F101 Eligibility

V7 (05-Oct-2023)

Q01	Protocol version	Version 4 Version 5 Version 6 Version 7 (R)
	Inclusion Criteria	
Q03	Spontaneous lobar ICH confirmed by CT or MRI scan *Defined as ICH involving cortical or subcortical locations and situated greater than or equal to 1 cm from the body of the ipsilateral lateral ventricle and not originating from any of the following deep structures (thalamus, putamen, globus pallidus, caudate, or internal capsule). Patients with superficial cerebellar ICH, particularly in whom MRI shows lobar cerebral microbleeds suggestive of CAA, can be eligible.*	◯ No ◯ Yes
Q04	Taking a statin drug at the onset of the qualifying/index ICH	◯ No ◯ Yes
Q05	Randomization can be carried out within 7 days of the onset of the qualifying ICH	◯ No ◯ Yes
Q06	Patient or legally authorized representative, after consultation with the statin prescribing physician, agrees to be randomized to statin continuation (restart) vs. discontinuation	◯ No ◯ Yes
	Exclusion Criteria	
Q07	Suspected secondary cause for the qualifying ICH *Such as an underlying vascular abnormality or tumor, trauma, venous infarction, or hemorrhagic transformation of an ischemic infarct*	◯ No ◯ Yes
Q08	History of recent myocardial infarction attributed to coronary artery disease or unstable angina within the previous 3 months	◯ No ◯ Yes
Q09	Diabetic patient with history of myocardial infarction or coronary revascularization	◯ No ◯ Yes
Q10	History of familial hypercholesterolemia	◯ No ◯ Yes
Q11	Patients receiving proprotein convertase subtilisin kexin 9 (PCSK9) inhibitors	◯ No ◯ Yes
Q12	Known diagnosis of severe dementia	◯ No ◯ Yes
Q13	Inability to obtain informed consent	◯ No ◯ Yes
Q14	Patients known or suspected of not being able to comply with the study protocol *Due to alcoholism, drug dependency, or other obvious reasons for noncompliance, such as unable to adhere to the protocol specified visits/assessments*	◯ No ◯ Yes
Q15	Life expectancy of less than 24 months due to co-morbid terminal conditions	◯ No ◯ Yes
Q16	Pre-morbid mRS greater than 3	◯ No ◯ Yes

Signature and date of site investigator confirming eligibility

Print name _____ Signature _____ Date _____

Missing data checking: (W) Warning (R) Rejection

F101 Eligibility

V7 (05-Oct-2023)

Q17	ICH score greater than 3 upon presentation	◯ No ◯ Yes
Q18	Contraindications to continuation/resumption of statin therapy *Such as significant elevations of serum creatinine kinase and/or liver transaminases, and rhabdomyolysis*	◯ No ◯ Yes
Q19	Concurrent participation in another research protocol for investigation of experimental therapy	◯ No ◯ Yes
Q20	Indication that withdrawal of care will be implemented for the qualifying ICH	◯ No ◯ Yes
Q21	Woman of childbearing potential *Defined as pre-menopausal woman capable of becoming pregnant.*	◯ No ◯ Yes
Q22	Name of Site Investigator *This is the name of the investigator who communicated with the statin prescribing physician to discuss participation in the study and willingness to randomize.*	50 char. W

Confirmation of Eligibility

Qd	Investigator confirming eligibility	R

General comments

Signature and date of site investigator confirming eligibility

Print name _____ Signature _____ Date _____

Missing data checking: W Warning R Rejection

NIH StrokeNet
PREVENTION | TREATMENT | RECOVERY

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Study Title: StATins Use in intRacereberal hemorrhage patieNts (SATURN)

Sponsor/Protocol Principal Investigator: Magdy Selim, MD, PhD; Harvard Medical School/Beth Israel Deaconess Medical Center

Performance Site Principal Investigator: Brett Cucchiara, MD

Performance Site: The Hospital of the University of Pennsylvania
Penn Presbyterian Medical Center
Pennsylvania Hospital

Participant's Name:_____

Participant's Telephone Number: _____

If applicable,
Legally Authorized Representative's Name: _____

Legally Authorized Representative's Telephone Number: _____

INTRODUCTION

The study doctor wants to know if you would like to be part of a research study. This informed consent document contains important information about the research.

If you have any questions about or do not understand something in this document, you should ask the study doctor or study staff. You should also discuss your participation with anyone you choose in order to better understand this study and your options.

Participating in a research study is not the same as getting regular medical care. The purpose of regular medical care is to improve your health. The purpose of a research study is to gather information.

You may choose either to take part or not to take part in this research study. If you decide to take part, you may decide to leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to you.
If you are acting as a representative to give consent for another person to participate in this study, "you" throughout this consent document refers to that individual.

The obligation of a representative is to try to determine what the individual would do if competent, or if the subject's wishes cannot be determined, what the representative thinks is in the person's best interest. If possible, an attempt should be made to obtain permission from the individual. Some persons may resist participating in a research protocol that has been approved by their representatives. Under no circumstances may individuals be forced to participate.

WHY HAVE YOU BEEN ASKED TO TAKE PART IN THIS RESEARCH STUDY?
You are being asked to take part in this research study because you are at least 50 years old, had bleeding in the brain (brain hemorrhage), and were taking a statin drug (a drug that is used to reduce cholesterol level in the blood). Brain hemorrhage is a type of stroke that occurs when a blood vessel in part of the brain bursts open. You will not be able to participate in this study if you are a woman with a potential for becoming pregnant during the course of the study.

WHY IS THIS RESEARCH BEING DONE?
This research is being done to find out if it is better to continue or discontinue statin drugs in people who had a brain hemorrhage while taking a statin drug.

Statin drugs help prevent heart disease and ischemic stroke. Ischemic strokes are caused by a clot in a blood vessel that blocks blood flow to a part of the brain.

However, statin drugs might increase the risk of having another brain hemorrhage in some people that already had a brain hemorrhage. Many physicians are not sure what to do about using statin drugs after a brain hemorrhage. They are not sure if it is better to continue or stop treatment with a statin drug after a brain hemorrhage.

Some people may have an increased likelihood of having another brain hemorrhage while taking statin drugs. This may be due to people having certain genes. Genes are made up of DNA. DNA contains information that determines in part the traits, such as eye color, height, or disease risk, that are passed on from parent to child. Genes provide an instruction book for making proteins that make a person unique. This "uniqueness" includes a person's diseases, response to drugs, or other problems.

Having certain Apolipoprotein-E genes might make some people more likely to have another brain hemorrhage while taking statin drugs. This study is also being done to see if you have one of these Apolipoprotein-E genes and to examine whether having

these genes actually increases the risk of brain hemorrhage in people who take statin drugs.

HOW LONG WILL YOU BE IN THE RESEARCH STUDY?
You will be in the research study for approximately 2 years.

We will contact you on the telephone (or video conference call) or by mail occasionally during these two years. In case we cannot contact you, we will ask you to give us contact information for someone else such as a family member or caregiver that we could contact.

The researcher may decide to take you off this research study at any time for failure to follow instructions, if the investigator decides that continuation could be harmful to you, or if the sponsor decides to stop the study.

You may withdraw from the study at any time. If you decide to stop participating in the study, we encourage you to talk to the researcher and your regular doctor first so that stopping can be done safely. Another reason to tell your doctor that you are thinking about stopping is to discuss what follow-up care and testing could be most helpful to you.

While participating in this research study, you should not take part in any other research project without approval from the Principal Investigator of each study. This is to protect you from possible injury arising.

You are not expected to need any time to recover from participating in this study.

WHO IS CONDUCTING THE RESEARCH STUDY?
This study is funded by National Institute of Neurological Disorders and Stroke (NINDS). This is a federal organization that conducts and supports research on brain and nervous system disorders.

This study is conducted by Magdy Selim, MD, PhD at Harvard Medical School/Beth Israel Deaconess Medical Center in Boston, Massachusetts.

Medical supervision for the study is provided by Dr. Brett Cucchiara

HOW MANY PEOPLE WILL TAKE PART IN THE RESEARCH STUDY?
Approximately 1456 people with brain hemorrhage will take part in this study across more than 140 sites in the United States, Canada and Europe. A total of 20 people will take part at Penn Medicine locations, including The Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, and Pennsylvania Hospital.

WHAT IS INVOLVED IN THE RESEARCH STUDY?

We reviewed your medical records and test results and determined that you meet the basic criteria to be in the study. If you think you may want to be in the study, we will explain the study to you using this consent document. If you want to be in the study, you will have to sign this consent document. If you decide to be in the study, the following activities will be performed.

You have already had a brain scan (MRI or CT), which showed that you had a bleeding in your brain. We will review the results of the scan to determine if you are able to be in the study. If the scan show that you can be in the study, we will perform tests to check your consciousness and the severity and extent of your disability.

If the results of these tests show you can be in the study, you will be "randomized" into one of the following study groups. Randomization means that you are put into a group completely by chance. It is like flipping a coin.

- Group 1: You will continue taking the same statin drug and dosage that you were taking when your brain hemorrhage occurred (or restart it if it was stopped after your admission to the hospital) without any change.
- Group 2: You will stop taking your statin drug for 2 years.

Roughly half of the participants will be randomly assigned to each group. Participants in both study groups will receive the same standard medical care as anyone else with a brain hemorrhage who is not participating in this study. This care includes close monitoring and treatment of high blood pressure.

The study team will monitor you closely for any serious side effects during the rest of your hospital stay. When you are in the hospital, you may have other brain scans, and tests that we routinely carry out for patients with a brain hemorrhage. We will collect information from your hospital chart regarding these scans, test results, and medications.

On the day of discharge from the hospital, we will review your medications; repeat a neurological examination to check your consciousness and the severity and extent of your disability; and ask you a few questions about how you are functioning.

A member of the study team at Beth Israel Deaconess Medical Center (BIDMC) in Boston will contact you (or the person you identified as another contact) by telephone or mail once a month for the first 3 months, then at 6, 9, 12, 18, and 24 months. The study team at BIDMC can also use a secure video conferencing call if you prefer a video call instead of telephone. None of these calls/videos will be recorded. However, you or your caregiver must have a smartphone, tablet, or computer with internet connectivity, and an

e-mail address in order to be able to use video conferencing. We will send you a link to join the video call prior to the scheduled follow-up visit.

They will ask you questions about the medications that you are taking; any hospitalizations, medical procedures, or bad side effects that you may have had since your brain hemorrhage; how your memory is working; and how you are able to perform your daily activities to determine how you are functioning.

Each of these calls will take approximately 15 to 30 minutes. When telephoning, the study staff will ask if it is a convenient time and will call back if it is not. These follow-up telephone calls are very important. Information from these calls will help study doctors to know if continuing or discontinuing statin drugs is helpful long term. If we are unable to reach you by phone, we will send you these questions by mail. We will ask you to call back or return the answers in a self-addressed, stamped, envelope that we will provide to you.

Your name and contact information will be provided to the study team at BIDMC. BIDMC is the main coordinating clinical center for this study. This information will be kept strictly confidential and be used solely for purposes related to your participation in this study.

You may have to sign a separate consent document before you have some of the tests that are routinely carried out for patients with a brain hemorrhage.

OTHER STUDY PROCEDURES

Cholesterol level

If your cholesterol level was not checked, we will take a blood sample (1 tablespoon or 10 ml) to check your cholesterol level. We will attempt to do this whenever blood is drawn for your routine clinical care, if possible. If not, a needle stick may be required.

Apolipoprotein-E gene Testing

We will take a blood sample, approximately 2 tablespoons (or 20 milliliters). We will attempt to do this whenever blood is drawn for your routine clinical care, if possible. If not, a needle stick may be required.

We will label your blood sample with a unique “code” number to protect your privacy. We will not label the sample with your name or any other identifying personal information. We will send the sample to the Center for Human Genetic Research at the Massachusetts General Hospital (MGH) and the BROAD Institute in Boston, Massachusetts. The researchers there will collect your DNA from the blood sample. They will test your DNA to see if you have certain Apolipoprotein-E genes. We do not plan to tell you or your doctor the results of these tests.

Future Studies with your DNA

Your DNA may be stored forever and used in other future testing at the Center for Human Genetic Research at the MGH and the BROAD Institute. Your sample will be used to learn more about brain hemorrhage, its treatment and complications. It may also be used to identify new genes that may influence the effects of statins in patients like you. We do not plan to tell you or your doctor the results of these tests.

We may use some of your blood cells to make a cell line in the laboratory. A cell line is able to grow forever in the laboratory. This means that we will be able to obtain more of your DNA for future genetic testing without your participation. You will not be notified at the time the cell line research begins. We will not obtain your consent for this additional research. We do not plan to tell you or your doctor the results of these tests.

The researchers at the Center for Human Genetic Research at the MGH and the BROAD Institute will not see any personal information such as your name, date of birth, or medical record number. Only employees with ID badges can enter the Center for Human Genetic Research at the MGH and the BROAD Institute.

The genetic information, derived from your DNA, will be deposited in the US NIH genomic database (dbGAP) and used for future research.

Optional Brain MRI Study

We are conducting an add-on study (called SATURN MRI) to look at the effects of continuation versus discontinuation of statin drugs on silent brain lesions that can be only seen on MRI of the brain. The add-on study requires obtaining MRI scan of the brain at two different times; shortly after enrollment into the SATURN trial and at the end of your participation in the SATURN trial.

If you have not already undergone an MRI scan of your brain for clinical purposes after your presentation with a brain hemorrhage, you will be scheduled to undergo an MRI scan within 7 days after your participation in the main study (SATURN). This will likely be done while you are still in the hospital. You will also undergo an end-of-study MRI scan of the brain when you complete your participation in the SATURN study. This will be approximately after 2 years of follow-up in the SATURN trial for most participants, and will require that you return to the hospital to have it done. Each of these MRI scans will take approximately 30 minutes. The potential risks and discomforts associated with MRI are detailed on page 9. Please read them carefully.

The MRI images will be stripped of your personal identifying information and will be sent to an imaging laboratory located in Calgary, Canada and will be reviewed for research purposes only. We do not plan to share the results with you or place them in your medical record. However, if any incidental clinically significant abnormalities are noted at the

imaging lab, we will notify your study physician of these findings. Your study physician may then contact you for further evaluation if needed.

Approximately 894 people from the1456 participating in SATURN will take part in this add-on MRI study. Your participation in this MRI add-on study is voluntary and optional. You may still continue participating in the SATURN trial without taking part in the MRI study.

Please initial about the separate SATURN MRI study:

_____ Initial	I agree to participate in the SATURN MRI study
_____ Initial	I do not want to participate in the SATURN MRI study.

PARTICIPANT RESPONSIBILITIES

As a participant, your responsibilities include:

- Following the instructions of the Principal Investigator and study staff.
- Answering/returning the follow-up telephone calls from the study staff. If it is necessary to miss a scheduled telephone call, please contact the Principal Investigator or research study staff to reschedule as soon as you know you will miss the call.
- Tell the Principal Investigator or research study staff about any side effects, doctor visits, or hospitalizations that you may have. Tell them if you have a new stroke or brain hemorrhage, a heart attack, or circulatory problems with your blood vessels requiring medical treatment or surgery.
- Tell the research study staff if your doctor decides to stop or re-start a statin medication or make changes to your current statin medication or dosage in the future.
- We also urge you to check your blood pressure on a regular basis at home and to record the readings. Ideally, your blood pressure goal should be 130/80 or less to decrease the risk of having another brain hemorrhage.
- Ask questions as you think of them.
- Tell the Principal Investigator or research staff if you change your mind about staying in the study.
- If you are a female, you must tell the Principal Investigator or research study staff if you have the potential for becoming pregnant during the study.

WHAT ARE THE RISKS AND DISCOMFORTS OF THE RESEARCH STUDY?

You are at risk for side effects listed in this section. You should discuss these with the investigators and with your regular doctor. It is important that you consider all of the options before you decide to participate in this research study.

Participation in this research involves the following risks:

The effects of discontinuation of statin therapy may be ischemic stroke, heart attacks, or requiring procedures to treat blocked blood vessels in the brain or heart. The risk may be higher in people with a history of these occurring. These complications can cause long-term disability and even death.

The effects of continuations of statin therapy may be increased risk of recurrent brain hemorrhage.

Individuals that have a brain hemorrhage are at high risk for having additional complications

These complications may include;

- another brain hemorrhage
- ischemic stroke caused by a clot
- increased bleeding into the brain
- infections (such as pneumonia)
- brain swelling
- seizures

All of these complications can cause long-term disability and even death.

Side Effects of Statin Therapy:

You have been already taking a statin drug. Therefore, it is unlikely that you will develop new side effects from statin therapy during your participation in the study if you have been taking it for a while. Reported side effects of statin drugs are muscle pains, joint pains, muscle weakness, and elevation of muscle or liver enzymes.

Muscle weakness occurs in about 1 out of 1000 patients treated with statins. It could lead to a rapid breakdown of muscle cells and release of their breakdown products into the blood stream (rhabdomyolysis). This could lead to kidney failure if untreated.

Elevation of liver enzymes occurs in approximately 1 out of 100 patients treated with statin drugs. Elevated liver enzymes may indicate inflammation or damage to cells in the liver. It often causes no symptoms and improves with discontinuation of the drug.

Blood Sample Risks:
There are some minor risks and discomforts associated with obtaining blood drawing from a vein. These include: the possibility of pain or bruising at the site of the blood draw; occasional feelings of lightheadedness or fainting; and, rarely, infection at the site of the blood draw.

Whenever possible, blood samples for this research study will be drawn at the same time as samples for other laboratory tests ordered by your treating physician. If not, an additional needle stick may be required.

Risks Associated with MRI:
There are no known long-term effects from having MRI. MRI machines use strong magnets to take images of your brain. If you have an implanted pacemaker, other metal device or metal fragments in your body, you may not able to go in the MRI machine. There is a questionnaire that you will be asked to complete to ensure that you are safe to go into the MRI machine. A small minority (less than 1%) of patients may experience claustrophobia or a twitching or vibration sensation caused by the movement of the magnet during the scan. This is not unexpected and should not be painful. The MRI machine can be quite noisy as images are acquired but you will be given earplugs or headphones to reduce the noise.

Risk of Loss of Confidentiality:
Privacy and re-identification risks:

Through all stages of sample and data collection, storage, sharing, and analysis, your privacy and confidentiality will be protected. Exception: the research team is required to report child abuse and neglect, or substantial risk of harm to self or others to state or local authorities.

While neither the public nor the restricted-access databases developed for this project will have information such as your name, address, telephone number, or social security number, it may be possible to identify you based on the information in these databases and other public information (including information you tell people or post about yourself). The risk of this happening is currently very low.

Although your genomic information is unique to you, you do share some genomic information with your children, parents, brothers, sisters, and other blood relatives. Consequently, it may be possible that genomic information from them could be used to help identify you. Similarly, it may be possible that genomic information from you could be used to help identify them.

It is possible also that someone could get unauthorized access or break into the system that stores information about you. Every precaution will be taken to minimize this risk.

If your genomic information is linked back to you, someone might use this information to learn something about your health.

There also may be other privacy risks that we have not foreseen.

Protections against misuse of genetic information:

Since some genetic variations can help to predict future health problems for you and your relatives, this information might be of interest to health care providers, life insurance companies, and others. However, Federal and State laws provide some protections against discrimination based on genetic information. For example, the Genetic Information Nondiscrimination Act (GINA) makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. However, it does not prevent companies that sell life insurance, disability insurance, or long-term care insurance from using genetic information as a reason to deny coverage or set premiums.

Additional privacy protections:

To further protect your privacy, the researchers have obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). With this certificate, the researchers may not disclose information (for example by court order or subpoena) that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Disclosure will be necessary, however, upon request of DHHS for audit or program evaluation purposes.

A Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research.

Even with the Certificate of Confidentiality, if the investigator learns about abuse of a child or elderly person or that you intend to harm yourself or someone else, or about certain communicable diseases, they will report that to the proper authorities. If keeping information private would immediately put you or someone else in danger, the researchers would release information to protect you or another person.

There may be unknown or unforeseen risks associated with study participation.

ARE THERE BENEFITS TO TAKING PART IN THE RESEARCH STUDY?

If you agree to take part in this research study, there may not be a direct benefit to you. We hope the information learned from this research study will benefit other patients with a brain hemorrhage in the future.

WHAT OTHER CHOICES FOR CARE ARE THERE?

The alternative to participating in this research trial would be to receive standard of care medical treatment, similar to that which will be received by all subjects in the trial.

WHAT IS THE CLINICAL TRIALS REGISTRY?

A description of this clinical trial will be available on http://www.clinicaltrials.gov, as required by U.S. Law. ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

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.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

You may choose either to take part or not to take part in this research study. If you decide not to participate, you will still receive care for your brain hemorrhage and will not lose any benefits to which you would otherwise be entitled. If you decide to take part, you may decide to leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to you.

You will be told of any important new information that is learned during the course of this research study, which might affect your health, welfare or your willingness to continue participation in this study.

Nothing in this consent document waives any legal rights you may have nor does it release the investigator, the sponsor, the institution, or its agents from liability for negligence.

AVAILABILITY OF INFORMATION

You will receive a copy of this signed and dated consent document.

You will be told about any new information from this or other studies that may affect your health, welfare, or willingness to stay in this study.

WHAT ARE YOUR COSTS TO BE IN THIS STUDY?

All routine (not for study) laboratory tests, imaging studies and costs related to the treatment of your brain hemorrhage will be part of your hospital bill. Participation in this study is not a substitute for health insurance. You and/or your health insurance must pay for those services, supplies, procedures, and care that you require during this study for routine medical care. You will be responsible for any co-payments and/or deductibles as required by your insurance.

The study will pay for the services and care associated with this study, which are not a part of your routine medical care, for example you will not be charged for the genetic blood tests that are part of this research study. The MRIs performed as part of this study, i.e. not for clinical care, will not cost you anything.

WILL YOU BE PAID TO PARTICIPATE IN THIS RESEARCH STUDY?

We will mail a kit of appreciation items after the completion of your 3-month visit. The appreciation items will include study-branded mug, T-shirt, or baseball hats, and $15 gift card (GrubHub, Door Dash, Amazon, or other similar services). The actual items selected will be based on price and availability at the time of purchase. If you elect to participate in the add-on MRI study, you will be reimbursed $100 for your transportation and/or parking expenses to return for the end-of-study MRI.

You will be paid for taking part in this study. You will receive $100 total for your participation in the study. You will receive a $100 on Greenphire clincard if you participate in the MRI portion of this study. These payments will help offset any costs of transportation to study visits or any copays on your medications. You are responsible for paying state, federal, or other taxes for the payments you receive for being in this study. Taxes are not withheld from your payments.

- Greenphire ClinCard Reimbursement Program: Greenphire is a company working together with the University of Pennsylvania to manage your compensation. You will be issued a Greenphire ClinCard, which works like a debit card. When your participation is complete, funds will be approved and loaded onto your card. The funds will be available within 1 business day and can be used at your discretion. You will be issued one card for the duration of your participation. In order for Greenphire to be able to reimburse you via the ClinCard, Greenphire needs to collect certain information about you from your study doctor, including your name, address and date of birth.

- All information about you is stored in a secure fashion and is deleted from Greenphire's system once the study has been completed. Your information will not be shared with any third parties (including the study sponsor) and will be kept completely confidential.

- By signing this consent form, you consent to providing all the before mentioned personal information that is needed to set up payments. You agree that the information you provide is used by Greenphire to perform reimbursement payments to you.

- By registering with the ClinCard system and using the ClinCard, you consent to participate in the ClinCard program.

- Please note: In order to be compensated for your participation in this study, you must provide your Social Security Number. Additionally, please note that the University of Pennsylvania is required to report to the IRS any cumulative payments for participation in research studies that total $600 or more in a calendar year.

If you receive payments for being a part of this research study, you may be asked to complete an Internal Revenue Service (IRS) form. The amount you receive may count as income and may affect your income taxes. Your social security number will be required to complete the IRS form."

WHAT COMPENSATION IS AVAILABLE IN CASE OF INJURY?

If you think you have suffered a research-related injury, you should promptly notify the Principal Investigator. Your hospital or physician's office will offer care for research-related injuries, including first aid, emergency treatment and follow-up care as needed.

In the event that you have an injury or illness that is directly caused by your participation in this study, reimbursement for all related costs of care first will be sought from your insurer, managed care plan, or other benefits program. You will be responsible for any associated co-payments or deductibles as required by your insurance. If costs of care related to such an injury are not covered by your insurer, managed care plan or other benefits program, you may be responsible for these costs.

You do not waive any liability rights for personal injury by signing this form.

Penn Medicine has not provided for any payment if you are harmed as a result of taking part in this study. If such harm occurs, treatment will be provided. However, this treatment will not be provided free of charge.

HOW WILL INFORMATION ABOUT YOU BE KEPT PRIVATE AND CONFIDENTIAL?

Your identity will be kept as confidential as possible as required by law. Except as required by law, you will not be identified by name, social security number, address, telephone number, or any other direct personal identifier outside of NIH StrokeNet. Your research records may be disclosed outside of Penn Medicine, but in this case, you will be identified by a unique code number. This information will be kept in a secure location and access limited to research study personnel.

We will handle your blood sample(s) and any data generated from your DNA in a secure manner.

The blood samples and DNA will be de-identified. Your name and social security number, phone number, address (or any other information uniquely identifying you) will not be written on or associated with the sample(s).

We may submit your health and DNA information to a data repository, such as The US National Institute of Health genomic database called dbGAP. Information from many research studies is stored in the database. The information in the repository is used for research. We do not know what types of research will be done with your information that is sent to the database. There may be further risks to your privacy and confidentiality by sharing your information with the database. However, all of your personal identifiable information will be removed from your information. This includes your name, address, and phone number. The information is only identified with a unique code. The code consists of numbers and letters [for example: [1A462BS].

We may send samples of your DNA to other researchers. We will remove all of your personal identifiable information from the DNA samples. These researchers may use your samples for scientific research, product testing, or commercial development. There are no plans to provide you with any payments if a commercial product is developed from this research.

The results of this research study may be presented at scientific or medical meetings or published in scientific journals. However, your identity will not be disclosed**.**

Patient information may be provided to Federal and other regulatory agencies as required.

Some information that identifies you (name, phone number, and address) will be given to the investigators at Beth Israel Deaconess Medical Center (BIDMC) in Boston. They will use this information to conduct the follow-up assessments by telephone or mail.

The investigators at BIDMC will also contact your own doctor or another doctor that takes care of you while you are in the study. They will ask the doctors about your overall health status. They will also ask if you have had any medical issues related to your participation in this study.

By signing this consent document, you are allowing the investigators at BIDMC to contact your doctors. In some cases, we may request medical information or records about you from your doctor(s) or hospital(s) in which you receive future treatment.

For this reason, we ask you to sign an authorization for release of medical record/information form (attached) to allow your doctors and medical facilities to release your records to the investigators at Beth Israel Deaconess Medical Center in Boston (if needed). Again, the investigators at Beth Israel Deaconess Medical Center are obliged to protect your privacy and confidentiality.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Authorization to Use Your Health Information for Research Purposes

A federal regulation known as the Privacy Rule gives you certain rights concerning the privacy of your health information. Researchers covered by this regulation are required to get your authorization (permission) to use and disclose (share with others) any health information that could identify you. You should have received a Notice of Privacy Practices when you received health care services here. If not, let us know and a copy will be given to you.

If you sign this informed consent document, you are giving permission for the use and disclosure of your health information for purposes of this research study. You do not have to give this permission. Your health care outside of the study, payment for your health care, and your health care benefits will not be affected if you choose not to sign this document. However, if you do not sign this document, you will not be able to participate in the study.

Who Will Use and Disclose My Health Information? The study doctor and research staff (the study team) may use your health information to conduct, review, and determine the results of the study. The study team may also use your information to prepare reports or publications about the study. However, your name will not appear in any report or publication without your permission.

What Health Information will be Used and Disclosed? The study team will record your medical history, the treatment you receive, and the results of examinations and tests done during the study on study forms. The study team will send the completed study forms to the study sponsor. Representatives from the groups identified below may need to look at your medical records to make sure that the information on the study forms is correct or that the study was conducted properly. Your medical records may include other health information about you and may include documents that directly identify you. Reviews like that will take place at the study center or where the medical records are stored and can take place after the study is over.

Who Will Receive My Health Information? Your study information or medical records (as described above) or both may be shared with the following people or groups:

- The Office for Human Research Protections (including the FDA) in the U.S. Department of Health and Human Services.
- The funder of this research, National Institute of Health.
- The representative of companies/Institutions working on the study on behalf of the Sponsor may have access to, inspect and review your information during and after the study for verification of clinical and scientific research procedures and/or data.
- Data and Safety Monitoring Boards and others authorized to monitor the conduct of the Study.
- Other collaborating institutions.

- The results of imaging studies may be disclosed to outside institutions, not directly involved in this research study, as part of a collaborative imaging project. Your name and other identifying information will not be disclosed.
- Department of Health and Human Services (DHHS) agencies.
- The StrokeNet Central Institutional Review Board and any other committees responsible for overseeing the research.
- StrokeNet Central Institutional Review Board Human Research Protection Program staff.
- The StrokeNet National Data Management Center (NDMC), housed in the Data Coordination Unit (DCU) in the Department of Public Health Sciences at the Medical University of South Carolina (MUSC).

Will My Information be Protected by the Privacy Rule After it is Disclosed to Others? Penn Medicine is required by the Privacy Rule to protect your health information. After your information is shared with others, such as the study sponsor, it may no longer be protected by the Privacy Rule. The people who receive this information could use it in ways not discussed in this form and could disclose it to others. The sponsor will use and disclose your information only for research or regulatory purposes or to prepare research publications. In addition to using it for this study, the sponsor may reanalyze the study data at a later date or combine your information with information from other studies for research purposes not directly related to this study. The goal of any such research would be to learn more about drugs, devices or diseases or to help design better studies in the future. When using your information in these ways, the sponsor may share it with regulatory authorities, other researchers, its business partners, or companies it hires to provide research-related services.

What Happens if I Leave the Study Early? If you stop participating in the study early for any reason, the study team will tell the sponsor why. If the study team asks you to come to any more study visits and you agree, the study team will send the sponsor information from those visits as well. All information collected about you may continue to be used and disclosed.

Will My Authorization Ever Expire? This Authorization does not have an expiration date. The study team may need to correct or provide missing information about you even after your study participation is over and a review of your medical records may also take place after the study is over.

May I Take Back My Authorization? You have the right to take back (revoke) your Authorization at any time by writing to the person in charge of this research study whose information is listed on the front of this document. If you revoke your Authorization, the study team will not collect any new health information about you. However, they can continue to use and disclose any already-collected information if that is necessary for

the reliability of the study. The sponsor can also still keep and use any information that it has already received. If you revoke your Authorization, you can no longer continue to participate in the study.

May I Look At My Study Information? You have a right to see and make copies of your medical records. However, to ensure the reliability of the study, you will need to wait to see your study records until the study is completed.

Will access to my medical record be limited during the study?
To maintain the integrity of this research study, you may not have access to any health information developed as part of this study until it is completed. At that point, you would have access to such health information if it was used to make medical or billing decision about you (e.g., if included in your official medical record).

What is an Electronic Medical Record and/or a Clinical Trial Management System?
An Electronic Medical Record (EMR) is an electronic version of the record of your care within a health system. An EMR is simply a computerized version of a paper medical record.

A clinical trial management system (CTMS) is used to register your information as a participant in a study and to allow for your research data to be entered/stored for the purposes of data analysis and any other required activity for the purpose of the conduct of the research.

If you are receiving care or have received care within the University of Pennsylvania Health System (UPHS) (outpatient or inpatient) and are participating in a University of Pennsylvania research study, information related to your participation in the research (i.e. laboratory tests, imaging studies and clinical procedures) may be placed in your existing EMR maintained by UPHS. Information related to your participation in clinical research will also be contained in the CTMS.

If you have never received care within UPHS and are participating in a University of Pennsylvania research study that uses UPHS services, an EMR will be created for you for the purpose of maintaining any information produced from your participation in this research study. The creation of this EMR is required for your participation in this study. In order to create your EMR, the study team will need to obtain basic information about you that would be similar to the information you would provide the first time you visit a hospital or medical facility (i.e. your name, the name of your primary doctor, the type of insurance you have). Information related to your participation in the study (i.e. laboratory tests, imaging studies and clinical procedures) may be placed in this EMR.

Once placed in your EMR or in the CTMS, your information may be accessible to appropriate UPHS workforce members that are not part of the research team. Information within your EMR may also be shared with others who are determined by UPHS to be appropriate to have access to your EMR (e.g. health insurance company, disability provider, etc

Who Can Answer Your Questions?

If you have questions, concerns, complaints and or suggestions about this research study or to report a research-related injury, please contact the Principal Investigator:Brett Cucchiara, MD Daytime: 215-662-4904 (24 hours) 215-349-5990.

You can also call the StrokeNet CIRB at 513-558-5259, Monday-Friday 8AM--5PM EST if you:

- Think the research has hurt you.
- Have general questions about giving consent or your rights as a research participant in this research study.
- Have questions, concerns, complaints and/or suggestions about the research, cannot reach the research team or you want to talk to someone else.

To report complaints or concerns to an independent agency in an anonymous and confidential manner, please call the Research Compliance Hotline at 1-800-889-1547.

Investigator Information:

Magdy Selim, MD, PhD	
Principal Investigator Name	
The Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, Pennsylvania Hospital	
Local Site Name	
Brett Cucchiara, MD	215-349-5990
Local Principal Investigator Name	Telephone Number 24 hr Emergency Contact

I have read or someone has read to me, this Informed Consent Document which describes the purpose and nature of this research. I have had time to review this information and have been encouraged to ask questions. If I do not participate or if I discontinue my participation, I will not lose any benefits or any legal rights. My participation in this research is completely voluntary. I have received (or will receive) a copy of this signed and dated document for my records and future reference. I have been given the information about the use and disclosure of my health information for this research study.

I give my consent to participate.

_____	
Name of Participant (PRINT)	
_____	_____
Signature of Participant (18 or older with capacity to consent)	Date

OR

_____	
Name of Legally Authorized Representative (PRINT)	
_____	_____
Signature of Legally Authorized Representative	Date
_____	
Relationship or Authority of Legally Authorized Representative to Participant	

Person Obtaining Consent

I attest that the requirements for informed consent for the medical research project described in this form have been satisfied – that the participant has been provided with the Experimental Subject's Bill of Rights, if appropriate, that I have discussed the research project with the participant and explained to him or her in non-technical terms all of the information contained in this informed consent document, including any risks and adverse reactions that may reasonably be expected to occur. I further certify that I encouraged the participant to ask questions and that all questions asked were answered.

_____
Name of Person Obtaining Consent (PRINT)

_____ _____
Signature of Person Obtaining Consent Date

WITNESS STATEMENT:
The participant or LAR is unable to read or sign this consent form because of the following reason(s):
___The participant or LAR is non-English speaking.
___The participant or LAR is illiterate.
___The participant or LAR is visually impaired.
___The participant or LAR is physically unable to sign the consent form. Please describe:_____
___ Other (please specify): _____

I confirm that I was present as a witness for the consent process for this study. I confirm that the participant named above was read the information in the consent document and that the participant has agreed to take part in the research study.

_____
Name of Impartial Witness (PRINT)
(may be interpreter if participant/LAR is non-English speaking)

_____ _____
Signature of Impartial Witness Date