

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.

Parents' or Guardians' Permission for Your Child to Be in a Research Study

Agreement of a Child to Be in a Research Study

In this form "you" means the child in the study *and* the parent or guardian.

- ✓ If you are the parent or guardian, you are being asked to give permission for your child to be in this study.
- ✓ If you are the child, you are being asked if you agree to be in this study.

In this form "we" means the researchers and staff involved in running this study at the University of Virginia.

In this form "you" means the person (your child) who is being asked to be in this study. As the parent or guardian, you are being asked to give permission for your child to be in this study.

Participant's Name _____

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 copy of this form.

Who is funding this study?

This study is funded by the National Institutes of Health (NIH).

Key Information About This Research Study

Principal Investigator:	Steven Munger, PhD University of Virginia, 1215 Lee St Charlottesville, VA 22903 Telephone: (434) 243-3607
Funding Source:	National Institutes of Health

You are being asked to take part in a research study. You do not have to take part in this study. You should only agree to take part in this study after reading this consent form and discussing it with the study team. You may also discuss this with your family, friends, health care providers or others before you make a decision.

What is the purpose of this study?

The purpose of this study is to learn whether a structured smell training program (called “sniff training”) can help improve sense of smell and quality of life in people who have experienced a reduced or lost sense of smell following a viral illness (also called post-viral anosmia). This condition can occur after infections such as the common cold, flu, or COVID-19 and can affect daily life in many ways, including how food tastes, enjoyment of social activities, and the ability to detect safety hazards like smoke or gas. Some people also notice changes in mood or a sense of disconnection from their surroundings.

Sniff training involves regularly smelling specific scents over time to help retrain the brain to recognize odors. While this approach has shown promise in previous research, we are studying different ways of providing this training to better understand what works best.

You are being asked to take part in this study because you have experienced smell loss after a viral illness. If you choose to participate, you will be asked to complete smell tests and questionnaires about your sense of smell and daily experiences. You will also be assigned to one of several study groups, which will differ in how the sniff training is presented.

This research may or may not directly benefit you. However, what we learn from this study may help improve future treatments for people with post-viral smell loss.

Why would you want to take part in this study?

You might like to take part in this study because participants may experience improvement in their sense of smell, which can enhance taste perception, appetite, safety awareness (such as detecting smoke or spoiled food), and overall quality of life.

On a broader level, participation will help researchers better understand whether structured smell training is an effective intervention for post-viral smell loss. The results of this study may contribute to developing standardized, evidence-based treatments that can benefit future individuals experiencing similar conditions.

Why would you NOT want to take part in this study?

You might not want to take part in this study because the study requires time and consistent daily engagement with the smell training kit, as well as completing questionnaires and follow-up assessments during in-person study visits.

Additionally, there is no guarantee that participation will lead to improvement in smell function. Individuals who prefer not to be assigned to a study group (including the possibility of receiving a control kit) or who are uncomfortable with research procedures may also decide not to take part.

What will I have to do if I take part in this study?

Full details of all the procedures are found later in this form. If you agree to take part in this study, you will:

- Answer questions about your health information, quality of life, and cognitive abilities
- Complete 4 in-person clinic visits over 52 weeks (lasting about 1 to 1 and a half hours each)
- Perform smell tests at in-clinic visits (Sniffin' Sticks and The University of Pennsylvania Smell identification Test)
- Conduct sniff training at home with the Sensamatrix training kit for 24 weeks
- Use an online secure database to upload sniff training data weekly

What is the difference between being in this study and getting usual care?

If you take part in this study, the following things will be done differently than if you do not take part in this study.

- You will perform the smell tests, sniff training, and answer several questionnaires.

How many people will take part in this study?

Up to 75 people will be in this study at UVA. Up to 204 people will be in this study at all places (UVA, MUSC, and Johns Hopkins).

What will happen if you are in the study?

If you agree to be in this study, you will sign this consent form before any study-related procedures take place.

STUDY PROCEDURES

If you choose to participate, you will be in this study for approximately 52 weeks. In-person study visits will take place at the University of Virginia, primarily at the Fontaine Research Park Clinical Research Unit. Some parts of the study may also be completed remotely, including the consent session.

In-person study visits will be completed at the following time points: Week 0 (baseline)*, Week 12, Week 24, and Week 52.

*If a smell test was not conducted at the time of your diagnosis, the baseline smell test will serve to verify your smell loss. If you end up testing normosmic (normal sense of smell) at this point, you will be removed from the study.

At these in-person visits, you will complete:

- Smell testing, with administration of the Sniffin' Sticks and the University of Pennsylvania Smell Identification Test (UPSIT), to measure your ability to identify, discriminate between, and detect 40+ odors
 - The Sniffin' Sticks smell test looks at your sensitivity to odors, your ability to distinguish different scents, and your ability to identify different smells. This test uses scent sticks that look like markers.
 - The UPSIT consists of a series of microencapsulated odors ("scratch and sniff") that will test your ability to identify specific odors.
- Questionnaires about your quality of life, mood, and social well-being
- Brief tests of thinking and memory at Visit 1, Visit 3, and Visit 4 (these cognitive tests will not be administered to subjects less than 14 years old)
- Health and nasal symptom questionnaires

Each in-person study visit will take approximately 1 to 1 and a half hours.

You will also be asked to complete at-home sniff training over the course of 24 weeks. For this, you will be randomly assigned (like drawing a number from a hat) to 1 of 3 study groups. You have an equal chance of being assigned to any one of the groups. You cannot choose to which group you are assigned, and neither you nor the study team will know which group you are in during the study.

Groups 1, 2 and 3: Sniff training groups.

You will receive a sniff training kit that will contain four metal cartridges, each of a different color. These cartridges could contain up to four different scents (such as lemon, rose, coffee, or

leather), different amounts of added scents, and they will differ in how the odors are presented. Your cartridges may or may not be labeled with the name of the particular odor. However, what the odors smell like to you, or even if you can smell them at all, is not relevant for the training.

One of the groups could be a “control group”, often referred to as a placebo. This group would not get the same sniff training as the other groups. This will allow the study team to determine if the training protocol improves smell function to a degree greater than chance.

The group you are randomly assigned to will determine which version of the sniff training kit you will receive and use throughout the study. You will receive a refreshed version of the kit after the first 12 weeks, which may contain the same or different scents as the kit you used in the first part of the study.

If you are in any of the three groups, you will be asked to:

- Sniff each of four cartridges for about 20 seconds each, twice per day (morning and evening)
- Continue this routine for 24 weeks
- Keep a daily log of your sniff training and upload that log to REDCap questionnaire links that will be sent weekly to your email
- Stop the smell training after Week 24, unless otherwise instructed

After the sniff training period, you will continue with in-person visits until Week 52.

All study information, including consent, questionnaires, and test results, will be collected and stored securely using a University of Virginia research database (REDCap) and UVA DocuSign. Some information may be collected at different study sites, but will be stored in a central secure system. Your study information will only be shared with participating study sites once all identifiers, such as name and study ID, have been removed.

Study Schedule

	Before Baseline (Remote or In- person)	Visit 1 –Baseline (In-person)	Visit 2 (In-person)	Visit 3 (In- person)	Visit 4 – Study End (In-person)
Study Week		0	12	24	52

Informed Consent	X				
Review Study Eligibility	X				
Demographics and Health History Questionnaire		X			
Social Well-Being Questionnaire		X	X	X	X
Smell Tests (Sniffin' Sticks and UPSIT)		X	X	X	X
Smell Function Questionnaire		X	X	X	X
General Wellness Questionnaire		X	X	X	X
Assessment of Memory and Attention (ages 14+ only)		X		X	X
Sniff Training (at home, continuous from Baseline to Week 24)		X	X	X	

*If consent is obtained in-person, it is possible that Visit 1 procedures can take place on the same day as consent

WHAT ARE YOUR AND YOUR PARENT/LEGAL GUARDIAN'S RESPONSIBILITIES IN THE STUDY?

You and your parent/legal guardian have certain responsibilities to help ensure your safety.

These responsibilities are listed below:

- Your parent/legal guardian must bring you to each study visit.
- You and your parent/legal guardian must be completely truthful about your health history.
- Follow all instructions given.
- You or your parent/legal guardian 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.

How long will this study take?

Your participation in this study will require 4 in-person study visits over a period of approximately 52 weeks. Each visit will last about 1 to 1 and a half hours. In addition, you will be asked to complete a twice daily smell training routine at home for 24 weeks, which will take about 5 to 10 minutes per session.

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.

What are the risks of being in this study?

A risk of allowing us to collect information about you is a potential loss of privacy. 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.

Risks and side effects related to the smell training intervention:

You may find the smell of some of the test aromas unpleasant. This risk is unlikely, as the aromas are mild scents.

The Sensamatrix training kit provided by this study is commercially available and the odors have GRAS status (Generally Recognized As Safe) by FEMA (Federal Emergency Management Agency).

Risks from the Control Group:

There is the risk that you will not get an active sniff training intervention if you are assigned to the control group. Because of this, your sense of smell and related symptoms may not improve during the study and could remain the same or continue to be affected by your condition. Your underlying condition will not be treated as part of this study, and your usual medical care will not be replaced by participation in this research.

Risks from Completing Questionnaires

Some of the questions asked may be upsetting, or you may feel uncomfortable answering them. If you do not wish to answer a question, you may skip it and go to the next question.

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. Possible benefits include improvement in your sense of smell, daily functioning, and social well-being related to changes in smell function. In addition, the 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. The alternative is not to participate. Whether or not you participate in this study will have no impact on your ability to get treatment or diagnoses at UVA.

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 be paid up to \$150 by direct deposit for finishing the entirety of the study.

You will receive \$25 after completing each of the four testing visits (baseline, 12-week, 24-week, and 52-week). You will get additional completion bonuses of \$25 each for completing the 24-week sniff training therapy period and the 52-week follow-up. The income may be reported to the IRS as income.

If you do not finish the study, you will be paid \$25 for each of the four testing visits you completed. If you do not complete the 24-week sniff training therapy period you will not receive the \$25 completion bonus. This is also true for the 52-week follow-up.

If you (the participant) are a minor without a bank account, the payment will be deposited into your parent/guardian's bank account for you.

Will being in this study cost you any money?

All of the procedures in this study will be provided at no cost to you or your health insurance. 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?

You do not give up any legal rights, such as seeking compensation for injury, by signing this form. If you feel you have been injured as a result of this study, you may contact the Principal Investigator or the IRB (phone numbers are located near the end of this form). 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.

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 disease gets worse
- b) You test normosmic (normal sense of smell) on the baseline smell test
- b) New information shows the treatment will not work or is not safe for you
- c) The study sponsor closes the study for safety, administrative, or other reasons

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.

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
- 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, 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.
- If you tell us that someone is hurting you, or that you might hurt yourself or someone else, the law may require us to let people in authority know so they can protect you and others.

Information about you from you may be given to other researchers outside of the University of Virginia after all identifiers, such as name, address, and phone number, have been removed. 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.

Information obtained from you during this study will not be used in future research.

A description of this clinical trial will be available on [http:// www.ClinicalTrials.gov](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 or complete the “Leaving the Study Early” part of this form and return it to the researchers. 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.

Your information, collected for this study, will be protected by a Certificate of Confidentiality from the federal government. If UVA receives 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, UVA will not use it in the following cases.

- You have agreed in writing to allow UVA to share the information with your employer, your insurance company for billing purposes, or someone else
- Reports to authorities 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.

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.

Please contact the Principal Investigator listed BELOW to:

- Obtain more information about the study and ask any questions regarding study procedures or study treatments/interventions.
- 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: Steven Munger
Address: University of Virginia
PO Box 800713
Charlottesville, VA 22908
Telephone: (434)924-5934

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 22903 Telephone: 434-924-2620

When you call or write about a concern, please give as much information as you can. Include the name of the study leader, the UVA Study Tracking Number (at the bottom 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.

You may also report a concern anonymously by calling the UVA Compliance Hotline phone number at 1-800-235-8700.

Would you like the study team to communicate with you by email or text message?

If you choose to communicate with the study team by unsecure email (email that is not encrypted) or text message to your personal phone, there is some risk that your health information could be read or accessed by someone else while the information is sent or saved by your email or phone provider.

Your personal email or phone provider may also share or release your information because they do not have to follow the privacy laws that UVA follows. Sometimes email and phone providers release information to marketing companies for use in direct advertising. If you choose to communicate by email or text messaging, UVA cannot control this potential loss of privacy but we want to tell you about this possible risk.

You do not have to agree to communicate with the study team by email or text message to be in this study. If you agree to texting or emailing, the study team will collect your phone and /or email address from you that you would like them to use to contact you. Please note, if you agree to text messaging, charges may apply depending on your data/text plan with your phone provider.

You do not have to agree to use email or text message to be in this study.

PLEASE INDICATE YOUR CHOICE BELOW:

Yes _____ I agree to be contacted by email or text.

If you agree to texting or emailing, the study team will collect your phone and /or email address that you would like them to use. Please note, if you agree to text messaging, charges may apply depending on your data/text plan with your phone provider.

No _____ I DO NOT agree to be contacted by email or text.

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.

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

Assent from Child (15-17 years of age)

Consent from the parent/guardian MUST be obtained before approaching the child for their assent.

PARTICIPANT
(SIGNATURE)

PARTICIPANT
(PRINT)

DATE

Person Obtaining Assent of the Child (less than 18 years of age)

Consent from the parent/guardian MUST be obtained before approaching the child for their assent.

By signing below you confirm that the study has been explained to the child (less than 18 years of age), all questions have been answered and the child has voluntarily agreed to participate.

PERSON OBTAINING ASSENT
(SIGNATURE)

PERSON OBTAINING ASSENT
(PRINT)

DATE

Parental/ Guardian Permission

By signing below you confirm you have the legal authority to sign for this child.

PARENT/GUARDIAN
(SIGNATURE)

PARENT/GUARDIAN
(PRINT NAME)

DATE

Person Obtaining Parental/Guardian Permission

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

PERSON OBTAINING PARENTAL/
GUARDIAN PERMISSION
(SIGNATURE)

PERSON OBTAINING
PARENTAL/GUARDIAN
PERMISSION
(PRINT NAME)

DATE

Signature of 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

☐

Parent(s)/Guardian of the subject

IMPARTIAL WITNESS
(SIGNATURE)

IMPARTIAL WITNESS
(PRINT)

DATE

Notification of My Health Care Provider

Please indicate below whether you want us to notify your health care provider that you have agreed to take part in this study.

_____ Yes, I want the study doctor to notify my health care provider that I have agreed to take part in this study.

Health Care Provider Name:

Health Care Provider Address:

Study team will send a copy of the consent form to the health care provider.

_____ No, I do not want the study doctor to notify my health care provider that I have agreed to take part in this study or I do not have a health care provider.

Leaving the Study Early

Signatures should be obtained in this section if the subject decides to leave the study early.

If you leave the study early the study leader will keep the data collected about you up until the time you leave the study to help determine the results of the study.

Consent From Adult

PARTICIPANT
(SIGNATURE)

PARTICIPANT
(PRINT)

DATE

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

Person Obtaining Consent

By signing below you confirm that you have fully explained the implications of withdrawing from the study to the subject and have answered all their questions.

PERSON OBTAINING CONSENT
(SIGNATURE)

PERSON OBTAINING
CONSENT
(PRINT)

DATE

Parental/ Guardian Permission

By signing below you confirm you have the legal authority to sign for this child.

PARENT/GUARDIAN
(SIGNATURE)

PARENT/GUARDIAN
(PRINT NAME)

DATE

Person Obtaining Consent

By signing below you confirm that you have fully explained the implications of withdrawing from the study to the subject and have answered all their questions.

PERSON OBTAINING CONSENT
(SIGNATURE)

PERSON OBTAINING
CONSENT
(PRINT)

DATE