TITLE

Population Pharmacokinetic and Pharmacodynamic Study of Efficacy and Safety of High-Dose Rifapentine and Moxifloxacin for Treatment of Tuberculosis in the Study 31 Treatment Trial: Intensive PK Sampling

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U.S. Centers for Disease Control and Prevention, Division of Tuberculosis Elimination
Tuberculosis Trials Consortium

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Appendix 1.

Consent Form – Flesch-Kincaid Reading Level 7.8

Consent to be part of the Study 31 Intensive PK Sampling
(Insert your institution names here)

Information about this study
You may be eligible to take part in a research study. This form gives you important information about the purpose of the study, any risks to you, and what is expected of you if you decide to take part in the study. Please take time to review this information carefully. The information in this consent form will be discussed with you.

Your participation is voluntary
Research studies include only people who choose to take part. Taking part in this study is voluntary, it is your choice. If you decide to take part in this study, you will be asked to sign this form. You will be given a copy of the signed consent form to keep.

Who is conducting this research?
(*Insert investigator's name, credentials, institutional affiliation as applicable*) and the Centers for Disease Control and Prevention (CDC) are working together on this study to improve treatment of tuberculosis (TB). This study is sponsored and funded by the CDC through the Tuberculosis Trials Consortium (TBTC).

Why is this study being done?
You are being asked to take part in a pharmacokinetic research study to measure the amount of tuberculosis medicines in your blood. Pharmacokinetics (PK) is the study of the body's ability to absorb, distribute, use, and get rid of drugs. This study will help us to learn how well the rifapentine or rifapentine and moxifloxacin that you are taking works against TB. It will also explain how these medicines may affect the other TB medicines you are taking.

You are being asked to take part in this study because you are already taking TB medicines as part of TB Trials Consortium (TBTC) Study 31.

Who has reviewed this Study?
The study has been reviewed and approved by the CDC Institutional Review Board (IRB) and the (*Insert institutional IRB or EC name)* a committee that is responsible for protecting the rights and safety of persons who take part in research studies.

How many people will take part in this study?
This study is being conducted worldwide. Approximately 60 people will take part in this study overall. *OPTIONAL: At (insert your institution) we will enroll approximately (insert # of participants).*

How long will you be in the study?
You will have two separate study visits at least 14 days apart to have blood collected for PK sampling.

- The first PK sampling will take about 26 hours.
- The second PK sampling will take up to 9 hours.

What will happen if you take part in this research study?
To be in this study, you must be taking TB medicines as part of TBTC Study 31. The study can be started after you take at least 14 doses of study treatment.

- You may choose to come to an out-patient clinic or a Clinical Research Center early in the morning and stay there for the day. You will be there up to 14 hours. You must return to the out-patient clinic or a Clinical Research Center early the next morning for the last blood draw.
- You may choose to be admitted to a Clinical Research Center or hospital early in the morning and stay overnight. You will be there up to 26 hours until the blood draws are completed.

On the morning of each PK sampling:

- You will have your weight, blood pressure, pulse, breathing rate, and temperature measured.
- You will be asked a few questions about your health including questions about:
  - Your medical history
  - Any recent problems such as stomach upset or diarrhea
  - Any food and drinks you have consumed prior to the PK sampling that day
  - Any medicines you are taking
  - Any other illnesses you may have
  - If you drink alcohol or take drugs

You might feel that some of the questions we ask as part of the study are too private. You do not have to answer any questions that you do not want to.

- Your medical records may be reviewed.
- A thin tube (called an "IV") will be put in your vein and left in place until the blood draws are completed. This IV will allow us to get blood samples at different times without many needle sticks.

During the first (1st) intensive PK sampling:

- You will take your usual dose of TB medicines.
- Over the next 24 hours you will have your blood drawn 6 times for the study of drug levels. These timed blood draws will be done at ½ hour, then at 3, 6, 9, 12 and 24 hours after you take the TB medicines.

During the second (2nd) late PK sampling:

- You will have your blood drawn for the study of drug levels before you take the TB medicines.
- You will then take your usual dose of TB medicines.
- Over the next 8 hours you will have your blood drawn 2 more times for the study of drug levels. These timed blood draws will be done at 25 – 40 minutes and at 5 - 8 hours after you take the TB medicines.

The blood for both PK samplings will be sent to a laboratory located in the U.S., Europe or South Africa for testing the levels of medicine in your blood. The tubes that contain your blood will be labeled with a study number only. Your name will not be on the tubes.

How much blood will be taken during the study?

The total amount of blood taken during this study will be about 6 tablespoons (90 cc).

- In the 1st intensive PK sampling 2 teaspoons of blood (10 cc) will be taken at each of the timed blood draws. The total amount of blood taken for the study of drug levels is 60 cc.
- In the 2nd late PK sampling 2 teaspoons of blood (10 cc) will be taken at each of the timed blood draws. The total amount of blood taken for the study of drug levels is up to 30 cc.

Below is an example of the timing of things that will happen on the days you are in the PK study.

Approximate Time	Study Activity
6:30 AM	You will come to an out-patient clinic or be admitted to a Clinical Research Center (CRC) or hospital
6:30 AM – 7:55 AM	Your weight, blood pressure, pulse, breathing rate, and temperature will be measured.
	An IV line will be put in your vein and left in place. This IV line will be used to get blood from your vein at different times without putting a needle in your skin each time.
	Your medical records may be reviewed. You will be asked a few questions as described above in the section "**What will happen if you take part in this research study?**"
8:00 AM	You will take the daily dose of TB medicines.

Blood will be taken for the study of drug levels at the times shown below (approximate time).

1st (Intensive) PK STUDY Visit ***26 hours***		**2nd (Sparse) PK STUDY Visit** ***9 hours***	
8:30 AM	½ hour after taking the TB medicines	**7:55 AM**	**Before** taking the TB medicines
11:00 AM	3 hours after taking the TB medicines	**8:25 – 8:40 AM**	25 – 40 minutes after taking the TB medicines
2:00 PM	6 hours after taking the TB medicines	**1:00 - 4:00 PM**	5 – 8 hours after taking the TB medicines
5:00 PM ± 1 hour	9 hours after taking the TB medicines		
8:00 PM ± 1 hour	12 hours after taking the TB medicines		
8:00 AM ± 1 hour (next day)	24 hours after taking the TB medicines		

What are risks of being in the study?
There are risks to taking part in this research study.

There are a few small risks related to venipuncture and putting an IV line in your vein. These include:

Likely and not serious (20 subjects out of 100)
Brief pain from the needle stick
Bruising
Bleeding
Less Likely and not serious (5 - 20 subjects out of 100)
Feeling lightheaded
Feeling faint
Rare but Serious (less than 5 subject out of 100)
Infection where the needle enters the vein

For more information about risks and side effects, ask one of the researchers or study staff. You will be informed of any new findings during the course of the study that may affect your willingness to continue participation will be told to you.

Are there benefits to taking part in this research?
You will receive no direct benefits for taking part in this study. Taking part in this research may help the researchers find ways to shorten and improve TB treatment in the future.

Are there costs of taking part in this study?
There is no cost to you for being in the study. You will not have to pay for any tests that are part of this study.

Are there payments for taking part in the study?
You will be paid for taking part in this study. *(Individual site compensation information should be included here.)* This payment is to cover your time and travel expenses.

What happens if you are injured because you took part in this study?
(*Insert wording required by the site).* If you are injured because of being in this study, *(insert the name of the clinic)* will give you immediate necessary treatment for your injuries. The cost for this treatment will be charged to you or your insurance company. The study cannot pay you for any care from study related injuries. The study cannot pay your family if you are injured. You are not giving up any of your rights by signing this consent form and agreeing to be in this study.

What if you don't want to be in the study any longer?
Taking part in this study is your choice. It is important that you know the following:

- You do not have to participate if you don't want to. If you choose to not to take part in the study, it will not change your regular medical care.
- If you choose to be a part of this study, you may change your mind and choose to stop taking part in this study at any time. Withdrawing from this study will not affect the benefits of your regular medical care.

If you choose to leave the study early, we may use your health information that we already have if it is needed for this study or any follow-up activities. Any samples already collected will remain part of the study. We will tell you if we learn new things during the study that might change your decision to stay in the study.

Could your participation end early?
There are reasons why your participation in the study might be stopped early. These include:

- You become ineligible to participate because your sputum does not grow TB or your sputum grows TB that is resistant to the study medicines.
- The study doctor decides that continuing in the study would harm you.
- Your condition changes and you need treatment that is not allowed while you are taking part in the study.
- You do not follow instructions from the researchers.
- The study is stopped by the sponsors, regulatory authorities, or your site's IRB/ethics committee (EC)
- You are in jail or prison.

Will your medical information be kept private?
We will check your medical records to get information for the study. We will not use your name in any speech or paper about the study. You will be identified only by a code. Personal information from your records will not be released without your written permission. We will keep all information from your medical records private as much as the law allows.

Your medical and research records may be reviewed by the:

- EC/IRB of *(insert the institutional name)*
- U.S. Centers for Disease Control and Prevention (CDC)
- U.S. Office for Human Research Protections (OHRP)
- Research staff
- Study monitors
- U.S. Food and Drug Administration (FDA)

The researchers at *(insert the name of the site)* are required to make sure that people not involved with this study do not have access to your research and medical records. Data with your personal information will be handled carefully and will be kept in a locked cabinet in a safe place. This will help to protect your privacy.

The federal rules in the United States say that you can see the health information that we collect about you and use in this study. Because of the type of research, you can only access your health information when the study is done. At that time, you have the right to see and copy the medical information we collect about you during the study, for as long as that information is kept by the study staff and other groups involved. Contact the study staff if you have a need to review your information collected for this study.
A description of this clinical trial will be available on http://www.ClinicalTrials.gov. This Web site will not include information that can identify you; at the most it will include a summary of the results. You can search this Web site at any time.

(Individual site confidentiality information should be included here-below if applicable).

Who can you contact if you have questions, concerns, comments or complaints?
If you have questions now, feel free to ask us. If you have additional questions, concerns, comments or complaints later or you wish to report a problem which may be related to this study please contact:

Primary contacts	Office Number	After-Hours Number

For questions about your rights as a research subject or if you want to report a research-related injury, contact the (*institution name)* committee that reviews research on human subjects *(Institutional Review Board or Ethics Committee)*. They will answer questions about your rights as a research subject and take any comments or complaints you may have please contact:

(insert IRB or EC)	*(insert phone number*	*(insert physical address or email address*

Consent Statement:
If you agree to participate in this research sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE

- You have read the above information or it has been read and explained to you.
- Your questions have been answered to your satisfaction.
- You have voluntarily decided to take part in this research study.

Printed Name of Subject	Signature of Subject, Indicating Assent	Date	Time
Printed Name of Witness *(if applicable)*	Signature of Witness	Date	Time
Printed Name and Title of Person Obtaining Consent	Signature of Person Obtaining Consent	Date	Time