

Rituximab for Schizophrenia Spectrum Disorder. A Pilot Study.

NCT03983018 Unique Protocol ID: EudraCT Number: 2018-004618-17

Study Title: Rituximab - Immunotherapy for Schizophrenia spectrum disorder in adults. An open pilot study.

Protocol Number: RITS-PS-2019

EudraCT Number: 2018-004618-17

Protocol Date: 2019-01-28

Protocol Version: 1.2

Informed consent final version 21st of May 2019

Consent to Participate in the Study

I have received oral and written information about the study and have had the opportunity to ask questions. I may keep the written information.

- | | | YES | NO |
|---|----------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none">I consent to participate in the study | Schizophrenia | <input type="checkbox"/> | <input type="checkbox"/> |
| Spectrum Disorder. A Pilot Study | | | |

which means that:

- a. I consent to my information being processed in the manner described in the research participant information.
- b. I consent to my samples being stored in a biobank in the manner described in the research participant information.
- c. I consent to the study monitor accessing medical records for data verification.

-
- | | | |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none">I consent to providing a cerebrospinal fluid sample via lumbar puncture. | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| <ul style="list-style-type: none">I consent to undergoing an MRI scan. | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| <ul style="list-style-type: none">I consent to providing a stool sample. | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| <ul style="list-style-type: none">I consent to undergoing an intestinal examination (with biopsy). | <input type="checkbox"/> | <input type="checkbox"/> |

.....
Place

.....
Date

.....
Participant's signature

.....
Printed name

.....
Responsible researcher

.....
Printed name