Approved: 11Nov2016

INFORMED CONSENT AND HIPAA AUTHORIZATION FORM FOR SUBJECT PARTICIPATION IN A RESEARCH STUDY

Name of Research Study: A Phase 2b Randomized, Double-blind, Placebo-controlled Study to Evaluate the Safety and Efficacy of MEDI8897, a Monoclonal Antibody With an Extended Half-life Against Respiratory Syncytial Virus, in Healthy Preterm Infants

Study Code/Protocol Number: D5290C00003

Sponsor: MedImmune, LLC

Study Doctor Name: **Alejandro Hoberman**

Institution: **UPMC**

Research Site Address(es):

General Academic Pediatrics
Children's Hospital of Pittsburgh
3414 Fifth Ave
Pittsburgh PA 15213

Daytime Telephone Number(s): 412-692-7382

24-hour Contact Number(s): 412-999-EARS (3277)

Subject Initials: _____

Enrolment Code: _____

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

Your child is being asked to take part in this research study of an experimental drug called MEDI8897. MEDI8897 is being studied to evaluate how effective it is at preventing serious Respiratory Syncytial Virus (RSV) disease in preterm infants. "Experimental" means the drug has not been approved by any Authority that regulates new medicines, including the U.S. Food and Drug Administration (FDA). The study is being sponsored by MedImmune, LLC ("the sponsor"), a member of the Astra Zeneca group and may involve other companies in the AstraZeneca group as well as service providers, contractors and research institutions that support this study". Additional information about MEDI8897 and the purpose of this study is provided below.

Before you decide if you want your child to take part, it is important for you to understand why the research is being done; what the study involves; the possible benefits; risks and discomforts; and how your child's information will be used. Please read this information sheet carefully, and ask any questions you have. This document uses words such as treatment, drug, medication, and patient. Please remember this is a research study and the use of these terms does not mean the use of MEDI8897 has been found to be safe or effective for this condition.

You can discuss this study with other people, such as your child's doctor, if you wish. If your child is in any other study, he/she cannot take part in this study. If you do not sign this consent form, your child cannot take part in this study.

Information about this study is made available on public websites around the world in accordance with AstraZeneca public commitment to transparency of the clinical research and with applicable law.

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.

Information of AstraZeneca-sponsored, new and ongoing clinical studies and results from these studies are also provided on *http://www.astrazenecaclinicaltrials.com/.*

Your child's study doctor is a researcher for this study. As a researcher, he/she is interested both in your child's health and how this study is carried out. The study doctor is being paid by MedImmune, LLC (the company paying for the study or 'the study sponsor') to carry out this study. Your child does not have to take part in any research study offered by any doctor. Whether or not you choose to allow your child to take part in this study, your child will still receive the medical care that he/she already has been receiving. You may ask for a second opinion about your child's care at any time. You can get this opinion from a doctor who is not connected with this study.

Read this information carefully and please ask the study doctor or the study staff if you have any questions.

What is the Background and Purpose of the Study?

MedImmune is developing a new antibody product to protect infants from getting serious lower respiratory tract infection caused by RSV. RSV is a virus that is present in communities mostly from late fall to early spring. Infection with RSV is common in all children. In the first year of life, about half of all infants become infected with RSV. By 2 years of age, almost all children have been infected with this virus. RSV typically causes a cold-like illness in older children and adults, but can cause serious disease in infants and young children. It is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia (lung infection) in infants and young children and can result in the need for hospitalization. Preterm infants are considered to be at high risk for having serious illness from RSV infection. Although hospitalization can be a result of RSV, RSV can also result in outpatient office visits, emergency department visits, as well as time missed from work for the caregivers and children being absent from daycare. This study is being done in healthy preterm infants born between 29 weeks and 35 weeks' gestational age.

The purpose of this study is to evaluate how effective MEDI8897 is at preventing lung disease caused by RSV and to evaluate the safety and tolerability of MEDI8897 in healthy preterm infants compared with placebo (a saline solution that looks like the study drug but it does not contain active ingredient). The study will also measure drug levels of MEDI8897 in the blood, as well as looking at days missed from work and daycare.

There are currently no medicines to prevent RSV in healthy infants who are greater than 35 weeks gestation at birth, and there are no medicines to treat an active RSV infection. A medicine called palivizumab (Synagis®) is approved by the FDA for prevention of serious illness caused by RSV in premature infants 35 weeks' or less gestational age and children with lung disease or congenital heart disease. Because palivizumab is active in the body for about a month, it has to be given every month to children for about 5 months during the RSV season each year. Because palivizumab has to be given every month, it is not feasible to give to all healthy infants. In addition, due to the cost of monthly doses, the American Academy of Pediatrics has issued guidelines that limit the use of Synagis® to infants who are born at less than 29 weeks' gestational age.

MEDI8897 is not an antibiotic. Like palivizumab, it is a type of antibody called a monoclonal antibody that is made in the laboratory and acts against RSV. MEDI8897 works the same as palivizumab, but has changes in its structure that are expected to extend the time the antibody is active in the body against RSV. It is expected that MEDI8897 can be given once to provide protection against RSV for the entire 5 months of the RSV season.

Does my Child Have to Take Part?

It is up to you to decide whether or not your child will take part. If you decide not to have your child participate in this study, your decision will not result in any penalty, loss of benefits, or affect the medical treatment and care your child is entitled to receive.

If you decide to have your child take part you are still free to withdraw your child from study assessments and/or study drug at any time. This is described in more detail in a later section of this document.

If you agree, your child's primary physician may be informed about the child's participation in this study.

Who Can Be in the Study?
Your child has been invited to participate in this study because your child is a healthy infant born between 29 weeks 0 days and 34 weeks 6 days gestational age and is entering his/her first full RSV season at the time of screening. Preterm infants who are born within this gestational age range are not included in the American Academy of Pediatrics guidelines to receive palivizumab (Synagis®) for RSV prophylaxis.

There will be approximately 1,500 infants participating in this study. Enrollment is planned at approximately 197 sites, globally, across both the northern and southern hemispheres.

How Long Will My Child Be in the Study?
The planned length of time your child will be in the study, including follow-up after dosing, is approximately 1 year (about 365 days). This includes Visit 1, a screening visit, Visit 2 when the study drug will be given and a follow up period of approximately 360 days (including 5 in person visits, as well as frequent telephone calls).

What Will Happen to My Child if He/She Takes Part, and What Does My Child Have to Do?
Before any study related tests and procedures are performed, you will be asked to read this information sheet. You will have the opportunity to ask questions. If you agree to have your child join the study, you will sign and date the consent form at the end of this form.

If your child can take part, he/she will be randomized to receive either 50mg of the study drug or placebo. Randomized means that your child will be assigned by chance to receive either study drug or placebo. The groups are selected by chance (like flipping a coin). Your child will have 2 in 1 chance to receive the study drug. This is a double-blind study which means that neither you nor your study doctor will know which study group your child is assigned to. The study groups will be assigned by using a central system (computer).

Visit 1: Screening (screening and Visit 2 procedures may occur on the same day)
In order to find out if your child can be in the study, you will bring your child to the study site for screening. At the screening visit, your child will be screened to determine if he/she is eligible.

- You will be asked some general questions on your child's health condition and his/her medical history, including any medications he/she is currently taking.

- Your child will have a physical examination including measurement of weight, and vital signs (temperature, blood pressure, breathing rate and heart rate).
- A blood sample of about 1.5 mL (about 1/3 teaspoon) will be taken to get an initial measurement for study drug and antibodies to the study drug. Since this blood sample is taken before your child receives a dose of study drug or placebo, there will not be any study drug or antibodies present but this baseline sample is needed to compare to tests after the study drug or placebo is given.

Your child will need to come back to the study doctor for at least 5 visits after the screening visit. You will need to be available by telephone for follow up phone calls.

If your child can be in the study, he/she can be dosed during this visit, or you can bring him/her back to the study site to be dosed.

The use of topical anesthetic will be permitted for blood draws and/or intramuscular (IM) injection for those study participants in countries/sites where it is clinical routine to do so.

Visit 2: Day of Dosing (screening and Visit 2 procedures may occur on the same day)
During this visit, your child will undergo the following procedures:

- You will be asked about any illness, doctor visits, hospitalizations, any medications your child is currently taking and problems your child may have had since the previous visit.
- Your child will have a physical examination including measurement of weight.
- Vital signs (temperature, blood pressure, breathing rate and heart rate) will be taken within 60 minutes before dosing, and at 30 and 60 minutes (± 5 minutes) after dosing.
- Your child will get a dose of study drug or placebo by injection (shot) in the thigh muscle, the same way most baby vaccines are given.
- You and your child will need to stay at the site for at least 1 hour after your child is dosed to monitor for any allergic reactions or other safety events.

Follow-up period
Your child will undergo the following procedures during the Follow-up period:

Study Day 8, Day 31, Day 91, Day 151 and Day 361:
- You will be asked about any illnesses, doctor visits, hospitalizations, any medications your child is currently taking and problems your child may have had since the previous visit.
- Report any caregiver missed work days and/or child absences from day care due to a respiratory illness.
- Your child will have a physical examination including measurement of weight.
- Your child's vital signs (temperature, blood pressure, breathing rate, and heart rate) will be taken.

- On study Days 91, 151, and 361, a blood sample of about 1.5 mL (about 1/3 teaspoon) will be collected from your child to measure levels of study drug and antibodies to the study drug.

The total amount of blood that will be collected over the course of this one-year study is about 6 mL (about 1 ¼ teaspoons).

Unscheduled Illness Visits
You may bring your child to the study site for unscheduled study visit if, at any time, you have concerns about your child's health.

If you take your child to any health care provider (doctor's office or clinic, emergency room, or hospital) for a respiratory illness, you will also need to bring your child to the study site within 2 days or as soon as possible after that health care provider visit for collection of a nasal mucous sample to test for RSV. If your child is hospitalized for a respiratory illness, an additional blood sample of about 1.5 mL (about 1/3 teaspoon) will be collected. Also, you should report any caregiver missed work days and/or child absences from day care due to a respiratory illness.

Follow-up Telephone Calls
The study site will call you every two weeks from the time your child is dosed through the Day 151 visit and then monthly until the final visit, Day 361, to get an update on your child's health status and to confirm if there have been any respiratory illnesses requiring medical attention.

What are the Possible Side Effects, Risks and Discomforts of Taking Part?

What is Known About the Safety of MEDI8897?
One clinical study of MEDI8897 was conducted in healthy adult volunteers before giving the drug to infants. Subjects in this study were randomized to receive a single dose of MEDI8897 or placebo in 1 of 5 groups (300, 1000, or 3000 mg given in their vein, or 100 or 300 mg given in their muscle). A total of 136 subjects were enrolled. Subjects were followed for about 1 year and the study was completed in June 2015. The drug was well tolerated and there were no safety concerns.

Another clinical study of MEDI8897 is being conducted in healthy preterm infants. Subjects in this study were randomized to receive a single dose of MEDI8897 or placebo in 1 of 3 groups (10, 25 or 50 mg given in their muscle). A total of 89 infants were enrolled and dosed; follow up is ongoing. Nine children have completed the 1 year follow up visit, and 77 have been followed for at least 6 months. Thus far the drug has been well tolerated and there have been no safety concerns.

What are the Possible Side Effects, Risks, and Discomforts of Taking Part?
The study drug may cause some side effects. Your child may experience none, some, or all of those listed below.

In the clinical study with adult subjects and the clinical study with preterm infants, no risks associated with MEDI8897 have been identified thus far.

There may be risks involved in taking this medication that have not been identified in the studies done so far. There is always a risk involved in taking an experimental medication but your child will be closely monitored and you and your child are encouraged to report anything that is troubling you or your child.
There is a small chance that your child may have a serious allergic reaction (anaphylaxis) to the study drug. Anaphylaxis may cause a serious drop in blood pressure, difficulty in breathing, severe hives, and sometimes death. Your doctor will monitor your child very closely for 1 hour after he/she receives the study drug, and will have medications available to treat any allergic reactions that might occur. Less serious allergic reactions, such as skin rash with or without itching and swelling, may also occur within hours to days after receiving the study drug. These effects usually get better without treatment.

You will be given a card with instructions to contact the site if your child experiences symptoms such as hives, itching skin, rash, difficulty breathing, swelling of the lips, tongue or face, or wheezing. If any of these signs occur in your child, you should contact the study site immediately. If your child experiences any breathing difficulty or symptoms of a serious allergic reaction, it is important that you seek emergency care.

Your child's body may make an immune reaction (antibody) to this study drug. We will be testing for such antibodies during the study.

It is possible that if your child has an immune response to this study drug, your child may develop joint pain and swelling, rash, fever or inflammation of your child's heart, blood vessels, nerves, and/or kidneys. Your child may also experience low platelets (cells that help the blood to clot) which can lead to bleeding in the mouth, gums, bruising, nose bleeds, and pinpoint red spots on the skin. Subjects that develop these types of reactions during the course of the trial are advised to seek immediate medical help in managing their medical condition.

There may be other side effects of MEDI8897 that are unknown.

Risks from Placebo
Risks from receiving placebo will be similar as for other healthy preterm infants who do not receive prophylaxis for RSV.

Risks from Study Procedures
As with any injection (shot), the study drug injection in the muscle may cause the area to become sore or tender, red, bruised, and swollen.

The taking of a blood sample by a needle stick may cause some discomfort. Problems with blood collection can include pain, tenderness, swelling, or bruising at the site of the needle stick.

What if New Information Becomes Available?
You will be told of any new information on the study drug that might affect your decision to have your child continue in the study.

You will receive a summary of the study results when the study ends. To allow for full analysis of all participants' data, this will be about 12 months after the last person completes their participation in the study. Your study doctor will advise you when this information becomes available.

What are the Possible Benefits of Taking Part?
Neither UPMC nor the study sponsor can guarantee any benefit to you for your participation in this study. For the children who receive MEDI8897 it is possible that the drug may provide protection against serious RSV disease. However, this has not yet been proven. There is no direct medical benefit to your child as an individual if he/she receives placebo.

Even if there is no benefit to your child, other children may benefit from what is learned in this study.

What Other Treatments are Available?
A medicine called palivizumab (Synagis®) is approved by the FDA for prevention of serious illness caused by RSV in premature infants and children with lung disease or congenital heart disease. Synagis® is approved for premature infants who are born at 35 weeks gestation or less. However, due to the cost of the medicine, the American Academy of Pediatrics and other local and national recommending bodies have issued guidelines that do not include healthy preterm infants who are greater than 29 weeks gestation in the group eligible to receive Synagis®.

There is no treatment for RSV infection. Children who get RSV infection receive supportive care.

What Happens If My Child Has An Injury Resulting From This Study?
In the event of an emergency, seek immediate medical attention. Emergency medical treatment for injuries will be provided to your child.

If your child becomes injured during your participation in this study, contact the study doctor (Principal Investigator) at the phone number listed on the first page as soon as possible.

If the sponsor determines that your child's injury is a direct result of your participation in this research (i.e. the investigational product and/or any testing or procedures required specifically by the study protocol – and outside of routine care), you or your child's health plan (insurance company), will not be billed. Instead, the sponsor will pay for your child's medical expenses for the treatment of an injury that is directly related to participation in the study.

If the injury is the fault of UPMC personnel or third parties, or the result of your own actions or inactions, such as failure to follow the informed consent document or the directions of your study doctor, the Sponsor will not offer to cover the cost of injury. There is no plan for any additional financial compensation from UPMC. Financial compensation for such things as lost wages, disability or discomfort due to the injury is not offered by the sponsor. However, by signing this form, you do not give up any of your legal rights.

Federal law requires that the study sponsor inform the Centers for Medicare & Medicaid Services (CMS, the agency responsible for administration of the Medicare program) when they are going to reimburse for research participant injury expenses or for treatment of an injury to a Medicare beneficiary. To comply with a Medicare reporting obligation, the study sponsor or its representative may need to collect and share with CMS certain personal information about you, such as your name, date of birth, sex, social security number, and Medicare ID number (if you have one).

Will There Be Payment For Taking Part In This Study?

You or your child will be reimbursed for expenses, such as your or your child's time and inconvenience for your child being a participant in this study. If your child does not complete the study, you or your child will be reimbursed for only those visits he/she completed at $63.00 per visit.

No other compensation, such as lost wages or other damages, will routinely be available.

UPMC utilizes a WePay™ electronic payment card as a secure payment method to disburse research study compensation. The study staff will discuss the use of this WePay™ electronic payment card with you and answer any questions you may have about the reimbursements.

Expense reimbursement refers to payments made to research subjects to repay them for expenses such as parking, transportation, or meals. Reimbursement payments are not taxable income to the participant.

All compensation is taxable income to the participant regardless of the amount. If a participant receives $600.00 or more in a calendar year from one organization, that organization is required by law to file a Form 1099 – Miscellaneous with the IRS and provide a copy to the taxpayer. Individuals who do not provide a social security number may still participate in the research but the IRS requires that 28% of the payment be sent by the institution to the IRS for 'backup withholding;' thus you or your child would only receive 72% of the expected payment.

What are the Costs of Taking Part?

Neither you, nor your insurance provider, will be charged for the costs of any of the procedures or tests performed solely for the purpose of this research study. You and

your insurance company will continue to pay for your child's regular health care in the usual manner.

The procedures your child receive while participating in this study are for research only and will be paid for by the sponsor of this study. This includes the investigational drug as well as the costs of certain tests and procedures and follow up required by the study. You could have unexpected expenses from your child being in this research study. Some charges may be submitted to your health insurance and be denied because you are in a research study. Ask the study doctor to discuss the costs that will or will not be covered by the sponsor. This discussion should include who will pay the costs of treating possible side effects. We encourage you to determine your health insurer's policy about paying for your treatment while you are in a research study.
If you receive a bill for a research related procedure that you believe was in error, please contact the study team and the UPMC office that sent the bill.

Does My Child have to Take Part?
It is up to you whether to allow your child to take part in this study or not. You may refuse for your child to take part or stop taking part in this study at any time. If you choose to do so, there will be no penalty or loss of benefits that you or your child is already receiving.

How will My Child's Information be Protected?

Confidentiality
You have a right to privacy and all information that is collected for this study will be kept confidential to the limit that this is possible by law. Except as required by law, you will not be identified by name, address, birth date, telephone number, or any other personal identifier.

To help ensure that your medical and personal information is kept confidential, all documentation and samples related to this study will be de-identified. You will be assigned a unique patient identification number. Your forms, records, and samples associated with this study will be labeled with this unique code (or identification number) only. They will not be labeled with your name, picture, or any other personally identifying information.

Only your study team will have access to the key that links your unique code to you. This information will not be released to the sponsor, their affiliates, or anyone outside of the study team except as described in this consent document or where required by law – or as directed by your written request for destructions of your samples from future research.

Request for Destruction of Biological Samples
If you first agree to participate and then you change your mind, you are free to withdraw your consent and discontinue your participation in the study at any time. You also have

the right to ask that all retained bio-specimen samples (blood, nasal samples) be destroyed (if they can be identified by study ID or linkage code) to prevent future use or analysis by anyone. To do this, send a written request to withdraw from the study to the person and address listed above. If the samples have been completely de-identified, it will be impossible to destroy them.

The part of your child's health information sent by the study doctor to the study sponsor usually does not directly identify your child (for example, by name, address, or social security number). Instead, your child will be assigned a subject identification number and this will be documented on the information sent to the study sponsor. The study data sent to the sponsor will include your child's date of birth, but no other identifiers.

Your Child's records may be reviewed by:

- the study sponsor
- people who work with the sponsor on the study
- government agencies, such as the 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.

Regulatory authorities may also require that the study doctor turn over to them copies of all your child's health information. The reason these people may look at your child's health information is to make sure the study has been done the right way. They also want to make sure that your child's health information has been collected the right way, or for other reasons that are allowed under the law.

Publication of Study Results
Except as explained in this section, your child's health information will be kept confidential. The results from this study may also be presented at meetings or in articles. However, your child's name, or other information that could identify him/her, will not be used in those meetings or articles.

Whom Should I Contact if I Need More Information or Help?
You, on behalf of your child, have the right to ask questions about this study at any time and are encouraged to do so.

If you or your child have any questions, concerns or complaints about this study, or if your child experiences an injury you believe may be related to this study, you should contact the study doctor or the study staff at the number(s) on page one of this form.

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

Copernicus Group Independent Review Board (CGIRB)
One Triangle Drive, Suite 100

Research Triangle Park, NC 27709
Telephone: 888-303-2224
Email: irb@cgirb.com

CGIRB is a group of people who perform independent review of research.
CGIRB will not be able to answer some study-specific questions, such as questions about appointment times. However, you may contact CGIRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff.

Please visit the Copernicus Group IRB website www.cgirb.com for more information about research studies and the role of a research subject.

Does My Child have a Right to Withdraw from the Study?

You can decide not to have your child participate, or at any time after joining the study and for any reason, you can withdraw your child from the study without any penalty or loss of benefits to which your child is otherwise entitled. Your decision to have your child leave the study will have no effect on your child's future care or treatment by physicians or by this institution.

If you have your child leave the study early, you are recommended to have your child go through study exit procedures that may be considered necessary by your child's study doctor. Your child's study doctor may ask if he/she can continue to collect relevant information for the study during your child's normal clinic visits.

The study doctor may also decide that it is best that your child leave the study, without your consent. The study may also be ended by the Sponsor for any reason without your consent.

You and your child have the right to withdraw from this study at any time and your child will still receive the same standard of care. If you, on behalf of your child, withdraw your permission, your child cannot be in the study anymore.

The study doctor may choose to end your child's participation in this study without your or your child's consent for any of the following reasons:

- Your child is unable to continue in the study
- The instructions of the study doctor are not followed
- Your child experiences an injury related to the study; or
- For any other reason.

If you choose to end your child's participation in the study, your child may be asked to continue to take part in other portions of the study. If he/she does so, the study doctor may ask you, on behalf of your child, to do any of the following:

- Continue to come to study visits as planned and take part in study assessments (including biological sampling, e.g., blood and/or nasal samples)

- Agree to be contacted by telephone when needed for safety follow ups
- Agree to participate in follow-up and data collection for the remainder of the study, including the study doctor collecting information regarding study related health from available sources, such as medical records.

If your child continues to take part in some portions of the study, the information that was shared with the study sponsor or obtained from these portions of the study may continue to be used or disclosed as described in this informed consent.

If your child stops taking part in the study completely, it is recommended that he/she go through study withdrawal procedures that the study doctor considers necessary for his/her safety. No further study related contacts or data collection will then occur except as described in this informed consent.

If your child has an Adverse Event at their final study visit or withdrawal visit then your child's study doctor may wish to contact you and ask you about this, until it has completely resolved. The sponsoring company may also ask the study doctor for this information.

STATEMENT OF CONSENT

The impartial witness signature should be added if the parent or legal guardian is unable to read or write.

I_____(name of child's parent or legal guardian)**, HAVE READ ALL THE INFORMATION IN THIS INFORMATION AND CONSENT FORM. I HAVE BEEN GIVEN THE CHANCE TO DISCUSS IT AND ASK QUESTIONS. ALL MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I VOLUNTARILY CONSENT TO ALLOW MY CHILD TO TAKE PART IN THIS STUDY. I UNDERSTAND I WILL RECEIVE A SIGNED AND DATED COPY OF THIS INFORMATION AND CONSENT FORM.**

BY SIGNING THIS INFORMATION AND CONSENT FORM, I HAVE NOT GIVEN UP ANY OF THE LEGAL RIGHTS, THAT MY CHILD OTHERWISE WOULD HAVE AS A SUBJECT IN A RESEARCH STUDY.

_____ _____

Signature of Parent/Legal Guardian (Circle One) **Date/Time of Signature**

_____ _____

Printed Name of Parent/Legal Guardian **Printed Name of Child**

The information about the study was described to the parent/legal guardian in language he/she understood.

_____ _____

Signature of Person Administering this Consent **Date/Time of Signature**

_____

Printed Name of Person Administering this Consent

Statement of the Witness (when applicable*)
The information in the consent form was accurately explained to and appeared to be understood by the child's parent/legal guardian. Informed consent was freely given.

_____ _____
Signature of Impartial Witness **Date/Time of Signature**

_____
Printed Name of Impartial Witness (BLOCK CAPITALS)

*Impartial Witness: If the subject's parent/legal guardian 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 parent/legal guardian .

Investigator's Certification Statement

I, the undersigned, certify that I have fully explained all available information for this research study to the patient named above, have answered their questions, and will provide the patient with a copy of this signed and dated informed consent form.

_____
Signature of Study Investigator Printed Name Date/Time

HIPAA AUTHORIZATION

Federal regulations give you certain rights related to your child's health information. These include the right to know who will receive the information and how it will be used.

How is My Child's Health Information Collected, Used, and Disclosed (Shared)?

During the course of the study, the study doctor will collect health information about your child, which will be used to learn about the safety and effectiveness of the study drug. This will include information that identifies your child. You must give your authorization (permission) before the study doctor can use or share your child's health information with others. This authorization will describe how your child's health information will be collected, used, and disclosed and describes your rights, including the right to see your child's health information.

Definition of Health Information

Your child's health information includes your child's medical records, such as your child's records made by any doctor, hospital, or other healthcare provider not part of the study. It also includes information about your child collected during the study. This information may include the dates or results of different tests or examinations. The study doctor may need this information to watch, review and report on the safety of the study drug.

Some of the information that may identify your child includes:

- Your child's name
- Your child's address
- Your child's telephone number
- Your child's photograph
- Your child's date of birth
- Your child's social security number
- Other details about your child, such as your child's race/ethnicity or gender.

The Persons Who Will Get Your Child's Health Information

If you sign this form, you allow the study doctor to collect and use your child's health information to carry out this study. You also give your permission to disclose your child's health information to all of the following groups:

- The study sponsor and its related companies, which are located around the world. These companies may use and disclose your child's health information to carry out the study, to apply for approval of the study drug, both in the United States and in foreign countries
- All the people at the study doctor's site who help the study doctor to carry out the study or help with the paperwork for the study
- People and companies who work with the study sponsor on the study (for example, the sponsor may hire another company to help oversee the study, or it may hire a laboratory to do lab tests or to check your child's health information and the data collected during the study). These companies may be located around the world
- Other doctors and health care workers who help with the study
- Copernicus Group Independent Review Board (IRB), a research ethics committee that watches over the study
- The Food and Drug Administration (FDA), other Department of Health and Human Services agencies and other government agencies in the United States and in foreign countries that watch over the study
- The people you have named as emergency contacts (if any) in case your child does not show up for appointments with the study doctor and the study team has not been able to reach you or your child.

If you sign this form, you are also allowing healthcare providers that treat your child outside of the study to share your child's health information with the study doctor. This will allow the study doctor to have all the information needed to carry out, watch and review the study, and to report to regulatory authorities on the safety of the study drug. This includes disclosure in the event of your child's death. Your child's study doctor may ask you to sign a separate authorization form to obtain this information.

The study site (where the study is taking place) and the study sponsor are each responsible for their handling of your child's study-related health information in accordance with data protection laws.

The sponsor and the groups above will use your child's health information:

- to complete this research
- to evaluate the results of the study
- to check that the study is being done properly
- to obtain marketing approval for new products resulting from this research

Authorized representatives of the UPMC hospitals or other affiliated health care providers may have access to identifiable information (which may include your identifiable medical record information) related to your participation in this research study for the purpose of

- (a) fulfilling orders made by investigators for hospital and health care services (e.g., laboratory tests, diagnostic procedures) associated with research participation;
- (b) addressing correct payment for tests and procedures ordered by the investigators; and/or
- (c) for internal hospital operations (e.g., quality assurance).

Your health insurance provider may also have access to information regarding your participation in this research study to address correct billing and payment.

By signing this form, you are giving permission for the study team to disclose some protected health information to outside groups such as the sponsor of the study, anyone acting on the behalf of the sponsor, the IRB, and any other government regulatory body or oversight organization that may audit the study in the future.

Possible Transfer of Your Child's Health Information Out of the Country

As explained above, the study sponsor may send your child's study data (with your child's initials and a code number, but not your child's name) outside of the United States for the reasons described in this form. Please know that the laws in other countries may not provide the same level of data protection and may not stop your child's study data from being disclosed to others. When your study data is processed in Sweden by the Sponsoring Company, AstraZeneca AB is responsible for your personal data.

Notice on Redisclosure of Your Health Information and Confidentiality

The researchers conducting this research can disclose your child's protected information only to the persons whom you have permitted to see it, and only in the ways you have permitted. However, if you sign this form it is possible that those persons may share your child's protected information with other persons. Federal law does not protect your child against this, but the laws of your state may provide additional protection.

Your Right to See and/or Copy Your Child's Study-Related Health Information

In accordance with the UPMC Notices of Privacy Practices document that you have been provided, you are permitted access to information (including information resulting from your participation in this research study) contained within your medical records filed with your health care provider. To ensure the scientific integrity of the study, you may not be able to review some of your records related to the study until after the study has been completed.

You may see and copy your child's study-related health information for as long as the study doctor keeps this information. You may also, under data protection laws, have the right to ask that any mistakes in your child's study-related health information be corrected. However, you may not be able to see or copy your child's study-related health information until after the study has been completed, otherwise it could affect the study.

What if I decide not to allow the use of my child's health information?

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

Cancelling Your Authorization (Withdrawing Your Permission)

You may take away your permission to use and share identifiable health information about you at any time by telling the study doctor or study staff. If you do this, you will not be able to stay in this study. No new health information that identifies you will be gathered after that date. However, if the study doctor and/or the Sponsor has already used and relied upon your health information to conduct this study, they may continue to use it and disclose it to others as described in this Authorization.

You can withdraw your consent for use and disclosure of your personal health information, and exit the study, by notifying your UPMC study team or the Principal Investigator at the listed address on the front page of this consent form.

Your decision to withdraw or not provide your authorization for the research use and disclosure of your medical record information will have no effect on your current or future medical care at a UPMC hospital or affiliated health care provider or your current or future relationship with a health care

insurance provider. It will, however, prevent you from participating (or continuing to participate) in this research study.

You may cancel the authorization (withdraw your permission) that you have given in this form at any time. To do this, you need to write to the study doctor. If you withdraw your permission, your child will not be able to continue being in the research study.

If you withdraw your permission, the study doctor will no longer use your child's health information or share it with others, unless the study doctor needs to do so to protect the study data and research results. However, the study sponsor may still use or disclose information about your child that was shared with the study sponsor before you cancelled your authorization, if allowed under state law. If your child has provided biological samples, you may withdraw your consent to the use of your child's samples at any time. If a link between your child and his/her samples exists and the samples have not been anonymized, the study sponsor and the study doctor will make sure that your child's biological sample(s) will be destroyed. However, if any analysis or research has already been performed on the samples, the study sponsor does not have to destroy the results of this analysis or research.

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

Expiration of Your Authorization (Permission)
Your permission does not end unless you cancel it.

If the research site is located in California, Delaware, 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.

The study doctor will keep this Authorization for at least 6 years.

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

AUTHORIZATION

I AUTHORIZE THE COLLECTION, USE AND DISCLOSURE OF MY CHILD'S HEALTH INFORMATION IN ACCORDANCE WITH THIS FORM, INCLUDING TRANSFER TO COUNTRIES OUTSIDE OF THE UNITED STATES.

_____ _____

Signature of Parent/Legal Guardian (Circle One) **Date/Time of Signature**

_____

Printed Name of Parent/Legal Guardian **Printed Name of Child**

Statement of the Witness (when applicable*)

The information in the Authorization was accurately explained to and appeared to be understood by the child's parent/legal guardian. Informed consent was freely given.

_____ _____

Signature of Impartial Witness **Date/Time of Signature**

_____

Printed Name of Impartial Witness (BLOCK CAPITALS)

*Impartial Witness: If the subject's parent/legal guardian 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 parent/legal guardian .