

SUBJECT INFORMATION CONSENT FORM

Evaluation of the efficacy and safety of oral HMR 3647 800 mg/day for 5 days versus HMR 3647 800 mg/day for 10 days in the treatment of acute maxillary sinusitis in adults. A multicenter, randomized, double-blind, comparative study (HMR 3647A / 3002)

You have been diagnosed as suffering from acute sinusitis. The usual treatment for acute sinusitis is an antibiotic. We propose you to take part in a study to evaluate the efficacy and safety of a new antibiotic, HRM 3647, for the treatment of sinusitis. This drug is under development and will be submitted for approval after the end of the studies conducted in Europe and United States of America. Eighty subjects have already been treated with this drug. This drug is expected to be at least as effective as the common antibiotic drugs prescribed to treat sinusitis.

Two different treatment duration will be studied. A total of 340 subjects will take part in this study and receive one of the following treatments:

- HMR 3647: 800 mg/day, during 5 days plus a placebo during 5 days.
- HMR 3647: 800 mg/day, during 10 days.

These treatments will be assigned randomly using a previous list, and neither you nor your doctor will know which treatment you are receiving until the end of the study.

If you are selected for inclusion (not all the subjects selected will be included in the study) and if you decide to participate, you will be requested to come to four or five medical visits :

- Before starting the treatment, you will have your first medical consultation, with a sinus x-ray, a sinus puncture and aspiration of the sinus secretion. A blood and urine sample and an electrocardiogram will also be taken.
- A second visit will be required during treatment. The laboratory exams will be repeated and a blood and urine sample will be taken on the same occasion, as well as an electrocardiogram. If you are not feeling better and a new antibiotic treatment is considered necessary by your doctor, the sinus puncture and x-ray may be repeated.
- A third visit will be required at the end of treatment, with a repetition of the laboratory exams, including blood and urine samples and electrocardiogram. At this visit, you will not be seen by your doctor if you are feeling better.
- A fourth visit to your doctor will be required after the end of treatment, when the examinations will be repeated with a sinus x-ray and the possibility of a new sinus puncture, if you are not cured. If the third blood and urine tests or electrocardiogram showed any abnormality, these exams will also be repeated. If you are a woman, a urine pregnancy test will be done at this visit, if it is inconclusive or positive, a blood pregnancy test will be done as well.
- Three to four weeks after the end of treatment, your doctor will contact you by telephone to know how you are feeling and discuss your case. If you are not well, a medical consultation should be scheduled. If a new antibiotic treatment is considered as necessary by your doctor, there is a possibility that a new sinus puncture, sinus x-ray, blood and urine samples may be performed. An electrocardiogram can be done if it was not performed at visit 4. Otherwise, this will be your last contact with your doctor for this study.

The sinus puncture will be performed by introducing a long needle into your nostril, until it reaches your maxillary sinus, which is a cavity inside one of your facial bones. Before introducing the needle, the site is anesthetized. You will feel the touch and you may feel some discomfort, but you are not expected to feel pain. Through this needle, the infectious content of the sinus will be aspirated and then examined in the laboratory, to define which germ is causing your sinusitis.

In the majority of cases, the sinus puncture needs to be performed only once. The probability for a second sinus puncture is rare and is reserved for the cases in which failure could be explained by the presence of a pathogen resistant to the treatment.

Your participation in the study will be approximately 5 weeks.

The possible adverse reactions to HMR 3647 are: nausea, vomiting, diarrhea, stomach cramps and allergic reactions.

If you are a woman, a pregnancy test will be done before entry into the study. If the result is positive, you will not be included in the study. This pregnancy test will be repeated at the end of treatment. It is requested that you avoid becoming pregnant during your participation in the study. An effective method of contraception must be used. If you take an oral contraceptive, you must add a barrier method (for example, condoms) during your participation in this study. If you suspect that you are pregnant or if you are not using an effective contraceptive method, you must immediately inform your doctor. Although the studies in pregnant animals did not show harm for the fetus in the event of pregnancy, you will be, for your own security, withdrawn from the study medication. If you became pregnant, there will be a clinical follow-up until the end of the pregnancy to assess the effects of the drug.

This antibiotic is not yet on the market, and your doctor will not be able to prescribe it after the completion of the treatment.

Participation in this study is entirely voluntary; you are not obliged to take part. Your treatment and the attitude of your doctor towards you will not be affected should you decide not to take part in the study. Refusal to participate will not affect any benefits to which you are otherwise entitled. If you decide to take part, you will need to sign a written consent form in order to participate. If you agree to participate, you may nevertheless withdraw from the study at any time, although for your own safety it is advisable to tell the investigator if you intend to do this.

All personal information obtained about you during this study will remain confidential; in the documentation of information and results of this study, you will only be referred to by a code number and initials.

For the duration of the study, you must notify the investigator of any other medical treatments that may be necessary for you to undergo.

If you experience any adverse reaction to the investigational drug during the course of this study, you should immediately contact the investigator (for name and telephone number see below).

The sponsor has taken out insurance coverage in accordance with the requirements in your country.

Certain individuals (specific employees of the Company that produces the drug, an auditor, the Health Authorities and an Ethics Committee) will be granted direct access to your original medical records for verification of procedures and data, without violating your confidentiality. By signing this consent, you agree to such access. The results of this trial may be published in the future, but your identity will remain confidential in all cases.

Additional text for centers in Austria:

Subjects participating in this clinical trial are insured in accordance with the Austrian Medicines Act paragraph 32(1), points 11 and 12, under policy No. 64/12322/01 issued by Gerling-Konzern Allgemeine Versicherungs-AG, Hietzinger Hauptstr. 41, 1131 Vienna.

Additional text for centers in France:

A contract with Gerling-Konzern Allgemeine Versicherungs AG, Von-Werth-Str. 4-14, 50597 Cologne, No. 01 8087047 (adhesion No. 97/00028) has been subscribed to. This insurance covers the liability of the sponsor as a sponsor of biomedical research, as well as the liability of any intervening party, in accordance with article L.209.7 of the Code of Public Health.

You will be given a copy of this information document and may ask for additional information at any time during the study, from:

_____ telephone: _____

You may also contact _____ telephone:

_____, if you have questions about your rights as a research subject.

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Subject number: _____

1. I have read the informed consent document for this trial. I have received an explanation of the nature, purpose, duration, and foreseeable effects and risks of the trial and what I will be expected to do. My questions have been answered satisfactorily.
2. I agree to take part in this trial. I agree to cooperate fully with the investigator and will contact him/her immediately if I suffer any unexpected or unusual symptoms during the trial. I will notify the investigator of any other medical treatments that may be necessary for me to undergo during the study. I agree that, before final inclusion in the study, laboratory tests will be performed, and tests to detect hepatitis may be done. If any of them are positive, I will not be included in the study.
3. I have informed the investigator of all previous or present illnesses and medication and of any medical consultation that I have had with my doctor in the last month.
4. I have informed the investigator of any participation that I have had in other clinical studies within the past year.
5. I am aware that if I do not cooperate fully with the investigator's requests and directions, I may harm myself by participating in the study.
6. I understand that my participation in the trial is voluntary and that I may refuse to participate or may withdraw from the trial at any time, without penalty or loss of benefits to which I am otherwise entitled. I further understand that any information that becomes available during the course of the study that may affect my willingness to take part in it will be disclosed to me as soon as practicable.
7. I agree that results of the study may be passed on to the appropriate authorities, to the sponsor, and to the manufacturer of the drug under study. My name and address will be kept confidential.

Representatives of the sponsor, independent Ethics Committee/Institutional Review Board, or local or foreign regulatory authorities may wish to examine my medical records to verify the information collected. By signing this document, I give permission for this review of my records.

Last name: _____ First name: _____
(block letters) (block letters)

Signature: _____ Date: _____

I confirm that I have personally explained the nature, purpose, duration and foreseeable effects and risks of the trial to the subject named above.

Investigator/Co-investigator

Last name: _____
(block letters)

First name: _____
(block letters)

Signature: _____ Date: _____