Participant ID Number

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PARTICIPANT INFORMATION AND CONSENT FORM (ICF) TO USE DATA AND SAMPLES FROM THE IAVI C104 STUDY FOR FUTURE RESEARCH

Sponsor / Study Title: **International AIDS Vaccine Initiative (IAVI) / "A Phase 1 Randomized, Observer-blind, Placebo-controlled, Dose-escalation Clinical Trial to Evaluate the Safety and Immunogenicity of rVSVΔGMARV-GP Vaccine in Adults in Good General Health"**

Protocol Number: **IAVI C104**

Principal Investigator: (Study Doctor) **«PiFullName»**

Telephone: **«IcfPhoneNumber»**

Address: **«PiLocations»**

Purpose

You have already been told about the study and signed the informed consent form to give permission to take part in the study, where data and samples will be collected. Everything in the main study consent form you signed before still applies unless otherwise noted in this form. We now want to ask you for special permission to make your data and samples available for other research studies that may be done in the future.

After you have read this consent form and all your questions have been answered, please sign the last page of this consent form, and select the applicable option with regards to permission for your samples and data to be stored and used for future research.

Storage and Use of Samples

At the end of the study, if you agree, we would like to store your remaining samples for up to 15 years and possibly use them for future Marburg virus or other disease research. These samples may be stored and tested in laboratories outside the United States. You can indicate on the consent form whether or not you agree with storing your samples for future use.

Your remaining samples will be stored in secure storage (biorepositories). IAVI will be responsible for managing the samples. Future use may include new methods of testing that have not been developed yet. Research that is done with these stored samples may include genetic testing and will be approved by an ethics committee such as the Institutional Review Board (IRB) if required. Your genes are passed to you from your birth parents. The genetic testing done will only involve the genes related to your immune response, to help interpret certain data. The researchers do not plan to contact you with any results from tests done on your stored samples.

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Your specimen samples will not be labelled with your name or date of birth. They will have your Participant ID from the IAVI C104 study and the date of collection. Only your study research center has the list linking this ID number with your name. The list will be securely stored and never shared with any researchers doing future research or with IAVI, though monitors from IAVI may have access to the list during the study to verify study data.

If you do NOT agree to storage of samples for future research, your samples will be destroyed after all testing for the IAVI C104 study has been completed, and this will have no influence on your participation in the study.

If you allow your samples to be stored and used for future research, you can withdraw consent for your samples to be used for future research at any time. You would need to tell your study doctor that you are withdrawing consent for your samples to be used for future research. This can be done at any time, for any reason. This will not affect your access to the care or medicine you would otherwise be getting.

No samples will be released for research purposes without prior approval from the Ethics Committee such as the IRB overseeing the future research, if required.

Control of Data and Privacy

Study data not directly associated with your samples will be stored securely by IAVI after all analysis from the main study have been completed. This data may be used together with samples in future research to provide additional information for researchers, for example your gender, age, or whether you received the vaccine or placebo. As with the samples, the data will not contain identifying information and only a Participant ID will be used.

If you do NOT consent to your data and samples being used for future research, the data from the IAVI C104 study will still be stored by IAVI for as long as required by applicable laws governing clinical trials but will not be shared with researchers for other testing in conjunction with your samples. As described in the main study participant information and consent document, IAVI C104 study data may be made publicly available without information that can link the data to your identity, as this is a requirement of many scientific journals to publish study results.

Any publication resulting from future research will not include any names or other identifiers of participants.

Risks

There are risks related to storing your samples. When tests are done on the stored samples there is a rare but possible risk to your privacy. It is possible that others may find out information about you that is learned from these tests.

Benefits

You will not receive any direct benefit from sharing your data and samples. However, sharing your data and samples may contribute to research that could help others in the future.

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The use of your data and samples may lead to new tests, vaccines, drugs or other products or services with commercial value. These products or services could be patented and licensed. There are no plans to provide any payment to you should this occur.

Whom to contact about this study

During the study, if you experience any medical problems, suffer a research-related injury, or have questions, concerns or complaints about the study such as:

- Whom to contact in the case of a research-related injury or illness;
- Payment or compensation for being in the study, if any;
- Your responsibilities as a research participant;
- Eligibility to participate in the study;
- The study doctor's or study site's decision to withdraw you from participation;
- Results of tests and/or procedures;

Please contact the study doctor at the telephone number listed on the first page of this consent document.

If you seek emergency care, or hospitalization is required, alert the treating physician that you are participating in this research study.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, contact:

- By **mail**:
  Study Subject Adviser
  Advarra IRB
  6100 Merriweather Dr., Suite 600
  Columbia, MD 21044
- or call **toll free**: 877-992-4724
- or by **email**: adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser: Pro00092662.

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PARTICIPANT INFORMED CONSENT FORM FOR USE OF DATA AND SAMPLES FOR FUTURE RESEARCH

I have had the chance to read and discuss this information sheet and ask questions. My questions have been answered to my satisfaction. I understand that by signing this consent form, I do not give up any of my legal rights. I understand that I do not have to give permission for future research use of my data and samples in order to participate in IAVI C104. I understand that I have the right to change my permission regarding the use of my data and samples for future research by contacting the study doctor listed on page one of this form or IAVI's Data Protection Officer (DPO) at dpo@iavi.org, and that withdrawing consent would not affect my participation in the IAVI C104 study or my medical care.

We will give you a copy of this document for your records and we will keep a copy with the study records.

Please initial ONE of the options below:

Initials_____ **I give permission** for my data and samples to be used in future research.

OR

Initials_____ **I do NOT give permission** for my data and samples to be used in future research.

_____
Printed name of study participant

_____ _____
Signature of participant Date (DD/MMM/YYYY)

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Person obtaining consent:

I have fully explained the nature and purpose of the above-described participant information for use of data and samples for future research and the risks and benefits that are involved in its performance. I have answered all questions to the best of my ability.

Printed name of person conducting consent discussion

Signature of person conducting consent discussion

Date (DD/MMM/YYYY)

Impartial witness (if participant is illiterate)

I sign here as a witness to the consent process. I have participated in the discussion and witnessed the participant's consent to study participation:

Printed name of impartial witness

Signature of impartial witness

Date (DD/MMM/YYYY)

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Signature Page for TMF-75661 v2.0

Reason for signing: Approved	Name: Lebohang Molife Role: Medical Monitor Date of signature: 05-Mar-2026 07:55:41 GMT+0000

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