

Safety and Tolerability of Metformin in People with Tuberculosis (TB)
and Human Immunodeficiency Virus (HIV) (METHOD)

NCT04930744

Sample Storage Informed Consent-Form 3

Document Date: 22 February 2024

PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT TO SAMPLE STORAGE

Each participant should receive, read and understand this document before any study-related procedure is conducted.

STUDY CODE: AUR1-1-199

STUDY TITLE: A Prospective, Randomized Open-Label Phase 2A Study of the Safety and Tolerability of Metformin in Combination with Standard Antimicrobial Treatment of Pulmonary Tuberculosis in People Co-infected with HIV

FUNDER: National Institutes of Health, National Institute of Allergy, Immunology and Infectious Disease, Division of AIDS

SPONSOR: THE AURUM INSTITUTE

INVESTIGATOR: (Name of Investigator)

INSTITUTION: (Name of Institution)

STUDY SITE CONTACT DETAILS:

AFTER HOURS: 000 000 0000

DAYTIME TELEPHONE NUMBER(S): 000 000 0000

To the potential Participant: *This consent form may contain words that you do not understand. Please ask the study doctor or the study staff to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.*

(This Information Sheet will be available in local languages)

PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT TO SAMPLE STORAGE

1. PURPOSE OF THIS CONSENT FORM

You are being asked to read this form because you have agreed to participate in a research study. Part of that study will collect and store specimens for tests for TB. Some of these tests may be performed while you are still involved in the study but others may not be done until up to 5 years after the study has finished all visits by patients. These tests will examine how you have responded to the TB treatment you received. One test will check particular genes in your DNA that can influence how quickly your body removes the study drug from your body. Another test will look at proteins that work with your DNA to control its ability to help fight TB. Taking part in this study is entirely voluntary. If you decide not to permit your DNA to be stored and tested with the new tests, you may still participate in the main part of the study.

In the main study consent that you have already signed (Form 2), it was mentioned that we will need to be collecting blood for laboratory tests during your time in the study. The DNA tests we mention here (Form 3) can be done using leftover blood from samples described in Form 2. That means that no extra blood will need to be collected from you during your time in the study if you agree to allow your blood to be stored for the DNA tests (Form 3). Samples may be stored up to five years to be used for future research purposes and to be shared broadly, in a de-identified manner. The data is deposited in a US database, such as dbGAP with controlled access. This is to protect the genetic privacy and confidentiality of participants which might not be reliably achieved by deidentification alone for this type of data.

If you do not consent to the storage and future testing of your blood samples (Form 3), we will destroy any leftover blood or urine volumes taken in the study.

2. WHERE WILL YOUR SAMPLES BE STORED

Your blood samples will be stored in secure storage facilities at [Site Name] and then sent or shipped to The Aurum Institute: Tembisa Clinical Research Centre Laboratory. The address of the site and laboratory is:

[Site Name and Details]:

The Aurum Institute: Tembisa Clinical Research Centre Laboratory:

The Aurum Institute Tembisa Clinical Research Centre
cnr Rev RTJ Namane and Flint Mazibuko Drive
Hospital view
Tembisa
1632

Your samples will be stored for up to 5 years. If they are not used by this time, they will be destroyed. No extra testing will be done on your samples. No testing will be performed without approval from the University of Witwatersrand, Human Research Ethics Committee (Medical).

3. HOW MANY OTHER PEOPLE WILL BE IN THE STUDY?

There will be approximately 112 people aged between 18 and 65 years of age in this study and they will all be seen at the Tembisa Clinical Research Centre and the Isango Lethemba TB Research Unit. Some

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people may be in the main study but not consent for sample storage and future testing, so there may be less than 112 participants.

4. HOW LONG WILL PARTICIPATION IN THE STUDY LAST?

You will be in this study for approximately 9 months. The whole study will run for 5 years.

5. WHAT ARE THE RISKS AND POSSIBLE DISCOMFORTS OF BEING IN THIS RESEARCH STUDY?

There are no extra risks to you if you consent for the storage and future testing of your samples. The samples will be collected in the study. It was explained in Form 2 of the main study that:

- **Blood Draw:** A blood draw may cause faintness, inflammation of the vein, pain, bruising, or bleeding at the site of puncture. There is also a slight chance of infection. The risk is reduced because qualified and experienced study team members will be drawing your blood.
- **Breach of confidentiality**
Because each person's genetic information is unique to them, there is a very small chance that someone could link results back to you. However, as genetic testing becomes more common, this might become easier in the future. There also might be risks that we do not know today.

6. IS THIS VOLUNTARY?

Yes. Taking part in this research study is up to you. You may choose not to take part at all, or take part in the main study (Form 2) only and not allow your blood to be stored for these DNA tests that will be done at a later stage. You can change your mind and withdraw (drop out) later. There will be no penalty, and you won't lose any benefits you receive now or have a right to receive.

We will tell you if we learn new information that could change your mind about taking part in this research study. If you want to drop out, you should tell us. We will make sure you can end the study in the safest way. We will also talk to you about follow-up care, if needed.

The study doctor or the study sponsor may decide to take you out of the study without your agreement if:

- The study is stopped by the study sponsor, the institutional review board (IRB) or independent ethics committee (IEC) (a group of people who review the research to protect your rights), or by a regulatory agency;

If you withdraw or are removed from the study, biological samples (for example, blood or urine samples) that have been collected from you can be withdrawn if they have not yet been analyzed or destroyed. If you want your samples withdrawn, you should tell the study team before or at the time you leave the study.

7. CONFIDENTIALITY (KEEPING YOUR INFORMATION SECRET)

Your doctors, of course, will know who you are and about your TB. Because we are going to record some information about you and how you respond to the medicine, there is a small risk that you would lose some privacy about your TB. Representatives from different agencies will be reviewing the information that we collect, and they may see your name. This is not likely because we will only be recording your name on one sheet of paper, and that paper will be kept in a locked place, and only people directly involved in this study will see that paper.

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If you agree to store your samples now, but change your mind before the end of the study let the study staff know and we will ask the storage facility to destroy any remaining samples so that they cannot be used. After the study ends, your samples will no longer be linked to your name, so we will not be able to destroy them at your request.

The other people involved in this study will only see your information identified as a number. They will not know who you are. These are the agencies involved in this study:

- This information will be reviewed by authorised representatives of **The Aurum Institute and the Isango Lethemba TB Research Unit**
- The information might also be inspected by the **University of the Witwatersrand, Human Research Ethics Committee (HREC)**, the **South African Health Products Regulatory Authority (SAHPRA)** and/or the **National Institute of Allergy and Infectious Disease (United States)**, the **South African National Clinical Trials Register (SANCTR)**, as well as your personal doctor. Therefore, you hereby authorise me to release your medical records to The Aurum Institute, its employees or agents, domestic and foreign regulatory health authorities, the South African Health Products Regulatory Authority and the University of the Witwatersrand, Human Research Ethics Committee (HREC).
- These records will be utilised by them only in connection with carrying out their obligations relating to this clinical study.
- Any information uncovered regarding your test results or state of health as a result of your participation in this study will be held in strict confidence. You will be informed of any finding of importance to your health or continued participation in this study but this information will not be disclosed to any third party in addition to the ones mentioned above without your written permission. The only exception to this rule will be cases of communicable diseases where a legal duty of notification of the **Department of Health** exists. In this case, you will be informed of my intent to disclose such information to the authorised state agency.
- Your data will be collected, processed and stored according to the South African Protection of Personal Information (POPI) Act of 2013.

8. BENEFITS OF PARTICIPATION

If you agree to store your samples, they may lead to a new invention or discovery. There is no plan for you to share in any money or other benefits resulting from this invention or discovery with you. We will not sell your samples. The researchers do not plan to contact you or your health care provider with results from future studies using your samples. This is because procedures in this research are experimental.

9. YOUR RIGHTS AS A PARTICIPANT IN THIS STUDY:

Your participation in having your blood samples stored for future testing is entirely voluntary and you can refuse to participate, or withdraw at any time, without stating any reason. Your decision to take part or not will not affect your health/medical care or your job.

10. COSTS AND REIMBURSEMENTS:

There will be no cost to you for agreeing to have your samples stored and tested, nor will you be compensated with extra money for taking part in having your blood samples stored for future testing.

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11. ETHICAL APPROVAL

A protocol describing the use of these specimens will be submitted to the University of the Witwatersrand, Human Research Ethics Committee: (Medical) - (HREC) and written approval will be granted by that committee before the specimens from this study will be tested.

The study has been structured in accordance with the Declaration of Helsinki (last updated: October 2013), which deals with the recommendations guiding doctors in biomedical research involving human participants. A copy may be obtained from me should you wish to review it.

12. WHO SHOULD I CONTACT ABOUT MY RIGHTS OR IF I HAVE QUESTIONS?

- Before you sign this document, you should ask questions about anything that you do not understand. The study team will answer your questions before, during, and after the study. If you do not think your question was fully answered or do not understand the answer, please continue to ask until you are satisfied.
- If you have any concerns or complaints about this study or how it is being run, please do not hesitate to discuss your concerns with the study team. The phone numbers to reach the study team are on the first page of this document. If you do not feel comfortable discussing your complaint with the study team, please contact Prof Ruff, The Chairperson of the University of the Witwatersrand, Human Research Ethics Committee (HREC), which is an independent committee established to help protect the rights of research participants at (011) 717 2301 or email: EthicsRegulatory@witshealth.co.za
- If you have questions about this trial, you should first discuss them with the study doctor or the above-mentioned ethics committee. After you have consulted your study doctor or the ethics committee and if they have not provided you with answers to your satisfaction, you should write to the South African Health Products Regulatory Authority (SAHPRA) at:
The Chief Executive Officer
South African Health Products Regulatory Authority
Loftus Park, Building A, 402 Kirkness Street
Arcadia, Pretoria, 0083
E-mail: Boitumelo.Semete@sahpra.org.za
Tel: 012 501 0413
- If applicable, if you have any complaints regarding the protection of your information in this study, you may submit such complaints to the Data Protection Officer for the site, on the abovementioned contact details.
- You may also contact the Sponsor Data Protection Officer for the study, Ms Marelize Pistorius at: Tel (contact number): +27 (0) 87 135 1684 or dpo@auruminstitute.org.

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List any Questions that the participant may have together with the response/ answer given to the participant below or mark the check box if there were no questions.

☐

None

OR complete table below:

	Question	Answer
1		
2		
3		
4		
5		
6		
7		

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13. SIGNATURES:

- I hereby confirm that I have been informed by a staff member about the nature, conduct, benefits and risks of consenting for sample storage and future testing as part of the clinical study entitled: *"A Prospective, Randomized Open-Label Phase 2A Study of the Safety and Tolerability of Metformin in Combination with Standard Antimicrobial Treatment of Pulmonary Tuberculosis in People Co-infected with HIV"*
- I have also received, read and understood the above written information.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- I am aware that the data will be deposited in a US database, such as dbGAP with controlled access which protects the genetic privacy and confidentiality of participants with might not be reliably achieved by deidentification alone for this type of data.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the sponsor or on their behalf.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- Participation in this study is voluntary. You have the right to refuse or to withdraw at any time without any risks to you medical care.
- "I have been given a copy of this form and know that a copy of this form will be kept in my study file. I understand that I may leave the study at any time or that the study doctors may ask me to leave the study if they feel that it would be better for me."

Participant's Name (print)
In full as per **ID Document**

Participant's
signature/mark/thumbprint

Date

Time

TRANSLATOR (If applicable):

Translator's Name (print)
In full as per **ID Document**

Translator's signature

Date

Time

WITNESS (If applicable):

Witness' Name (print)
In full as per **ID Document**

Witness signature

Date

Time

PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT TO SAMPLE STORAGE**STUDY STAFF**

I, herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Name of Study staff member obtaining
consent (print)

Study staff signature

Date

Time