed (outside the study doctor and/or Health Insurance Portability and Accountability Act (HIPAA) covered groups), re-disclosure of your PHI will not remain protected by HIPAA.

Your medical records will not be voluntarily disclosed. However, at any time during or after the study, staff from the study sponsor or its designated representatives, and health authorities, will occasionally be granted direct access to your medical records as they relate to this study, so that they can confirm that the information collected during the study is accurate. In these circumstances your identity may be disclosed but will remain absolutely confidential. Representatives of Western Institutional Review Board® (WIRB®) may also be granted similar access.

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.

It is possible that in the future the study sponsor may need to collect additional data from your medical chart/records in order to put the already collected data in the proper medical context.

You will be identified only by a unique code number and information about the code will be kept in a secure location and access limited to research study personnel. The data will be coded, stored and protected by the study sponsor and your study doctor for a duration of 10 years.

Your personal information also may be used and disclosed in the same ways that it may be used and disclosed for regular hospital treatment, payment and health care operations — for example, with your insurance company so that, as appropriate, you may get reimbursed or covered for any medical services you receive, or with government agencies that regulate health care and medical research.

Basic personal information will be recorded such as gender, height, weight, as well as information on your medical history, and clinical data will be collected about your participation in the study. Racial origin will also be collected, but will only be used for clinical research purposes. Your study information will be recorded on study report forms and sent to the study sponsor. Your personal information will usually be shared on research forms without your name or other identifying information, except when your name or other identifying information is necessary to make sure that the research information is accurate.

Because this study involves medications regulated by the United States Food and Drug Administration (FDA), the FDA and other regulatory agencies, as well as the study sponsor of the study, may inspect records identifying you as a subject in this investigation.

If your participation in this study is related to your treatment or diagnosis, the Institution or any other facility at which you are being treated may ask you to sign a separate informed consent document for specific procedures or treatments, and that informed consent form may be included in the medical record of the Institution or of that facility. Your medical record will be maintained by your treating physician or the Institution, as applicable, and will be subject to state and federal laws and regulations concerning the confidentiality and privacy of medical records.

LONG TERM HEALTH STATUS:
Following the end of the study, or after you have withdrawn from the study before its conclusion, your study doctor (or appointed delegate) may seek to establish your long term health status for a period of not more than 20 months, by accessing your hospital records, or publicly available sources such as national registries, newspaper obituaries and social networking websites. Attempts may also be made to contact you or your relatives to ascertain this information. If you do not want this information about you to be collected, you may record your objection with your study doctor at any time.

May I withdraw or revoke (cancel) my permission?
YES. You may withdraw your permission to use and disclose your health information at any time. You can do this by sending written notice to the study doctor below:

Michael Seneff, M.D.
The George Washington University Hospital
900 23rd St., NW #G-105
Washington, DC 20037

If you withdraw your permission, you will not be able to continue being in the research study.

What happens if I want to withdraw my authorization?
Information that has already been gathered may still be used and given to others. If you withdraw your permission, no new health information will be gathered unless you have a side effect related to the study.

If you withdraw from the study but do not withdraw your Authorization, new health information may be collected until this study ends.

Will my authorization expire?
This Authorization will expire December 31, 2060, unless you withdraw it in writing before then. The study doctor will keep this Authorization for at least 6 years.

May I review or copy the information obtained or created about me?
YES. You have the right to review and copy your health information. However, your access to this information may be delayed until the study is complete.

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.

AUTHORIZATION
By signing this form, I allow the use or disclosure of my health information. I will receive a signed and dated copy of this Authorization.

_____
Printed Name of Subject

_____
Signature of Subject Date