

Summary of Consent for Future Research Use of Samples Collected During the Main Study	
<input type="checkbox"/> Does not agree to future research consent	<input type="checkbox"/> Agrees to future research to learn more about any health conditions or diseases; Level B
<input type="checkbox"/> Agrees to future research to learn more about diseases in this study; Level A	

UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Merck & Co., Inc. V526, 001-00, dated January 3, 2005

A Phase I Dose Ranging Study of the Safety, Tolerability, and Immunogenicity of a 3 Dose Regimen of the MRKAd5 HIV-1 Trigene and the MRKAd6 HIV-1 Trigene Vaccines Alone and In Combination in Healthy Adults

**USE OF BIOLOGICAL MATERIALS FOR FUTURE RESEARCH
CONSENT AND AUTHORIZATION**

You have agreed to participate in the research study noted above. The study is being conducted by Dr. Ian Frank (the study doctor) for Merck & Co., Inc., the Sponsor. Throughout this form, we refer to that study as the "main study."

As part of the main study, blood (your "sample") will be collected and tests will be performed on the sample. By agreeing to participate in the main study, you consented to that use of your sample.

After all the tests are completed for the main study, there may be some of your sample left over. The Sponsor would like to keep and use this leftover sample for other research in the future that may not be related to the main study. This may include:

Level A:

- Research to learn more about HIV

Level B:

- Research to learn more about any health conditions or diseases.

You need to decide whether or not you want to permit this future use of your sample. Please take your time to make your decision. Read this document carefully, and ask the study doctor any questions that you may have. If you decide to allow the Sponsor to use your left over sample for the purposes described in this consent and authorization, you will be asked to sign this form on the last page.

May I refuse to permit this future research involving my sample?

Yes. Your agreement to allow the future use of your sample is entirely up to you. You will receive the same treatment and care from the main study, whether or not you consent to the use of your sample for future research. If you decide not to permit the Sponsor to use your sample for future research, you will not lose any benefits, medical treatment or legal rights to which you are otherwise entitled.

IRB APPROVAL DATE: 10-12-05
EXPIRATION DATE: 10-11-06

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What biological materials and information are covered by this consent?

This consent covers any unused portion of your sample that was collected during the main study. The portion of your sample that will be used for future research unrelated to the main study will not be linked to any identifiable information about you.

What adverse (bad) effects can happen to me if I give my consent?

The consent form for the main study describes the risks that may be involved when having a blood sample collected. Because any future research will use your left over sample, no additional blood will be collected.

What benefit can I expect from this future research?

There will be no direct benefit to you if you permit this future use of your sample. However, there may be a general benefit to society from the research.

How will information about me be used and disclosed in connection with the sample?

The study doctor and staff will provide the sample to the Sponsor during the course of the main study in a container marked with a unique code number. Information about you that is collected during the main study will be linked to your sample by this unique code number. The sample will not be labeled with your name.

If you sign this document, the Sponsor may use your sample for the future research described above. Any portion of your sample used for this future research will be placed in a separate container that will not be linked to information about you. For example, the Sponsor will not link the sample or the results of the future research to your name, initials, address, phone number, or social security number.

No genetic testing will be performed on the sample and the Sponsor will not use the sample to generate any health, medical or other information that identifies you unless you have agreed to such uses in a separate written document.

Will this consent form and authorization expire?

No. This consent and authorization form will not expire, but you may revoke your permission to use your sample for future research at any time, as described further in this form. The Sponsor may continue to use any data generated from your sample prior to the revocation.

May I withdraw my consent and authorization to the use of the sample in future research?

Yes. You have the right to withdraw this consent and authorization at any time, without losing any benefits, medical treatment or legal rights to which you are otherwise entitled. To withdraw your consent and authorization, you must notify the study doctor or study site. The Sponsor will continue to use the sample for the main study, but it will no longer be used for the future research described in this form. Analyses in progress at the time of your withdrawal or already performed prior to your withdrawal being received by the sponsor will continue to be used by the Sponsor.

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Will anyone provide me with the results of the future research?

No. The Sponsor will not use your sample to conduct research that identifies you.

Will I be paid for permitting this future use of my sample?

No. You will not be paid to permit this future research.

What do I do if I have questions or problems?

If you wish further information regarding your rights as a research subject, you may contact the Director of Regulatory Affairs at the University of Pennsylvania by telephoning (215) 898-2614. If you ever have questions pertaining to your participation in this research study or about research-related injuries, you may contact the investigators or study nurse listed on the first page of the consent form for the main study.

You will receive a signed copy of this consent and authorization form.

You have read and understand this consent and authorization form.

All of your questions have been answered.

Level A Agreement

I consent to future research described for **Level A**, involving my blood, under the conditions described in this form.

Signature of Volunteer

Date

Signature of Person Conducting Review of Consent

Date

Level B Agreement

I consent to future research described for **Level B**, involving my blood, under the conditions described in this form.

Signature of Volunteer

Date

Signature of Person Conducting Review of Consent

Date