Subject Case Report Forms V5.000 PROD SLF 15MAY2025 - Unique

Signature Prompt: I have reviewed all the information for the subject and I believe it to be true and accurate to the best of my knowledge.

Form: PARTICIPANT ENROLLMENT
Generated On: 30 May 2025 22:31:51 (GMT)

Site Number (Derived via Add Participant)

Participant Number (Derived via Add Participant)

Participant ID (Derived via Add Participant)

Note Participant ID is the combination of Site Number and Participant Number.

Click 'Save' to allocate the next available Participant Number and create the subject.

eCRF_Completion_Guidelines

V5.000 PROD SLF 15MAY2025: Unique

Project Name: TOUR006-T01

Last Saved

Project Name: TOUR006-T01

Form: PARTICIPANT ENROLLMENT

Field Name	e Data Type	Units	Values	Pre-Filled Values	Include Field OID
SITEID	\$7				SITEID
SUBJNUM	\$3				SUBJNUM
3 SUBJID	\$11				SUBJID
5 CCG	\$1				CCG
6 H_NOW	dd MMM yyyy HH:nn:ss				H_NOW

Project Name: TOUR006-T01 Form: VISIT INFORMATION

Was the visit performed?	Yes No
If No, please provide reason	
Visit date (DD/MMM/YYYY)	3
Current Protocol Version (Derived)	Version 1.0
	Version 2.0
	Version 3.0
	Version 4.0
	Version 5.0
	Version 6.0
	Version 7.0
	Version 8.0
	Version 9.0
	Version 10.0
Z_FOLDER (EDC Purposes)	

Project Name: TOUR006-T01 Form: VISIT INFORMATION

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
→ SVYN	\$1		Y = Yes N = No		SVYN
3 SVREAS	\$200				SVREAS
3 SVDAT	dd MMM yyyy				SVDAT
Z_PV	2		1 = Versior 1.0 2 = Versior 2.0 3 = Versior 3.0 4 = Versior 4.0 5 = Versior 5.0 6 = Versior 6.0 7 = Versior 7.0 8 = Versior 8.0 9 = Versior 9.0 10 = Version 10.0		Z_PV
Z_FOLDER	\$25				Z_FOLDER

Project Name: TOUR006-T01 Form: UNSCHEDULED VISIT

(322)

Date of Visit (DD/MMM/YYYY)	①
Reason for unscheduled visit	
Select the assessment/s which were performed at this ur	nscheduled visit
UNSCHEDULED CHEST X-RAY	_
URINE PREGNANCY TEST	
CENTRAL LABORATORY - SERUM PREGNANCY TEST	6
CENTRAL LABORATORY - HEMATOLOGY, SERUM CHEMISTRY AND URINALYSIS	9
CENTRAL LABORATORY - SEROLOGY	8
CENTRAL LABORATORY - COAGULATION PANEL	
CENTRAL LABORATORY - FASTING LIPID PANEL	
CENTRAL LABORATORY - TUBERCULOSIS (IGRA)	
CENTRAL LABORATORY - THYROID (FT3, FT4 AND TSH)	①
CENTRAL LABORATORY - SERUM ADA	
CENTRAL LABORATORY - ESTRADIOL TEST	@
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Project Name: TOUR006-T01 Form: UNSCHEDULED VISIT

CENTRAL LABORATORY - FOLLICLE STIMULATING HORMONE TEST	
LOCAL LABORATORY HEMATOLOGY	
LOCAL LABORATORY SEROLOGY	
LOCAL LABORATORY CLINICAL CHEMISTRY	
LOCAL LABORATORY URINALYSIS - MACROSCOPIC PANEL (DIPSTICK)	•
LOCAL LABORATORY URINALYSIS - MICROSCOPIC PANEL	<u></u>
LOCAL LABORATORY LIPID PANEL	
LOCAL LABORATORY THYROID	
LOCAL LABORATORY COAGULATION PANEL	
LOCAL LABORATORY TEST TUBERCULOSIS (IGRA)	@
LOCAL LABORATORY HbA1c	
LOCAL LABORATORY HORMONE TEST	
CENTRAL LABORATORY - PHARMACOKINETICS (PK) SAMPLING	9
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Project Name: TOUR006-T01 Form: UNSCHEDULED VISIT

CENTRAL LABORATORY - SERUM hs-CRP AND IL-6	
CENTRAL LABORATORY - TRAb	
CENTRAL LABORATORY - TSI	
CENTRAL LABORATORY - HbA1c	<u></u> 3
PHYSICAL EXAMINATION	
VITAL SIGNS (VISIT WITHOUT STUDY TREATMENT)	
12-LEAD ECG CENTRAL READER	
WEIGHT, HEIGHT AND BMI	
GRAVES OPHTHALMOPATHY QUALITY OF LIFE SCALE (GO-QOL)	<u></u>
UNSCHEDULED OCULAR EXAM	
UNSCHEDULED OCULAR EXAM CONTINUED - SLIT LAMP EXAMINATION	<u></u> 39
UNSCHEDULED OCULAR EXAM CONTINUED - OPHTHALMOSCOPY	39

Project Name: TOUR006-T01 Form: UNSCHEDULED VISIT

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID	
<u></u>	UNSDATE	dd MMM Yyyy				UNSDATE	
②	UNSREAS	\$200				UNSREAS	
4	UNSXRUNS	1				UNSXRUNS	
(5)	UNSPREG	1				UNSPREG	
@	UNSPREG2	1				UNSPREG2	
9	UNSCLHM	1				UNSCLHM	
®	UNSSER	1				UNSSER	
9	UNSCOAG	1				UNSCOAG	
@	UNSLIP	1				UNSLIP	
a	UNSTUB	1				UNSTUB	
①	UNSTHY	1				UNSTHY	
①	UNSSE	1				UNSSE	
•	UNSEST	1				UNSEST	
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Project Name: TOUR006-T01 Form: UNSCHEDULED VISIT

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
Œ	UNSFOLL	1				UNSFOLL
a	UNSHEM	1				UNSHEM
①	UNSSERU	1				UNSSERU
13	UNSCHEM	1				UNSCHEM
•	UNSURI	1				UNSURI
a	UNSURI2	1				UNSURI2
a	UNSLIPU	1				UNSLIPU
a	UNSTHYU	1				UNSTHYU
3	UNSCOAGU	1				UNSCOAGU
2	UNSTUBU	1				UNSTUBU
3	UNSHBA1C	1				UNSHBA1C
a	UNSHORM	1				UNSHORM
9	UNSCLPK	1				UNSCLPK
\/⊏	AND DROP C	L L 1 L M V V 2 C	125			0 (220

Project Name: TOUR006-T01 Form: UNSCHEDULED VISIT

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
@	UNSCLSER	1				UNSCLSER
29	UNSTRAB	1				UNSTRAB
3	UNSTSI	1				UNSTSI
3	UNSCHBA1 C	1				UNSCHBA1 C
32	UNSPE	1				UNSPE
33	UNSVS	1				UNSVS
3	UNSECG	1				UNSECG
3	UNSWEI	1				UNSWEI
3	UNSGRVS	1				UNSGRVS
3	UNSOCUL	1				UNSOCUL
3	UNSSLIT	1				UNSSLIT
3	UNSOPTH	1				UNSOPTH

Project Name: TOUR006-T01

Form: PRE-SCREENING INFORMED CONSENT Generated On: 30 May 2025 22:31:51 (GMT)

Was the Pre-Screening Informed Consent obtained?	Yes No		
Date of Pre-Screening Informed Consent (DD/MMM/YYYY)	<u> </u>		
Protocol Version	Version 1.0 3 Version 2.0 Version 3.0 Version 4.0 Version 5.0 Version 6.0 Version 7.0 Version 8.0 Version 9.0 Version 10.0		
ICF Version (X.X)-OBSOLETE			
ICF IRB Approval Date (DD/MMM/YYYY)	___		

Project Name: TOUR006-T01

Form: PRE-SCREENING INFORMED CONSENT Generated On: 30 May 2025 22:31:51 (GMT)

Field Name	Data Type Units	Values	Pre-Filled Values	Include Field OID
(1) ICPSYN	\$1	Y = Yes N = No		ICPSYN
() ICPSDAT	dd/MMM/yy yy			ICPSDAT
3 ICPROTV	2	1 = Versio 1.0 2 = Versio 2.0 3 = Versio 3.0 4 = Versio 4.0 5 = Versio 5.0 6 = Versio 6.0 7 = Versio 7.0 8 = Versio 8.0 9 = Versio 9.0 10 = Version 10.0	n n n n n	ICPROTV
(4) ICFVERS	3.1			ICFVERS
G ICPSIRBDA	dd/MMM/yy yy			ICPSIRBDA T

Project Name: TOUR006-T01 Form: INFORMED CONSENT

Was the informed consent obtained?	Yes No
Date of informed consent (DD/MMM/YYYY)	<u> </u>
Protocol Version	Version 1.0 3 Version 2.0 Version 3.0 Version 4.0 Version 5.0 Version 6.0 Version 7.0 Version 8.0 Version 9.0 Version 10.0
Tourmaline ICF Version (X.X)-OBSOLETE	
ICF IRB Approval Date (DD/MMM/YYYY)	G
Did the participant re-consent?	Yes No
Date informed re-consent (DD/MMM/YYYY)	G
Protocol version reconsented to	Version 1.0 8 Version 2.0 Version 3.0
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Project Name: TOUR006-T01 Form: INFORMED CONSENT

	Version 4.0 Version 5.0 Version 6.0 Version 7.0 Version 8.0 Version 9.0 Version 10.0
Tourmaline ICF Version reconsented to (X.X)-OBSOLETE	<u> </u>
ICF IRB Approval Date (DD/MMM/YYYY)	
Was pregnant partner consent provided?	Yes No NA
Date pregnant partner consent signed (DD/MMM/YYYY) _	
Was the participant re-screened?	Yes No
If Yes, please record previous Participant ID '(XXX-XXX-XXX)'	Q)

Project Name: TOUR006-T01 Form: INFORMED CONSENT

Field I	Name Da	ta Type	Units	Values	Pre-Filled Values	Include Field OID	
① ICYN	\$1			Y = Yes N = No		ICYN	
O ICDA	Г dd, уу	/МММ/уу	,			ICDAT	
3 ICPRO	DTV 2			1 = Version 1.0 2 = Version 2.0 3 = Version 3.0 4 = Version 4.0 5 = Version 5.0 6 = Version 7.0 8 = Version 8.0 9 = Version 9.0 10 = Version 10.0	on on on on on	ICPROTV	
(a) ICTO	JV 3.1					ICTOUV	
5 ICIRB	DAT dd, yy	/МММ/уу	,			ICIRBDAT	

Project Name: TOUR006-T01 Form: INFORMED CONSENT

Field N	ame Data Type Units	Values	Pre-Filled Values	Include Field OID
6 ICPART	REC \$1	Y = Yes N = No		ICPARTREC
(7) ICRECI	DAT dd/MMM/yy yy			ICRECDAT
(8) ICREC	/ER 2	1 = Versi 1.0 2 = Versi 2.0 3 = Versi 3.0 4 = Versi 4.0 5 = Versi 5.0 6 = Versi 6.0 7 = Versi 7.0 8 = Versi 8.0 9 = Versi 9.0 10 = Version 10.0	on on on on on on on on	ICRECVER
() ICRECT	OUV 3.1			ICRECTOUV
icrirb	DAT dd/MMM/yy yy			ICRIRBDAT
VE 000 DD(OD SLE 15MAV2025			16 of 22

Project Name: TOUR006-T01 Form: INFORMED CONSENT

Field Name Data Type U	nits Values	Pre-Filled Values	Include Field OID
icpregcon \$2	Y = Yes N = No NA = NA		ICPREGCON
ICPREGDAT dd/MMM/yy yy			ICPREGDAT
ICPARTRES \$1	Y = Yes N = No		ICPARTRES
			ICPARTID

Project Name: TOUR006-T01

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Form: ELIGIBILITY CRITERIA SCREENING Generated On: 30 May 2025 22:31:51 (GMT)

Did the participant meet all eligibility criteria?	Yes No
Please select the Study Eye	Right Eye (OD)
Please select the Fellow Eye	Right Eye (OD) Left Eye (OS)
If no, enter all criteria which were NOT met below	
Criteria Type	Inclusion 5 Exclusion
Criteria Number	6
Is the participant a screen failure?	Yes 7
If Yes, specify the main reason	Adverse Event Failure to meet eligibility criteria Withdrawal by Participant Other
If Adverse Event, please select AE (Dynamic Search List)	
If Other, please specify	
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Form: ELIGIBILITY CRITERIA SCREENING

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Please enter date of screen failure (DD/MMM/YYYY)

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Form: ELIGIBILITY CRITERIA SCREENING Generated On: 30 May 2025 22:31:51 (GMT)

Field Nam	ne Data Type Units	Values	Pre-Filled Values	Include Field OID
1EYN	\$1	Y = Yes N = No		IEYN
(2) IESE	\$1	1 = Right Eye (OD) 2 = Left Eye (OS)		IESE
3 IEFE	\$1	1 = Right Eye (OD) 2 = Left Eye (OS)		IEFE
(5) IECAT	\$1	1 = Inclusion 2 = Exclusion		IECAT
6 IECRIT	\$3	IncExc		IECRIT
(7) IESCF	\$1	Y = Yes N = No		IESCF
3 IEREAS	\$2	1 = Adverse Event 2 = Failure to meet eligibility criteria	2	IEREAS

Project Name: TOUR006-T01

Form: ELIGIBILITY CRITERIA SCREENING Generated On: 30 May 2025 22:31:51 (GMT)

Field Name	e Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = Withdrawal by Participant 4 = Other		
() IEAES	\$200				IEAES
1EOTH	\$200				IEOTH
1ESFDAT	dd/MMM/yy yy	/			IESFDAT

Project Name: TOUR006-T01

Form: ELIGIBILITY CRITERIA DAY 1

Did the participant meet all eligibility criteria?	Yes 1
If no, enter all criteria which were NOT met below	
Criteria Type	Inclusion 3 Exclusion
Criteria Number	4
Is the participant a screen failure?	Yes S
If Yes, specify the main reason	Adverse Event 6 Failure to meet eligibility criteria Withdrawal by Participant Other
If Adverse Event, please select AE (Dynamic Search List)	9
If Other, please specify	8
Please enter date of screen failure (DD/MMM/YYYY)	

Project Name: TOUR006-T01

Form: ELIGIBILITY CRITERIA DAY 1

	Field Name	Data Type I	Units	Values	Pre-Filled Values	Include Field OID
①	IEYN	\$1		Y = Yes N = No		IEYN
3) IECAT	\$1		1 = Inclusion 2 = Exclusion		IECAT
4	IECRIT	\$3		IncExc		IECRIT
5	IESCF	\$1		Y = Yes N = No		IESCF
6) IEREAS	\$2		1 = Adverse Event 2 = Failure to meet eligibility criteria 3 = Withdrawal by Participant 4 = Other		IEREAS
9	IEAE1	\$200				IEAE1
(3)	IEOTH	\$200				IEOTH

Project Name: TOUR006-T01

Form: ELIGIBILITY CRITERIA DAY 1

Field Name	e Data Type	Units	Values	Pre-Filled Values	Include Field OID
() IESFDAT	dd/MMM/yy yy	,			IESFDAT

Project Name: TOUR006-T01 Form: DEMOGRAPHICS

Month and Year of birth (MMM/YYYY)	<u> </u>
Age at Consent [Derived]	
Sex Assigned at Birth	Male 3 Female
If female, is the participant of childbearing potential per the protocol?	Yes A
If No, please provide reason	Surgical sterilization or Hysterectomy Bilateral salpingectomy Bilateral oophorectomy Post-menopausal more than 12 months Other
If Other, please specify	6
Method of contraception	Implantable progestogen-only hormone contraception associated with inhibition of ovulation Intrauterine device Intrauterine hormone-releasing system Azoospermic partner Combined (estrogen- and progestogen-containing) hormonal contraception associated with inhibition of ovulation

Project Name: TOUR006-T01

Form: DEMOGRAPHICS

ogen-only hormone aception associated hibition of ovulation Sexual Abstinence eral tubal occlusion Other
Oral Oral Oral Oral Oral Oral Oral Oral
Oral Oral Injectable

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Other

If Other, please specify

Hispanic or Latino
Not Hispanic or Latino
Not Reported
Unknown

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Form: DEMOGRAPHICS