MASTER STUDY PROTOCOL AND OPERATIONAL FORMS PACKAGE

Quantum-Synaptic Immunotherapy Mapping Using Low-Frequency Electromagnetic Resonance and Machine-Learning Assisted Cytokine Pattern Analysis

Official Study Title	Quantum-Synaptic Immunotherapy Mapping Using Low-Frequency Electromagnetic Resonance and Machine-Learning Assisted Cytokine Pattern Analysis
ClinicalTrials.gov Identifier	NCT07221565
Protocol Identifier	TWH-QSIT-IMMUNENET-2025-01
Document Type	Master Protocol and Operational Forms Package
Document Date	May 18, 2026
Version	4.0
Sponsor	Truway Health, Inc.
Principal Investigator	Gavin Solomon

ClinicalTrials.gov Compliance Notice
This consolidated PDF/A protocol package includes identifying metadata on all sections and forms, including the Official Study Title, ClinicalTrials.gov Identifier, Protocol Identifier, Version, and Document Date in accordance with ClinicalTrials.gov Results Data Element Definitions guidance.

1. Study Synopsis

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This study evaluates low-frequency electromagnetic exposure assessment and machine-learning assisted cytokine pattern analysis under controlled observational conditions. This protocol package includes participant intake documentation, eligibility screening, cytokine sample collection tracking, adverse event reporting, informed consent acknowledgment, and study monitoring forms.

2. Participant Intake Form

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Participant Metadata Field	Entry
Participant Study ID	
Participant Initials	
Date of Birth	
Age	
Sex	
Height	
Weight	
Primary Contact Information	
Emergency Contact	
Medical History Summary	
Current Medications	
Known Allergies	
Enrollment Date	
Investigator Signature	

3. Eligibility Screening Form

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Eligibility Screening Field	Entry
Participant Study ID	
Age ≥ 18 Confirmed	
Consent Reviewed	
Medical Contraindications	
Current Infection Symptoms	
Medication Review Completed	
Eligibility Determination	
Screening Date	
Investigator Signature	

4. Cytokine Sample Collection Form

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Sample Collection Metadata	Entry
Participant Study ID	
Sample Identifier	
Collection Date	
Collection Time	
Specimen Type	
Storage Temperature	
Chain of Custody Logged	
Processing Notes	
Technician Signature	

5. Adverse Event Reporting Form

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Adverse Event Field	Entry
Participant Study ID	
Event Date	
Event Description	
Severity Grade	
Action Taken	
Outcome Status	
Follow-Up Required	
Investigator Assessment	
Investigator Signature	

6. Informed Consent Acknowledgment

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Consent Acknowledgment Field	Entry
Participant Study ID	
Risks Reviewed	
Benefits Reviewed	
Voluntary Participation Confirmed	
Withdrawal Rights Explained	
Questions Answered	
Participant Signature	
Date Signed	
Investigator Signature	