PARENTAL PERMISSION TO PERMIT AN ADOLESENT TO TAKE PART IN RESEARCH

TITLE:	A Phase 2a, Multicenter, Randomized, Patient and Evaluator Blinded, Controlled Study Evaluating the Safety and Efficacy of NTX-001 Compared to Standard of Care in the Treatment of Acute Single Transected Peripheral Nerve Injury Occurring below the Distal Border of the Brachial Plexus Requiring Surgical Repair.
PROTOCOL NO.:	NTx20201
SPONSOR:	Neuraptive Therapeutics, Inc.
INVESTIGATOR:	Name Address City, State Zip Country
STUDY-RELATED PHONE NUMBER(S):	Phone Number Phone Number (24 hours) [24 hour number is required]

PLEASE READ THE FOLLOWING CAREFULLY

The information in this consent form will provide more details about the research study and what will be asked of your child if you permit them to take part in it. If you have any questions now or during the study, you should feel free to ask them and should expect to be given answers you completely understand. After all of your questions have been answered and you wish your child to take part in the research study, you will be asked to sign this permission form. You are not giving up any of your child's legal rights by permitting them to take part in this research or by signing this parental permission form.

WHAT YOU SHOULD KNOW ABOUT THIS STUDY:

This is a research study. This study involves the use of an Investigational Product called NTX-001. It is a product used in the repair of nerve injuries. It is used in the operating room. NTX-001 has not been approved for general use by the U.S. Food and Drug Administration (FDA). Taking part in this study is entirely voluntary and your child's medical care will not be affected if you/ you child refuses to participate.

WHO IS CONDUCTING THIS RESEARCH STUDY?

[PI Name] is the Principal Investigator of this research study. A Principal Investigator has the overall responsibility for the conduct of the research. However, there are often other individuals who are part of the research team. The Principal Investigator may be reached at [Phone Number]. The Principal investigator or another member of the study team will also be asked to sign this informed consent.

SPONSOR OF THE STUDY:
The Sponsor of the study is Neuraptive Therapeutics Inc.

WHY IS THIS STUDY BEING DONE?
The main purposes of this study are to 1) see how safe NTX-001 is when used in nerve repair and, 2) see if your child's nerve becomes functional in a shorter period of time when compared to what is normally done to treat nerve injuries. NTX-001 is in a very early stage of development for use in humans. Providing direct medical benefit to your child is not the purpose of this study in spite of the fact that the product may be beneficial.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?
Approximately (48) subjects will be enrolled into this study. The study will be conducted in approximately 15 clinical sites (emergency rooms or ambulatory surgery centers) across the US.

HOW LONG WILL THE STUDY TAKE AND HOW MANY SUBJECTS WILL TAKE PART?
Your child's participation in the study will last 12 months including the time in hospital for the nerve repair. You or your child can stop participating at any time. However, if there is a decision to stop participating in the study, we encourage you to talk to the study doctor first. The study doctor will ask that a final study visit be done. If you wish to stop however, stopping will not affect your child's current or future care.

WHY HAS MY CHILD BEEN ASKED TO TAKE PART IN THIS STUDY?
Your child is being asked to take part in this research study because they have experienced a particular type of nerve injury involving a peripheral nerve in an arm or hand. The nerve has been completely severed and the injury requires surgical repair.

WHAT IS NTX-001 AND WILL I RECEIVE NTX-001 OR STANDARD OF CARE?
The NTX-001 surgical product contains three (3) solutions that are applied in consecutive order and timed steps to your child's severed nerve during the surgical repair. The 1st solution or step will wash their nerve injury before the nerve is sewn together; the 2nd solution or step, is applied to the repaired nerve using a fluid holding chamber (device) that creates a way for the solution to surround the nerve for a certain period of time and will reduce the amount of solution that could come into contact with other areas of their tissue; the 3rd solution or final step, will be to wash the repaired nerve to remove the second solution and then the doctor will close the wound.

Your child will be randomly (like flipping a coin) entered into either the NTX-001 or standard of care group. The standard of care group receives the type of treatment that people with your child's type of injury usually receive. Your child will have a 50% chance of getting into either group. You/your child will not know if your child is in the NTX-001 group or standard of care group.

WHAT WILL MY CHILD BE ASKED TO DO IF THEY TAKE PART IN THIS STUDY?
If you agree to allow your child to take part in this study, you will first sign this Consent Form before any study-related procedures are performed. Your child will also be asked to sign a similar document, called an Assent Form, which indicates their agreement to participate in the study. No tests or procedures will be performed on your child until you have had an opportunity to review and sign this Consent Form and they have had an opportunity to review and sign the

Assent Document. If you chose to allow your child to participate in this study, you will need to be willing and able to take your child to visit their doctor more often than would be necessary if you were not in the study. You will come to the clinic for each of the scheduled study visits during the time that your child is participating in the study. You may be required to bring your child in more frequently if they are having side effects. Details of the study visits are discussed below. If you agree to allow your child to be in the study you will receive a schedule of your child's visits to use as the study progresses. For study visits that are done in your home, the study staff will schedule visits as if they are done in the clinic, once scheduled, you will need to be present in your home for the visit and if a change is needed you will need to notify the study staff to reschedule at least 24 hours before scheduled visit.

Tests, Procedures and Applicable Risks

The various tests and procedures your child will receive while in the study are described in this section along with the timing of when each one will be performed. Site staff conducting the following tests will not know if your child is in the NTX-001 group or the standard of care group.

Vital Signs: This includes measuring heart rate, blood pressure, body temperature, and respiratory rate.

Timing: Vital signs will be done at each visit through month 12.

Physical Exam: A physical examination will include an assessment of your child's general appearance, head/neck, eyes/ears/nose/throat, chest, lungs, heart, abdomen, musculoskeletal, and neurological systems.

Timing: The 1st exam will most likely be done in the emergency room at some time before your child's nerve repair; additional exams will be done at week 12 and month 12.

Medical History: This includes past events, how your child is currently feeling, and any medications taken within the past 30 days.

Timing: A full illness and surgical history will most likely be done in the emergency room or at some time before your child's nerve repair.

Blood Tests: Blood samples will be taken throughout the study for safety testing, and to check for pregnancy in girls/women who can become pregnant. Blood will be taken from a vein. The risks of blood sampling include bruising, bleeding at the site, pain or discomfort, and, rarely, infection. These will be drawn two (2) times during the study, unless collecting more samples is clinically necessary. Your child will give a total of about 20 mL or 4 teaspoons of blood over the course of this study.

Timing: Safety blood testing will most likely be done in the emergency room or at some time before your child's nerve repair and again at week 12. Pregnancy blood test will be done as well if your child is able to conceive children.

Urine Tests: This is for a pregnancy test. If you child is able to become pregnant she will be asked to urinate into a cup to see if she is pregnant.

Timing: It will be done at weeks 12, 24, 36, and 48.

Electrophysiological Assessment:
Nerve Stimulation Test: This assessment is done by your child's study staff**.** During their nerve repair, a nerve stimulation test and your child will not feel this test. You nor your child will be told about the results of this test until after the study is completed by all patients.

Timing: This test will be done in the operating room.

EMG (Electromyography): This test will be done to see if your child's nerve is beginning to function normally after their repair. Your child may feel pain and/or tingling during this follow-up test. Sterile electrodes (sticky pads) or needles will be placed around their nerve, above and below their repaired injury to see if there is positive nerve conduction (electric signal). This test is considered critical and it will be done in the clinic. Personal protective equipment and the clinics infection control measures will be followed during the visit.

Timing: This test will be done at Weeks 12 and 48.

MRCC Scale – Sensory: This assessment is done by your child's study staff. There is a test included in this assessment to measure if your child can feel pressure (touch) below the nerve injury site in your child's fingers or hands. The measurement is called 2 Point Discrimination. This assessment is on your child's injured hand and on their other hand to compare sensation between the two. Your child will be required to be blind-folded or in some way, unable to see this procedure during this test for accuracy.

Timing: The first assessment will be done in the emergency room, at some time before your child's nerve repair, or at the first follow-up visit. Additional assessments will also be done at weeks 4, 8, 12 and at months 6, 9 and 12.

MRCC Scale – Muscle: This assessment is done by your child's study staff. This assessment is done to measure if your child can move their hand or arm after their nerve repair. It is done on the injured hand or arm and on their other hand or arm to compare your child's movement between the two.

Timing: This assessment will be done in the emergency room, at some time before your child's surgical nerve repair, or at the first follow-up visit. Additional assessments will also be done at weeks 4, 8, 12 and at months 6, 9 and 12.

Semmes Weinstein Monofilament Test: This assessment is done by your child's study staff. This test measures light touch to deep pressure, including protective sensation in your child's finger(s) and is done to detect minor differences in sensory feeling. This assessment uses a tool that consists of a set of monofilaments (small, colored, and hair-like) that vary in stiffness and diameter. Your child will be required to be blind-folded or in some way, unable to see the test procedure being done for accuracy.

Timing: This assessment will be done in the emergency room, at some time before your child's nerve repair, or at the first follow-up visit. Additional assessments will be done at weeks 4, 8, 12 and at months 6, 9 and 12. It will be done on your child's injured hand and their other hand to compare between the two.

Grip and Pinch Strength Test: This assessment is done by your child's study staff. This test measures the strength of your child's grip and their ability to pinch with their fingers using tools that can measure their strength. If they have a splint on after their surgery, they will not have this assessment done until the splint is off and their study doctor agrees they can test their strength.

Timing: This assessment will be done once the study doctor approves and at week 1,4, 8, 12 and at months 6, 9 and 12. It will be done your child's injured hand and their other hand to compare between the two.

Michigan Hand Questionnaire (MHQ): The MHQ is a questionnaire with a total of 37 questions specifically related to the hand. The MHQ can assess your child's general hand function and changes or improvements in their hand function after their nerve repair.

Timing: This assessment will be done in the emergency room, at some time before your child's nerve repair, or at the first follow-up visit. Additional assessments will be done at weeks 4, 8, 12 and at months 6 and 12. It takes approximately 15 minutes to complete.

Cold Intolerance Symptom Severity (CISS): The CISS is a 6-item questionnaire that assesses the impact of cold temperatures on your child's injured hand or arm during daily living.

Timing: This assessment will be done in the emergency room, at some time before your child's nerve repair, or at the first follow-up visit. Additional assessments will be done at weeks 4, 8, 12 and at months 6 and 12. It takes approximately 5 minutes.

Patient Global Impression of Change (PGIC): This scale evaluates all aspects of your child's health and asks if there has been an improvement or decline in their health since their nerve repair. It consists of one question and will take about 1 minute to complete.

Timing: This assessment will be done in the emergency room, at some time before your child's nerve repair, or at the first follow-up visit. Additional assessments will be done at weeks 4, 8, 12 and at months 6 and 12.

Numeric Pain Rating Scale (NPRS): You child will be asked to select a number between 0 (no pain) and 10 (worst possible pain) to rate current pain intensity at rest or with activity.

Timing: This assessment will be done in the emergency room, at some time before your child's nerve repair, or at the first follow-up visit. This assessment will be done at weeks 4, 8, 12 and at months 6, 9 and 12. It takes approximately 1 to 2 minutes to complete.

Physical and Occupational Therapy: The study will track how many times your child attends their scheduled physical and/or occupational therapy sessions after their nerve repair.

Timing: This information will be collected over the course of the entire study.

WHAT ARE THE RISKS OF HARM OR DISCOMFORTS MY CHILD MIGHT EXPERIENCE BY TAKING PART IN THIS STUDY?

One of the reasons for this study is to learn more about the possible side effects of NTX-001. It is important that you tell the study staff about any possible side effects that your child is having while taking part in the study. At this point, there are no known side effects related the use of the NTX-001, however, there may be side effects that we are not aware of and cannot predict. There are also risks related to a nerve repair surgery will be explained to you and your child by your child's doctor such as bleeding, infection and pain. Although we do not know for sure what the risks could be with NTX-001, your child may experience an allergy to one of solutions or the device. Your child's repaired nerve may be injured when the surgeon removes the device, or your child's surgery may be longer than expected if the surgeon accidentally leaves the device in place after your child's wound is closed. As a requirement to start the study, your child's surgeon will be required to participate in a training to make the last two effects unlikely.

Telemedicine Risks: "Telemedicine" or "Telehealth" are the words used when talking about clinical diagnosis and monitoring that is delivered by technology. In-home or remote research visits may be done during this study. Qualified registered nurses will visit you in your home to do the same assessments or tests that were going to be done in the clinic. Telemedicine doctors may visit with you during some of these visits to check on you. These visits will be done over the internet using secure connections. Telemedicine must also meet all privacy requirements. "The rules are no different for telemedicine than for in-person visits." The technology used is compliant with HIPAA privacy rules. This physician will conduct the visit in a location where no one can overhear the discussions. The technology is fully encrypted for data transmission.

REPRODUCTIVE RISKS OF HARM

Reproductive risks to your child or your child's unborn baby are unknown at this time. Females who are either pregnant, planning to become pregnant, or breast feeding (nursing), as determined by serum pregnancy testing, will be excluded from participating in this study. If you have any questions about this, please ask the study doctor or study nurse. If your child becomes pregnant during their participation or if your son fathers a child, please contact a research team (staff) member immediately. The study doctor would like to follow the pregnancy until its outcome.

WHAT WILL HAPPEN IF MY CHILD IS INJURED DURING THIS STUDY?

If you believe your child is experiencing a medical problem as a result of their participation in the Study, you should contact the study doctor immediately. Your child will be provided with appropriate medical care to treat their injury or illness. This treatment may or may not be covered by your child's medical insurance. If the injury or illness is directly caused by administration of the study drug (NTX-001) treatment of the illness or injury will be paid for by the Sponsor. Costs for any injury or illness that is not directly caused by the study drug or that arises from you or your child's failure to follow instructions from the study doctor and study team will not be covered by the Sponsor. In addition, costs of injuries arising from your child's underlying condition or other treatments will not be covered. In these cases, your child or your child's insurance company will be responsible for the costs of covering the medical treatment.

No financial compensation for things such as lost wages, disability or discomfort due to an injury will be provided. Your child will not lose any of their rights to legal recourse in the event of research-related injury by signing this consent form. Your child still has legal rights as a participant in a research study.

If a serious adverse event (a serious reaction or injury from the use of NTX-001) occurs, it may be in your child's best interest to be admitted to a hospital. Depending on the type of event, we may contact a medical specialist to be primarily responsible for your child's treatment. We will help the hospital and doctors looking after your child, but all hospital records are confidential and for this reason we are asking you to give us, and any emergency medical specialists we contact, consent to visit your child and/or to see their medical records. By signing this consent, your child and you are allowing us to visit and see these medical records.

ARE THERE ANY BENEFITS TO MY CHILD IF SHE/HE TAKES PART IN THIS STUDY?

If your child agrees to take part in this study, there may or may not be direct medical benefit. We hope the information learned from this study will benefit others in the future.

WHAT ARE MY CHILD'S ALTERNATIVES IF THEY DO NOT WANT TO TAKE PART IN THIS STUDY?

Their alternative is to not participate. They can agree to having the standard surgical repair.

HOW WILL I KNOW IF NEW INFORMATION IS LEARNED THAT MAY AFFECT WHETHER I AM WILLING TO ALLOW MY CHILD TO STAY IN THE STUDY?

During the study, you and your child will be updated about any new information that may affect whether you are willing to allow your child to continue taking part in the study or your child is willing to continue. If new information is learned that may affect your child after the study or their follow-up is completed, your child will be contacted through you.

WILL I RECEIVE THE RESULTS OF THE RESEARCH?

If at any time during this study a significant finding, such as a major side effect, is identified that might affect your child's or your willingness to continue to participate in the study, you and your child will be informed of this new finding. You and your child will have an opportunity to discuss the new information with the doctor and consider whether you or your child want to continue in the study. If you or your child decide to continue in the study, you and your child may be asked to sign an updated consent form.

WILL MY CHILD BE PAID TO TAKE PART IN THIS STUDY?

Your child will be paid for their participation in the study.

Your child will be paid up to $1400.00 if they complete all study visits. The following amounts will be paid for each completed visit:

Screening	$0.00
Surgery	$0.00
Week 1	$100.00
Week 4	$125.00
Week 8	$150.00

Week 12	$275.00
Month 6 (Week 24)	$225.00
Month 9 (Week 36)	$225.00
Month 12 (Week 48)	$300.00
Total	$1400.00

[enter site specific subject compensation language regarding method of compensation and timing of payments]

WILL THERE BE ANY COST FOR MY CHILD TO TAKE PART IN THIS STUDY?

NTX-001 and all tests, procedures and visits required by the study are provided at no cost to you; Neuraptive pays for them. You might have unexpected expenses from being in this research study. Neuraptive will not be responsible for these expenses. These charges may be submitted to your health insurance. However, your health insurance may not pay these charges because you are in a research study. Ask the study doctor to discuss the costs that will or will not be covered by Neuraptive. We encourage you to determine your health insurer's policy about paying for treatment in a research study.

HOW WILL INFORMATION ABOUT MY CHILD BE KEPT PRIVATE OR CONFIDENTIAL?

All reasonable efforts will be made to keep your child's personal information in the research record confidential, but total confidentiality cannot be guaranteed.

CLINICAL TRIALS WEBSITE:

Clinicaltrials.gov is a website that provides information about clinical trials. A description of this clinical trial will be available on http://www.clinicaltrials.gov, as required by U.S. 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.

WHAT WILL HAPPEN TO MY CHILD'S INFORMATION OR BIOSPECIMENS COLLECTED FOR THIS RESEARCH AFTER THE STUDY IS OVER?

In this study, the blood and urine samples collected will not be kept but destroyed after the samples have been tested.

WHAT WILL HAPPEN IF I DO NOT WISH MY CHILD TO TAKE PART IN THE STUDY OR IF I LATER DECIDE THAT I DO NOT WISH MY CHILD TO STAY IN THE STUDY?

It is your choice whether your child takes part in the research. You and your child may choose whether to take part, not take part or you may change your mind and withdraw your child from the study at any time.

If you do not want your child to enter the study or decide to stop taking part, their relationship with the study staff will not change, and your child may do so without penalty and without loss of benefits to which they are otherwise entitled. If you decide to withdraw your child from the study for any reason, your child may be asked to return for at least one additional visit for safety reasons.

You may also withdraw your permission for the use of data already collected about your child, but you must do this in writing to [PI name and address]. Any data that has been collected before you withdraw your permission may be used by Neuraptive in accordance with this document. At any time, the study doctor can take your child out of this study if they determine it would not be in their best interest to stay in it.

Who Can I Call if I Have Questions?

For questions, concerns, or complaints about the study or a research-related injury, contact the study doctor at [Phone Number]. If you have questions about your child's rights as a research subject or if you have questions, concerns or complaints about the research, you may contact the IRB at:

Telephone: (800) 562-4789
E-mail: help@wirb.com

The IRB is a group of people who perform independent review of research. The IRB will not be able to answer some study-specific questions, such as questions about appointment times. However, you may contact the IRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff. You can also contact the IRB about concerns or complaints due to the use of telemedicine (visits over the internet).

PERMISSION (Authorization) TO USE OR SHARE HEALTH INFORMATION THAT IDENTIFIES YOUR CHILD FOR A RESEARCH STUDY

The next few paragraphs tell you about how investigators want to use and share identifiable health information from your child's medical record in this research. Their information will only be used as described here or as allowed or required by law. If you sign this consent form, you agree to let the investigators use your child's identifiable health information in the research and share it with others as described below. Ask questions if there is something you do not understand.

WHAT INFORMATION ABOUT MY CHILD WILL BE USED?

Although participation in the study is voluntary, you must agree to authorize use of your child's private health information (PHI) to participate in this study. Your child cannot be denied medical treatment because they do not give this Authorization. Your child will not be allowed to participate in this research study unless you sign this authorization and they sign an Assent authorization. Some of your child's study information will be electronically and securely transferred from their health and research records or electronic study questionnaires to a study database periodically throughout the study.

You may request access to your child's research records at any time. However, during the study, the research team may not allow you access to the research records to preserve integrity of this study. If you wish to view your child's research records, please contact the study investigator at the number listed below and an appointment will be scheduled for you to view this information once the study has been completed.

The study site will protect your child's information according to the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other relevant State and Federal privacy laws. In some instances, however, this Authorization may permit us to share your child's PHI with individuals or entities that are not bound by the privacy requirements of HIPAA or the other legal standards that apply to this study site. Once in their possession, your child's information could be used or re-disclosed in a way no longer protected by HIPAA.

A decision to participate in this research means that you authorize the research team to use and share your child's PHI for the study, and as necessary to obtain regulatory approval for the experimental study medicine. An experimental product is a study medicine that is being studied in patients but has not yet been approved for prescription to patients. As noted above, your child's participation in this study is entirely voluntary.

DO I HAVE TO GIVE MY PERMISSION?

No. You do not have to permit use of my child's information. But, if you do not give permission, your child cannot take part in this study. **(Saying no does not stop your child from getting medical care or other benefits they are eligible for outside of this study.)** When receiving telemedicine visits, you have the right to stop or refuse care at any time.

IF I SAY YES NOW, CAN I CHANGE MY MIND AND TAKE AWAY MY PERMISSION LATER?

Yes. You may change your mind and not allow the continued use of your child's information (and to stop taking part in the study) at any time. If you take away permission, new information about your child will not be used or shared in the study. Information that is collected or shared before you take away permission may be used or shared with others in accordance with this document. If you say yes now but change your mind later for use of your child's information in the research, you must write to the researcher and tell them of your decision:

Name of Principal Investigator: [Name]
Contact Information of Principal Investigator: [PI Phone Number]

HOW LONG WILL MY PERMISSION LAST?

Your permission for the use and sharing of your child's health information will end December 31, 2070.

WHO MAY USE, SHARE OR RECEIVE MY CHILD'S INFORMATION?

The research team may use or share your child's information collected or created for this study with the following people and institutions:

- Representatives of Neuraptive;
- The FDA;
- Department of Health and Human Services (DHHS) agencies;
- The Medical Monitor (monitors for safety);
- The Institutional Review Board (your local research committee that reviews and approves this research study).

Those persons or organizations that receive your child's information may not be required by Federal privacy laws to protect it and may share your child's PHI with others without your permission, if permitted by the laws governing them.

OPTIONAL CONSENT
Authorization to Take images of Surgical Procedure

The Sponsor would like to take pictures of the nerve repair before stitching the wound closed or to video the procedure itself, from suture of the nerve until wound closure. These images will not be identifiable and will be used to improve training on the procedure during the study.

☐ I agree to allow pictures or video taken during my child's nerve repair;

☐ I do not want pictures or video taken during my child's nerve repair.

Initials: _____

PARENTAL PERMISSION FOR CHILD

I have read this entire form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form or this study have been answered.

I/we am the [___] parent(s) or [___] legal guardian(s) of _____ (name of child) and I/we agree for my/our child to take part in this research study.

Subject/Child's Name (Print):_____

1st Parent or Legal Guardian Name (Print):_____

1st Parent or Legal Guardian Signature: _____ Date:_____

2nd Parent or Legal Guardian Name (Print):_____

2nd Parent or Legal Guardian Signature:_____Date:_____

Signature of Investigator/Individual Obtaining Consent:

To the best of my ability, I have explained and discussed the full contents of the study including all of the information contained in this consent form. All questions of the research subject and those of his/her parent or legal guardian have been accurately answered.

Investigator/Person Obtaining Consent Name (Print):_____

Signature:_____Date: _____