Patient Information Sheet & Informed Consent Form

An open-label, multicentre, randomised, adaptive platform trial of the safety and efficacy of several therapies, including antiviral therapies, versus control in mild/moderate cases of COVID-19

Investigator: Dr Y (principal investigator)
Study site: XXXX
Sponsor: XXX

To the patient:
You are being asked to participate in a clinical study. You are entirely free to choose whether or not you want to participate in the study. This information sheet contains important information about the study for you to consider before you decide whether or not you want to take part in the study. Please take the time to read the information carefully. Ask any questions you like. If you want, you can talk to other members of your family or friends before you decide whether or not you want to participate in the study.

This document is divided into two parts.
Part 1: Information Sheet, which presents the reason why the study is being done, how the study will be done, the risks and benefits of the study and your rights if you choose to participate.
Part 2: Informed Consent Form, which is to certify that you agree to participate in the study.

Part 1: Information Sheet

Introduction

You are being asked to participate in the study because you have an infection with a new virus called SARS-CoV-2. The disease caused by the virus is called COVID-19. In most patients, the disease is usually mild, but in some patients it may progress, requiring admission to hospital. In patients with mild COVID-19, the treatment usually consists in treating the symptoms, such as fever, headache, pain and chills.
In [country], the standard treatment for patients with COVID-19 is [treatment].
At the present time, several medicines are being tested in patients with severe COVID-19, but so far none of them has clearly shown that it can cure the disease. You have been diagnosed with symptoms of the non-severe form of COVID-19. The purpose of the study is to see whether giving you a medicine will stop the disease from progressing to the severe form, which could require special care and hospitalisation.
Your participation in the study is entirely voluntary.
If you decide not to participate in the study, you will receive the standard treatment that is given to patients with COVID-19 in the hospital or clinic where you are.
If you decide to participate in the study, you will receive one of the treatments that are being tested in the study.

Why the study is being done

The study is being done to test whether giving you one of the treatments in the study will stop the disease from getting worse. All of the treatments in the study have already been given to a large

number of patients with other diseases and generally they have been found to be safe. We want to know whether the treatments are also effective against COVID-19.
During the study each p atient will receive only one of the treatments. Some treatments may be added to the list of treatments, and others may be taken off the list.

How the study is being done
If you decide to participate, you will be asked to sign a form to confirm that you have understood the risks and benefits and that you agree to take part in the study.
Next, information about you and your medical history will be collected to be sure that there are no reasons why you cannot take the treatments in the study and that you are eligible to take part in the study.For women, a pregnancy urine test will be performed to ensure they are not pregnant at this visit.
The same day or the next day, the study personnel will examine you, measure your blood pressure and heart rate, the level of oxygen in your blood and so on, to be sure that you can participate in the study. If you are eligible, you will then be assigned to one of the study treatments. Neither you nor the study personnel can choose which of the treatments you will receive. A computer will assign you to a group by chance, like a roll of the dice. You will start taking the treatment and you will continue to take the treatment for 6 or 13 days, depending on which treatment you are on.
You or your doctor can stop the treatment at any time before you reach the end of the treatment period, and you are free to change your mind and stop participating in the study at any time. All you have to do is tell your doctor.
The study treatments will be given to you at no cost. You will not be paid for your participation, but you may be reimbursed for any private transportation (according to local guidelines on Covid 19 pandemic) costs or for missed days of work related to your participation in the study. Ask the study doctor or a member of the study personnel for more information.
During the course of the study, you will have to return to the investigational centre three times: on Day 7, Day 14 and Day 21. On these days, the study personnel will examine you and do tests to see whether the disease is getting better or worse and to check that the treatment is safe for you. Some optional tests may include collection of a blood sample (5 millilitres or about 1 teaspoonful) to check that the treatment is safe, as well as chest x-ray and/or CT-scan at investigational centres that are equipped to do the tests and that do them as routine measures for patients with COVID-19.
In between the visits to the centre, you will have to fill out a questionnaire on your smartphone each day so your doctor can see whether the treatment is working and to check that it is still safe for you. If you do not have a smartphone, a member of the study personnel from the site will call you and ask you questions about your health. Based on your responses, your doctor may ask you to come at the site for additional visit.

At any time during the study, you can contact the study personnel if you have any questions or concerns. Ask the study doctor or a member of the study personnel who you should contact and how.
Overall, your participation in the study is expected to last 22 days.
The study is also being conducted in other investigational centres in your country, and in more than 10 other countries in Africa. A total of 2000 to 3000 patients are expected to participate in the study. The first 300 patients will be adult men and women. Then, if the treatments are safe, children 12 years of age or older, and possibly pregnant or breast-feeding women may be allowed to participate.

Risks and Benefits of the Study

All of the treatments in the study are taken by mouth as tablets or capsules. They are all well-known and have been used to treat other diseases for many years. They have been given to a large number of patients and have been found to be safe overall. A few patients may have side effects (described below). There is also the unlikely possibility of a rare unexpected severe reaction to a treatment. The study treatments are listed briefly below.

Hydroxychloroquine

Hydroxychloroquine was originally used to treat malaria, and it is now used to treat patients with autoimmune disorders like rheumatoid arthritis or lupus.

If you are in the group that receives hydroxychloroquine, you will take the drug every day for 7 days. On Day 1 you will receive two tablets twice a day and then you will receive a smaller dose of one tablet twice a day for 6 days.

Some of the common side effects associated with hydroxychloroquine are abdominal pain, nausea, vomiting or diarrhoea, as well as headache, blurred vision or a decrease of your blood sugar which may trigger dizziness and eventually in severe cases loss of consciousness. If you are receiving an antidiabetic treatment. The treating physician may decide to adjust your antidiabetic dosage or perform regular blood sugar testing. Toxic effects on the retina or the heart have been observed in patients who take hydroxychloroquine at doses higher than those in this study and/or for longer treatment periods.

Lopinavir + ritonavir

Lopinavir and ritonavir are antiviral agents that are used to treat patients with HIV infection.

If you are in the group that receives the combination of lopinavir and ritonavir, you will take the drug for 14 days. On day 1, you will receive 4 tablets twice a day and then you will receive a smaller dose of 2 tablets twice a day for 13 days.

Some of the common side effects associated with lopinavir and ritonavir are nausea, vomiting or diarrhoea (mainly on the first dosing day), as well as increased levels of cholesterol and another type of fat called triglyceride in the blood.

Paracetamol

Paracetamol is used to treat patients with fever.

If you are in the group that receives paracetamol, you will take the drug up to 3 or 4 times a day with a maximum daily dose of 3 grams for no more than 14 days. Side effects with paracetamol are rare, but hypersensitivity including skin rash can occur.

Another possible risk is that the treatment you receive may not help you personally to get better, but the information collected in the study could help patients with COVID-19 in the future.

There are also risks related to the examinations in the study. For example, to measure your heart rate, some patches will be attached to your chest, arms and legs to record your heartbeat. This can cause some discomfort or mild skin irritation. Collection of blood samples (optional) can cause pain, bruising, mild bleeding or light-headedness and, in rare cases, infection. Chest X ray and CT scans (both optional) will expose you briefly to a small, targeted amount of ionizing radiation. Ionising radiation may cause damage to the cells in your body. This is usually very minor and does not cause any serious damage,

The potential benefit of participating in the study is that the treatment you take may prevent progression of COVID-19, which could require your hospitalisation. There may also be benefits for

the community since your participation in the study may help prevent transmission of the virus to other people and learn which treatment is effective for COVID-19.

Your Rights in the Study

The study has been reviewed and approved by the ethics committee and the regulatory agency in your country.

You have the right to refuse to participate in the study. If you decide not to participate in the study, this will not have any effect on the quality of the medical care you receive for COVID-19. If you decide to participate in the study, you are still free to withdraw from the study at any time without having to explain the reason.

If you withdraw from the study:

-you will be asked to rapidly come at the site for a full assessment visit to ensure that you are safe. In addition, the site will invite you to come back for a last visit at Day 21 or will call you to inquire about your health status.

-you have the right to ask that no more data be collected concerning you, except data on your health if you stop the study because of a side effect of treatment. We will keep the information about you that we have already obtained, unless you disagree.

During the study, you might be contacted by phone or visited at home at least 3 times on different days, if either you are not completing the questionnaire or not attending a planned visit.

You have the right to receive information on the results of the study once the study is finished. Ask the study doctor or a member of the study personnel how to arrange to receive this information.

Personal data concerning you will be collected by the study personnel, stored in a computer and sent out of your country to analyse the results of the study. In your country, there may be laws on the protection of personal data and, if so, these laws will be respected. In the personal data used in the study, it will not be possible to identify you personally. All identifying details will be removed so that only the study personnel will know that you participated in the study. The only exception may concern your diagnosis of COVID-19 since, in some countries, it may be compulsory to report this information to government agencies.

Personal data concerning you will be shared with other international research teams, so that research efforts on COVID-19 around the world can be coordinated. The teams will not have any data that identifies you personally. If data concerning you are used in another study, you will not have to come back to the investigational centre or to fill out more questionnaires. Data concerning you, as well as information about the study will be kept for at least 25 years after the study ends.

The sponsor of this study has obtained an insurance to cover any possible harm or injury that may be caused by participation in the study. If you get harmed or have questions about injuries as a result of being in the study, please inform study doctor or a member of the study personnel for more information.

Part 2: Informed Consent Form

<table>
<tr><th colspan="2">Patient</th><th colspan="2">Witness*</th></tr>
<tr><td colspan="2">I have read the information or, I have had it read to me.
I was allowed to ask any questions I wanted, and I received satisfactory answers to my questions.
I voluntarily consent to participate in the study.
I agree to allow personal data concerning me to be collected during the study.
I agree to allow personal data concerning me to be shared internationally as long as it is not possible to identify me personally.</td><td colspan="2">I witnessed accurate reading of the consent form to the potential patient, who was able to ask any questions and received satisfactory answers.
I confirm that the patient freely gave consent.</td></tr>
<tr><td>First & last name</td><td></td><td>First & last name</td><td></td></tr>
<tr><td>Signature</td><td></td><td>Signature</td><td></td></tr>
<tr><td>Date</td><td></td><td>Date</td><td></td></tr>
<tr><td>Thumbprint
(if illiterate)</td><td></td><td colspan="2">* For patients illiterate.</td></tr>
</table>

Statement by the Investigator or designee taking consent

I have accurately read the information sheet aloud to the potential patient and made sure that, to the best of my knowledge, the patient understood what the study involves. I certify that the patient was given an opportunity to ask questions about the study and that all questions were answered satisfactorily. I certify that the patient freely and voluntarily gave consent and that a signed copy of this form was given to the patient.

Person taking consent	
First & last name	
Signature	
Date	

The information sheet and form were reviewed and approved by [*name of the local research ethics committee*], a committee responsible for ensuring that study patients are protected from harm. If you want to learn more about the committee, contact [*name, address, telephone number*.]. They were also reviewed by the regulatory agencies in all the countries where the study is being conducted.