SUBJECT INFORMATION AND INFORMED CONSENT FORM ADDENDUM

Principal Investigator: Pablo Tebas, M.D.

Telephone: 215 349-8092
215 662 6059 (24 hours)

Additional Contact: Joseph Quinn, RN, BSN

Address: Hospital of the University of Pennsylvania
3400 Spruce Street
Philadelphia, PA 19104

24 Hour Emergency Number (215) 662-6059 Ask for the Immunodeficiency Program Doctor on call

Study Sponsor: Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404
United States

Protocol Title: A Phase 3b, Randomized, Double-Blind Switch Study to Evaluate the Safety and Efficacy of Emtricitabine/Rilpivirine/Tenofovir Alafenamide (FTC/RPV/TAF) Fixed Dose Combination (FDC) in HIV-1 Positive Subjects who are Virologically-Suppressed on Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate (FTC/RPV/TDF)

Protocol Number: GS-US-366-1216

NEW INFORMATION

You are currently taking part in the above-named research study. The purpose of this document is to provide you with more information about the study.

It is important that you understand the information in this form. You may ask questions at any time.

Since the time you signed the last consent form for this study, new information related to the study has become available:

- The FDA and European Medicines Agency (EMA) have approved the drug named emtricitabine/rilpivirine/tenofovir alafenamide (FTC/RPV/TAF or F/R/TAF) fixed dose combination (FDC). This drug has been approved as Odefsey™ by the FDA in the United States in March 2016 and by the EMA in Europe in June 2016.

Your continued participation in this research is voluntary. You may withdraw from the research study now or at any time without penalty.

All statements contained in the previous Subject Information and Informed Consent Form (ICF) are still valid, including potential benefits and risks.

If you would like, the information in the previous ICF may be reviewed with you.

Check the 'Yes' or 'No' box and initial next to your choice.

☐ Yes, I would like to review the previous ICF _____ (Initial)

☐ No, I do not want to review the previous ICF _____ (Initial)

AGREEMENT TO BE IN THE STUDY

I have read this Subject Information and Informed Consent Form Addendum and understand the contents. I was able to ask questions and all of my questions were answered to my satisfaction.

All statements of informed consent that were contained in the previous Subject Information and Informed Consent Form that I signed are still valid, including potential benefits and risks.

I agree to continue to take part in this research study. A signed and dated copy of this form will be given to me.

Subject

Subject Printed Name	Signature	Date

Person Obtaining Consent

Printed Name & Title	Signature	Date

Witness (if applicable)

Witness Printed Name	Signature	Date