PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Short Title:	A study comparing AVT80 and Entyvio® in healthy adults
Protocol Number:	AVT80-GL-P01
Sponsor:	Alvotech Swiss AG Thurgauerstrasse 54, CH-8050 Zurich, Switzerland
Principal Investigator:	Christchurch: Dr Chris Wynne Auckland: Dr Christian Schwabe
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Phone Number:	Christchurch: 0800 862 278 Auckland: 0800 STUDIES (0800 788 3437)
Ethics Number:	**2024 FULL 21681**

This is the third time that the investigational medicine will be studied in humans but the first time that it will be given as an injection under the skin of the upper arm (subcutaneous).
You will not get any health benefit from the drugs used in this study; but there are risks of you having a drug reaction, injury, or illness.

You are invited to take part in a clinical research study. This study will test an experimental drug, named AVT80 and compare it with the currently approved Entyvio®. AVT80 may potentially be used for the treatment of Crohn's disease and ulcerative colitis. AVT80 is an investigational product because it has not been approved by the New Zealand MedSafe or other drug regulatory authorities.

This Participant Information Sheet will help you decide if you'd like to take part. It sets out why we are doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. We will go through this information with you and answer any questions you may have. We expect this will take about 30-60 minutes. You do not have to decide today whether or not you will participate in this study. Before you decide you may want to talk about the study with other people, such as family, whānau, friends, or healthcare providers. Feel free to do this.

Whether or not you take part is your choice. If you don't want to take part, you don't have to give a reason. If you do want to take part now, but change your mind later, you can pull out of the study at any time.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

Please make sure you have read and understood all the pages of this document including the consent form.

1 WHY ARE WE DOING THE STUDY?

1.1 Purpose

Crohn's disease (CD) and ulcerative colitis (UC) are the 2 main forms of inflammatory bowel disease (IBD) that causes inflammation in different areas of the digestive tract. Inflammation of the digestive tract often leads to abdominal pain, severe diarrhoea, fatigue, weight loss and malnutrition. In New Zealand, approximately 20,000 people are affected by these 2 forms of IBD.

Vedolizumab (Entyvio) is currently used as treatment in New Zealand for moderate to severe CD and UC. The Sponsor, Alvotech has developed an investigational drug designed to be similar to Vedolizumab, called AVT80. AVT80 is a monoclonal antibody that targets an immune cell protein (α4β7 integrin) to stop it from binding to a gut protein (MAdCAM-1) found in the gastrointestinal (GI) cells. The interaction between the immune cell protein and gut protein is thought to be important in diseases such as CD or UC. It is hoped that by reducing this interaction, AVT80 can reduce migration of immune cells into the GI tract thereby reducing inflammation found in the GI tract.

This study will compare AVT80 to currently approved treatment that is either sourced from the USA or Australia (US-Entyvio® or AU-Entyvio®).

The purpose of this study is to:

- Measure levels of AVT80 in the blood over time when compared to US-Entyvio® and AU-Entyvio®, following a single dose.
- Evaluate how safe and well tolerated AVT80 is when compared to US-Entyvio® and AU-Entyvio®, in healthy adults.
- Assess the body's immune response to AVT80 when compared to US-Entyvio® and AU-Entyvio®.

1.2 Study Design

Approximately 351 healthy adults will take part in this study. The study requires a 3-night stay at the New Zealand Clinical research unit, and 25 scheduled clinic visits. Up to 351 of these participants are expected to be recruited in New Zealand, and the remaining participants potentially can be recruited in the other countries.

This is a randomised, blinded study:

Randomised means that the study medication you take (investigational medicine or comparator - Entyvio®) will be assigned randomly (by chance).

Blinded means that neither you nor your study doctor will know whether you will be receiving AVT80, US-Entyvio® or AU-Entyvio®. In an emergency, the study doctor can find out what you are receiving.

Every person in the study will receive a single 108 mg dose of AVT80, US-Entyvio® or AU-Entyvio®. Each dose will be given as an injection under the skin of the upper arm.

Blood samples and other tests to measure investigational medicine levels and effects on the body will be collected at specific time points during the study, your safety will be monitored, and any changes in your health will be recorded.

1.3 Nature and Sources of Funding of the Study

This research project is being conducted and funded by Alvotech Swiss AG and locally sponsored in New Zealand by PPD, part of Thermo Fisher Scientific, a Contract Research Organisation (CRO) which help conduct and monitor the study in New Zealand.

By taking part in this research study, you agree that data generated from your assessments throughout the study, will be provided to the Sponsor. The knowledge gained from this data may help the Sponsor in obtaining approval for a new drug and benefit the sponsor financially. There would be no financial benefit to you from these discoveries.

New Zealand Clinical Research (NZCR) will receive a payment from Alvotech Swiss AG for undertaking this research project.

No member of the research team will receive a personal financial benefit from your involvement in this research project (other than their ordinary wages).

1.4 Approval by Ethics Committee.

This study has been reviewed by an independent group of people called a Health and Disability Ethics Committee (HDEC). The ethical aspects of this research project have been approved by the **Northern B** Ethics Committee.

A description of this clinical study will be available on http://www.ClinicalTrials.gov. 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.

2 WHAT WOULD YOUR PARTICIPATION INVOLVE?

Participation in this study will last up to approximately 22 weeks, including a screening, dosing, and follow-up period. If you wish to participate in this study, you will be asked to sign this consent form before any study assessments can be performed.

The details of the study and tests performed are discussed and shown below. During the screening period, assessments will be done to check whether the study is suitable for you. The day you have your dose of AVT80 (or US-Entyvio®, or AU- Entyvio®) is called Day 1 and all other days are counted back or forward from this.

The results of the screening assessments will determine whether or not you can take part in the study. However, even if all your results are normal, you may not be guaranteed a place. We may screen more participants than we need and so you may be asked to be a reserve. This will mean you will be asked to come to the clinic and undergo the tests and procedures until the point that we have enrolled enough eligible participants. You will then be discharged and where possible we will try to include you in a later group.

2.1 Tests and Procedures

Collection of Your Information
At your Screening visit, the study staff will record your demographic information, such as your name, age, sex, race/ethnicity, address and phone number. The study doctors will also ask you questions about your health, including medical history, medications you are taking, social history (including smoking, alcohol and drug use), and contraception.

Physical Examination:
During the study, the doctor will perform a physical examination to check your health. Your height and weight will also be measured to calculate that your Body Mass Index (BMI) is within range for the study.

Neurological assessment:
A neurological assessment will be completed at screening to check if you have symptoms suggestive of progressive multifocal leukoencephalopathy (PML). You also will be asked a range of questions by the doctor that covers specific symptoms.

Electrocardiogram (ECG):
An ECG measures the electrical activity of your heart, using 12 wires attached to your chest and limbs with sticky pads.

Vital Signs:
Vital signs include recordings of your pulse, blood pressure, breathing rate, and temperature.

Blood and Urine Samples:
At clinic visits, blood samples are taken by direct vein puncture. On the day you receive your investigational medicine dose, a cannula (thin plastic tube) will be inserted into a vein in your arm to take blood samples. If your cannula stops working, direct vein punctures will be used. Blood and urine samples will be collected:

- To monitor your safety (blood cells, clotting, chemistry, fats, liver function, kidney function)
- To check whether you may be pregnant (for people who are biologically female)
- To check whether you are post-menopausal (for post-menopausal people only)
- To screen your blood sugar levels
- To screen for recreational drugs such as cannabis, methamphetamine, and opiates
- To screen for specific infections (HIV, Hepatitis B, Hepatitis C, Tuberculosis - TB)
- To measure the amount of AVT80 in the blood (pharmacokinetics)
- To measure the effect of AVT80 on specific immune system cells and proteins

Alcohol Breath Testing
You will be screened for the presence of alcohol via a breathalyser. You will blow into the mouthpiece for a few seconds to measure the presence of alcohol on your breath.

COVID-19 testing – During the study, you may be required to have COVID-19 testing completed if you are showing symptoms. You will be informed of these tests by study staff.

Study Schedule

Period	Screening	In-Patient Stay				Follow-Up								
Study Day	**-28 to -2**	**-1**	**1**	**2**	**3**	**4**	**5**	**6, 7, 8**	**9**	**10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 22**	**29**	**43, 57, 71, 85, 99**	**112**	**126 EOS [a]**
Questions about my health	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Admission to the unit		X												
Discharge from the unit					X									
Physical Exam [b]	X	X	X						X		X		X	X
Vital Signs	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ECG	X	X		X			X		X				X	X
BMI (Height & Weight)	X	X												X [c]
Dose Administration			X											
Blood Sampling	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Urine Sampling	X	X		X			X		X		X		X	X
Pregnancy Test	X	X									X			X
Alcohol Breath Test and Urine Drug test	X	X												
Neurological assessment	X													
Injection site assessment			X	X	X	X	X		X		X			X

[a] EOS = End of Study
[b] A full physical exam will occur at screening and Day -1, all others will be symptom-directed
[c] Only weight will be measured on Day 126

2.2 Who Can Take Part in this Study?

To take part in this study you must:	
✓	Be able to give informed consent and follow the study procedures.
✓	Be aged 18 – 55 years, inclusive.
✓	Have a BMI (Body Mass Index) between 17.0 kg/m^2 – 32.0 kg/m^2
✓	Weigh between 50kg – 90 kg

You cannot take part in this study if you:	
✗	Are pregnant or breastfeeding
✗	Have taken any prescription or over-the-counter medication (excluding multivitamins, vitamin C, paracetamol, ibuprofen or food supplements) within 7 days prior to dosing.
✗	Have a history of drug (including cannabis) or alcohol abuse within the past 3 years. • Alcohol abuse is defined as more than 10 drinks per week for women, and more than 14 for men. 1 drink = 360 mL of beer, 150 mL of wine, or 45 mL of spirits.
✗	Have a history of a significant medical problem, mental health problem or severe allergy, including chronic obstructive pulmonary disease and diabetes.
✗	Have donated more than 500mL of blood within 8 weeks prior to dosing.
✗	Have received a vaccine within 1 month prior to dosing (excluding the influenza vaccine). If unsure, please discuss with study staff.
✗	Have current active HIV, TB, Hep B or Hep C infection. The study doctor can discuss this with you.
✗	Have a history of cancer within the last 5 years. There are some exceptions, please discuss this with study staff.
✗	Have had a recent major surgery within 3 months prior to dosing.
✗	Have received an investigational agent within 8 weeks of dosing or have received vedolizumab or a similar drug before.
✗	Have a history of recurrent infection, a current infection, or an infection or fever within 1 week prior to dosing.

If you think that any of the above applies to you, or you have one of the conditions described, please discuss these with your study doctor for more thorough assessment to see if you can take part in this study or not. Additionally, there are other criteria that you will need to meet in order to be eligible for the study, but the study doctor will discuss this with you at your screening visit.

2.3 Study Instructions

It is important that you follow the instructions you are given and attend all scheduled clinic visits. It is also possible that the study doctor may schedule extra visits or tests for you, if considered necessary. In the event that an assessment is not performed on the day outlined within the Schedule of Activities within this document, the assessment may be performed at your next study visit.

You will be given a Participant Identification Card if you participate in this study, stating the name of the study and the study doctor's contact information. This card should be carried with you at all times so that you can contact the study doctor at any time and so you can show it to any other doctor, dentist, or pharmacist that you might visit while in this study.

At each visit, the study staff will ask you questions about your health and the medications you are currently taking. You should always report any changes in your health, unusual feelings, or symptoms to the study staff. It is also important that you do not start, stop, or make changes to any of the medications you are currently taking without first discussing this with your study doctor.

When you are an inpatient with us, we will provide you with all of your meals. Meals play an important role in clinical trials due to their relationship with metabolism of the investigational medicine (the way that the drug is processed and broken down by the body). By signing this document, you are agreeing that you will be compliant with all meal requirements on this study. In certain cases, we are able to cater for dietary requirements, please discuss this with the study team before joining the study.

Restrictions:

- You will not be able to smoke or use any nicotine containing products during your inpatient stay.
- You must not consume any caffeine or xanthine containing products (i.e., coffee, tea, chocolate, soda) or grapefruit juice for at least 24 hours prior to dosing, during your inpatient stay (Day 3).
- You must not consume any alcohol for at least 48 hours prior to dosing, and through until after your Day 19 visit. You must also not consume alcohol within 24 hours of all remaining follow up visits.
- You must be fasted (no food, only water) for at least 8 hours prior to your screening visit, Day -1, and for your Day 2, Day 5, Day 9, Day 29, Day 112 and Day 126 visits. Study staff will remind you prior to each visit that you need to be fasted.
- You must refrain from strenuous exercise for at least 24 hours prior to admission, up until Day 19. You must also refrain from strenuous exercise within 24 hours of all remaining follow up visits. Please note that for Day 29, Day 112 and Day 126 visits you will need to refrain from strenuous exercise for 48 hours prior to the visit.
- You will not be able to receive a vaccine within the month prior to dosing and 5 weeks after. There are some exceptions, please discuss with study staff if you are planning to receive any vaccines.

At admission, you will have your bag checked for prohibited items (e.g., drinks or foods). Any prohibited items will be removed and returned to you on discharge from the unit.

3 WHAT ARE THE POSSIBLE BENEFITS, COSTS AND RISKS TO YOU PARTICIPATING?

3.1 Benefits

This study is not designed to provide you with any therapeutic benefits. Information from this study might help to develop better treatments in the future for UC or CD.

3.2 Reimbursement and Costs

All tests required to be done for this study will be paid for by Alvotech Swiss AG and there will be no cost for you to participate in this study.

You will be reimbursed the sum of $7,000 (before tax), following the final study visit**.** However, the timing of reimbursement is flexible and can be adjusted to suit your needs – please discuss this with study staff if you have any concerns regarding your reimbursement. **We are required to deduct withholding tax at the applicable rate you have declared in the IR330C form**. You will be responsible for any other tax obligations (e.g., ACC). If you are GST registered, it may be possible for you to submit a GST invoice. Contact paymentforms@nzcr.co.nz if you would like to discuss this further.

The payment will be made after you complete the study, to cover your time and inconvenience. If you are receiving a benefit or allowance, your usual payments may be affected. Your tax statement will state that you were paid from your dosing day through to your final study visit.

To be able to receive reimbursement as part of this study you must be eligible to work in NZ (e.g. as a NZ resident, NZ citizen, or with the appropriate work visa) for the entire duration of the study. If you are no longer eligible to work in NZ during the study, you will be withdrawn from the study and your reimbursement will be a pro-rata of the total amount.

If you leave the study of your own choice or are released from the study for non-medical reasons, you will receive a partial reimbursement (a pro-rata reimbursement) according to how far you contributed to the study.

Full reimbursement requires completion of all visits according to study requirements. If you are withdrawn from the study for medical reasons, having received trial medication, you will receive reimbursement in full.

You will also be reimbursed for travel and parking (if you use personal transport) or you can use uber or taxi for your study visits, which can be arranged and paid for by NZCR if you live in the metropolitan area. Travel reimbursement will occur throughout the study as needed. Please discuss arranging study transport with the site study staff. If you live outside this area, we will discuss your travel costs individually.
In order to meet dosing requirements, additional (reserve) participants may be admitted to the unit. If you are invited to attend the study as a reserve, you will be asked to either; admit to the unit on Day -1 just for the day (**day reserve**) or admit to the unit on Day -1 and stay overnight (**night reserve**). If you are a reserve, and you are not required to be dosed, you will be reimbursed for your time and inconvenience (day reserve = $150 or night reserve = $350).

If you complete the screening visit assessments and are found not eligible for the study, you will not receive any reimbursement.

3.3 Possible Risks and Disadvantages?

Medications often cause side effects. You may have none, some or all the effects listed below, and they may be mild, moderate, or severe. There may also be unknown side effects from taking AVT80 alone or with other drugs you may be taking. If you have any of these side effects, or are worried about them, talk with your study doctor. Your study doctor will also be looking out for side effects.

What are the Risks or Side Effects of AVT80?

Participation in any clinical study carries the potential risk of unpleasant, serious, and sometimes life-threatening events or adverse reactions. However, your health and life safety throughout the entire study period will be supervised by the Investigator and the study team involved directly during your visits at the study site.

Your treatment with AVT80/Entyvio® can have some unwanted effects. However, the Investigator will follow you closely and keep track of any unwanted effects or issues.

As AVT80 is designed to be very similar to Entyvio®, the side effects are expected to be similar as well. Please see the risks or side effects of Entyvio® below.

There is a risk that you could develop antibodies against AVT80 or Entyvio®. Developing antibodies to AVT80 or Entyvio® could neutralise the effect of the drug, which means it may not work if you used it for treatment purposes in the future. It could also cause an allergic reaction if you have doses in the future.

As with other drugs, AVT80 may cause an immune reaction or allergic reaction. Symptoms may include rash, flushing, itching, sneezing or runny nose, abdominal pain, diarrhea, swelling of face, tongue or throat, dizziness, lightheaded or fainting, trouble breathing, irregular or racing heart rate, and seizures. These reactions can be life-threatening / fatal. If you have a skin reaction or other adverse event, the study doctor may take a photograph to document the event.

Because AVT80 has limited exposure in humans, there is always a risk of some unexpected serious, life-threatening side effects occurring following the administration of a new experimental treatment. It is unknown whether some unexpected serious or life-threatening side effect could occur with AVT80. You will be monitored closely for them and treated if they occur.

Risks or Side Effects of Entyvio® (Vedolizumab):

Entyvio® has been approved for use in New Zealand by regulatory bodies.

People who received vedolizumab in the past reported the following side effects:
Very common side effects (more than or equal to 1 in 10 people):

- Common cold (Nasopharyngitis)
- Headache
- Joint pain

Common side effects (more than or equal to 1 in 100 to less than 1 in 10 people):

- Inflammation of lining of stomach and intestines (gastroenteritis)
- Condition in which the cavities around the nasal passages become inflamed (sinusitis)
- Pain or irritation in the throat (pharyngitis)
- Tingling or prickling, "pins-and-needles" sensation; usually temporary, often occurs in the arms, hands, legs, or feet (paraesthesia)
- High blood pressure (hypertension)
- Pain in roof and back part of mouth (oropharyngeal pain)
- Stuffy nose, or runny nose, sneezing. throat pain and cough (upper respiratory tract infection).
- Nausea
- Gastrointestinal issues such as indigestion, constipation, farting (flatulence) and Inflammation of the colon (Clostridium difficile infection)
- Bloating and swelling in the belly area (abdominal distension)
- Skin reactions such as a rash, redness of the skin (Erythema) or itching and inflammation (eczema). As this is an injection there is also the risk of injection site reactions.
- Painful rash (Herpes Zoster)
- Night sweats and Fever
- Acne
- Muscle spasms and lack of muscle strength (muscular weakness)
- Back pain and Body pain
- Feeling tired
- Infection that inflames air sacs in one or both lungs, which may fill with fluid (pneumonia) and/or inflammation of the airways in the lungs which results in coughing (bronchitis).

Uncommon side effects (more than or equal to 1 in 1000 to less than 1 in 100 people):

- Infections of parts of the body involved in breathing, such as the sinuses, throat, airways, or lungs (respiratory tract infection)
- Yeast infection of the vagina (vulvovaginal candidiasis)
- Infection in mouth (oral candidiasis)
- Infection of hair follicles (folliculitis)
- Chills and feeling cold
- Blurred vision

Very rare side effects (less than to 1 in 10,000 people):

- Anaphylactic reaction and shock

If any of these side effects happen to you, tell your study doctor. Since the study drug can only be used in a study like this one, there are some side effects that are not yet known. If you notice any side effects that are not mentioned here, please tell your study doctor.

Some systemic immunosuppressive agents have been associated with progressive multifocal leukoencephalopathy (PML), which is an extremely rare but serious infection of the brain caused by a virus. Vedolizumab exerts an immunosuppressive effect specific to the gut and no systemic immunosuppressive effect was noted in healthy subjects receiving vedolizumab. While there is a theoretical risk of PML, this risk was evaluated in clinical trials in patients suffering from inflammatory bowel disease treated with multiple doses of vedolizumab over a 2-year period. In this population there were no cases of PML reported.

What are the Risks or Side Effects of Study Procedures?

Blood Sample Collection, Cannulas and injections:
Risks include bruises, swelling with itching, and slight bleeding. The area may become inflamed. In rare cases, it may result in a blood clot, an infection or nerve damage. As needles can cause pain, you may feel light-headed or faint.

ECG Tests:
Sometimes the sticky pads used to attach the ECG leads can cause skin irritation (redness / itchiness).

Physical Examination:
During this examination you may be asked to remove some items of clothing so a full examination can be done. You can request a chaperone to be with you at the time of the physical examination, please ask one of our research nurses.

3.4 Contraception

Reproductive Risks for Sexually Active Participants of Child-Bearing Potential

The effects of AVT80 in pregnancy and breastfeeding are unknown, but there is a risk it may cause birth defects or foetal deaths, and/or be passed on in breast milk. If you are pregnant or breastfeeding, you cannot take part in this study.

If you are sexually active and of child-bearing potential (able to become pregnant), it is very important that you do not become pregnant during this study. A person of child-bearing potential is any pre-menopausal person who may become pregnant. If you are unsure if this applies to you, please check with the study doctor before you start the study medication. **You must use one of the methods of contraception listed below**, from at least screening until at least 18 weeks after your dose:

A highly effective method (less than 1 pregnancy per 100 people using the method for one year) e.g.:

- Implant contraceptive (e.g., Jadelle®)
- Intra-uterine device (IUD) containing either copper or levonorgestrel (e.g., Mirena®)
- Sterilisation (e.g., vasectomy, bilateral tubal ligation ('clipping or tying tubes' or hysterectomy)

OR highly effective methods that are user dependent method e.g.:

- Injectable contraceptive (e.g., Depo Provera)
- Oral Contraceptive Pill (combined hormonal pill or progestogen-only 'mini-pill')

If you are using hormonal contraceptive (implant, hormonal IUD, injectable or pill) you and your partner must also use a male condom, from screening through until 18 weeks after your dose.

Please note that a condom alone is not a highly effective methods of birth control.

Total abstinence from heterosexual intercourse during the entire period of risk associated with the investigational medicine (from screening until at least 18 weeks after your dose) is considered an acceptable form of contraception if this is in line with your preferred and usual lifestyle.

If you are unsure which method of birth control you are using (or want to start using) and whether it is acceptable for this study, please ask the study doctor for more information.

You must also agree to not donate/freeze eggs, from screening until at least 18 weeks after your dose of investigational medicine.

If you do become pregnant during the study, you must tell the study doctor as soon as possible. If you do become pregnant you will be asked to sign a separate consent form, to allow the Sponsor to collect information about your pregnancy and the outcome of your pregnancy.

Reproductive Risks for Sperm in Sexually Active Participants

The effects of AVT80 if passed on through semen are unknown, but there is a risk it may cause birth defects or foetal deaths. **You are responsible for informing your sexual partner of these possible risks.**

If you are sexually active and have any partner who is of child-bearing potential (meaning a partner who may become pregnant) it is very important that you use contraception during this study. You and your partner must use one of the contraception options listed above for participants of child-bearing potential, from at least screening through until at least 18 weeks after your dose.

You and your partner must also use a male condom (unless you are vasectomised), from screening through until 18 weeks after your dose.

Please note that a male condom alone is not a highly effective methods of contraception.

Total abstinence from heterosexual intercourse during the entire period of risk associated with the investigational medicine (from screening until at least 18 weeks after your dose) is considered an acceptable form of contraception if this is in line with your preferred and usual lifestyle.

If a pregnancy occurs, you must report this to the study doctor as soon as possible. Your partner will be asked to give consent for their information and their infant's information to be collected for monitoring purposes.

You must also agree not to donate sperm, from dosing until at least screening through until 18 weeks after your dose of the investigational medicine.

4 WHAT WOULD HAPPEN IF YOU WERE INJURED IN THE STUDY?

As this research study is for the principal benefit of its commercial sponsor Alvotech Swiss AG, if you are injured as a result of taking part in this study you **won't** be eligible for compensation from Accident Compensation Corporation (ACC).

However, Alvotech Swiss AG has satisfied the **Northern B** Health and Disability Ethics Committee that approved this study that it has up-to-date insurance for providing participants with compensation if they are injured as a result of taking part in this study.

New Zealand ethical guidelines for intervention studies require compensation for injury to be at least ACC equivalent. Compensation should be appropriate to the nature, severity and persistence of your injury and should be no less than would be awarded for similar injuries by New Zealand's ACC scheme.

The sponsor has voluntarily committed to provide compensation in accordance with guidelines that they have agreed between themselves, called the Medicines New Zealand Guidelines (Industry Guidelines). These are often referred to for information on compensation for commercial clinical trials. There are some important points to know about the Industry Guidelines:

- On their own they are not legally enforceable and may not provide ACC equivalent compensation.
- There are limitations on when compensation is available, for example compensation may be available for more serious, enduring injuries, and not for temporary pain or discomfort or less serious or curable complaints.
- Unlike ACC, the guidelines do not provide compensation on a no-fault basis:
- The Sponsor may not accept the compensation claim if:
    - Your injury was caused by the investigators, or;
    - There was a deviation from the proposed research plan, or;
    - Your injury was caused solely by you.

An initial decision whether to compensate you would be made the by the sponsor and/or its insurers.

If they decide not to compensate you, you may be able to take action through the Courts for compensation, but it could be expensive and lengthy, and you might require legal representation. You would need to be able to show that your injury was caused by participation in the trial.

You are strongly advised to read the Industry Guidelines and ask questions if you are unsure about what they mean for you:
https://www.medicinesnz.co.nz/fileadmin/user_upload/2015__Medicines_New_Zealand_Compensation_Guidelines__FINAL.pdf

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.

5 WHAT WILL HAPPEN TO MY TEST SAMPLES?

Blood and urine samples will be collected throughout the study. These samples will be used for various tests. Some of the samples will be used for regular routine blood counts and blood chemistry, to monitor your general health. All these routine samples will be sent to Awanui or Canterbury Health Laboratories for testing and destroyed after 3 months by internationally accepted means.

All other study samples (pharmacokinetics and immunogenicity) will be sent to central laboratories Nuvisan GmbH (Neu-Ulm, Germany) and BioAgilytix Europe GmbH (Hamburg, Germany) for testing and destroyed after 5 years by internationally accepted means.

The maximum amount of blood collected from each participant during the study will be up to approximately 320 mL. For comparison, a standard blood donation at a blood collection centre, is about 470 mL. Samples collected by NZCR will be identified by your study number, year of birth, initials, and sex, to allow study doctors to quickly respond to any abnormal results. Before the results of these tests are sent to the Sponsor, your identifiable information will be removed and replaced with a code.

The proposed blood tests include a screening test for HIV and for viral Hepatitis B and C, as well as a TB. Signing the consent form means that you agree to have this testing performed. It is important to understand that a positive screening test does not necessarily mean you have the disease. Should you receive a positive screening result for HIV, TB or either Hepatitis B or C, then the study doctors will provide initial counselling and medical advice and will assist in arranging any follow up tests that you require. HIV, Acute (newly diagnosed) Hepatitis B/C, and TB are all 'notifiable diseases', which means that it is required by law to notify government health authorities of any new cases.

5.1 Are There Any Cultural Considerations?

You may hold sacred and shared values about your tissue samples and/or data originating from this tissue. In line with this we include data sovereignty principles in our practices and in our data management plan. These principles are in place to ensure that the data generated from this research is protected (**whanaungatanga** – relationships) and may benefit Māori now and into the future. More information on data can be found in Section 7.3 including what happens to your data, **kaitiakitanga** (protectors/guardianship) and how this impacts **whakapapa** (whānau, hapu, iwi). NZCR also honour **Kotahitanga** (working together) and ensure that participants are not discriminated based on beliefs.

If you wish karakia to be performed at t the time of sample collection, please let the study staff know and they can arrange this. However, due to samples being sent to countries outside of New Zealand, a karakia will not be able to be performed at the time of your sample disposal.

If you would like to take part in this study you may want to talk to your whānau about it as the study will impact on their whakapapa (that is any tissue and data we gather from you will potentially include information about your whanau, hapū and iwi. If you are involved in any hapū and iwi events and have access to people who understand the impact of this research on your whakapapa you may be able to contact them as well.

There are other ways of accessing cultural support if you need it. There is a contact at the end of this form that you can ring if needed.

Cultural support is different from wanting to know about the study. In this case we can arrange for an investigator to talk to you and your whānau.

New Zealand Clinical Research is committed to meeting their Tiriti obligations by ongoing training to understand what our Tiriti responsibilities are.

6 WHAT ARE THE RIGHTS OF PARTICIPANTS IN THE STUDY?

6.1 Participation is Voluntary

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. This will not affect your relationship with NZCR.

If you do decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

6.2 New Information

Sometimes during the course of a research project, new information becomes available about the medication that is being studied. If this happens, your study doctor will tell you about it and discuss with you whether you want to continue in the research project. If you decide to withdraw, your study doctor will make arrangements for your regular health care to continue. If you decide to continue in the research project, you may be asked to sign an updated consent form.

Also, on receiving new information, your study doctor might consider it to be in your best interests to withdraw you from the research project. If this happens, they will explain the reasons and arrange for your regular health care to continue.

6.3 Privacy and Confidentiality and Right to Access Information Collected During the Study

What will Happen to my Information?

During this study, the study doctors, researchers, nurses and other NZCR staff will record information about you and your study participation. This includes the results of any study assessments. Information such as your name, sex, age, race/ethnicity, address and phone number will be on the demographics page for the study so we can identify you correctly at visits and contact you. This information may be used to obtain health records (detailed below) but is not supplied to anyone overseas, except your sex, race/ethnicity and age/year of birth..

If needed, **information from your hospital records and your usual doctor (GP) may also be collected**, and your GP will be notified about your participation in the study. You cannot take part in this study if you do not consent to the collection of this information.

Type of information	Where is it stored?	Who can access it?
Identifiable Information – *this information can be traced back to you*		
• Information collected from you • Laboratory results • Photographs if required for any adverse events e.g. skin reactions. • Neurological assessment questionnaire	• **Paper**: stored securely under restricted access at NZCR. Following study completion paper forms are transferred to a secure site and stored for 15 years, then destroyed • **Electronic**: stored on secure NZCR servers (in New Zealand and Australia)	• NZCR staff • Your GP / usual doctor • Local laboratory staff to process and report your screening and safety tests • Sponsor/CRO monitors to ensure the study is run properly and data is collected accurately • Representatives from the Sponsor if you make a compensation claim as a result of study-related injury. Identifiable information is required to assess your claim • Ethics committee, regulatory authorities, and sponsor/CRO representatives if the study or site is audited • Medical Officer of Health for positive test results for a notifiable disease (i.e., Hepatitis B/C, HIV and TB)

		• The study doctor may share your information with other people, in the rare event of a serious threat to public health or safety, or to the life or health of you or another person OR if the information is required in certain legal situations
De-identified (coded) Information – *this information is only labelled with your unique study ID*		
• De-identified information about you (sex, race/ethnicity and age/year of birth) • Study assessment results are uploaded into the study database to be analysed • De-identified photographs, if required (as above)	• **Electronic**: will be stored-on a secure platform and will be retained indefinitely. Storage will comply with local and/or international data security guidelines.	• The Sponsor, for the purposes of this study. • People and companies working with or for the Sponsor, for the purposes of this study. • Regulatory or other governmental agencies worldwide.
Anonymised Information – *this information cannot be traced back to you (code removed)*		
• All de-identified information for which the code has been removed	• **Electronic**: stored on a secure sponsor-managed database	• Access not restricted

Future Research Using Your Information
Your coded information may be used for future research related to AVT80, UC or CD.

This future research may be conducted overseas. You will not be told when future research is undertaken using your information. Your information may be shared widely with other researchers or companies. Your information may also be added to information from other studies, to form much larger sets of data.

You will not get reports or other information about any research that is done using your information.

Your information may be used indefinitely for future research unless you withdraw your consent. However, it may be extremely difficult or impossible to access your information or withdraw consent for its use once your information has been shared for future research.

Security and Storage of Your Information
During the study, your information will be stored on paper forms at NZCR and electronically on secure servers. When the study has finished, paper forms will be transferred to a secure site and stored for at least 15 years, then destroyed. De-identified information in electronic form will remain on a secure platform and will be retained indefinitely. Storage will comply with local and/or international data security guidelines.

Risks
Although efforts will be made to protect your privacy, absolute confidentiality of your information cannot be guaranteed. Even with coded and anonymised information, there is no guarantee that you cannot be identified. While the risk is currently very small, the chance that someone might access and misuse your information (for example, by making it harder for you to get or keep a job or health insurance) might increase in the future as people find new ways of tracing information.

Your coded information is being sent overseas. Other countries may have lower levels of data protection than New Zealand. There may be no New Zealand representation on overseas organisations which make decisions about the use of your information. There is a risk that overseas researchers may work with information in a way that is not culturally appropriate for New Zealanders.

Rights to Access Your Information and Results
You have the right to request access to your information held by the research team. You also have the right to request that any information you disagree with is corrected.

Please ask if you would like to access your screening and safety tests during the study. You may access other study-specific information before the study is over, but this could result in you being withdrawn from the study to protect the study's scientific integrity.

If you have any questions about the collection and use of information about you, you should ask a study doctor.

7 WHAT WILL HAPPEN AFTER THE STUDY ENDS, OR IF I WANT TO PULL OUT?

7.1 If You Decide to Withdraw

You may withdraw your consent for the collection and use of your information at any time, by informing your Study Doctor. Please notify a member of the research team before you withdraw. This notice will allow that person or the research supervisor to discuss any health risks or special requirements linked to withdrawing, such as follow up visits.

If you withdraw your consent, your study participation will end, and the study team will stop collecting information from you. Information collected up until your withdrawal from the study will continue to be used and included in the study. This is to protect the quality of the study.

7.2 Why the Study Might be Unexpectedly Stopped

This research project may be stopped unexpectedly for a variety of reasons. These may include reasons such as:

- Unacceptable side effects and safety issues
- Poor recruitment
- Poor study conduct

7.3 Results

When the research project ends the study data must be analysed, so the results of the study may not be available until about a year after the research finishes. The study doctors and/or Sponsor may decide to discuss or publish the results of the study. This may include publication in journals, presentation at conferences or other professional forums. In any publication, information will be provided in such a way that you cannot be identified. Results of the study will be provided to you. If you do not wish to receive a summary of the study results when they become available, then please inform NZCR staff.

8 WHO DO I CONTACT FOR MORE INFORMATION OR IF I HAVE CONCERNS?

In an emergency, please contact 111.
If you have any questions, concerns, or complaints about the study at any stage, you can contact:

Christchurch:

Dr Chris Wynne, Principal Investigator
Phone: 0800 862 278
Email: Aztec.christchurch@nzcr.co.nz

Auckland:

Dr Christian Schwabe, Principal Investigator
Phone: (09) 373 3474 or 0800STUDIES (08007883437)
Email: Aztec.auckland@nzcr.co.nz

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@advocacy.org.nz
Website: https://www.advocacy.org.nz/

Māori cultural support is available through:

Auckland:

The Co-Chair of the Māori Governance Rōpu for Ira Tātai Whakaheke

Mobile: 021 0203 1167
Email: helen.wihongi@TeWhatuOra.govt.nz

Christchurch:

Dr. Matea Gillies
Mobile: 027 4105 025
Email: gillies-lamb@xtra.co.nz

Waikato:

Te Puna Oranga Māori Health Service, Te Whatu Ora (Health New Zealand) - Waikato

Phone: (07) 8343644
Email: research@waikatodhb.health.nz

Wellington:

Glen Alexander
Mobile: 022 4993 099
Email: glen.alexander1968@gmail.com

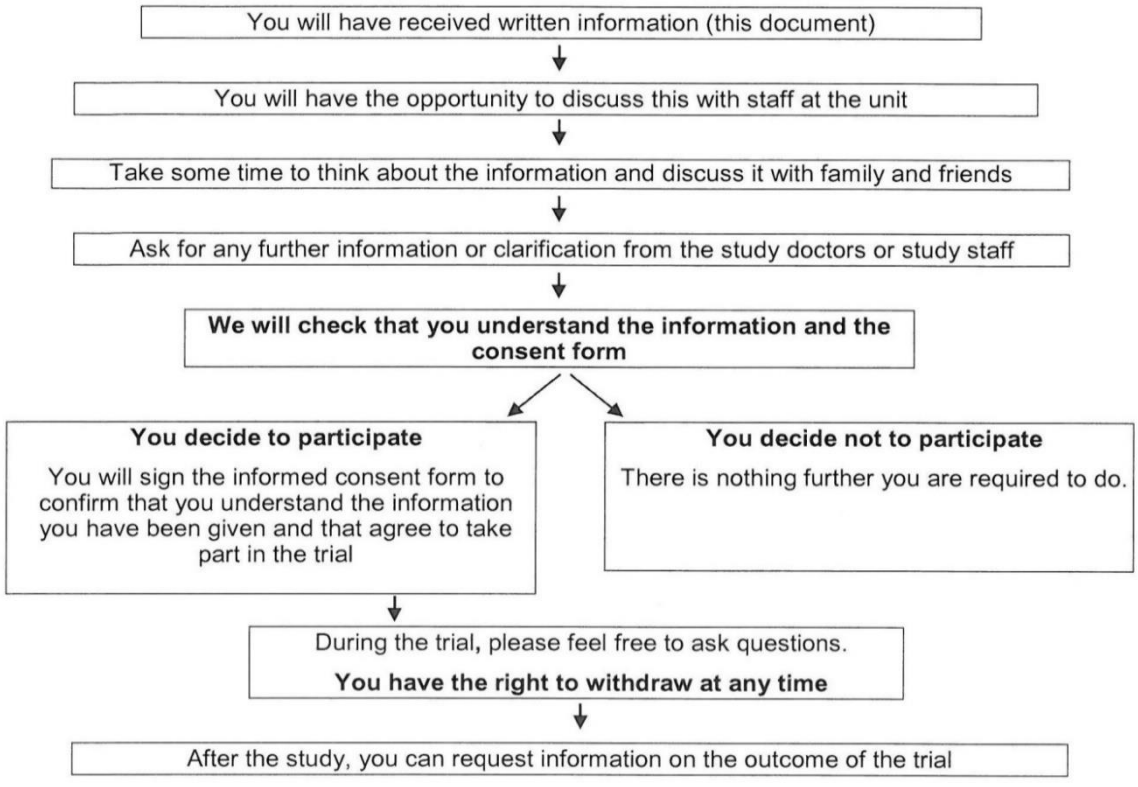
You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Email: hdecs@health.govt.nz
Phone: 0800 400 569 (Ministry of Health general enquiries)

9 WHAT ABOUT ANY OTHER QUESTIONS I MAY HAVE?

10 DO I HAVE TO DECIDE STRAIGHT AWAY?

No, you do not have to decide straight away. You should take some time to consider whether or not to participate, we will be in touch in a week or so to discuss your decision**.** The following steps are useful in helping you reach a decision.



CONSENT FORM

Short Title:	A study comparing AVT80 and Entyvio® in healthy adults
Protocol Number:	AVT80-GL-P01
Principal Investigator:	Christchurch: Dr Chris Wynne Auckland: Dr Christian Schwabe

***Please let study staff know if you require an interpreter*.**

Declaration by participant:

- I have read the Participant Information Sheet, or have had it read to me in a language I understand, and I fully comprehend what it says.
- I have been given sufficient time to consider whether or not to participate in this study.
- I have had the opportunity to use a legal representative, whānau / family support or a friend to help me ask questions and understand the study.
- I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care.
- I consent to the research staff collecting and processing my information, including information about my health (including information collected from my GP and other Health Providers).
- If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.
- I understand that there may be risks associated with the medication in the event of myself or my partner becoming pregnant. I undertake to inform my partner of the risks and to take responsibility for the prevention of pregnancy.
- I agree to my tissue samples being sent overseas, and I am aware that these samples will be disposed of using established guidelines for discarding biohazard waste.
- I agree to an approved parties including Sponsor or CRO representatives for monitoring and auditing, auditor appointed by the New Zealand Health and Disability Ethic Committees, or any relevant regulatory authority or their approved representative reviewing my relevant medical records for the sole purpose of checking the accuracy of the information recorded for the study.
- I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.
- I understand the compensation provisions in case of injury during the study.
- I know who to contact if I have any questions about the study in general.
- I understand my responsibilities as a study participant.
-
- I understand that I will receive a summary of the study results and if I do not wish to receive this, I will inform site staff.
- I consent to my GP or current provider being informed about my participation in the study and of any significant abnormal results obtained during the study.

Statement by Participant I hereby consent to take part in this study. I understand that I will receive a signed copy of this consent form for my records.

_____ (full name)

_____ (signature)

__ __ / __ __ __ / __ __ __ __ (Date DD/MMM/YYYY) Time:_____

Statement by Consenter (Investigator/designee) I have discussed this study with the above-named participant. The participant appeared to fully understand the information provided about the study.

_____ (full name)

_____ (signature)

_____ (project role)

__ __ / __ __ __ / __ __ __ __ (Date DD/MMM/YYYY) Time:_____