

**INFORMED CONSENT FORM
FOR LEGALLY AUTHORIZED REPRESENTATIVES (LAR)**

Sponsor / Study Title: RARE-X / "RARE-X Data Collection Program"

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This form is for use in a research study that may involve participants who do not have the capacity to consent to take part in the study. In cases where the participant's representative gives consent, the participant should be informed about the study to the extent possible given his/her understanding. Where possible, the participant will also be asked to provide agreement to participate (assent) using a separate form. During the course of the study, if the participant regains the capacity to consent, informed consent will be obtained from the participant and the participant offered the ability to leave the study if desired.

Summary of Data Collection Program (DCP)

The purpose of the DCP is to collect and store information (called "data") about participants with many different types of rare diseases. The DCP will make this data available to researchers worldwide for their studies. The DCP will also help improve participants' connections with researchers and increase the number of participants taking part in research studies and clinical trials. These studies/trials could be for study drugs, study devices, or other study therapies. The total number of participants who will take part in this study will not have a cap.

You are being asked to take part in a research study (the DCP) because you stated that you are the legally authorized representative of a person who has or may have a rare disease.

Taking part in the DCP is voluntary.

Through your account on the RARE-X DCP website, you will be asked one or more sets of questions (called "surveys") about the participant's health, health history, treatment and care, and the effect of having a rare disease on the participant's household. The DCP will store the participant's data, along with other participants, in a secure server. By making choices through your account, you will be able to tell RARE-X who you want to share the

participant's data with. Your choices may include researchers, patient groups, life science commercial companies (biotech, pharma, drug manufacturers), and others.

The data you provide may help research efforts to one day offer better treatment and prevention options for rare diseases like the participant's. However, neither you nor the participant may not directly benefit from participation in this program. Any statements in the website Terms of Use that appear to limit the participant's rights do not apply to their participation in this research program. (See potential benefits and risks sections below.)

There is a small risk that someone who is not authorized would see data that identifies the participant. (See more information in the confidentiality section below.)

If you are interested in learning more about the DCP, please keep reading on the next page.

Introduction

RARE-X is a non-profit organization that has created the RARE-X Data Collection program ("DCP") to support participants with rare diseases in collecting and storing their data for research and future investigation. The DCP allows participants to choose how their data is seen, shared, and used for support and research.

You have stated that you are the legally authorized representative of a participant who is not able to give consent. You are being asked as the participant's legally authorized representative to give consent on behalf of the participant to take part in the DCP because you stated the participant has or may have a rare disease.

The information below may help you decide if you want to give consent for the participant to take part in the DCP and what you will have to do if you decide that the participant will take part. It also describes the risks and benefits of taking part. Any statements in the website [Terms of Use](#) that appear to limit the participant's rights do not apply to their participation in this research program.

If you have any questions or do not understand some of the information about taking part in the DCP, you should ask the principal investigator contact listed at the top of this consent by phone or email. It is important that you understand the DCP and your choices. You can talk about your participation in the DCP with anyone you choose to help you understand the information. Do not sign and date this form until your questions have been answered, and you decide that you want to be part of the DCP.

What is the purpose of the DCP?

The DCP is a program to collect and store data about participants with lots of different kinds of rare diseases for research and participant support. Another purpose of the DCP is to increase participant recruitment into research studies and clinical trials.

With your permission, the participant's de-identified data in the DCP can be shared with researchers (including researchers at drug companies) and approved patient organizations worldwide.

Who is funding the DCP?

RARE-X, a non-profit organization, is paying for the DCP.

RARE-X does not make money (a profit) for its work on this program. RARE-X raises funds through grants, support contracts, and sponsorships.

How long will the DCP last?

The DCP does not have an end date. In fact, over time participants, and caregivers may be asked to update their data to improve rare disease research.

You can stop your/the participant's participation in DCP at any time. (See the section about quitting below.)

Who is eligible to take part in the DCP?

All participants and families who have or may have a rare disease(s) may take part in the DCP.

Participants and families who may take part include:

- Any person who has been diagnosed with a rare disease, or who is looking for a diagnosis.
- A parent or legal guardian of a child with a rare disease may register a child who is a minor (a "minor" is a child under the age of 18, in most states).
- The legally authorized representative of an adult with a rare disease who cannot physically or mentally answer the surveys may enroll the affected participant.

Do I or the participant have to take part in the DCP?

Taking part in the DCP is voluntary. This program is for research purposes only. The only alternative is to not participate in this program.

At any time, you may choose not to participate or allow the participant to participate, or you may withdraw yourself/the participant from the program for any reason without penalty or loss of benefits to the participant and it will not affect the participant's medical care.

What will I have to do if I take part and permit the participant to take part in the DCP?

We will ask you to create a secure, password-protected account. You will have the chance to answer a set of questions (surveys) about the participant's health, health history, treatment and care, and the impact of having a rare disease on their household.

The participant will not be asked to do anything for the DCP at this time.

It is likely that in the future, DCP will expand to include the collection of biosamples such as saliva or blood. At that time, RARE-X would request an additional consent to take part in that process.

How will the participant's data be used, and for how long?

The participant's data will be safely stored on a secure server and made available to researchers and trained patient organizations that you choose. There is no set time limit on how long the DCP will store the participant's data for future research.

What kind of data can I choose to share?

There are two kinds of data that you can choose to share:

- Identifiable data may have the participant's name, date of birth, or other personal data on it that a person could use to identify the participant easily.
- De-identified data has had the participant's name and other personal identifiers removed from their data and replaced with a code to keep their privacy.

Who can I choose to share the participant's *identifiable* data with, and what will they do with it?

You may choose to share the participant's *identifiable* data with qualified patient organizations associated with the participant's disease.

A qualified patient organization will have training in research rules about privacy and security. They may contact you to offer community support. They will also be able to help you with completing your DCP surveys if you need help. RARE-X offers you the chance to share the participant's identifiable data this way because RARE-X understands the importance of patient community/organization support in rare disease.

Who can I choose to share *de-identified* data with, and what will they do with it?

You can choose to share the participant's *de-identified* data with researchers for their studies. These studies may happen in the future. The researcher will not have to ask you again if you want the participant to take part in any specific study they do in the future. This process allows the participant's data to be used frequently by many researchers.

This also means that researchers may do a study in the future using the participant's data for a study that you may disagree with.

With your permission, we will share the participant's de-identified data with many different types of researchers. For example, researchers might be associated with universities, patient organizations, or drug companies.

Some of these studies may be about diseases *other* than the disease that affects the participant. Sometimes researchers discover that unrelated diseases may have connections. Some of these researchers may study ways to collect data to better measure health issues and how health issues might change with treatment or care. For example, the researchers might study how to collect data in a standard way, so the data is easier to study. Some of these studies may be for for-profit purposes, such as developing new drugs.

When researchers request data for analysis, they are required to tell RARE-X what they will use the data for and agree only to use it for that reason.

How can I choose who to share the participant's data with?

RARE-X knows that you may change your mind about the people and organizations that you want to share the participant's data with over time. You can change your preferences at any time through the online Data Sharing Preference Survey in the RARE-X DCP.

You will have to choose **one** of the following two types of research:

1. General Research This is the broadest type of research. When you choose General Research researchers may use the participant's data for:

a. Health/Medical/Biomedical Research

Researchers can access and use the participant's data to learn more about a health condition, its causes, symptoms, progression and treatments. This type of research could include research on any health condition, even if it is not a rare disease.

and

b. Other kinds of studies that are not related to health such as

- Research on age, race, and ethnicity
- Research studying traits such as how long people live or how easily they may get sick
- Research about genetic traits of different populations
- Studies to develop survey questions to improve research

or

2. Health/Medical/Biomedical Research This type of research is narrower than type 1, General Research.

If you choose just Health/Medical/Biomedical Research, the participant's data may be used for fewer types of research studies than if you choose General Research.

If you choose just Health/Medical/Biomedical Research, the participant's data may *only* be used to learn more about a health condition, its cause, symptoms, progression, and treatments.
(Research described in section 1.a above)

The participant's data will **not** be used for other kinds of studies not related to health described in section 1.b above.

Other Limits on Sharing for Research

You will also be able to choose to further **limit or restrict** how the participant's data is used for research. You don't have to put any further limits on how the participant's data is used, but if you would like to, you can choose restrictions such as:

- A. Not allowing the participant's data to be used for commercial/for-profit research purposes
- B. Not allowing the participant's data to be used for research studies unless an Institutional Review Board (IRB) has reviewed them.

An Institutional Review Board is a type of committee that reviews research studies and methods to help protect the rights and welfare of study participants. Most of the people who are on an IRB have professional expertise to be able to review the research. The IRB has scientists and nonscientists as part of the committee.

Whether you say yes or no to these choices, the participant can still take part in this program.

Who else is the participant's data shared with?

As part of this consent, you understand that RARE-X may need to see and use the participant's data to help improve the quality of the DCP or as required by law.

For example, the participant's data may be seen/used by:

- A limited number of RARE-X study staff and contractors who need the data to do their jobs; or
- When required, with federal regulatory or oversight authorities; or
- Our Institutional Review Board (IRB) so that they can make sure we are following your consent choices and the ways that we have said we would run this program; or
- Officials if otherwise required by law (such as if we find or suspect child abuse).

Will I be contacted if it looks like the participant might be able to take part in a research study or clinical trial (study drugs, study devices, or other study treatments) based upon the data I provided?

It is your choice if you would like to be contacted by RARE-X or a patient organization if a researcher thinks the participant might be a good fit for a research study and/or clinical trial.

You will be given a choice at the end of this form to indicate whether or not you wish to be contacted.

If you say yes, a study staff member from RARE-X or a qualified patient organization will contact you to tell you about the study to see if you might be interested in the participant taking part in a study or trial and how to contact the researcher. You will NOT be contacted directly by the researcher. It will be up to you whether you want to contact the researcher to further discuss the participant's possibly taking part in a research study and/or clinical trial.

Will the participant benefit from taking part in the DCP?

The participant is not likely to directly benefit from participating in this program.

However, the data you share may help research efforts to one day provide better treatment and prevention options for the participant's rare disease.

Will participants be paid for taking part in the DCP?

No. Participants will not be paid for taking part in the DCP.

Neither you nor the participant will not be paid if new drugs, tests, devices, or commercial/for-profit products are created due to research on the participant's data.

Will I find out the results of the research?

No. You will not receive individual results from research done using the participant's data. However, the DCP will provide summary results about research and significant discoveries to all participants.

We will do this by regularly updating the DCP website that you used to learn about this program. Having access to this summary data may help you better understand the participant's symptoms and care options.

Any new important information that is discovered during the program and which may influence your willingness to continue participation in the program will be provided to you.

How will data about the participant be kept confidential?

RARE-X will remove the participant's name and other personal identifiers and replace them with a special code number before sharing their data with others. RARE-X will encrypt (scramble) the participant's data when stored, so it is hard for people without permission to read it.

Here are some other steps we take to keep the participant's data confidential:

- Any researchers using the participant data must sign an agreement promising that they will not try to find out who the participant is.

- Only a few members of the RARE-X study staff who receive special training will have access to the participant's identified data and only for authorized purposes.
- All RARE-X study staff and contractors with access to identifiable data must sign an agreement with RARE-X to keep data confidential. If you have questions or concerns, ask the Principal Investigator, whose contact information is on the top of the page, for more information.
- We limit access to the participant data to only those organizations and people who are authorized to see it.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health.

Certificates of Confidentiality protect the privacy of research participants by prohibiting the release (disclosure) of identifiable, sensitive information (data) to anyone not connected to the research except when the subject consents or in a few other specific situations.

What that means is that the researchers with this Certificate **may not disclose or use** information, documents, or biospecimens that may identify you/the participant in any civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena (i.e. divorce proceedings or criminal investigations, etc), unless you have consented for this use.

Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if any of the following:

1. there is a federal, state, or local law that requires disclosure, such as those laws that require reporting of child abuse or neglect, harm to self or others, and communicable diseases, for instance.
2. you have consented to the disclosure, including for the participant's medical treatment
3. it is used for other scientific research, as allowed by federal regulations protecting research participants.

The Certificate **cannot be used** to refuse a request for information from any governmental agency sponsoring/funding the project that is needed for auditing or program evaluation. Neither can the Certificate be used to refuse a request for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself/the participant or your/the participant's involvement in this research. If you want your/the participant's research information released to an insurer, medical care provider, or any other person not connected with the research, you must provide consent to allow the researchers to release it.

The Certificate of Confidentiality will not be used to prevent disclosure for any purpose you have consented to in this informed consent document or agreed to as part of data collection (see “How can I choose who to share the participant’s data with?” part of this consent form).

What are the risks of taking part in the DCP?

As with all online data collection, there is a small risk that someone who does not have permission could see the data that RARE-X has stored about the participant.

An accidental release of the participant’s data could possibly identify the participant or their family. We believe the chances that these things will happen are very small, but we cannot guarantee absolute confidentiality.

Because of the small number of people who have some rare diseases, there is a risk that a researcher familiar with the participant’s rare disease community and/or genetics could connect de-identified data back to the participant. Although they may know the data is about the participant, they are bound by their agreement with RARE-X not to contact you or the participant or publish data that identifies the participant.

It is possible that someone who has access to the participant’s identifiable data could use or share it in a way that could make it harder for the participant or their family to get or keep a job or insurance. There are laws against the misuse of genetic data, but they may not protect the participant’s data in all cases.

As part of this research, you may be required to use one or more of the following to collect research data: a phone or web app/ site, online/electronic questionnaires/surveys, or a device that tracks information about you.

While using these electronic tools, information about you may be collected and shared with the researchers or people outside of the study. This data might include personal health information, location, call logs, text message history, web browsing history, or social media use. A complete description of the data collection and data sharing for an app, online/electronic questionnaires/surveys, or device can commonly be found in the Terms of Use, End User License Agreement, or Privacy Policy. If you would like to read these documents, request a copy or instructions about how to access this information from the study staff. While the Terms of Use, End User License Agreement, or Privacy Policy may include statements limiting your rights if you are harmed as a result of your use of the app, online/electronic questionnaires/surveys, or device in this study, you do not release the investigator, sponsor, institution, or agents for responsibilities from mistakes. You also do not waive any of your rights as a research subject.

Some people feel uncomfortable when answering questions about the quality of their life. Though it is always better to have fully completed questionnaires, you do not need to answer any questions that make you feel uncomfortable.

There may be risks that are unknown.

Will it cost me or the participant anything to take part in the DCP?

No. There are no costs for you or the participant to take part in the RARE-X DCP.

Can I access the participant's data from the DCP?

RARE-X will allow you to see and print the data you put in the DCP.

Can I or the participant quit the DCP?

Yes, you can stop your/the participant's taking part in the DCP at any time for any reason.

If you decide that you/the participant should quit, you will be offered some choices about whether RARE-X keeps or deletes the participant's data.

To stop participating, you must do so by contacting the Principal Investigator listed on the top of this form.

If you decide that the participant should quit the DCP, you can choose to:

- Allow the DCP to keep the data RARE-X has already collected about the participant. RARE-X will continue to share it with researchers for future research studies; or
- Require the DCP to delete all the participant's data, including the special code assigned to their data. However, if you choose to delete the participant's data, we cannot take back any of their data that has already been shared with researchers or approved patient organizations. We will not be able to contact you for any reason in the future, including telling you that the participant may be a good fit for possible studies or clinical trials.
 - You may ask RARE-X to transfer the participant's data to another data collection platform before we delete it.
 - If you delete the participant's data and choose to re-join the DCP in the future, you will have to start over again from the beginning.

The principal investigator or the sponsor can stop your/the participant's participation at any time without your consent for the following reasons:

- If you fail to follow directions for participating in the study;
- If it is discovered that you do not meet the study requirements;
- If the study is canceled; or
- For administrative reasons.

Who would I contact about this program?

During the study, if you have questions, concerns or complaints about the study, please contact the principal investigator at the telephone number listed on the first page of this consent document.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your/your child's rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser
Advarra IRB
6100 Merriweather Dr., Suite 600
Columbia, MD 21044
- or call **toll free:** 877-992-4724
- or by **email:** adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser:
Pro00049000.

Advarra IRB reviewed this study. Advarra is a group of people who review research studies to protect research participants' rights and welfare. You can ask Advarra general questions about what it means to be in a research program. A review by Advarra does not mean that the DCP is without risks.

Consent Documentation

I understand and agree that:

- I am voluntarily providing the participant's data to the RARE-X DCP as a place to put their data for use in research.
- I may choose to stop my/the participant's participation at any time. If I stop my/the participant's participation, their data may be deleted at my request. I also understand that any data that has already been shared with researchers and used in a specific study cannot be taken back. If I stop my/the participant's participation, it will have no impact on their medical care.
- The DCP may share the participant's de-identified data for the types of research that I choose. These research studies may happen in the future.
- The participant may not personally benefit from participating in the DCP or from the use of their de-identified data in any research study.
- I give permission to the RARE-X DCP's study staff to contact me to ask me to update the participant's health status, or my contact information, to request that I upload a particular attachment or to complete forms associated with my/the participant's participation in the DCP.

Check the boxes below to indicate if you agree to the following options. *If you check "no" to any given option, you/the participant can still take part in the DCP.*

YES**NO**☐☐

RARE-X may contact me with follow-up research surveys and invitations for the participant to take part in additional studies. I may choose to ignore these surveys/invitations.

☐☐

RARE-X or a qualified patient organization may contact me if a researcher thinks that the participant qualifies to be part of a clinical trial/study.

My signature below indicates:

- I understand that my obligation as a legally authorized representative is to try to determine what the participant would decide if the participant were able to make such decisions or, if the participant's wishes cannot be determined, what is in the participant's best interests.
- I have read this consent form. I understand the information in this form. I have had enough time to read the consent form and think about agreeing to participate and give permission for the participant to take part in the DCP.
- I have had the opportunity to ask questions related to the DCP and do not have any unanswered questions at this time.
- I agree to take part and am willing for the participant to take part in the DCP.
- I agree to allow the collection, use, and sharing of the participant's data as described above.

- By signing and dating this form, I do not give up any of my or the participant's legal rights.
- I will get a signed and dated copy of this Consent Form.

Name of Participant

Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date of Signature

Indicate the legally authorized representative's authority to act for the participant:

Spouse

Parent of adult participant (18 years of age or over)

☐

Adult child (18 years of age or over) for his or her parent

☐

Adult sibling (18 years of age or over) for his or her sibling

☐

Grandparent

☐

Adult grandchild (18 years of age or over) for his or her grandparent

☐

Individual with power of attorney

☐

Guardian appointed to make medical decisions for individuals who are incapacitated

**ASSENT
FOR CHILDREN 7-17 YEARS OF AGE AND ADULTS UNABLE TO CONSENT**

Sponsor / Study Title: RARE-X / "RARE-X Data Collection Program"

Principal Investigator: Vanessa Vogel-Farley

Telephone: (716) 427-2739 (24 Hour)

Address: RARE-X
26895 Aliso Creek Road
Suite 246B
Aliso Viejo, CA, 92656

Email: consent@rare-x.org

Instructions for Parents/Legal Guardians of Child Participants or Legally Authorized Representatives of Adult Participants Unable to Consent

If the participant is 7–17 years old or is an adult who is not able to provide consent and cannot read, we ask that you read to them the following information before you enroll them in the RARE-X Data Collection Program (this research study).

If your child or the adult for whom you are a legally authorized representative *does not agree* to participate in this program, you may *not* enroll them in this program.

Script to Read to Your Child or the Adult Unable to Consent

Some scientists are doing a research study. A research study is a way to learn more about something. The researchers would like to learn more about illnesses that only a small number of people have. To learn more about these rare illnesses, the researchers will collect health information from a lot of different people. The researchers will study this information. They hope to learn things that can be used to help people who are sick.

If you agree to join this study, the researchers will ask me some questions about you and your health. Researchers will use my answers for their studies. The researchers will not know your name.

Joining this study may not help your health. But researchers might learn something that will help other people with rare illnesses someday.

You do not have to join this study. It is up to you. No one will be mad at you if you don't want to be in the study.

You can say okay now and change your mind later. All you have to do is tell me that you want to stop. No one will be mad at you if you change your mind and stop.

*Do you have any questions? *wait for the person to respond**

If you have any questions about this study, I will email or call the study staff to get answers to your questions.

- Parent/legal guardian of child or legally authorized representative of adult: you can email or call the study staff at the phone number listed on the first page of this form.

If you type your name in the box on the webpage, it means you agree to take part in this research study.

CHILD/ADOLESCENT/ADULT UNABLE TO CONSENT ASSENT

Printed Name of Child/Adolescent/Adult Unable to Consent

Signature of Child/Adolescent/Adult Unable to Consent

Date of Signature

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date of Signature

CHILD/ADOLESCENT/ADULT UNABLE TO CONSENT WHO IS ABLE TO READ ASSENT:

Please read the below information before you agree to enroll (take part) in the RARE-X Data Collection Program (this research study).

If you do not want to participate in this program, you do not have to enroll.

Some scientists are doing a research study. A research study is a way to learn more about something. The researchers would like to learn more about illnesses that only a small number of people have. To learn more about these rare illnesses, the researchers will collect health information from a lot of different people. The researchers will study this information. They hope to learn things that can be used to help people who are sick.

If you agree to join this study, the researchers will ask your parent/legal guardian/legally authorized representative some questions about you and your health. Researchers will use your parent/legal guardian/legally authorized representative's answers for their studies. The researchers will not know your name.

Joining this study may not help your health. But researchers might learn something that will help other people with rare illnesses someday.

You do not have to join this study. It is up to you. No one will be mad at you if you don't want to be in the study.

You can say okay now and change your mind later. All you have to do is tell your parent/legal guardian/legally authorized representative that you want to stop. No one will be mad at you if you change your mind and stop.

Do you have any questions?

Check yes or no:

YES NO

If you have any questions about this study, you can call the study staff at the phone number listed on the first page of this form.

If you type your name in the box on the webpage, it means you agree to take part in this research study.

CHILD/ADOLESCENT/ADULT UNABLE TO CONSENT ASSENT

Printed Name of Child/Adolescent/Adult Unable to Consent

Signature of Child/Adolescent/Adult Unable to Consent

Date of Signature

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date of Signature