TITLE: A Pilot Study to Assess the Combination of High-Dose Conformal Radiation Therapy (HDCRT) and Pembrolizumab in Modulating Local and Systemic T-cell Responses in Advanced Malignancies

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NCT#: NCT02987166

Consent of an Adult to Be in a Research Study

In this form "you" means a person 18 years of age or older who is being asked to volunteer to participate in this study.

Participant's Name_____

Principal Investigator:	James Larner, MD Radiation Oncology, School of Medicine PO Box 800383 Charlottesville, VA 22908 Telephone: 434-924-5191
Sponsor:	Dr. James Larner, MD
Funding Source:	Merck Sharp & Dohme Corporation Institutional funds awarded to Dr. James Larner.
Supplier of Pembrolizumab:	Merck Sharp & Dohme Corporation

What is the purpose of this form?
This form will provide you with information about this research study. You do not have to be in the study if you do not want to. You should have all your questions answered before you agree to be in this study.

Please read this form carefully. If you want to be in the study, you will need to sign this form. You will be given a signed copy of this form.

Who is funding this study?
This study is being funded by institutional funds awarded to Dr. James Larner.
Merck Sharp & Dohme Corporation is providing the pembrolizumab and will also be providing some funding for the study.

Why is this research being done?
The purpose of this study is to learn what effects (good and bad) an experimental drug (pembrolizumab) has on you and your cancer. We will also look at whether the experimental drug causes any changes in your immune system.

Pembrolizumab is a type of antibody. Antibodies are part of your immune system and may be used to fight off bacteria, viruses, and cancer cells either directly or indirectly. Pembrolizumab is a special kind of antibody that is made in the laboratory. It binds to a protein which is found on immune cells. When this antibody binds to immune cells, it may help the immune cells to fight off cancer cells.

In this study, pembrolizumab will be given in combination with High-Dose Conformal Radiation Therapy (HDCRT). You will be receiving the HDCRT as part of your clinical care for your disease.

Pembrolizumab, which is approved in the USA and some other countries, is available by prescription to treat several different cancers, but may not be approved to treat your type of cancer. Overall, as

of 03-Mar-2018, approximately 25,519 patients have been treated with pembrolizumab in clinical studies.

You are being asked to be in this study, because you have cancer and are eligible to receive HDCRT.

Up to 30 people will sign consent for this study at UVA, however only up to 21 will receive study treatment.

How long will this study take?

Your participation in this study will require up to 16 study visits over the first 3 months. Participants who have disease outside of the area that is to be radiated may have additional study visits every 3 weeks for up to 2 years. The exact length of time that you participate in this study will depend on your response to treatment. Each visit will last about 2-5 hours.

What will happen if you are in the study?

NOTE: Throughout the study, results of tests and procedures completed as part of your standard clinical care will also be recorded for research purposes. Some tests may be performed more frequently as part of the research study.

This study may be introduced to you by one of the members of your clinical team, or another member of the University of Virginia, such as a member of this study's research team. Before you agree to participate in this study, you will have an opportunity to review this consent form and to have all of your questions answered.

SCREENING (screening will take about 2-5 hours to complete and the procedures may be completed over multiple days):

Visit 1:

If you agree to participate, you will sign this consent form before any study related procedures take place. Before you can start in the study, there will be a screening period. You will have tests and procedures during this time to make sure you are eligible and it is safe for you to participate.

Further, the study team will want to have access to tests and procedures done prior to this study. The research team may ask you some questions and/or review your records for information and results, and may request copies of documents, which will become part of your study records.

The following tests will be completed as part of screening as part of your clinical care:

- Information about you, such as your age, gender, race, and medical history will be collected.
- Your tumor specimen(s) may be reviewed by pathologists at UVA. This will be completed to evaluate or to confirm if you are eligible for this study. However, it also may have clinical value for you. In the past we have found that patients thought to have metastases (spread) of cancer did not in fact have metastases.

- You will also have a physical exam, which may include the following tests and procedures:
    - Vital signs (blood pressure, heart rate, temperature, etc.)
    - Height
    - Weight
    - Determining your ability to function and perform daily activities
    - Determining where on your body the radiation therapy will be given

  - Recording the medications that you are taking; including any over-the-counter, alternative medications, herbal medications, or supplements.

- About 1 to 2 tablespoons of blood will be drawn from a vein in your arm for the following tests which will be completed as part of your clinical care:
  - For women, if you can get pregnant and have not had a pregnancy test performed within the past two weeks a blood pregnancy test will be completed. The safety of the study drug to the maturing fetus has not been evaluated; therefore, this test must be negative in order for you to participate in this study.
  - Check your blood counts, certain levels of fats, salts, and sugars, kidney and liver function, and your immune cell counts.
  - Check your LDH (lactic acid dehydrogenase). LDH is an enzyme in the body that helps detect tissue or cell breakdown and also can indicate the presence of cancer, meningitis (inflammation of the thin layers of tissue that cover and protect the brain and spinal cord) and other disorders.
  - Check how your blood clots.
  - Check for tumor markers (will depend on the your tumor type)

- Scans will be performed if you have not completed scan(s) within 4 weeks of enrollment and randomization into this study. All scans/imaging at screening will be completed as part of your clinical care.

  You may have a CT scan, a PET/CT scan, or an MRI, (a magnetic resonance imaging (MRI) scan) of different areas of your body (e.g. abdomen, pelvis) depending on where your disease is located and the type of symptoms you may have. Bone scans may also be completed. Contrast dye may be used for these scans.

  Findings of unexpected changes in your disease may lead to additional testing to determine if you should be treated in a manner other than enrollment in this study.

The following procedures will be performed for **research purposes**:

- About ½ tablespoon of blood will be drawn to test for HIV and Hepatitis B and Hepatitis C virus, if you have not had these tests completed within the past 6 months. Patients with HIV, and active Hepatitis B and Hepatitis C are not believed to be as likely to benefit from study treatment for their cancer, and/or may be best advised to seek treatment for those viral illnesses. Test results must be negative in order to participate in this study.

If the screening tests show you are eligible, you will return (within 2 weeks of registration) to begin study treatment visits.

RANDOMIZATION and STUDY TREATMENT (each visit will last about 2-5 hours):

Visits 2-16 (up to Day 85):
You will be randomly assigned (like the flip of a coin) to 1 of 3 study treatment groups. You have an equal chance of being assigned to any one of the groups. Neither you nor your doctor can choose to which treatment group you are assigned. All groups will receive both HDCRT and pembrolizumab.

The difference between the groups is the order and timing of when the HDCRT and the pembrolizumab are given.

GROUP A:
HDCRT given on days 1, 2, 3, 4, 5 or days 1, 2, 3 (depending on your tumor type or whether your tumor lesion was radiated previously)
Pembrolizumab given on days 1, 43, 64, 85

GROUP B:
HDCRT given on days 22, 23, 24, 25, 26 or days 22, 23, 24 (depending on your tumor type or whether your tumor lesion was radiated previously)
Pembrolizumab given on days 1, 43, 64, 85

Group C:
HDCRT given on days 1, 2, 3, 4, 5 or days 1, 2, 3 (depending on your tumor type or whether your tumor lesion was radiated previously)
Pembrolizumab given on days 22, 43, 64, 85

Study Drug Administration and Blood Collection

You will be assessed to determine the most appropriate means by which the study drug will be administered (and/or other fluids given to you) and bloods collected; this is typically a line (tube) placed in a vein in your body. Because the line that is used to administer your study drug cannot be used to collect study-related research bloods, you may have more than one line for use during the study. After you are enrolled in the study, these lines may be placed as part of your clinical care. A combination of types of lines may be used, such as IV, central, peripherally inserted central catheter (PICC or PIC), peripheral, and/or possible short-arm port(s) or central venous access (see below).

The types of lines used may change during the course of the study, and you may have multiple lines placed/replaced for use during the study.

<u>Central Venous Access Placement, Pre-treatment visit</u>
After you are enrolled you may be required to return to UVA to have a central venous access catheter/device placed, also known as a port. If so, this procedure will be done as part of your clinical care.

A *Central Venous Access* (CVA) uses a soft tube that will be inserted under your skin and into a large vein that leads to your heart. The CVA will allow the study drugs to be given directly into your blood stream. The CVA may also be used for blood collections during the study.

CVA placement will be done by a surgeon or radiologist during a short operation under local anesthesia in an out-patient setting or under anesthesia in an operating room. You may also receive pain medication afterwards to help keep you comfortable.

The timing of the CVA placement visit will vary and will depend on the availability of the CVA room to be used and CVA staff. You will be notified of the time and date. A member of the CVA team will discuss with you the procedures and risks; a separate standard hospital consent will be provided to you to read and sign. At the end of your participation in this study, the CVA may be removed.

For All Groups (Groups A, B, and C—Days 1 through 85) the following procedures will be completed at various times throughout the study. Study calendars are provided at the end of this section so that you can see the days that each of the following events occurs:

- You will receive HDCRT as part of your clinical care.

- You will receive pembrolizumab for **research purposes**. Pembrolizumab will be given by infusion into a vein over 30 minutes.

- You will have a physical exam (similar to the exam completed at screening) and your vital signs will be collected. We will review any health problems you may have experienced since your last visit. These procedures will be completed as part of your clinical care, except for on Days 1, 22, and 64, which will be considered for **research purposes**.

- You will have a biopsy of your tumor at 2-3 different times during the course of the study (depending on whether previous biopsy tissue is available). The biopsies may require CT guidance. These biopsies are required and will be completed for **research purposes**.

- About 1 to 2 tablespoons of blood will be drawn from a vein in your arm to perform the following tests:
    - Check your blood counts, certain levels of fats, salts, and sugars, kidney and liver function, and your immune cell counts. Tests on days 43 and 85 will be completed as part of your clinical care. Tests on days 1, 8, 15, 22, 29, 36, 50, 57, and 64 will be considered for **research purposes**.
    - Check your LDH (lactic acid dehydrogenase). This test will be completed on days 22, 43, 64, and 85 for **research purposes**.
    - Check how well your blood clots. These tests will be completed on days 22 and 43 for **research purposes.**
    - Check your thyroid function. These tests will be completed on days 1, 43, and 85 for **research purposes**.
    - Check for biomarkers, which are proteins in your blood that are associated with particular types of cancer. These tests may be performed with select tumor types and will be completed on days 22, 43, 64, and 85 for **research purposes**.
    - For women: if you can get pregnant you will have a pregnancy test as part of your clinical care (Groups A and B, Day 1; Group C, Days 1 and 22).
- Your urine will be tested every other cycle to check your kidney function. This test will be completed for **research purposes**.

- About 6 tablespoons of blood will be drawn from a vein in your arm to study your immune system. These blood tests will be completed on days 1, 22, 43, 64, and 85 for **research purposes**.

- Scans of your tumor will be performed as part of your clinical care.

- We will give you a diary so that you can keep track of any symptoms or side-effects that you may experience over the course of the study. The diary will be given to you for **research purposes**.

<u>Study Treatment Beyond Day 85:</u>

If you have disease outside of the radiation field, you may be able to receive additional doses of pembrolizumab every three weeks for up to 2 years. The following may occur at these visits:

- You will receive pembrolizumab for **research purposes**. Pembrolizumab will be given by infusion into a vein over 30 minutes.

- You will have a physical exam (similar to the exam completed at screening) and your vital signs will be collected. We will review any health problems you may have experienced since your last visit. The exams completed every other cycle beginning with cycle 5 will be completed as part of your clinical care. The exams completed every other cycle beginning with cycle 6 will be completed for **research purposes**.

- If you agree, after day 85 you may have additional optional biopsies of your tumor at certain study visits. The biopsies will be completed for **research purposes and will have a separate consent**.

- About 1 to 2 tablespoons of blood will be drawn from a vein in your arm to perform the following:
  - Check your blood counts, certain levels of fats, salts, and sugars, kidney and liver function, and your immune cell counts. The tests completed every other cycle beginning with cycle 5 will be completed as part of your clinical care. The tests completed every other cycle beginning with cycle 6 will be completed for **research purposes**.
  - Check your LDH (lactic acid dehydrogenase). This test will be completed at each cycle for **research purposes**.
  - Check how well your blood clots. These tests will be completed if you are scheduled for a biopsy or if you had changes in your lab values at prior visits. These tests will be completed for **research purposes.**
  - Check your thyroid function. These tests will be completed at cycle 5 and every other cycle for **research purposes.**
  - Check for biomarkers. These tests may be performed at each cycle with select tumor types and will be completed for **research purposes**.

- Your urine will be tested to check your kidney function. This test will be completed for **research purposes**.

- About 6 tablespoons of blood will be drawn from a vein in your arm to study your immune system. These blood tests will be completed at cycles 5, 10, 15, 20. 25, 30, 34 for **research purposes**.

- Scans of your tumor will be performed based on your clinical care schedule.

- We will give you a diary so that you can keep track of any symptoms or side-effects that you may experience over the course of the study. The diary will be given to you for **research purposes**.

FOLLOW UP:

For Groups A, B, and C the following procedures may be completed during follow-up.

- You will have a physical exam (similar to the exam completed at screening) and your vital signs will be collected. We will review any health problems you may have experienced since your last visit. These procedures will be completed as part of your clinical care.

- About 1 to 2 tablespoons of blood will be drawn from a vein in your arm to perform the following tests for **research purposes**:
    - Check your blood counts, certain levels of fats, salts, and sugars, kidney and liver function, and your immune cell counts (end of study treatment, 30 days after last treatment).
    - Check your LDH (end of study treatment, 30 days after last treatment).
    - Check how well your blood clots (end of study treatment, every 12 weeks). These tests will be completed if you are scheduled for a biopsy or if you had changes in your lab values at prior visits.
    - Check your thyroid function (end of study treatment, 30 days after last treatment).
    - Check for biomarkers. These tests may be performed with select tumor types (end of study treatment, 30 days after last treatment, every 12 weeks).

- Your urine will be tested to check your kidney function (end of study treatment and 30 days after last study treatment). This test will be completed for **research purposes**.

- About 6 tablespoons of blood will be drawn from a vein in your am to study your immune system (end of study treatment, 30 days after last treatment, every 12 weeks). These blood tests will be completed for **research purposes**.

- If you agree, during follow-up you may have additional optional biopsies of your tumor at certain study visits during this part of the study. The biopsies will be completed for **research purposes and will have a separate consent**.

- Scans of your tumor will be performed based on your clinical care schedule.

- We may give you a diary so that you can keep track of any symptoms or side-effects that you may experience during follow-up. This will be completed for **research purposes**.

If at any time during the study you develop new tumors, these may be removed as part of your clinical care and may be evaluated in the laboratory. We may look at the proteins and genes (molecules inside cells that carry genetic information also called DNA or deoxyribonucleic acid) of your tumor.

We would like to keep track of your medical condition for the rest of your life or until the study is completed. We would like to do this by calling you on the telephone about once a year to see how you are doing. Keeping in touch with you and checking on your condition every year helps us look at the long-term effects of the study.

Second Course Treatment (Groups A, B, and C —for patients with disease outside of the radiation field

If your disease progresses after stopping pembrolizumab you may be eligible for up to one year of additional pembrolizumab. Your study doctor will determine if you meet the study criteria to be eligible for the Second Course treatment. If you are eligible, you will restart treatment and will be

retreated with pembrolizumab at the dose and dose frequency that you received during cycle 5 of your initial treatment course.

Note: When you begin the second course treatment, the numbering of your treatment cycles will re-start with cycle 1.

The following procedures will be completed during the second course treatment:

- You will have a physical exam (similar to the exam completed at screening) and your vital signs will be collected. We will review any health problems you may have experienced since your last visit. The exams completed every other cycle beginning with cycle 1 will be completed as part of your clinical care. The exams completed every other cycle beginning with cycle 2 will be completed for **research purposes**.

- About 1 to 2 tablespoons of blood will be drawn from a vein in your arm to perform the following:
  - For women, if you can get pregnant you will have a pregnancy test as part of your clinical care (cycle 1).
  - Check your blood counts, certain levels of fats, salts, and sugars, kidney and liver function, and your immune cell counts. The test completed every other cycle beginning with cycle 1 will be completed as part of your clinical care. The tests completed every other cycle beginning with cycle 2 will be completed for **research purposes**.
  - Check your LDH (lactic acid dehydrogenase). This test will be completed at each cycle for **research purposes**.
  - Check how well your blood clots. These tests will be completed if you are scheduled for a biopsy or if you had changes in your lab values at prior visits. These tests will be completed for **research purposes.**
  - Check your thyroid function. These tests will be completed at cycle 3 and every other cycle for **research purposes.**
  - Check for biomarkers. These tests may be performed at each cycle with select tumor types and will be completed for **research purposes**.

- Your urine will be tested every other cycle to check your kidney function. This test will be completed for **research purposes**.

- You will receive pembrolizumab for **research purposes**. Pembrolizumab will be given by infusion into a vein over 30 minutes.

- About 6 tablespoons of blood will be drawn from a vein in your arm to study your immune system (cycle 1). These blood tests will be completed for **research purposes**.

- If you agree, during the second course treatment you may have additional optional biopsies of your tumor at certain study visits during this part of the study. The biopsies will be completed for **research purposes and will have a separate consent**.

- Scans of your tumor will be performed as part of your clinical care.

Once you complete the second course treatment you will return to the clinic for and end of treatment visit and follow-up visits as described above.

What are your responsibilities in the study?
You have certain responsibilities to help ensure your safety. These responsibilities are listed below:

- You must come to each study visit.
- You must be completely truthful about your health history.
- Follow all instructions given.
- You should tell the study doctor or study staff about any changes in your health or the way you feel.
- Answer all of the study-related questions completely.

Inform the study doctor or study staff as soon as possible if you have to take any new medications, including anything prescribed by a doctor or those that you can buy without a prescription (over-the-counter), including herbal supplements and vitamins. The study doctor will let you know if you can take these medications.

Study Calendars

Study Calendar of Procedures and Tests		**Active Study Treatment (Arm A)**																		
Day	Screen -ing	1	2	3	4	5	8	15	22	23	24	25	26	29	36	43	50	57	64	85
Cycle		1														2			3	4
Informed Consent	X																			
Medical History	X																			
Pathology review	X																			
Physical Exam/vital signs	X	**X**							**X**							X			**X**	X
Blood tests for clinical care	X	X														X				X
Blood tests for research	**X**	**X**					**X**	**X**	**X**					**X**	**X**	**X**	**X**	**X**	**X**	**X**
Urine Test		**X**														**X**				
Biopsy		**X***							**X**							**X**				
HDCRT		X	X	X	X^	X^														
Pembrolizumab		**X**														**X**			**X**	**X**
Symptom Diary (review & distribution)		**X**							**X**							**X**			**X**	**X**
Scans	X																			X

Study Calendar of Procedures and Tests		**Active Study Treatment (Arm B)**																		
Day	Screen -ing	1	2	3	4	5	8	15	22	23	24	25	26	29	36	43	50	57	64	85
Cycle		1														2			3	4
Informed Consent	X																			
Medical History	X																			
Pathology review	X																			
Physical Exam/vital signs	X	**X**							**X**							X			**X**	X
Blood tests for clinical care	X	X														X				X
Blood tests for research	**X**	**X**					**X**	**X**	**X**					**X**	**X**	**X**	**X**	**X**	**X**	**X**
Urine Test		**X**														**X**				
Biopsy		**X***							**X**							**X**				
HDCRT									X	X	X	X^	X^							
Pembrolizumab		**X**														**X**			**X**	**X**
Symptom Diary (review & distribution)		**X**							**X**							**X**			**X**	**X**
Scans	X																			X

Study Calendar of Procedures and Tests		**Active Study Treatment (Arm C)**																		
Day	Screen -ing	1	2	3	4	5	8	15	22	23	24	25	26	29	36	43	50	57	64	85
Cycle									1							2			3	4
Informed Consent	X																			
Medical History	X																			
Pathology review	X																			
Physical Exam/vital signs	X	**X**						X	**X**							X			**X**	X
Blood tests for clinical care	X	X														X				X
Blood tests for research	**X**	**X**							**X**					**X**	**X**	**X**	**X**	**X**	**X**	**X**
Urine Test									**X**							**X**				
Biopsy		**X***							**X**							**X**				
HDCRT		X	X	X	X^	X^														
Pembrolizumab									**X**							**X**			**X**	**X**
Symptom Diary (review & distribution)		**X**							**X**							**X**			**X**	**X**
Scans	X																			X

*not required if tissue is available from a pre-study biopsy
^may not be required depending on your tumor type
Bold text indicated for research purposes

Additional Active Treatment for Patients With Disease Outside of the Radiation Field –Study Treatment Beyond Day 85 (Arms A, B, C)

Study Calendar of Procedures and Tests	To be repeated beyond 6 cycles. Beginning with cycle 5, each cycle is 3 weeks.	
Cycle	**5**	**6**
Physical Exam/vital signs	X	**X**
Blood tests for clinical care	X	
Blood tests for research	**X**	**X**
Urine Test	**X**	
Biopsy	**X**[1]	**X**[1]
Pembrolizumab	**X**	**X**
Symptom Diary (review & distribution)	**X**	**X**
Scans	per standard clinical practice based on tumor site, or a minimum of every 12 week	

Bold text indicated for research purposes
[1] Optional: If you develop tumors that are accessible to biopsy/excision, a biopsy may be collected.

Follow-Up (Arms A, B, and C)

Study Calendar of Procedures and Tests	Follow-up		
	End of study treatment	30 days after last treatment	Every 12 weeks for up to 1 year after study entry
Physical Exam/vital signs	X	X	
Urine Test	**X**	**X**	
Blood tests for research	**X**	**X**	**X**
Biopsy	**X**[1]		**X**[1]
Symptom Diary (review)	**X**	**X**	

Bold text indicated for research purposes
[1] Optional: If you develop tumors that are accessible to biopsy/excision, a biopsy may be collected.

Second Course Treatment (Arms A, B, C)

Study Calendar of Procedures and Tests	To be repeated beyond 2 cycles. Each cycle is 3 weeks.	
Cycle	**1**	**2**
Physical Exam/vital signs	X	**X**
Blood tests for clinical care	X	
Blood tests for research	**X**	
Urine Test	**X**	
Biopsy	**X**[1]	**X**[1]
Pembrolizumab	**X**	**X**
Symptom Diary (review & distribution)	**X**	**X**
Scans	per standard clinical practice based on tumor site, or a minimum of every 12 week	

Bold text indicated for research purposes
[1] Optional: If you develop tumors that are accessible to biopsy/excision, a biopsy may be collected.

Blood Testing

We will take (or "draw") up to about 50½ tablespoons of blood over the first 3 months. If you continue to receive study treatment through a two-year treatment period, the maximum total amount of blood we will take will be about 224 tablespoons (about 14 cups).

The blood we take will be tested to:

- Check your blood counts, certain levels of fats, salts, and sugars, kidney and liver function, biomarkers, and your immune cell counts.
- Check your LDH (lactic acid dehydrogenase).
- Check how well your blood clots.
- Check your thyroid function.

- Test for HIV and Hepatitis B and Hepatitis C virus.
- For women: Perform a blood pregnancy test.
- Study your immune system

If you want to know about the results before the study is done:
During the study your study leader will let you know of any test results that may be important to your health. In addition, as the research moves forward, your study leader will keep you informed of any new findings that may be important for your health or may help you decide if you want to continue in the study. The final results of the research will not be known until all the information from everyone is combined and reviewed. At that time you can ask for more information about the study results.

Collection of Samples and Health Information for Mandatory Genetic Research and Optional Specimen Banking

What Sort of Research Will Be Done On Your Sample(s)?
You are being asked to provide samples of your blood and your tumor, to be used for research. Along with specimens, researchers may need to collect some health information about you. Combining information from the specimen with information from your health records may be useful for this research. For this research, the following types of information could be included:

- diagnosis
- treatment
- age
- gender
- sample type

We plan to do genetic research on the DNA in your specimen sample. DNA is the material that makes up your genes. All living things are made of cells. Genes are the part of cells that contain the instructions which tell our bodies how to grow and work, and determine physical characteristics such as hair and eye color. Genes are passed from parent to child.

In addition, if you agree, specimens collected for research will be added to a research specimen bank. The purpose of a specimen bank is to process, and store samples until researchers need them for future research. The long term goals of the samples collected in this bank will be mainly used for research on cancer. It is not possible, however, to list every research project that will include the samples because we cannot predict all of the research questions that will be important over the coming years. As we learn more, new research questions and new types of research may be done.

Your specimen sample may be used to create a living specimen sample (called a “cell line”) that can be grown in the laboratory. This allows researchers to have an unlimited supply of your cells in the future without asking for more samples from you.

What will you have to do to give samples for research?
Your doctor will obtain blood and tumor tissue from you for testing. These samples will be collected as part of the research study at the time points described above. All of these specimens may be used for genetic research and may also be banked and used in future research studies.

How Will Your Sample(s) Be Labeled?
The University of Virginia Human Immune Therapy Center will be responsible for storing your sample and for protecting your privacy.

Your sample(s) will not be labeled with your name or other information that would identify you directly. Instead, your sample will have a unique code that allows for it to be linked to some of your health information. This link means that your specimen can be identified but only indirectly. We can find out if we need to know which sample is yours in the event you wish the sample to be removed at a later date.

How Will Your Sample(s) Be Stored and Labeled for Specimen Banking
Dr. Slingluff, the Director of the University of Virginia Human Immune Therapy Center, will be responsible for storing your sample and for protecting your privacy. This research specimen bank is located at the University of Virginia under the leadership of Dr. Slingluff. There is no set limit to the number of people who will provide samples to this bank.

Your sample(s) will not be labeled with your name or other information that would identify you directly. Instead, it will have a unique code that allows for it to be linked to some of your health information. This link means that your specimen can be identified but only indirectly. We can find out if we need to know which sample is yours in the event you wish the sample to be removed from the bank later.

Which researchers can use your samples and what information about you can they have?
Your sample may be shared with researchers at the University of Virginia and at other institutions. Dr. Slingluff will not give your name to other researchers who want to use your sample, but will only give them information like your age and what disease/condition you have. Those who would see the information would include researchers and the others listed under “Who will see your private information?” section of this consent document.

Some of the people who receive your information may not have to follow the privacy laws and may share or release your information because they do not have to follow the privacy laws.

What Are the Benefits To Donating Your Sample(s) For Genetic Research and Specimen Banking?
The genetic research and specimen banking that is done with your sample is not meant to help you. But, doctors hope that in the future it will help people who have other diseases or conditions.

It is very unlikely that any future research (specimen banking) performed using your specimen(s) would benefit you directly, but it may provide important medical knowledge that could help other patients with your medical condition or other medical problems in the future.

What Are The Risks of Donating Your Sample(s) For This Study?

<u>Risks to Privacy from Genetic Research and Specimen Banking:</u>
The main risk of allowing us to store and use your samples and certain limited health information for research is a potential loss of privacy. One of the risks to you is the release of information from your health records. The University of Virginia will do its best to protect your records so that facts about you and your health will be kept private. The chance that information identifying you will be given to someone else is very small. However, we cannot *guarantee* it will be safe. To further safeguard your privacy, information obtained from future research will not be placed in your medical record.

There are certain risks of having health information given to other people by mistake. In the unlikely event that this happens, it could cause discrimination or mental harm to you or your family members if others were to see this information. The results could be that you may not be able to get or keep certain kinds of insurance. It could also hurt family relationships.

Your doctor will explain the risks of the routine medical procedure you are having. In some cases, your doctor will ask you to sign a separate clinical consent form that explains the risks of the procedure. Allowing your samples to be placed in the bank for future research will not change the risks of the medical procedure itself.

Because everyone has unique DNA, it is also possible, although very unlikely, that someone could identify you through your DNA if they have another sample of your DNA.

Different types of genetic tests carry different levels of risks. Depending upon the type of genetic testing that is completed, information about your genetic make-up could mean that you and your family members may face problems that could lead to getting or keeping some kinds of insurance or affect your ability to get or keep a job. To keep this from happening, the results of these tests will not be given to anyone outside of the study staff. There is no way to predict all the possible risks of this research.

Will You Find Out the Results of the Research on Your Sample(s) for Genetic Research and Specimen Banking?

Neither you, your health care provider**,** nor anyone in your family, will receive the results of any research done on your sample(s). The results will not be put in your health records. Therefore, results from any research done on your sample(s) will not affect your medical care. This helps protect you and other members of your family from harm that might be caused by this information.

What If You Change Your Mind About Donating Your Sample(s) for Genetic Research and Specimen Banking?

If you decide now that your sample(s) can be kept for genetic research and/or specimen banking, and later change your mind, you can simply withdraw the sample(s) at that time. To withdraw you will need to write to the Principal Investigator listed on the first page of this form. We will then destroy any of your tissue that has not already been used. However, if your sample has been used in genetic research, the information that we have learned will remain in the study, even if you withdraw. Unless you withdraw from the study, permission for researchers to use your tissue and to use and share your private health information for this study will never end.

Will You Be Paid For Donating Your Sample(s) for Genetic Research and Specimen Banking?

You will not be paid to donate your sample(s) for genetic research and /or specimen banking.

Will Donating Your Sample(s) Cost You Any Money?

There is no cost to you to have your samples collected or used for genetic research and/or specimen banking.

Genetic Testing and Specimen Banking Options:

- You have to participate and agree for specimens to be collected for **genetic research** in order to be in the main part of this study.
- You do not have to participate and agree to **specimen banking** in order to be in the main part of this study.

No matter what you decide to do, your decision will not affect your medical care. You can tell us your choice by placing your initials in one of the options below:

MANDATORY GENETIC RESEARCH:
Please indicate your choice by placing your initials below (if applicable):

___ YES Your sample(s) may be used for genetic research

___ NO Your sample(s) may not be used for genetic research

OPTIONAL SPECIMEN BANKING:
Please indicate your choice by placing your initials below (if applicable):

___ YES Your sample(s) may be saved for future research and stored in a specimen bank.

___ NO Your sample(s) may not be saved for future research and stored in a specimen bank.

What are the risks of being in this study?

Risks related HDCRT

HDCRT will be administered as part of your clinical care and most of the risks associated with HDCRT will depend on the site within your body that is radiated. Two general risks may include the following:

Likely

- Fatigue (feeling tired)
- Inflammation and swelling at the site that is radiated.

Your clinician will review additional site-specific risks with you.

Risks Related to Pembrolizumab/KEYTRUDA®

Pembrolizumab works by helping your immune system to fight your cancer. However, pembrolizumab can also cause your immune system to attack normal organs and tissues in your body and can affect the way they work, which can result in side effects. These side effects may be serious (i.e. causing hospitalization or be life-threatening), may result in death, and/or may occur after you stop taking pembrolizumab.

Very common, some may be serious (i.e. causing hospitalization, life-threatening or where noted, may cause death) side effects (at least 20 out of 100 participants experienced)

- Itching of the skin
- Loose or watery stools
- Cough

Common, some may be serious (i.e. causing hospitalization, life-threatening or where noted, may cause death) side effects (5 to 20 out of 100 participants experienced)

- Joint pain
- Fever
- Back pain
- Rash
- Pain in your belly
- Loss of skin color
- Not enough thyroid hormone so you may feel tired, gain weight, feel cold, have infrequent or hard stools
- Low level of salt in the blood that may cause you to feel tired, confused, headache, muscle cramps or sick to your stomach

Uncommon, some may be serious (i.e. causing hospitalization, life-threatening or where noted, may cause death) side effects (1 to 5 out of 100 participants experienced)

- Inflammation of the lungs so you may feel short of breath and cough. Sometimes this might lead to death.
- Too much thyroid hormone so you may feel anxious, angry, have trouble sleeping, feel weak, tremble, sweat, feel tired, have loose and watery stools
- Infusion reaction, where you may feel dizzy or faint, flushed, get a rash, have a fever, feel short of breath at the time of receiving your infusion (IV) or just after, or pain at the site of infusion
- Inflammation of the bowels/gut, which may cause severe pain in your belly with loose or watery stools, and black, tarry, sticky stools or stools with blood or mucus
- Inflammation of the skin so you may have peeling of the skin, itchiness, and/or skin redness. The skin inflammation (i.e. peeling, itching, and redness) could also be widespread throughout your body. More severe skin reactions may involve the inside of your mouth, the surface of your eye, and genital areas, and/or may cause the top layer of your skin to peel from all over your body which can cause severe infection. These severe conditions can sometimes lead to death.

Rare, some may be serious (i.e. causing hospitalization, life-threatening or where noted, may cause death) side effects (less than 1 out of 100 participants experienced)

- Inflammation of the nerves that may cause pain, weakness or tingling in your hands and feet, and may spread to your legs, arms and upper body leading to severe muscle weakness and possible temporary paralysis.
- Inflammation of the muscles so you may feel weakness or pain in the muscles.
- Inflammation of pancreas (a gland in your abdomen that controls sugar levels) so you may have severe pain in the top part of your belly that may move to your back, feel sick to your stomach, and vomiting that gets worse when you eat
- Inflammation of the eye so you may have eye redness, blurred vision, sensitivity to light, eye pain, see floaters or have headaches
- Inflammation of the liver that may make you feel sick to your stomach and vomit, feel like not eating, feel tired, have a mild fever, have a pain in the right side of your belly, yellow eyes and skin, and dark urine
- Inflammation of the pituitary gland (a gland in the head), which may cause you to feel sick to your stomach or have headaches, changes in your behavior, double vision, few to no menstrual cycles, weakness, vomiting and dizziness or fainting
- Adrenal glands (glands on top of the kidneys) that may not make enough hormone, which could cause tiredness, weight loss, muscle weakness, feeling faint, joint, muscle and belly aches, nausea, vomiting, loose or watery stools, fever, salt craving, and sometimes darkening of the skin like a suntan

- Type 1 Diabetes, a condition that can cause too much sugar in your blood, feeling thirstier than usual, frequent urination and weight loss. You are likely to need regular insulin shots.
- Inflammation of the kidney so you may pass less urine or have cloudy urine, or bloody urine, swelling and low back pain
- Inflammation of the middle layer of your heart wall that may cause your heart to have difficulty pumping blood throughout your body, which can cause chest pain, shortness of breath and swelling of the legs. You may experience a fast or irregular heartbeat that may cause dizziness or fainting. Sometimes this condition can lead to death
- Inflammation of the thyroid gland, an organ that makes and stores thyroid hormones. This condition may lead to change in your heart rate, blood pressure, body temperature, and the rate at which food is converted into energy
- A condition that may make you feel week and tired and might have drooping of the eyelids, blurred or double vision, difficulty swallowing, slurred speech, weakness in your arms and legs, or difficulty breathing
- The formation of small clusters of immune cells (called granulomas) in parts of your body such as your lymph nodes, eyes, skin, or lungs
- Inflammation of the brain with confusion and fever. This may also include: disorientation, memory problems, seizures (fits), changes in personality and behavior, difficulty speaking, weakness or loss of movement in some parts of your body, and loss of consciousness.

Additionally, since pembrolizumab was approved in September 2014, the following side effects have been reported by people receiving pembrolizumab. These side effects were voluntarily reported from a group of people of unknown size. It is not possible to estimate the frequency of this side effect:

- Inflammation of the joints which may include joint pain, stiffness and/or swelling

If you have had an allogeneic stem cell transplant (a procedure in which a person receives blood-forming stem cells from a donor), you may experience graft versus host disease (GvHD), which may include diarrhea, skin rashes, and liver damage, **after receiving pembrolizumab**. Sometimes this condition can lead to death.

If you have had a solid organ transplant (for example, if you have received a kidney or heart transplant), you may experience rejection of the transplanted organ. Your doctor will monitor you and should tell you what signs and symptoms you should report depending on the type of organ transplant that you have had.

Risks related to tumor biopsies

Likely

- Discomfort from insertion of the needle for local anesthetic
- Pain
- Scar at the biopsy site
- Bruising and mild discomfort at the biopsy site
- Numbness at the biopsy site
- Swelling at the biopsy site
- Bleeding at the biopsy site
- Small wound which may take a few weeks to heal
- Blood in urine (if you have a prostate biopsy)

- Feeling like you have to urinate (if you have a prostate biopsy)
- Pain during urination (if you have a prostate biopsy)
- Blood in stools (if you have a prostate biopsy)

Rare

- Infection at the biopsy site

Risks from CT scans for Research

This study may involve radiation exposure from a computed tomography (CT) guided biopsy and possibly an X-ray of your chest. Although each organ will receive a different dose, it is estimated that the effective radiation dose you could receive from this procedure is 10mSv. For comparison, this dose is roughly 20% the annual radiation dose safely allowed for a radiation worker such as the person performing your CT. You could undergo several of these biopsies for research purposes. This radiation dose is what you will receive from the research part of this study only and does not include any additional CT's or imaging you may have received or will likely receive from tests that are Standard of Care. The precise risk from this dose is not known but is thought to be moderate. This radiation exposure is not necessary for your medical care but is necessary to obtain the research information desired. If you are pregnant, you may not participate in this research study. It is best to avoid radiation exposure to unborn children since they are more sensitive to radiation than adults.

Risks of having your blood drawn:

Having blood drawn may cause:

- ✓ pain (common),
- ✓ a bruise (sometimes),
- ✓ fainting or passing out (not very often), and
- ✓ infection (rare).

If the people doing the study are exposed to your blood or body fluids in a way that could give them a disease, your blood may be tested. The tests might check for:

- ✓ hepatitis,
- ✓ HIV (Human Immunodeficiency Virus), or
- ✓ other infections.

You and the person exposed would be told the test results. However, your name would be kept private. If your test is positive for hepatitis or HIV or any other infection that may affect your clinical care, we will tell you the results and help you understand what the results mean for you.

Risks of taking blood from an IV catheter:

Risk of Repeated Sticks

Sometimes the catheter stops working. In order to get the blood we need, we may have to stick you again with another needle.

A caution about giving too much blood:

Because of the amount of blood being taken, you should not give blood for other reasons until you have finished your participation in this study. For example, avoid giving blood at a blood bank or in another research study.

Blood Donation

If you participate in this study it may affect your ability to donate blood. If you have any questions call the organization where you donate blood and talk to one of their nurses.

Risks for women:

Pregnancy and Contraception

The drug(s) used in this study can harm an unborn or nursing baby. Therefore, you cannot be in this study if you are pregnant or nursing a baby. A pregnancy blood test will be done about 14 days before starting this study if you are a woman able to become pregnant. You MUST NOT become pregnant while on this study or for at least 4 months after your last dose of pembrolizumab.

You and your partner must use an approved form of birth control during this study. Examples of birth control you may use are:

- Norplant
- IUD (intrauterine device)
- Depo-Provera
- Birth Control Pills
- Birth Control Patch
- Sterilization

The birth control methods listed below are less effective. They may be used if combined with other birth control methods:

- Condoms
- Jellies or foam
- Withdrawal
- Sponge
- Diaphragm
- Rhythm
- Cervical cap

Ask your doctor for more details about the proper birth control method for you. If you become pregnant during this study, you must tell your doctor right away. Your doctor will discuss your treatment and the effect on the pregnancy.

Risks for men:

We also do not know the effects of these drugs on male sperm. If you are a male, you should not father a baby while you are in this study or for at least 4 months after your last dose of the pembrolizumab. You should also not donate to a sperm bank during this time. To do so may hurt your unborn baby. Use an effective method of birth control during this time. Effective forms of birth control are listed above).

If your partner becomes pregnant during this study, you must tell your doctor right away. The study team will ask to contact her to obtain her consent to obtain information about the baby after it is born. She will be asked to sign a "Pregnancy Follow-up/Release of Information Addendum"

Other unexpected risks:

You may have side effects that we do not expect or know to watch for now. Call the study leader if you have any symptoms or problems.

Could you be helped by being in this study?

You may or may not benefit from being in this study. Your immune system may become activated against your tumor; however, we cannot guarantee that this will happen or that you will benefit in any way by participating in this study. Information researchers get from this study may help others in the future.

What are your other choices if you do not join this study?
You do not have to be in this study to be treated for your condition. You can get the usual treatment even if you choose not to be in this study. Other possible treatments may include:

- HDCRT alone
- Other immune therapies
- Chemotherapy
- Hormonal therapy
- Surgery
- Another experimental therapy
- Palliative care or comfort care, which is not meant to treat your condition, but helps you feel more comfortable

If you are an employee of UVa your job will not be affected if you decide not to participate in this study.
If you are a student at UVa, your grades will not be affected if you decide not to participate in this study.

Will you be paid for being in this study?
You will not get any money for being in this study.

By agreeing to be in this study, you are donating your blood and tissue samples for research, and giving up any property rights you may have in them. The results of this research using your donated materials may have commercial value. However, you will not receive any payments.

Will being in this study cost you any money?

The following procedures/tests, which are being done for research purposes, will be provided at no cost to you or your health insurance

Groups A, B, C: Screening and Cycles 1-4 (Screening through Day 85)

- Pembrolizumab study drug and administration
- Physical exam and symptom review on days 1, 22, 64
- Biopsies and the CT or ultrasound guidance, if needed, during the biopsy.
- Research blood draws:
  - for HIV, Hepatitis B and Hepatitis C virus
  - to check how your blood clots (days 22, and 43)
  - to check your thyroid function
  - to check your LDH (days 22, 43, 64, 85)
  - to check your blood counts, levels of fats, salts, sugars, kidney and liver function, immune cell counts on days 1, 8, 15, 22, 29, 36, 50, 57, and 64.
  - to check your biomarker on days 22, 43, 64, and 85.
  - to test your immune system
- Symptom diary review and administration
- Urine tests

Groups A, B, C: Cycles 5 and Beyond (Study Treatment Beyond Day 85)

- Pembrolizumab study drug and administration
- Physical exam and symptom review on cycle 6 and every other cycle.
- Optional biopsies and the CT or ultrasound guidance, if needed, during the biopsy.
- Research blood draws:

  - to check your blood counts, levels of fats, salts, sugars, kidney and liver function, immune cell counts on cycle 6 and every other cycle
  - to check your LDH
  - to check how well your blood clots
  - to check your thyroid function
  - to check for biomarkers
  - to study your immune system
- Symptom diary review and administration
- Urine tests

Groups A, B, C: Follow-up

- Research blood draws:
  - to check your blood counts, levels of fats, salts, sugars, kidney and liver function, immune cell counts
  - to check your LDH
  - to check how well your blood clots
  - to check your thyroid function
  - to check for biomarkers
  - to study your immune system
- Urine tests
- Optional biopsies and the CT or ultrasound guidance, if needed, during the biopsy.
- Symptom diary review and administration

Groups A, B, and C: (Second Course Treatment)

- Pembrolizumab study drug and administration
- Physical exam (cycle 2 and every other cycle)
- Optional biopsies and the CT or ultrasound guidance, if needed, during the biopsy.
- Research blood draws:
  - to check your blood counts, levels of fats, salts, sugars, kidney and liver function, immune cell counts (cycle 2 and every other cycle)
  - to check your LDH
  - to check how well your blood clots
  - to check your thyroid function
  - to check for biomarkers
  - to study your immune system
- Urine tests

You and/or your insurance company must pay for any tests or care given beyond what is required in this study. In addition, you and/or your health insurance may also have to pay for other drugs or treatments that are given to help you control any side effects. You will have to pay for any costs not covered by your health plan. You may be responsible for any co-payments or deductibles. You may wish to ask for an estimate of your financial costs. You may also wish to check with your insurance company before the study starts. Ask what they will cover and if they require you to get their permission before you decide to be in the study.

You will be responsible for the cost of travel to come to any study visit and for any parking costs.

What if you are hurt in this study?

If you are hurt as a result of being in this study, there are no plans to pay you for medical expenses, lost wages, disability, or discomfort. The charges for any medical treatment you receive will be billed to your insurance. You will be responsible for any amount your insurance does not cover. You do not give up any legal rights, such as seeking compensation for injury, by signing this form.

What happens if you leave the study early?

You can change your mind about being in the study any time. You can agree to be in the study now and change your mind later. If you decide to stop, please tell us right away. You do not have to be in this study to get services you can normally get at the University of Virginia.

Even if you do not change your mind, the study leader can take you out of the study. Some of the reasons for doing so may include

a) Your study physician is concerned about your health
b) Your disease gets worse
c) The side effects of the treatment are too dangerous for you
d) New information shows the treatment will not work or is not safe for you
e) You do not follow your doctor's instructions
f) The study sponsor closes the study for safety, administrative or other reasons

If you decide to stop being in the study, we will ask you to notify Dr. Larner as soon as possible.

How will your personal information be shared?

The UVa researchers are asking for your permission to gather, use and share information about you for this study. If you decide not to give your permission, you cannot be in this study, but you can continue to receive regular medical care at UVA.

If you sign this form, we may collect any or all of the following information about you:

- Personal information such as name, address and date of birth
- Social Security number ONLY IF you are being paid to be in this study
- Your health information if required for this study. This may include a review of your medical records and test results from before, during and after the study from any of your doctors or health care providers. This may include mental health care records, substance abuse records, and/or HIV/AIDS records.
- Tissue or blood samples if you agree to provide them for genetic testing for this study

Who will see your private information?

- The researchers to make sure they can conduct the study the right way, observe the effects of the study and understand its results
- People or groups that oversee the study to make sure it is done correctly
- The sponsor(s) of this study, and the people or groups it hires to help perform or review this research
- Insurance companies or other organizations that may need the information in order to pay your medical bills or other costs of your participation in the study
- Tax reporting offices (if you are paid for being in the study)
- People who evaluate study results, which can include sponsors and other companies that make the drug or device being studied or who provide funding for the study, researchers at other sites conducting the same study, and government agencies that provide oversight such as the Food and Drug Administration (FDA) if the study is regulated by the FDA.

Some of the people outside of UVa who will see your information may not have to follow the same privacy laws that we follow. They may release your information to others, and it may no longer be protected by those laws.

The information collected from you might be published in a medical journal. This would be done in a way that protects your privacy. No one will be able to find out from the article that you were in the study.

A description of this clinical trial will be available on *http:// www.ClinicalTrials.gov,* as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

What if you sign the form but then decide you don't want your private information shared?
You can change your mind at any time. Your permission does not end unless you cancel it. To cancel it, please send a letter to the researchers listed on this form. Then you will no longer be in the study. The researchers will still use information about you that was collected before you ended your participation.

We have asked the federal government to issue a Certificate of Confidentiality, to help protect the privacy of your study records. If we receive a subpoena or court order demanding information from the study records that would identify you, we will use the Certificate to resist the demand. However, we will not use it in the following cases. We may report to authorities and provide study information about you where there is a danger that you may harm yourself or others, or if there is evidence of probable child or elder abuse or neglect. We may also report to authorities if you have an infectious disease that health care providers are required to report by law. In addition, the Certificate does not prevent government authorities who oversee research from reviewing this study. This Certificate does not mean that the government either approves or disapproves of this study. It just helps protect your privacy. If you agree to allow an employer, insurance company, or someone else to see your research information, then the investigator and UVa may not use the Certificate of Confidentiality to protect your privacy.

Please contact the researchers listed below to:
- Obtain more information about the study
- Ask a question about the study procedures or treatments
- Report an illness, injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Express a concern about the study

Principal Investigator: James Larner, MD
Radiation Oncology, School of Medicine
PO Box 800383
Charlottesville, VA 22908 Telephone: (434)924-5191

What if you have a concern about this study?
You may also report a concern about this study or ask questions about your rights as a research subject by contacting the Institutional Review Board listed below.

University of Virginia Institutional Review Board for Health Sciences Research
PO Box 800483
Charlottesville, Virginia 22908
Telephone: 434-924-9634

When you call or write about a concern, please give as much information as you can. Include the name of the study leader, the IRB-HSR Number (at the top of this form), and details about the problem. This will help officials look into your concern. When reporting a concern, you do not have to give your name.

Signatures

What does your signature mean?

Before you sign this form, please ask questions about any part of this study that is not clear to you. Your signature below means that you have received this information and all your questions have been answered. If you sign the form it means that you agree to join the study. You will receive a copy of this signed document.

Consent From Adult

_____	_____	_____
PARTICIPANT (SIGNATURE)	PARTICIPANT (PRINT)	DATE

To be completed by participant if 18 years of age or older.

If an interpreter is involved in the consent process because the potential subject does not speak English well or at all, the participant should NOT sign on the line above – leave this line blank. Instead, the participant should sign the Short Form or full consent written in the language they can understand

Person Obtaining Consent

By signing below you confirm that you have fully explained this study to the potential subject, allowed them time to read the consent or have the consent read to them, and have answered all their questions.

_____	_____	_____
PERSON OBTAINING CONSENT (SIGNATURE)	PERSON OBTAINING CONSENT (PRINT)	DATE

Interpreter

By signing below you confirm that the study has been fully explained to the potential subject in a language they understand and have answered all their questions.

_____	_____	_____
INTERPRETER (SIGNATURE)	INTERPRETER (PRINT)	DATE

If an interpreter was used to explain this study to a potential subject, the interpreter must sign and date the line above.

Consent from Impartial Witness

If this consent form is read to the subject because the subject is blind or illiterate, an impartial witness not affiliated with the research or study doctor must be present for the consenting process and sign the following statement. The subject may place an X on the Participant Signature line above.

I agree the information in this informed consent form was presented orally in my presence to the **identified individual(s)** who has had the opportunity to ask any questions he/she had about the study. I also agree that the **identified individual(s)** freely gave their informed consent to participate in this trial.

Please indicate with check box the identified individual(s):
☐ Subject

IMPARTIAL WITNESS (SIGNATURE)	IMPARTIAL WITNESS (PRINT)	DATE