HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

CONSENT TO PARTICIPATE IN A RESEARCH STUDY AND RESEARCH SUBJECT HIPAA AUTHORIZATION

Protocol Title:	**A5366 Version 1.0, dated 12/8/17; Letter of Amendment #1, 3/14/2018** **Selective Estrogen Receptor Modulators to Enhance the Efficacy of Viral Reactivation with Histone Deacetylase Inhibitors** ***A Multicenter Trial of the AIDS Clinical Trials Group (ACTG)***
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Introduction:

You are being asked to take part in this research study because you are a woman who is infected with HIV, the virus that causes AIDS, and you are currently taking antiretrovirals (ARVs) to treat your HIV infection. This study is sponsored by the National Institutes of Health (NIH). The doctor in charge of this study at this site is: Dr. Pablo Tebas. Before you decide if you want to be a part of this study, we want you to know about the study.

This is a consent form. It gives you information about this study. The study staff will talk with you about this information. You are free to ask questions about this study at any time. Your participation is voluntary which means you can choose whether or not you want to participate. If you choose not to participate, there will be no loss of benefits to which you are otherwise entitled. Before you can make your decision, you will need to know what the study is about, the possible risks and benefits of being in this study, and what you will have to do in this study. The research team is going to talk to you about the research study, and they will give you this consent form to read. You may also decide to discuss it with your family, friends, or family doctor. You may find some of the medical language difficult to understand. If you agree to take part in this study, you will be asked to sign this consent form. You will get a copy to keep.

Why Is This Study Being Done?

ARVs are effective for treating HIV, but it is impossible to completely eliminate HIV infection from the body because some virus “hides” in the cells of the immune system. These cells with “hidden” virus are called latent immune cells. If a person stops taking ARVs, the virus in these latent immune cells makes more copies of itself and levels of HIV virus in the blood increase. Some medications have been shown to wake up these viruses in latent cells so your immune system can try to eliminate them, but these medications have only been partially effective and the results are not the same in all people. These medicines are not approved for use to wake up latent HIV, although many of them are approved by the US Food and Drug Administration (FDA) for other uses. Early studies suggest that these medications may not work as well for women as they do for men due to women’s hormones.

This study will look at a medication (vorinostat) that has been shown to wake up these viruses in latent cells in clinical trials. Vorinostat is approved for treatment of specific cancers, but has not been FDA approved for use in HIV latency reversal. Vorinostat will be given with another medication (tamoxifen) that blocks the hormone estrogen. Tamoxifen is approved for use in breast cancer treatment and prevention, although this is the first time it has been studied for use in HIV latency reversal. Researchers

will study whether these two medications given together are safe and tolerable. Researchers will also look at whether the two drugs work better together in waking up viruses in latent cells in women than vorinostat given alone. Vorinostat and Tamoxifen are being used as investigational agents in this study because they have not been approved by the FDA for this use. Although both of these medications are approved by the FDA for use in cancer, they have not been approved for latency reversal.

How Many People Will Take Part in This Study?
About 30 women will take part in this study (20 in Group A and 10 in Group B). About 3-5 women are expected to enroll at the University of Pennsylvania.

How Long Will I Be In This Study?
You will be in the first part of this study for about 65 days. During the second part of the study, your site will contact you by telephone every year for 5 years.

What Do I Have To Do If I Am In This Study?
Screening
If you would like to be in this study, after you have read and signed this consent form, you will come to the clinic for a screening visit to make sure you meet the requirements for joining the study. This will take about 1 hour. At this visit:

- You will have a physical exam and answer questions about your medical history and any medications you are taking or have taken in the past.
- You will have approximately 2 tablespoons of blood drawn. This blood will be used for the following tests:
  - For routine lab tests for safety and to see if you are infected with hepatitis B and/or C virus (infections of the liver).
  - To measure the amount of HIV in your blood and to measure your CD4+ cell count (cells that help fight infection).
- You will be asked to give blood (1 teaspoon) or a urine sample for a pregnancy test.
- If your HIV status is unknown or not documented, additional blood may be drawn to confirm your HIV status. You may have to sign a separate consent form for this test.
- You will have an electrocardiogram to look at the electrical activity of your heart.

Pre-Entry
If the tests at screening show that you are eligible for the study, you will have one more study visit before you join the study. This visit will take about 1 hour. At this visit:

- You will have a physical exam.
- You will have approximately 5 tablespoons of blood drawn. This blood will be used for the following tests:
  - For routine lab tests for safety.
  - Some of the blood will be stored for future protocol-required testing.
- You will answer questions about how well you take your antiretroviral (ARV) medications.

If you enter the study
At the study entry visit, you will be assigned to one of two treatment groups:

Group A:
Days 0-38: Tamoxifen 20 mg by mouth (PO) once a day
Day 35: Vorinostat 400 mg by mouth (PO)(vorinostat will be given by study staff at the visit)
Day 38: Vorinostat 400 mg by mouth (PO) (vorinostat will be given by study staff at the visit)

Group B:
Days 0-38: Observation period (no tamoxifen)
Day 35: Vorinostat 400 mg by mouth (PO) (vorinostat will be given by study staff at the visit)
Day 38: Vorinostat 400 mg by mouth (PO) (vorinostat will be given by study staff at the visit)
Your assignment is random, like the flip of a coin. You will have a chance of being in each of the two groups, but you are more likely to be in Group A because more people will be assigned to that group. You will not be able to choose your group, but you and the study doctor, as well as the study staff, will know which group you are in.

Regardless of which group you are assigned to, you will continue to take your ARV medications. It is important that you take your ART regimen as prescribed without interruption, to avoid an increase in viral load. ARV medications will not be provided by the study.

Entry
After your screening and pre-entry visits, you will come in for an entry visit. This visit will take about 2 hours. At this visit:

- You will have a physical exam and answer questions about your medical history and any medications you are taking or have taken in the past.
- You will have approximately 7 tablespoons of blood drawn. This blood will be used for the following tests:
  - To test the level of hormones in your blood. You will not be given the results of this test.
  - To measure the amount of HIV in your blood. You will be given the results of this test.
  - For pharmacokinetic testing (to see how the levels of the study drugs rise and fall in your blood over time). You will not receive the results of this testing.
  - Some of the blood will be stored for future protocol-required testing. You will not receive the results of this testing.
- You will answer questions about how consistently you take your ARVs.
- You will answer a questionnaire about why you chose to enroll in this study, your understanding of HIV cure research, and whether you have participated in clinical trials before. This questionnaire will take about 45 minutes to complete.

Study Visits
After your entry visit, you will come to the clinic at days 28, 35, 38, 45, and 65. These study visits will last about 1 hour, unless noted otherwise. At these visits:

- You will have a physical exam and answer questions about any medications you are taking.
- You will have approximately 1-10 tablespoons of blood drawn, depending on the study visit. This blood will be used for the following tests:
  - To test the level of hormones in your blood (days 28, 38, 45, and 65 only). You will not be given the results of these tests.
  - For routine lab tests for safety (days 28 and 45 only). You will be given the results of these tests.
  - To measure the amount of HIV in your blood (days 28 and 35 only). You will be given the results of these tests.
  - To measure your CD4+ cell count (days 28 and 45 only). You will be given the results of these tests.
  - For pharmacokinetic testing (days 35, 38, and 65 only). On day 38 your two blood samples will be taken 5.5 hours apart, so this clinic visit might take longer than usual. You will not be given the results of these tests.
  - Some of the blood will be stored for future protocol-required testing. You will not be given the results of these tests.
- You will be given your dose of vorinostat to take while you are at the clinic (days 35 and 38 only). You will be given a snack at the clinic to take with your vorinostat dose.

- You will answer questions about how consistently you take your ARVs and your tamoxifen (if you are in Group A).
- You will answer a questionnaire about why you chose to enroll in this study, your understanding of HIV cure research, and whether you have participated in clinical trials before (day 65 only). This questionnaire will take about 30 minutes to complete.

Additional Visits
- If your viral load shows that your anti-HIV drugs are not fighting your HIV infection well, you will come to the clinic for an additional visit.
- If you have to stop taking the study drugs early or you have to stop the study early, you will come to the clinic for an additional visit.

These visits will take about 1 hour. At these visits:
- You will have a physical exam and answer questions about any medications you are taking.
- You will have approximately 7 tablespoons of blood drawn. This blood will be used for the following tests:
  - For routine lab tests for safety. You will be given the results of these tests.
  - To test the level of hormones in your blood. You will not be given the results of these tests.
  - To measure the amount of HIV in your blood and to measure your CD4+ cell count. You will be given the results of these tests.
  - For pharmacokinetic testing. You will not be given the results of these tests.
  - Some of the blood will be stored for future protocol-required testing. You will not be given the results of these tests.

Telephone Contact for Long-Term Safety Follow-Up
After you finish the first part of the study, your site will contact you by telephone every year for 5 years to see how you are doing.

If you do not enroll into the study
If you decide not to take part in this study or if you do not meet the eligibility requirements, we will still use some of your information. As part of this screening visit, some demographic (for example, age, gender, race), clinical (for example, disease condition, diagnosis), and laboratory (for example, CD4 cell count, viral load) information is being collected from you so that ACTG researchers may help determine whether there are patterns or common reasons why people do not join a study. If you do not want this information to be recorded, you should not sign this consent form and not participate in the study. If you elect not to participate, all information collected thus far by the research team will be destroyed.

Other
If you agree, some of your blood that is left over after all required study testing is done may be stored (with usual protections of your identity) and used for future ACTG-approved research that is separate from this study. Genetic testing will not be done on these blood samples. These samples may be stored for an indefinite period. Results of testing performed on these samples will not be given to you. You may withdraw your consent for research on stored specimens at any time and the specimens will be discarded. No matter what you decide, it will not affect your participation in this study.

Why Would The Doctor Take Me Off This Study Early?
The study doctor may need to take you off the study early without your permission if:
- the study is stopped or cancelled
- you are not able to attend the study visits as required by the study
- you stop taking your ARV medications
- the doctor believes the study is no longer in your best interest

The study doctor may also need to take you off the study drugs without your permission if:

- continuing the study drugs may be harmful to you
- you need a treatment that you may not take while on the study
- you are not able to take the study drugs as required by the study

If you must stop taking the study drugs before the study is over, the study doctor will ask you to continue to be part of the study and return for some study visits and procedures.

If I Have To Permanently Stop Taking Study-Provided Drugs Or Once I Leave The Study, How Would Drugs Be Provided?

During the study
If you must permanently stop taking study-provided drugs before your study participation is over, the study staff will discuss other options that may be of benefit to you.

After the study
After you have completed your study participation, the study will not be able to continue to provide you with drugs you received on the study. If continuing to take these or similar drugs/agents would be of benefit to you, the study staff will discuss how you may be able to obtain them.

What Are The Risks Of The Study?
The drugs used in this study may have side effects, some of which are listed below. Please note that these lists do not include all the side effects seen with these drugs. These lists include the more serious or common side effects with a known or possible relationship. It is very important that you tell your study doctor of any changes in your medical condition while taking part in the study. At any time during the study, if you believe you are experiencing any of these side effects, you have the right to ask questions on possible and /or known risks.

Risks of Vorinostat
Vorinostat comes as a capsule to take by mouth. It will be given to you with food. We will be with you when you take this medicine. Do not crush or open a vorinostat capsule. Swallow the pill whole. The medicine inside the capsule can be dangerous if it gets in your eyes, mouth, or nose, or on your skin. If contact occurs, wash your skin with soap and water or rinse your eyes thoroughly with plain water.

The risks associated with vorinostat have a greater chance of occurring when vorinostat is taken every day over several weeks. In this study, you will receive two doses of 400 mg vorinostat. Your total dose will be 800 mg. In previous studies done with cancer patients who took a single high dose (800 mg) of vorinostat, the drug was generally well tolerated. No serious clinical or laboratory abnormalities were reported and no patient had to leave the study because of a bad side effect caused by vorinostat.

The most common side effects seen with this one time dose:

- Nausea (10%)
- Fatigue (9%)

The most serious side effects observed with multiple doses of vorinostat taken every day for many weeks are:

- The development of blood clots in the legs (deep vein thrombosis) 1 out of 86 patients or 1.1%
- The development of blood clots in the lungs or pulmonary emboli (4 out of 86 patients or 4.7%)
- Squamous cell carcinoma (3 out of 86 patients or 3.5%)

Additional side effects were seen when people were given multiple doses of vorinostat every day for

many weeks. These included:

- Nausea, fatigue, and diarrhea (40-50%)
- Loss of appetite (14%)
- Dehydration
- Vomiting (15%)
- Low red blood cell counts or anemia (2 out of 86 patients or 2.3%)
- Low platelet counts (26%)
- Weight loss (10-20%)
- Decreased kidney function
- Altered taste (28%)
- Increase in blood sugar
- Constipation (10% or less)

We do not know if the following events are related to taking vorinostat but some single events occurring after taking vorinostat are: cholecystitis (gall bladder inflammation), death (of unknown cause), enterococcal (bacterial) infection, exfoliative dermatitis (scaly skin), gastrointestinal hemorrhage (bleeding in the stomach or intestine), infection, lobar pneumonia, myocardial infarction (heart attack), ischemic stroke (stroke caused by a clot), pelvi-ureteric obstruction, sepsis (blood infection), spinal cord injury, streptococcal bacteremia (bacterial infection in the blood), fainting, T-cell lymphoma, thrombocytopenia (low platelet count), and ureteric obstruction (obstructions in the tubes that drain urine from the kidneys to the bladder).

Vorinostat has the potential to be genotoxic, that is, it could cause damage to your genes that might increase your risk for developing cancer. Vorinostat has not been evaluated for the ability to form tumors in animals. However, based on the genotoxicity information, there is a possibility that vorinostat may increase your risk for developing cancer, although the short duration of exposure in this study makes it less likely.

Dehydration often occurs when you take this medicine. You will need to drink at least 2 liters of water (64 ounces or 8 cups) on the days that you are receiving the drug to keep from getting dehydrated.

Risks of Tamoxifen

Tamoxifen comes as a tablet that you should swallow whole, with water or another non-alcoholic drink. You may take tamoxifen with or without food but you should take it at about the same time each day.

Although study doctors think it is unlikely, tamoxifen may decrease some the levels of ARV medications in your blood.

Tamoxifen has the potential to be genotoxic, that is, it could cause damage to your genes that might increase your risk for developing cancer. Furthermore, tamoxifen has been shown to increase tumors in rodents, raising the possibility that it may increase your risk for developing cancer. These risks have been linked to the duration of exposure, with cancer risks seen after 12 months or with high doses of tamoxifen; the short duration of exposure in this study makes this risk less likely.

The following serious side effects have been associated with the use of tamoxifen. The side effects listed below are more common in people who have received longer courses of tamoxifen than will be given in this study. If you have any of the following signs or symptoms contact your health care provider right away.

Changes in lining (endometrium) or body of your uterus (womb). These changes may be due to serious problems such as cancer of the uterus. If you have these changes, you may notice:

- Vaginal bleeding or bloody discharge that could be a rusty or brown color
- Pain or pressure in your pelvis (below your belly button)

Blood clots. These can occur in your veins or lungs or can cause a stroke. These may be serious and can cause death. You may get clots up to 2-3 months after you stop taking tamoxifen. If you have a blood clot, you may notice:

- Sudden chest pain
- Shortness of breath
- Coughing up blood
- Pain, tenderness, or swelling in one or both of your legs

Stroke. If you are having a stroke, you may notice:

- Sudden weakness, tingling, or numbness in your face, arm, or leg, especially on one side of your body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Cataracts or increased chance of needing cataract surgery. If you are developing cataracts, you may notice slow blurring of your vision.

Liver problems. If you are developing liver problems, you may notice:

- Yellowing of the skin or whites of your eyes
- Dark urine
- Pain on the right side of your stomach
- Loss of appetite, upset stomach, or vomiting
- Pale colored stools
- Itchy skin

Additional side effects may include:

- Difficulty urinating or a decrease in the amount of urine
- Hot flashes
- Noisy, rattling breathing
- Redness of the face, neck, arms and, occasionally, upper chest
- Skin changes
- Swelling of the fingers, hands, feet, or lower legs
- Troubled breathing at rest
- Weight gain or loss
- Bone pain
- Stomach cramps
- Feeling sad or difficulty concentrating

<u>Risks of Non-Study Medications</u>

There is a risk of serious and/or life-threatening side effects when non-study medications are taken with the study drugs. For your safety, you must tell the study doctor or nurse about all medications you are taking before you start the study and before starting any new medications while on the study. You must also tell the study doctor or nurse before enrolling in any other clinical trials while on this study.

Risk of Viral Load Increase
If the study drugs awaken latent HIV, then HIV may become detectable in your blood (your viral load will become measurable). Because you will continue taking your anti-HIV drugs while on this study, this increase in your viral load is only expected to last a brief time. Your viral load will be monitored frequently; if it does not become undetectable within a few weeks you might need another anti-HIV drug. The chance of this being necessary is thought to be very small.

Risks of Drawing Blood
Taking blood may cause some discomfort, bleeding, bruising, and/or swelling where the needle enters the body, lightheadedness, and in rare cases, fainting or infection.
Risks of Electrocardiogram
You may experience mild irritation, slight redness, and itching on your skin where the electrodes from the electrocardiogram machine are placed.

Risks of Social Harm
It is possible that participating in this study will make it difficult for you to keep your HIV status secret from people close to you. This may lead to unwelcome discussions about or reactions to your HIV status. Please talk with the study staff if you are worried about this.

Risks of Stored Samples
There is a risk that your stored samples and/or health information may be misused. There are laws against this kind of misuse, but they may not fully protect you. The chance that this will happen is considered small because of the security taken with your samples and information.

Risks to Future Study Participation
If you participate in this study you may not be able to participate in future studies because you have taken tamoxifen and/or vorinostat.

Are There Risks Related to Pregnancy?
Vorinostat and tamoxifen are not safe for unborn babies. You can only participate in this study if you are postmenopausal (you no longer have a menstrual period) at the time of study entry and if you agree not to participate in assisted reproductive technology in the future.

Are There Benefits to Taking Part in This Study?
You will receive no benefit from being in this study. Information learned from this study may help others who have HIV.

What Other Choices Do I Have Besides This Study?
Instead of being in this study, you have the choice of:

- continuing the antiretrovirals you are currently prescribed by your HIV provider or changing to other FDA-approved antiretroviral drugs
- talking with your doctor about other studies for which you may be eligible

Please talk to your doctor about these and other choices available to you. Your doctor will explain the risks and benefits of these choices.

What About Confidentiality?
We will do everything we can to protect your privacy. In addition to the efforts of the study staff to help keep your personal information private, we have a Certificate of Confidentiality from the US Federal Government. This certificate means that researchers cannot be forced to tell people who are not

connected with this study, such as the court system, about your participation. Also, any publication of this study will not use your name or identify you personally.

People who may review your records include the US Food and Drug Administration, the ACTG, Office for Human Research Protections (OHRP) or other local, US, and international regulatory entities as part of their duties, University of Pennsylvania Institutional Review Board (IRB) (a committee that protects the rights and safety of participants in research), US National Institutes of Health (NIH), study staff, study monitors, the drug company supporting this study, and their designees. Having a Certificate of Confidentiality does not prevent you from releasing information about yourself and your participation in the study.

Even with the Certificate of Confidentiality, if the study staff learns of possible child abuse and/or neglect or a risk of harm to yourself or others, we will be required to tell the proper authorities.

A description of this clinical trial will be available on www.ClinicalTrials.gov as required by US law. This web site will not include information that can identify you. At most, the web site will include a summary of the results. You can search this web site at any time.

Your personal information may be given out if required by law. If you test positive for HIV, or if a CD4 or viral load is done at a research study visit, by law we have to report the result to the City of Philadelphia Health Department/PA Department of Health. Personal identifiers such as name, sex, date of birth, address, and phone number will be reported. For more information about the requirements reporting infectious diseases to the City of Philadelphia Health Department, please visit https://hip.phila.gov/ReportDisease. For more information about the requirements reporting infectious diseases to the PA Health Department, please visit: http://www.health.pa.gov/Your-Department-ofHealth/Offices%20and%20Bureaus/epidemiology/Pages/Reportable-Diseases.aspx#V620aZ3D9eU. .

HIPAA AUTHORIZATION
The authorization part of the consent gives more detailed information about how your personal health information may be used and disclosed by the University of Pennsylvania Health System (UPHS), the School of Medicine and the individual Principal Investigator, subject to University of Pennsylvania procedures.

What information about me may be collected, used or shared with others?
The following personal health information will be collected, used for research, and may be disclosed during your involvement with this research study:

- Name, address, telephone number, email address, dates directly related to you such as date of birth and clinic visits.
- Personal and family medical history
- Current and past medications or therapies
- Information from questionnaires administered in the study and from the other HIV studies in which you have participated.
- Results of tests and procedures you will undergo during this research
- Social Security Number, Medical record number

Why is my information being used?
Your information is important for the research team to contact you during the study. Your information and results of tests and procedures are used to:

- do the research
- oversee the research
- see if the research was done right
- evaluate and manage research functions

Who may use and share information about me?
The following individuals may use or share your information for this research study:

- The Principal Investigator and the Investigator's study team
- Other authorized personnel at Penn, including offices that support research operations.
- Other research personnel with access to the databases for research and/or study coordination and as otherwise approved by the IRB

Who, outside the School of Medicine, might receive my information?
As part of the study, the Principal Investigator, the study team and others listed above, may disclose your personal health information, including the results of the research study tests and procedures. This information may be disclosed to those listed below:

Individuals or organizations responsible for administering the study:

- ACTG Data Coordinating Center, Frontier Science Technology Research Foundation (FSTRF): Data for this study will be recorded on case report forms, keyed into a central database and electronically submitted to the Data Coordinating Center. The data will be cleaned and stored at this facility until it is ready to be analyzed.
- Statistical Data Analysis Center (SDAC): Approved data will be downloaded from FSTRF to the statistical data center at the Harvard School of Public Health. Specific study reports will be periodically provided to the study team and data safety review board to monitor if the trial is safe.
- Merck Research Labs: The pharmaceutical company that is supplying the drug for this study.
- Contract Research Organization (PPD, Inc): Monitors from PPD will visit the AACTG on a quarterly basis to review data and correct mistakes before the data are sent to SDAC for analysis.
- Government Agencies: Data from this study will be made available to the Food and Drug Administration and to the National Institutes of Health/Division of AIDS (DAIDS)/National Institute for Allergy and Infectious Disease (NIAID), for them to evaluate the safety and efficacy of the treatments being used in this study.

Regulatory and safety oversight organizations

- The Office of Human Research Protections

Once your personal health information is disclosed to others outside of UPHS or the School of Medicine, it may no longer be covered by federal privacy protection regulations. Data are reported to the sponsor on Case Report Forms that identify you by your unique study number and not your name, date of birth or medical record number. Information regarding your health, such as side effects of the study drug you experience will be reported only by code number. All samples collected for analysis will be labeled with your study number, visit number and date of your visit.

The Principal Investigator or study staff will inform you if there are any additions to the list above during your active participation in the trial. Any additions will be subject to University of Pennsylvania procedures developed to protect your privacy.

How long may the School of Medicine be able to use or disclose your personal health information?
Your authorization for use of your personal health information for this specific study does not expire.
Your information may be held in a research database. However, the School of Medicine may not re-use or re-disclose information collected in this study for a purpose other than this study unless:

- You have given written authorization
- The University of Pennsylvania's Institutional Review Board grants permission
- As permitted by law

Can I change my mind about giving permission for use of my information?
Yes. You may withdraw or take away your permission to use and disclose your health information at any time. You must do so in writing to the Principal Investigator at Infectious Disease Division, 502 Johnson Pavilion Philadelphia PA 19104. Even if you withdraw your permission, your personal health information that was collected before we received your written request may still be used and disclosed, as necessary for the study. If you withdraw your permission, you will not be able to stay in this study.

What if I decide not to give permission to use and give out my health information?
Then you will not be able to be in this research study.

You will be given a copy of this Research Subject Informed Consent form and HIPAA Authorization describing your confidentiality and privacy rights for this study. You will also be given the UPHS and School of Medicine's Notice of Privacy Practices that contains more information about the privacy of your personal health information.

What is an Electronic Medical Record?
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, these results are 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).

What Are the Costs To Me?
Taking part in this study may lead to added costs to you or your insurance company. In some cases, it is possible that your insurance company or health care system will not pay for these costs because you are taking part in a research study. All study related procedures and treatments will be provided at no cost to you or your insurance.

Will I Receive Any Payment?
You will be compensated $50 for most study visits (screen, pre-entry, entry and clinic visits on Days 28, 35, 45 and 65) and $150 at Day 38 when multiple blood draws are required for PK analysis. You will receive $25 for each annual telephone contact. Compensation will be given as a ClinCard (a debit card). The maximum amount of compensation for the study is $575: $450 if all regular study required visits are completed and attended and $125 if all 5 annual follow up phone calls are completed. If you are required to come to the clinic for any additional visits you will be compensated $25.

There is no other form of compensation available such as reimbursements for parking, tokens or child care. 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 exceed a total of $600 in a calendar year.

What Happens If I Am Injured?
We will offer you the care needed to treat injuries directly resulting from taking part in this research. We may bill your insurance company or other third parties, if appropriate, for the costs of the care you get for the injury, but you may also be responsible for some of them.

There are no plans for the University of Pennsylvania or the National Institutes of Health to pay you or give you other compensation for the injury. You do not give up your legal rights by signing this form.

If you think you have been injured as a result of taking part in this research study, tell the person in charge of the research study as soon as possible. The researcher's name and phone number are listed in the consent form.

What Are My Rights As a Research Subject?
Taking part in this study is completely voluntary. You may choose not to take part in this study or leave this study at any time. Your healthcare provider will treat you the same no matter what you decide.

We will tell you about new information from this or other studies that may affect your health, welfare, or willingness to stay in this study. If you want the results of the study, tell the study staff .

What Do I Do If I Have Questions Or Problems?
If you have questions about this study or a research-related injury, please contact the research team listed on page 1 of this consent form.

For questions about your rights as a research subject, contact:

- Director of Regulatory Affairs at the University of Pennsylvania by phoning (215) 898-2614

CONSENT

This consent is the initial consent for this participant. The study staff will provide an overview of the study, required visits, treatment regimen, risk and all elements of consent. The physician investigator(s) or licensed Nurse Practitioner will conduct a focused discussion about risks, benefits and alternatives.

Other

Please **initial below** whether you are willing to have some of your leftover blood (that is stored at the study site and/or at a central laboratory without information that could identify you) used for future ACTG-approved HIV-related research. Genetic testing will not be done on these blood samples. These samples may be stored for an indefinite period. Results of testing performed on these samples will not be given to you. You may withdraw your consent for research on stored specimens at any time and the specimens will be discarded. No matter what you decide, it will not affect your participation in this study.

_____ YES, I agree to have my leftover blood stored.

_____ NO, I do not agree.

When you sign this form, you are agreeing to take part in this research study. This means that you have read the consent form, your questions have been answered, and you have decided to volunteer. Your signature also means that you are permitting the University of Pennsylvania Health System and the School of Medicine to use your personal health information collected about you for research purposes within our institution. You are also allowing the University of Pennsylvania Health System and the School of Medicine to disclose that personal health information to outside organizations or people involved with the operations of this study.

A copy of this consent form will be given to you. You will also be given the University of Pennsylvania Health System and School of Medicine's Notice of Privacy Practices that contains more information about the privacy of your health information.

RESEARCH STAFF CONSENT

_____	_____	_____
Name of Subject (Please Print)	Signature of Subject	Date/Time

_____	_____
Participant's Legally Authorized Representative (print) (As appropriate)	Legally Authorized Representative's Signature and Date/Time

_____	_____	_____
Name of Person Obtaining Consent (Please Print)	Signature	Date/Time

INVESTIGATOR CONSENT

The risks, alternatives, and benefits have been reviewed with me by the Investigator, and I understand what we have discussed.

_____	_____	_____
Name of Subject (Please Print)	Signature of Subject	Date/Time

I verify I have reviewed risks, alternatives, benefits with this subject, who demonstrates good understanding.

_____	_____	_____
Investigator Name (PRINTED)	Signature	Date/Time