

Written Informed Consent Form

(For Adults and Adolescents ≥ 13 years of age)

Study Identification: SB-275833/030

Study Title: Protocol SB-275833/030 – Studies 030A and 030B: Two Identical Double-blind, Double-dummy, Multicenter, Comparative Phase III Studies of the Safety and Efficacy of Topical 1% SB-275833, Applied Twice Daily, versus Oral Cephalexin, 500 mg in Adults, or 12.5 mg/kg (250 mg/5 ml) in Children, Twice Daily, in the Treatment of Uncomplicated Secondarily Infected Traumatic Lesions

This is a medical research study of a new drug, SB-275833 to see how well the drug works, how well it is tolerated, and how much of the drug is in the blood after it is put on the skin two times a day for five days, when used to treat minor skin infections caused certain bacteria, or germs. This new study drug, called 1% SB-275833 will be compared to the established drug cephalixin.

Version Number: 01 Date: 23 Jan 2004

Company Name: GlaxoSmithKline

Purpose/Description/Procedures/Duration

You have been asked if you/your child will take part in a clinical research study of a new drug, SB-275833, to be used to treat minor skin infections, caused by bacteria, or germs. Before you decide whether to participate it is important for you to know why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it if you wish with friends, relatives and your personal doctor (i.e., general practitioner or primary care physician, or your child's pediatrician or doctor). Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part, or if you wish for your child to take part.

The study doctor and/or the institution is /are paid to conduct this research study by GlaxoSmithKline.

This is a research study of a new topical drug, SB-275833, to see how well the drug works and how well it is tolerated when compared with an established oral antibiotic called cephalixin. You/your child may have a minor skin infection caused by certain bacteria, or germs. Both topical 1% SB-275833 ointment and cephalixin are designed to treat minor skin infections. SB-275833 is in a new class of drugs called pleuromutilins. Cephalixin is in a different class of drugs called cephalosporins.

This medical research study is being conducted according to FDA (government) and ICH (international) rules. It has also been approved by an Institutional Review Board, which

is a committee set up to protect your/your child's rights as a patient and as a research subject.

If you agree to take part in the study, or if you agree for your child to take part in the study, and if you meet/your child meets all of the conditions required to enter the study, then the following tests will be done in the clinic or the doctor's office:

About a tablespoon of you/your child's blood will be taken with a needle, a total of 5 times during the study. This is to make sure that your/your child's blood cells and the chemicals in your/your child's blood are normal, and not affected when the drug is applied to the skin, and to see how much medicine gets into the blood from the skin.

A sample of the infected skin will be taken to see what germs (bacteria) are causing your/your child's infection. The sample could be collected by any one of three ways: a scraping of your/your child's skin, called curettage, at the site of the infection, or a needle aspiration, which is removing some fluid with a needle, at the site of infection. A swab sample may also be used, but it is important for you to understand that using a swab, which is similar to a large "Q-tip" is not the preferred method of collection. This sample will be taken at the beginning of the study, and possibly at the end of the study, if you/your child are/is getting better, but still have signs of infection. A swab sample from the inside of your/your child's nose will also be taken at the beginning and end of the study, to see if there are bacteria (germs) in your/your child's nose that may be related to the bacteria that is causing the infection. A sample may also be taken of your/your child's wound and/or nose if you/your child are/is not getting better and the doctor decides to give a different medicine. If you do not want to have samples collected, or if you do not want to have samples collected from your child, you should not agree to be in the study.

If you are a female, you will also be asked to give a urine sample at the time of the first and last visits, to determine if you are pregnant. The nurse or doctor will explain how to collect the urine sample. If your child is capable of becoming pregnant, she will be asked to give a urine sample at the time of the first and last visits to determine that she is not pregnant, or has not become pregnant during the study. If the urine test shows that you/your child are/is pregnant, you/your child will not be allowed to be in this study. This is because we are not sure that the test drug will not hurt the unborn baby.

You/your child are/is being asked to participate in the study for approximately 17-19 days. During this time, you/your child will need to visit the clinic a total of five times, including this visit, during the following days: Day 1, Day 3-4, Day 7-9, Day 12-14 and Day 17-19. You/your child must come to the clinic between 17 and 19 days, so that the doctor can make sure that your infection is cured or is still getting better.

The doctor will ask you not to apply any medication to the infected area, other than the study medication, for the length of the study. This is necessary so we can fully measure the effects of SB-275833 without any interference from other medications. While you/your child are/is in the study, no prescription antibiotics may be taken.

Number of Subjects

This study will involve a total of 1,740 subjects at approximately 153 hospitals/clinics around the world. Some subjects will be applying 1% SB-275833 ointment twice daily for 5 days and will take two placebo (inactive) capsules twice daily for 10 days. Other subjects will be taking two cephalexin capsules, equal to 500 mg, twice daily for 10 days, and applying placebo ointment (inactive) twice daily for 5 days. A placebo looks the same as the active drug, but has no medication in it. Neither you nor your doctor will know which medication you/your child are/is receiving. In case of an emergency, your doctor will be able to find out what medicine is being given.

Your study doctor will inform you if this total is reached for the study and whether your participation/your child's participation in the study will be needed.

Risks/Inconveniences

All drugs can cause side-effects in some subjects. In healthy volunteers, who agreed to have their skin abraded on purpose, and who received SB-275833 at a concentration two times more than will be used in this study, the most common side effect was skin irritation. In another study, in subjects with skin infections much like the ones being treated with 1% SB-275833 ointment in this study, the most common side-effect was mild itching.

The most common side-effects of cephalexin are often minor and those known at this time are: diarrhea, nausea, skin rashes, vomiting, and vaginal discomfort and infection.

Serious and occasionally fatal hypersensitivity reactions have been reported in a small number of subjects receiving cephalosporin therapy, including cephalexin. These reactions can occur in people with a history of penicillin allergy, because there is data that shows that subjects who are allergic to penicillins may also be sensitive to cephalosporins. If you have a history of allergy to penicillins or cephalosporins, you should not take part in the study.

The drugs used in this study may involve other risks that are not known at this time.

You/your child may have some discomfort at the infection site when the bacterial sample of the wound is collected. The sample taken from the inside of the nose is taken at the very front of the nasal opening (nares) and you/your child may feel some fullness or very light pressure (much like a finger in the nose).

When the blood is drawn, you/your child may experience some discomfort when the needle goes through the skin. You/your child may feel faint, experience mild pain, bruising, irritation or redness at the site where the needle went into the skin. In rare cases, an infection may develop.

On Day 3-4, you may have to return to the clinic or doctor's office early in the morning, before you apply your medication. If your child is in the study, you may return with your child at any time during day 3-4. If you work, your work schedule may be interrupted by

visits to the clinic. If the five visits will be a hardship for you, then you should not agree to be in this study.

If you choose to participate in this study, you must use one of the allowed contraceptive methods (a way to prevent you from becoming pregnant) for 10 days after you receive the first dose of medication. You must use two barrier methods of contraception during the first ten days of the study. Example of this would include foam and condom, condom and contraceptive sponge, or diaphragm and condom. If you choose to have your female child participate in the study, and if she is sexually active, she would need to use the contraceptive methods described. Ask your doctor if you have any questions about these choices and which might be best for you or your child.

Even when using one of the allowed contraceptive methods, there may be a small risk of becoming pregnant. Because of this, a pregnancy test will be performed at the beginning and end of the study. If the pregnancy test at the beginning of the study is positive, you/your child will not be allowed to participate in the study. So, if you think you/your child are/is pregnant or may have become pregnant, you must tell Dr.

_____ at the earliest opportunity. If you find out that you/your child are/is pregnant during the study you/your child will be required to withdraw from the study.

There may be other risks, inconveniences and side effects to the embryo, fetus (unborn child), or nursing infant that are unknown at this time. If you/your child are/is pregnant, nursing a baby, or planning a pregnancy, you should not agree to participate in the study.

Benefits

All subjects will receive active medication. In laboratory tests it has been shown that 1% SB-275833 is very effective against different types of bacteria, including some bacteria that are resistant to other antibiotics. Among other uses, cephalexin is widely used for the treatment of skin infections.

Your/your child's participation in this study may add to the medical knowledge about the use of this medicine. If you agree to participate in this study, SB-275833 may or may not be beneficial in treating your/your child's condition or improving symptoms. The information learned from this study may help to establish a new medication for the treatment of minor skin infections caused by bacteria.

You/your child will get medical attention often and will have tests done to watch your/your child's health.

Alternative Treatment

Before you decide whether or not to take part in this study, you may wish to consider other treatment options, for you/your child, that include other oral (taken by mouth) or topical antibiotic treatments. Your study doctor will describe these to you based on your/your child's medical history and the treatment you/your child have/has received to date.

Compensation for Study-Related Injury

In the event that you/your child should suffer any injury attributable to the administration of a medicinal product within the trial or any clinical intervention or procedure required under the trial that would not have occurred but for your/your child's inclusion in the trial, you will be compensated. A copy of the guidelines covering compensation for any such injury can be obtained from your study doctor.

If, as part of participating in the study, you/your child are/is injured by the study drug or study-related procedures done to you/your child in accordance with the study protocol, GSK will pay for reasonable and necessary medical expenses to treat the injury that are not covered by your medical insurance. GSK is not offering to compensate you/your child for any other expenses, but you do not waive any legal rights by signing this consent form.

Expenses/Costs

GSK has made provisions with the study doctor to reimburse you for the cost of travelling to and from study visits and for other miscellaneous costs (such as expense for a meal), up to a maximum of _____.

Contact(s) for Answers to Pertinent Questions about Research and Subject's Rights and Contact(s) in the Event of an Injury

You have the right to ask _____ at _____ any questions concerning this study at any time.

If you have any questions concerning your/your child's rights as a subject in a research study, you should contact _____ at _____ at any time.

If you believe you/your child have/has sustained a research-related injury, you should contact _____ at _____ at any time.

Termination of Subjects' Study Participation

Your/your child's participation in the study may be stopped for any of the following reasons:

- i. If you don't follow the investigator's instructions.
- ii. The investigator decides it is in the best interest of your/your child's health and welfare to discontinue.
- iii. There aren't enough subjects in the study, or the study has reached the required number of subjects
- iv. GlaxoSmithKline stops the study at this study site for other reasons not known now.

Voluntary Participation and Subjects Right to End Participation

Confidentiality and Data Privacy

Maintaining confidentiality is important to GlaxoSmithKline. Your/your child's personal information (for example, gender, age, the details of your medical conditions) and other information (the data collected by GlaxoSmithKline as part of the study) will be identified by a number (i.e., coded). Your/your child's name will not appear in any publications or reports produced from this study.

GlaxoSmithKline will keep the information and the results collected about you/your child in this study. Your name and address are not included in the information kept by GlaxoSmithKline - only your study doctor will keep this information. GlaxoSmithKline has told your study doctor to keep the information about you/your child in a secure place. GlaxoSmithKline will comply with internal procedures to protect personal and other information even in countries where data privacy laws are less strict than in Europe/US.

By agreeing to take part in this research study you will be allowing certain persons to see the information about you/your child (both personal, including names, and other information) held by the study doctor. Your/your child's information will be looked at to confirm that it is correct and that it is related to you/your child. This will be done by selected people working for GlaxoSmithKline and organisations acting on behalf of GlaxoSmithKline, and the government regulatory authorities. These persons are required to maintain the confidentiality of your/your child's information.

Your/your child's information will be processed electronically (i.e., by a computer) or manually and analysed to determine the outcome of this study. GlaxoSmithKline may use your/your child's information for other medical/health care purposes related to development of this drug. Only your/your child's coded information will be used for this purpose.

Your/your child's information may/could be sent to regulatory authorities, to the IEC/IRB, to other doctors and/or organisations working with GlaxoSmithKline. It may also be sent to other GlaxoSmithKline sites in this country and in other countries where there may be different or lesser standards for looking after it. GlaxoSmithKline will apply the same standard in the protection of your/your child's information to the extent permitted by law.

You have the right to ask the study doctor about the data being collected on you/your child for the study and about the purpose of this data. You have the right to ask the study doctor to allow you to see your/your child's personal information and to have any needed corrections to it made.

As part of the study, medical information about you/your child's will be collected and analysed. This medical information can include, but are not limited to your/your child's medical history, any medical problems you/your child may have now, and any medicines you/your child have taken or are taking. By signing this document, you authorise the study doctor and staff to use this information in conducting the study, and to provide

access to or copies of this information to GSK or to others working with GSK to monitor the progress of the study or analyse the study data. Access to this information is necessary for GSK to check that the study is being done correctly, and to collect and analyse data about the safety and effectiveness of the study drug.

This authorisation to use or disclose the information as described above is not time-limited (that is, will not automatically expire).

You agree that, while the study is still in progress, you may not be given access to medical information about you/your child that is related to the study. This may include, for example, information about whether you/your child are/is receiving study drug or placebo, or any other information that is “blinded” (that is, kept secret during the study to prevent bias). While a request for access to medical information can be denied, the study doctor and staff will not automatically deny a request, but will consider whether it’s medically appropriate under the circumstances to allow access. Your agreement that you may be denied access to your/your child's study-related medical information during the study will not be used to deny access to that information after the study is completed at all locations and study results are analysed.

You may decide not to sign this authorisation (by signing this consent form), or you may revoke this authorisation in writing at any time. However, you/your child can only participate in the study if you authorise the use and disclosure of the information as described above. If you decide not to sign this authorisation/consent form, you/your child will not be enrolled in the study. If you sign this authorisation and decide later to revoke this authorisation, you/your child will be dropped from the study at that time. Information collected up to the time you revoke this authorisation will continue to be used as study data if it is scientifically appropriate to do so.

You should know that, once information is disclosed under this authorisation to someone who is not a health care provider, the information is no longer protected by the federal privacy rules called the “HIPAA privacy regulations” and could be disclosed to others by the recipient.

You will be given a copy of this authorisation/consent after you have signed and dated it.

Tissue Samples (including blood)

As part of the study, blood samples will be collected at different times during the study. Collected samples will be used to monitor your/your child's condition, and to see when and how much of the medicine has gone through your/your child's skin into the blood.

The samples stored will not be labelled with information that directly identifies you/your child, but will be labelled with a number that can be linked to you/your child. The link between the sample's number and information identifying you/your child will be kept at the study site.

Collected samples may be transferred to the GlaxoSmithKline or to other researchers working with GlaxoSmithKline.

Notification of New Information

Sometimes during the course of a research project, new information becomes available about the treatment/drug that is being studied. If this happens, we will tell you about new information that may affect your willingness to stay in this study.

I confirm that I have read the statements in the informed consent form 01, dated 23 Jan, 2004 for this study. I confirm that the study information and procedures have been explained to me by _____ on _____ during the consent process for this study.

I confirm that I have had the opportunity to ask questions about this study and I am satisfied with the answers and explanations that have been provided.

I have been given time and opportunity to read the information carefully, to discuss it with others and to decide whether or not to take part, or allow my child to take part, in this study.

I voluntarily consent to take part in this study, or I voluntarily consent for my child to take part in this study.

SUBJECT or SUBJECT'S LEGALLY AUTHORIZED REPRESENTATIVE:

Printed name of Subject _____

Signature of Subject or
subject's legally
authorized representative _____

Date: _____

Relationship to subject
(please print) _____

Signature of Person
conducting Consent _____

Date: _____

Printed Name of
Person conducting
Consent _____