

Informed Consent Document
HMR3647A/3000

26 November 1997

INFORMED CONSENT

Multicenter, open-label study of the efficacy and safety of HMR 3647 800 mg once daily for 10 days in adult subjects with Community-Acquired Pneumonia

HMR 3647A/3000

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. For the duration of the study, I will notify the investigator of any other medical treatments that may be necessary for me to undergo. I agree that, before final inclusion in the study, laboratory tests will be performed. If any of them are positive, I will not be included in the study.
3. I have informed the investigator of all my previous or present illnesses and medication and of any consultation that I have had with my doctor in the last months.
4. I have further informed the investigator of any participation by me in other clinical studies in 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 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.
8. 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: _____
(block letters)

First name: _____
(block letters)

Signature: _____

Date: _____
(to be completed by subject
at time of consent)

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Investigator/Sub-investigator

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

Last name: _____
(block letters)

First name: _____
(block letters)

Signature: _____

Date: _____

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SUBJECT SHEET FORM

Multicenter, open-label study of the efficacy and safety of HMR 3647 800 mg once daily for 10 days in adult subjects with Community-Acquired Pneumonia

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Our medical center participates in an investigation of a new drug, which aims to evaluate safety and efficacy of a new antibiotic (ketolide) HMR 3647 in the treatment of community-acquired pneumonia (CAP).

This antibiotic is still not approved by the authorities. It has been shown to be safe in healthy volunteers studies, in which the drug was administered at a dose of 50 to 1200 mg. In experimental animal models, it has been shown to be as effective as or superior to other antibiotics prescribed to treat CAP in patients and it shows activity against pathogens resistant to other antibiotics (*S. Pneumoniae*).

Your participation in the study will be approximately 40 days.

Adverse reactions to be potentially anticipated with HMR 3647 are gastrointestinal effects (nausea, vomiting, abdominal pain, diarrhea), increase in hepatic enzymes and, rarely, allergic reactions.

If you are a woman, it is requested that you avoid becoming pregnant during your participation in the study. An additional method of contraception must be used (spermicide and barrier methods or another accepted method of contraception), even if you are taking oral contraceptive. In the case you suspect that you are pregnant or if you are not using a contraceptive method, you must inform your doctor immediately and you will be, for your own safety, withdrawn from study medication. If you become pregnant you will have to be followed 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.

A total of 240 subjects will take part in this study and receive 800 mg mg/day during 10 days.

If you decide to take part, your doctor will see you at 4 or 5 visits.

Before the start of the treatment, a chest x-ray will be performed and sputum, urine, and blood samples will be collected.

At Day 3-5 visit, sputum, urine, and blood samples will be repeated. In addition, 6 blood samples will be taken throughout this visit. A sampling line (one prick) can be used for the 6 blood sampling. The total amount of blood collected will be approximately 28 ml. A slight blue discoloration at the site of juncture can occur. At this visit, an hospitalization may be required for outpatients.

After the completion of treatment, sputum, urine, and blood samples will be repeated.

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Seventeen (17) to 24 days after your first visit, chest x-ray and these examinations will be repeated.

Thirty-one (31) to 38 days after your first visit, a telephone call will be done. Following this phone call, the investigator may ask you to come back, otherwise this is your last contact with your doctor for this study.

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 this 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 document to say that you have given your consent 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.

The personal information obtained about you during the course of this study will remain confidential; in recording the results of the study, you will be referred to only 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. In the event that 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.

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.

Additional text for centers in Germany:

A subject insurance policy pursuant to paragraph 40, Section 1, Clause 8, and Section 3 of the Medicines Act has been taken out with the Gerling-Konzern Allgemeine Versicherungs AG, Von-Werth-Str. 4-14, 50597 Cologne. The policy No. is 1/016/02/13/8160186/1 (Phases I-III)

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

_____ (*insert name and telephone number of investigator*).

You may also contact _____ (insert name and telephone number) if you have questions about your rights as a research subject.

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Additional text for centers in Belgium:

The information which will be collected during the study, including your race and gender, will be transcribed on a computer system. This procedure will be done under the supervision and responsibility of [REDACTED] As foreseen in art.10 of the law dd. 08/12/1992 about the protection of private life, you will have the possibility to check those data. In case of mistakes, you will be able to ask your treating doctor to make the adequate corrections.

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Your participation in the study will be approximately 40 days.

Adverse reactions to be potentially anticipated with HMR 3647 are gastrointestinal effects (nausea, vomiting, abdominal pain, diarrhea), increase in hepatic enzymes and, rarely, allergic reactions.

If you are a woman, it is requested that you avoid becoming pregnant during your participation in the study. An additional method of contraception must be used (spermicide and barrier methods or another accepted method of contraception), even if you are taking oral contraceptive. In the case you suspect that you are pregnant or if you are not using a contraceptive method, you must inform your doctor immediately and you will be, for your own safety, withdrawn from study medication. If you become pregnant you will have to be followed 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.

A total of 240 subjects will take part in this study and receive 800 mg mg/day during 10 days.

If you decide to take part, your doctor will see you at 4 or 5 visits.

Before the start of the treatment, a chest x-ray **and an ECG** will be performed and sputum, urine, and blood samples will be collected.

At Day 3-5 visit, **ECG**, sputum, urine, and blood samples will be repeated. In addition, 6 blood samples will be taken throughout this visit. A sampling line (one prick) can be used for the 6 blood sampling. The total amount of blood collected will be approximately 28 ml. A slight blue discoloration at the site of juncture can occur. At this visit, an hospitalization may be required for outpatients.

After the completion of treatment, **ECG**, sputum, urine, and blood samples will be repeated.

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Seventeen (17) to 24 days after your first visit, chest x-ray and these examinations will be repeated.

ECG might be repeated.

Thirty-one (31) to 38 days after your first visit, a telephone call will be done. Following this phone call, the investigator may ask you to come back, otherwise this is your last contact with your doctor for this study.

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 this 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 document to say that you have given your consent 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.

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