# Participant Information Sheet and Consent Form

**CANNABIDIOL ORO-BUCCAL SPRAY ADMINISTRATION CLINICAL TRIAL**

**CANNABIDIOL ORO-BUCCAL ADMINISTRATION STUDY**

The purpose of this document is to explain to you as openly and clearly as possible all the procedures involved in this study before you decide whether to take part in it. Before you decide to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with your family and general practitioner if you wish.

| | |
|---|---|
| Principal Investigator: | Name<br>Address<br>Contact Information |
| Sponsor: | Medlab Clinical Ltd. |

**Introduction**

We invite you to take part in a CBD spray administration research study at *(location/institution*), which seeks to identify which administration technique will lead to the most effective absorption of CBD. Taking part in this study is entirely voluntary. We urge you to discuss any questions about this study with our staff members. Talk to your family and friends about it and take your time to make your decision. If you decide to participate you must sign this form to show that you want to take part.

Essential information you will need to make the decision whether or not to participate in the research study has been outlined below.

Ten people are expected to take part at *(institution)*.

If you decide to take part in this study your participation will last 4 days.

**'What is the purpose of this study?'**

The purpose of this study is to determine what factors affect the absorption of cannabidiol. The study will also see how long it takes for the cannabidiol to be absorbed from the mouth.

**'Why have I been invited to participate in this study?'**

The research team have determined that you may be suitable to participate because you are a healthy individual.

**'What happens in the study?'**

Your involvement in the study will require you to fast for two hours and provide blood and saliva samples. There will be four study visits, each visit will be about four hours long.

You will administer one or two spray(s) to the inside cheek of the mouth (2.5 mg CBD per spray) once every day.

This study has two groups:

1. NanoCBD™ 2.5 mg (one spray)
2. NanoCBD™ 5.0 mg (two sprays)

**Day -14 to Day -1 Screening**

If you agree to participate in this study, you will be given a copy of this Participant Information Sheet and Consent Form for your records. A blood test will be conducted to see if you qualify to participate. If you are a woman who is able to have children, a urine pregnancy test will be conducted.

**Day 1 Randomisation**

In the morning, you will be admitted into the facility. Vital signs will be measured. If you are a woman who is able to have children, a urine pregnancy test will be conducted.

You will be randomly assigned to receive 2.5 mg (one spray) or 5.0 mg (two sprays) of NanoCBD™.

You will fast for one hour before and one hour after the drug is taken. You will brush your teeth with a fresh toothbrush before drug is taken.

One teaspoon of blood and half a teaspoon of saliva will be collected.

You will be observed for 4 hours and then discharged if well.

**Day 2**

In the morning, vital signs will be measured.

You will fast for one hour before and one hour after the drug is taken. You will brush your teeth with a fresh toothbrush before drug is taken.

One teaspoon of blood will be collected.

You will be observed for 4 hours and then discharged if well.

**Day 3**

In the morning, vital signs will be measured.

You will fast for one hour before and one hour after the drug is taken. You will brush your teeth with a fresh toothbrush before drug is taken.

One teaspoon of blood and half a teaspoon of saliva will be collected.

You will be observed for 4 hours and then discharged if well.

**Day 4**

In the morning, vital signs will be measured.

You will fast for one hour before and one hour after the drug is taken. You will brush your teeth with a fresh toothbrush before drug is taken.

You will be required to drink a glass of water after you take the drug.

One teaspoon of blood and half a teaspoon of saliva **or** one teaspoon of blood only will be collected.

You will be observed for 4 hours and then discharged if well.

**Day 8**

You will be contacted by phone to check that you are well and experiencing no ill effects.

**'How long will the study visits take?'**

Each study visit will be about four hours long. The duration of the study will be about 18 days including the screening period.

**'What if I don't want to take part in this study, or if I want to withdraw later?'**

Participation in this study is voluntary. It is completely up to you whether or not you participate. If you decide not to participate, it will not affect the medical care or treatment you receive as a patient now or in the future. Whatever your decision, it will not affect your relationship with the staff caring for you.

New information about the treatment being studied may become available during the course of the study. You will be kept informed of any significant new findings that may affect your willingness to continue in the study.

If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason.

Please note: the study doctor will inform your treating doctor/s of your participation in this study and of any clinically relevant information noted by the trial doctor in the conduct of the trial.

Furthermore, if you decide to participate, your involvement in the study will require you to provide personal information to medical and nursing staff during the course of the first week. The Principal Investigator (referred to as the PI) may request access to your medical records in order for them to become familiar with your history of treatments provided and the medications that you have been provided with (previous and current prescriptions).

**'How is this study being paid for?'**

The study is being sponsored by Medlab Clinical Ltd who is meeting all costs for the study. Medlab Clinical Ltd is the company involved in developing the cannabis-based medicine.

The Principal Investigator at this location is Professor Stephen Clarke. Professor Clarke is independent to Medlab Clinical Ltd however he is a member of the scientific consultant team at Medlab Clinical Ltd.

Co-Investigator Professor Andrew McLachlan is independent to Medlab Clinical Ltd however he is a member of the scientific consultant team at Medlab Clinical Ltd.

Co-Investigators Dr Jeremy Henson and Professor Luis Vitetta are employed by The Sponsor, Medlab Clinical Ltd.

**'Withdrawal of participants from the clinical study'**

Please understand: There is no obligation for you to be involved in this study. If you do not participate your normal treatment plan will be followed. If you decide to participate in the study and later feel that you no longer wish to be part of it, you may withdraw from the study at any time without prejudice to any current or future medical treatment.

The Principal Investigator from the research site may remove any participant from the study at any time in the event a participant's safety may be compromised such as with any of the following:

- Any unanticipated health problems.
- The study is terminated by the investigator or sponsor related to increased risk to participants.
- The participant is non-compliant with the study protocol / procedures.
- PI determines that it is in the best interest of the participant to be removed from the study.

**'Are there risks to me in taking part in this study?'**

All medical clinical trials involve some risk of injury. In addition, there may be risks associated with this study that are presently unknown or unforeseeable. Despite all reasonable precautions, you might develop medical complications from participating in this study.

All medicines can have side effects. You are more likely to get side effects when you start your treatment. They are usually mild and go away within a few hours. Some side effects do not go away within a few hours and could be serious.

Very common (affecting more than 1 in 10 people)

- Feeling dizzy or tired
- Feeling hungry
- Problems with your memory or having trouble concentrating
- Changed sense of taste or a dry mouth

Common (affecting less than 1 in 10 people)

- Lack of energy or feeling weak or generally unwell
- Problems with your memory or having trouble concentrating
- Feeling abnormal or drunk
- Feeling sleepy or drowsy
- Blurred vision
- Constipation or diarrhoea
- Feeling nauseous or vomiting
- Loss of balance or falling over
- Mouth problems, including burning, pain or mouth ulcers
- Feeling depressed or disorientated
- Feeling over-excited or losing touch with reality
- Difficulty speaking
- Seeing or hearing things that are not there (hallucinations)

Uncommon (affecting less than 1 in 100 people)

- Stomach pain
- Sore throat or throat irritation
- Mouth or teeth changing colour
- Irritation where NanaBis™ is sprayed
- Red and swollen mouth or peeling inside the mouth
- Delusional thoughts
- Paranoid thoughts / feeling that other people are against you
- Fast or irregular heartbeats, also called palpitations
- Fainting

**Other known risks**

- Blood samples will be collected via a blood draw (entering the skin with a needle) at time of each collection or by inserting a small sterile tube (cannula) into a vein in your arm, hand or foot. A venous puncture or insertion of the small sterile tube into your vein may cause pain, discomfort and bruising in some people, which some participants find stressful. Therefore, participants may experience mild pain, swelling or redness at the site of the venous puncture or insertion of a peripheral line. The volume of blood to be collected via a blood draw at each study visit is 5 mL depending on the access point and your skin integrity. For reference, a single teaspoon of liquid is roughly 5 mL. As there are 5 of the study visits requiring you to have a blood draw, this means the total volume extracted is approximately 25 to 35 mL of blood over the course of 18 days. Participants in the clinical study must notify medical or nursing staff if they experience excessive pain, redness and or swelling at the site of intravenous access.
- The study treatment may make you drowsy and impair your ability to undertake potentially dangerous tasks, such as driving, operating heavy machinery, working, riding a bike etc. You should not undertake these sorts of tasks if you are feeling drowsy and will not be discharged from the study site until you are alert.
- As a participant in this clinical trial, you will be provided with this document (as you will keep a signed copy of the consent form) stating that you are participating in a clinical study investigating a

cannabis-based medicine. When attending the scheduled hospital visits, you will need to arrange transportation and ensure you are not driving to or from your appointments.

- If new side effects develop on a new number of actuations (sprays) you are required to inform the Clinical Trial Team and to not take any further doses until you receive further instructions from the Principal Investigator.
- If you have any health concerns please seek medical attention by contacting your regular doctor or present to your nearest hospital

**'Will participating in this study affect my plans to start a family?'**

The effect of NanoCBD™ on your fertility, including future fertility is unknown. The effects of NanoCBD™ on the unborn child and on the newborn baby are not known. Because of this, participants must not participate in the research if pregnant, trying to become pregnant, breastfeeding, or planning ovum donation.

If you are female and child-bearing is a possibility, you will be required to undergo a pregnancy test prior to commencing the research project. If you are male, you should not father a child or donate sperm for at least 3 months after the last dose of study drug.

Both male and female participants must avoid pregnancy during the course of the research and for a period of 3 months after completion of the research project, as there is potential risk for an abnormal child being born. It is highly recommended that you inform your partner of your participation in the study and the need to avoid pregnancy. The study doctor must discuss effective methods of avoiding pregnancy with you.

**Female participants**
You must use a highly effective method of contraception/birth control (methods which result in low failure rate, i.e. less than 1% per year, when used consistently and correctly) and if currently lactating, you should not breast feed your baby while on this study and for 3 months after the last dose of study drug has been taken.

Examples of acceptable forms of highly effective contraception include:
Established use of oral, injected or implanted hormonal methods of contraception
Placement of an intrauterine device (IUD) or intrauterine system (IUS)
Sterilised male partner (with the appropriate post-vasectomy documentation of the absence of sperm in the ejaculate)
True abstinence: When this is in line with your preferred and usual lifestyle.

If you do become pregnant whilst participating in the research project, you should advise your study doctor immediately. Your study doctor will withdraw you from the research project and advise on further medical attention should this be necessary. You must not continue in the research if you become pregnant.

**Male participants**
It is highly recommended that you inform your partner of your participation in the study and that highly effective methods of contraception (as detailed above) are strongly recommended.

**'What happens if I suffer injury or complications as a result of the study?'**

It is the recommendation of the independent ethics committee responsible for the review of this trial that you seek independent legal advice before taking any steps towards compensation for injury.

However, If you suffer any injuries or complications as a result of this research project, you should contact the study team as soon as possible and you will be assisted with arranging appropriate medical treatment. If you are eligible for care under your public health care system you can receive any medical treatment required to treat the injury or complication, free of charge, as a public patient in _____ [country]
There are two avenues that may be available to you for seeking compensation if you suffer an injury as a result of your participation in this research project: The pharmaceutical industry has set up a compensation process, with which the Sponsor [Medlab Clinical Ltd] of this research project has agreed to

comply. Details of the process and conditions are set out in the *compensation guidelines for participants in company-sponsored clinical trials.*

In accordance with these Guidelines, the sponsor will determine whether to pay compensation to you, and, if so, how much. If you have any questions about the Guidelines, please call the Medlab Clinical trials team on _____.

You may be able to seek compensation through the courts.

**'Will I benefit from the study?'**

This study aims to further medical knowledge to improve the treatment of bone metastasis from a primary cancer (breast, prostate, lung, other), however it may not directly benefit you.

**'Will taking part in this study cost me anything, and will I be paid?**

Participation in this study will not cost you anything and you will not be paid to be a participant in this study. You will be reimbursed for travel expenses and meals on trial days at study site.

**'How will my confidentiality be protected?'**

A Research Staff / Nurse will identify participants for eligibility, all of which will be patients of the Principal Investigator or from medical colleagues known to the PI.

Of the people treating you, only the Principal Investigator and the clinical research team, will know whether or not you are participating in this study.

Medlab Clinical Ltd will only receive participants de-identified data. Data will be stored on a password-protected electronic database system for a period of 15 years and access will be restricted to principal and associated investigators, assistant investigators and an independent statistician. At the end of this storage period your data will be destroyed.

Your treating doctor/s will be notified of your participation in this study and the exchange of clinically relevant information noted by the trial doctor in the conduct of the trial will occur.

Participants should note that, some data derived from your participation in this study will be sent overseas; the regulatory regimes governing data access and use in other countries may not be the same as those that are in place in Australia. In the case of data that identifies you, or from which your identity may be ascertained, an entity subject to Australian privacy laws that has collected your information must take reasonable steps to ensure that an overseas recipient handles the information in accordance with any relevant Australian privacy principle (unless an exemption applies). If you have any questions about this, direct them to the Principal Investigator.

By signing the attached consent form, you authorise the release of/or access to this confidential information to the relevant study personnel and regulatory authorities as noted above.

In most cases, you have the right to access personal information collected from you in connection with the study and request corrections of any such personal information that is incorrect.

Only the Principal Investigator and a Research Staff / Nurse will have access to your medical records. Any identifiable information that is collected about you in connection with this study will remain confidential and will be disclosed only with your permission, or except as required by law.

Only the researchers named above and the Human Research Ethics Committee (HREC) for monitoring purposes, those persons monitoring the conduct of the study on behalf of the sponsor, regulatory bodies (_____) will have access to your details and results that will be held securely at the Hospital. Only non-identifiable information – for example your patient identifiable number, will be sent off site. This will only occur when necessary and the provisions of country _____ privacy law will be complied with.

**'What happens with the results?'**

If you give us your permission by signing the consent document, we plan to discuss/publish the results, state the persons/agencies to whom the information will be disclosed, the nature of the information disclosed and the purpose of the disclosure e.g. the Sponsor [Medlab Clinical Ltd] for monitoring purposes, the approved Ethics Committee for monitoring purposes, peer-reviewed 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 so wish.

**'What happens to my treatment when the study is finished?'**

Medlab Clinical Ltd will make available the medication free of charge to those trial participants that the Principal Investigator deems clinically appropriate to do so in consultation with their treating clinician. We will offer a further 12 weeks of medication free of charge beyond the open label at the discretion of the Principal Investigator. The Principal Investigator will talk to you at the time of completing the clinical study about the most appropriate continued treatment for you.

**'What should I do if I want to discuss this study further before I decide?'**

When you have read this information a Research Staff / Nurse will talk with you and answer your queries. Please also talk this through with your family or another person if you are unsure.

If you would like to know more at any stage, please do not hesitate to contact the research team: _____.

**'Who should I contact if I have concerns about the conduct of this study?'**

The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Operations Manager, Bellberry Limited on 08 8361 3222.

Alternatively, you can email The Bellberry Human Research Committee using the following address: bellberry@bellberry.com.au

If you have any questions regarding the investigational product used in the study, please contact the research team and/or the Principal Investigator on the following numbers:

Name: Medlab Clinical Ltd Name:_____

Contact number: +61 2 8818 0311 ext….. Contact number: _____

**Thank you for taking the time to consider this study.**
**If you wish to take part in it, please sign the attached consent form.**
**This information sheet and consent form is for you to keep.**

# Consent Form

## CLINICAL TRIAL / INTERVENTIONAL STUDY

1. I, .....
   freely agree to participate in this research project according to the conditions in the Participant Information Sheet, which I confirm has been provided to me.
2. I declare that I am 18 years of age or older.
3. I acknowledge that I have read the Participant Information Sheet, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.
4. Before signing this consent form, I have been given the opportunity to ask any questions relating to any possible physical and mental harm I might suffer as a result of my participation, and I have received satisfactory answers.
5. I understand that my involvement in this study may not be of any direct benefit to me.
6. I have been given the opportunity to have a member of my family or another person present while the study is explained to me.
7. I understand that I can withdraw from the study at any time without prejudice to my relationship to the investigators or Hospital.
8. I consent to my treating Doctor/s being notified of my participation in this study and of any clinically relevant information noted by the trial doctor in the conduct of the trial.
9. I agree that research data gathered from the results of the study may be published, if I cannot be identified.
10. I agree not to drive a car or other motor vehicle or operate any type of heavy machinery on the days when I am taking the study medication and for 7 days after my last dose of study medication.
11. I understand that if I have any questions relating to my participation in this research, I may contact the Principal Investigator _____ who will be happy to answer them.
12. I acknowledge receipt of a copy of this Consent Form and the Participant Information Sheet.

**Signature of Participant** _____ **Date**_____

**Name of Participant (please print)** _____

**Signature of Witness** _____ **Date**_____

**Name of Witness (please print)** _____

**Signature of Investigator** _____ **Date**_____

**Name of Investigator (please print)** _____

# Revocation of Consent

## CLINICAL TRIAL / INTERVENTIONAL STUDY

I hereby wish to **WITHDRAW** my consent to participate in the study described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the Sponsor [Medlab Clinical] or the hospital.

Signature: _____ Date: _____

Printed Name: _____

The section for Revocation of Consent should be forwarded to:

## Principal Investigator:

**Printed name:** _____

**Signature:** _____

**Date:** _____

# Revocation of Consent

## CLINICAL TRIAL / INTERVENTIONAL STUDY

**Participant gives verbal withdrawal of consent.**

Participant name: _____

Witness name: _____

Witness Signature: _____ Date: _____

The section for Revocation of Consent should be forwarded to:

## Principal Investigator:

**Printed name:** _____

**Signature:** _____

**Date:** _____