Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #) Patient Initials (F, M, L) | | | |

IRB APPROVED
AS MODIFIED
Jun 27, 2023

**UNIVERSITY OF CALIFORNIA, IRVINE**
**RESEARCH SUBJECT INFORMATION AND CONSENT FORM**
Randomized, CLASP II TR Registry, Roll-in, and Crossover Patients

**TITLE:** Edwards PASCAL TrAnScatheter Valve RePair System Pivotal Clinical **Trial (CLASP II TR)**: A prospective, multicenter, randomized, controlled pivotal trial to evaluate the safety and effectiveness of transcatheter tricuspid valve repair with the Edwards PASCAL Transcatheter Valve Repair System and optimal medical therapy (OMT) compared to OMT alone in patients with tricuspid regurgitation

**SHORT TITLE:** Edwards CLASP II TR Pivotal Clinical Trial

**PROTOCOL NO.:** 2019-07
WCG IRB Protocol #20192307
UCI IRB# 2186

**SPONSOR:** Edwards Lifesciences, LLC

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**INTRODUCTION**

You are being asked to participate in a research study which is evaluating an investigational (experimental) device, the Edwards PASCAL Transcatheter Valve Repair System (hereinafter referred to as the PASCAL System). Participation is completely voluntary. Please read the information below and ask questions about anything that you do not understand. A researcher listed below will be available to answer your questions.

Edwards is a medical device company. It is sponsoring (paying for and managing) this trial. The Sponsor reimburses the institution for tests and procedures required for this trial.

The information in this document contains details about the procedures and devices that will be used during the clinical trial. It describes possible risks and benefits so that you will be able to make an informed decision about your potential participation in this trial. This document also describes the privacy protection rules and who will have access to your medical and trial records. This consent may contain words that you do not understand. Please ask your doctor to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about and discuss with family or friends before making your decision whether or not to participate in this clinical trial.

**BACKGROUND**

You are being asked to participate in the trial because it has been determined that you have Tricuspid Regurgitation (TR), a condition in which your heart's tricuspid valve does not close tightly which causes blood to flow backwards in the incorrect direction during part of the cardiac cycle. This condition increases the workload on the heart and, if left untreated, it can increase the risk of worsening heart failure. The standard medical treatments generally available to patients with tricuspid regurgitation who do not undergo surgery, may temporarily alleviate some of your symptoms but will not permanently alleviate your condition or cure your tricuspid regurgitation.

This form describes the trial in order to help you decide if you want to participate. Please ask the research doctor or research staff about anything in this form that you have questions about or do not understand. Do not sign and date this form unless you are satisfied with the answers to your questions and decide that you want to be part of this trial.

**TRIAL PURPOSE**

The goal of this trial is to evaluate the safety and effectiveness of the PASCAL System with OMT compared to OMT alone in patients with symptomatic severe tricuspid regurgitation who may not be ideal candidates for tricuspid valve surgery (performed via open-heart surgery) and may be eligible for transcatheter tricuspid valve repair (minimally invasive procedure that repairs the valve).

Up to 870 patients will take part at up to 90 sites (including international sites). Of the total 90 sites, up to 10 sites in Europe, up to 8 sites in Canada, and up to 7 sites in other regions may participate in this trial. This trial is made up of three different cohorts described below: Randomized (up to 450), Roll-In (up to 270), and CLASP II TR Registry (up to 150). If you have been assigned as a Roll-in or CLASP II TR Registry patient, you will not be randomized. Your research doctor or his/her staff will let you know which of these cohorts you are assigned. Your involvement in this trial will be for approximately 5 years and your participation is voluntary.

**INVESTIGATIONAL DEVICE**

**PASCAL System**

The PASCAL System is an investigational (experimental) device. This means the PASCAL System has not yet been approved by the U.S. Food and Drug Administration (FDA), and that there are limited data about its safety and effectiveness in the treatment of tricuspid regurgitation. The PASCAL device is an artificial device made of a spacer, paddles and metal (nitinol) clasps covered in polyester fabric. The main components of the PASCAL Implant System are the PASCAL device, the Steerable Catheter, and the Implant Catheter. The PASCAL System is introduced into the Guide Sheath seals by a Loader (protective cover). The Guide Sheath protects the implant while traveling up the blood vessel to the heart.

**COHORTS**

**Roll-in Cohort:** The first few patients who participate at this research site may be considered "Roll-in" patients and may receive the investigational (experimental) device, the PASCAL System. The "Roll-in" phase of this trial is designed to provide experience and training for research doctors and their staff at the sites participating in this trial. Participation as a Roll-in patient means that you will be one of the first few patients treated at the research site participating in this trial. As a Roll-in patient, you will undergo the same treatment and follow up procedures as all patients treated with the investigational (experimental) device.

Up to 270 patients will take part in the Roll-in cohort.

**Randomized Cohort:** If you agree to participate and are deemed eligible you will be chosen at random to be in one of two groups in a 2:1 ratio. This means you will be twice as likely to receive treatment with the PASCAL device with optimal medical therapy as compared to optimal medical therapy alone. Optimal medical therapy (OMT) refers to oral diuretic medications:

1) PASCAL Device with Optimal Medical Therapy (OMT) Group: Up to 300 patients will have a procedure to repair their tricuspid valve using the PASCAL System plus optimal medical therapy.

2) Optimal Medical Therapy (OMT) alone Group: Up to 150 patients will be treated with optimal medical therapy alone. If you are randomized into this group, you will have the same follow-up

procedures that are required for all trial patients except for the pre-procedure, procedure, post-procedure, and discharge visits.

Up to 450 patients will take part in the randomized CLASP II TR cohort.

**CLASP II TR Registry Cohort:** Patients who are deemed ineligible for the Roll-in or Randomized cohorts of this trial and may still possibly benefit from the investigational device can be considered for the CLASP II TR Registry on a case-by-case basis. Your doctor will explain the registry in further detail.

If you are deemed eligible for the CLASP II TR Registry cohort, you will be scheduled for the investigational procedure to repair your tricuspid valve using the PASCAL System. You will have the same follow-up procedures that are required for all trial patients.

Up to 150 patients will take part in the CLASP II TR Registry cohort.

**Crossover:** If you were initially randomized into the control group (OMT alone), you may be eligible to crossover and receive treatment with the PASCAL System under one of the following two circumstances:

1) You have completed the 2-year follow-up visit, or

2) the last randomized patient in the trial has completed the 12-month follow-up visit and the primary endpoint has been analyzed.

If you agree to participate, you will undergo rescreening for TR severity and anatomical eligibility. Tests or assessments collected during your initial screening/baseline visit for the trial may require repeat during this rescreening.

- If you are deemed eligible to crossover, you will undergo a procedure to repair your tricuspid valve using the PASCAL System. You will have the same follow-up visits up to 5 years after your procedure that are required for all trial patients.
- If you are deemed ineligible to participate in the crossover, you may continue in the control group (OMT alone).

Under the 'Crossover Participation' section, you will be asked for your consent to crossover at the time one of the above circumstances are met; please indicate your choice in that section if applicable.

**Economic Billing Data Collection**

You will be asked to sign a Medical Billing Release Form as part of a health economics analysis of this clinical trial. This form will be used to collect hospital billing information from the hospital where you are treated. The information on this form, and your billing data, will be shared with the BAIM Institute for Clinical Research, only for research purposes. Any personal information on the hospital bills that could be used to identify you will be removed. Your participation in this part of the research trial will be voluntary. You may still participate in the clinical trial even if you decide not to give your permission for the release of billing information. The information that is collected will be used to measure the cost of

treatment for your leaky valve using the clasping device that is being studied. No information about you or your specific hospital will be released.

**Caregiver Survey**

Your caregiver will be asked to participate in a voluntary research survey during two visits. The goal of this survey is to collect information to better understand the experiences of individuals involved in supporting and/or providing care to patients with heart disease. If your caregiver consents to participate, they will complete a survey by rating statements related to caregiving based on their personal experience during your screening/baseline and 6-month follow up visits. Participation is voluntary and if your caregiver does not wish to complete the surveys, or if you do not have a caregiver, you may still participate in this research trial.

**TRIAL PROCEDURES**

Below is an outline of the required trial procedures and observations that will be performed at each trial visit. Please note that the required procedures and observations are comparable with standard of care treatment for heart failure patients. However, the frequency is likely greater than the standard of care.

**Screening and Baseline Visit (for all patients)**

Before any tests or procedures are performed, you will be asked to review, sign and date this approved consent form. A copy of this signed and dated consent form will be given to you. If you consent to participate in the trial, your research doctor and/or research staff will ask you questions and will perform tests and procedures to see if you qualify for entry into the trial. Copies of your medical records may be placed in your research record as part of this trial.

**The following screening and baseline procedures and observations will be performed:**

***Some procedures may be waived by your research doctor if information was already obtained within 30 days prior to informed consent.***

- Your research doctor or his/her staff will ask you questions about your medical history and what medications you are taking.
- You will be given a targeted physical examination (includes vital signs, weight and height) and a clinical evaluation of your condition. Any findings will be recorded in the research record. You should ask the research doctor what you should expect during the examination.
- Your condition will be graded based on your ability to perform physical activities (NYHA class).
- Your condition will be assessed by several measurements including lower limbs edema grading (swelling of the legs on a scale of severity), ankle circumference measurements, and an edema questionnaire.
- Your prognosis of chronic liver disease and cirrhosis will be assessed by the Child-Pugh Score.

- Your risk of death before heart surgery will be calculated using the STS Risk Score and EuroSCORE II.
- You will be asked to do a six-minute walk test (6MWT) (a test to see how far you can walk in 6 minutes).
- If you have a history of stroke, you will be asked a few questions using the Modified Rankin Scale (mRS) to assess your ability to do daily activities after the stroke.
- You will complete a set of Quality of Life Questionnaires (KCCQ, SF-36, EQ-5D-5L) that will help your research doctor assess your quality of life.
- You will complete a patient preference survey regarding how important certain activities and improvement in symptoms are to your quality of life.

*Note: For Roll-in and CLASP II TR Registry patients, Quality of Life Questionnaires and patient preference survey can be done any time before your implant procedure if they were not completed at screening/baseline.*

- You will answer a few questions regarding your functional status and ability to perform daily activities using the Katz Index of Independence in Activities of Daily Living (Katz ADL).
- Your overall level of fitness or frailty will be assessed using the Canadian Study of Health and Aging Survey Clinical Frailty Scale.
- An electrocardiogram (ECG) (a recording of the electrical activity of your heart) will be obtained.
- A transthoracic echocardiogram (TTE) and a transesophageal echocardiogram (TEE) will be performed:
    - A TTE is an ultrasound of the heart allowing assessment of the heart valves. A plastic probe is placed on the surface of the chest, over your heart, to provide visualization of where the investigational device(s) may be placed and your blood flow with pictures.
    - A TEE is when a specialized probe is passed into the esophagus (through your throat) allowing pictures to be taken from behind the heart. During this type of echocardiogram, you may be sedated or given a numbing agent in your throat make you more comfortable during the procedure.
- Right heart pressure measurement using invasive hemodynamic monitoring (i.e. right heart catherization (RHC), with or without vasodilator challenge may be performed to measure your lung artery pressure output.
- Pulmonary function test will be performed (for patients with chronic lung disease (e.g. COPD) to evaluate how well your lungs are working.
- Blood will be collected for laboratory testing of your kidney, liver, and heart function (approximately 2 to 3 teaspoons).
    - A serum or urine pregnancy test will also be performed for women of child-bearing potential.
    - The blood draw will consist of a needle being inserted into a vein in your arm (or other area where a vein can be accessed).
    - Any remaining blood sample will be discarded according to hospital regulations.

If at this point you do not meet these qualification requirements, your participation in this trial will be discontinued and you should talk to the research doctor about further treatment for your tricuspid regurgitation.

You may participate in this trial if all criteria have been met and you have agreed to participate in this trial by signing and dating this consent form.

If you are a trial patient who will undergo treatment with the PASCAL System, you will be scheduled for your implant procedure and may be given anticoagulation (blood thinning) medication in preparation.

**Prior to Trial Implant Procedure (excludes OMT alone patients)**
The following trial procedures will occur before the implant procedure:

- Blood will be collected for laboratory testing (approximately 2 to 3 teaspoons).
    - A serum or urine pregnancy test will also be performed for women of child-bearing potential.
- You will be asked if you have experienced any unusual symptoms since your last visit.
- You will be given antibiotic prophylactic treatment to prevent potential infections.
- You may be given pre-procedure medical therapy (e.g. oral diuretics) in the 30 days prior to the procedure.
- You may be admitted to the hospital before your implant procedure for treatment to improve the function of your right ventricle (lower chamber of heart).

**What happens during the Transcatheter PASCAL System Procedure? (excludes OMT alone patients)**

The research doctor performing the valve repair procedure has experience in transfemoral procedures (gaining access through a vessel in your groin area called the femoral vein) and has received training by the manufacturer of the investigational (experimental) device.

The procedure will be performed using a type of X-Ray machine called a fluoroscope (an X-Ray that may use a special dye and camera to take pictures of the blood flow) so your research doctor can see the device in your blood vessels and heart. The procedure will be done using a minimally invasive technique and will be carried out under general anesthesia. A catheter (small plastic tube) will be inserted through a small puncture in the groin via a vein leading directly to your heart. A flexible catheter will then be tracked through the vessel to deliver the PASCAL device to the tricuspid valve. The PASCAL device is deployed transfemoral (through the blood vessels) and secured to the leaflets of the tricuspid valve annulus (your diseased valve circumference). Your tricuspid valve has three leaflets. The PASCAL device will be positioned to grasp two of these leaflets and bring them together intending to reduce the leak in the valve. The PASCAL device may act as a filler to help reduce abnormal backflow of blood in your heart. After the PASCAL device is placed in the heart, the catheter used to deliver it will be removed. The vessel and incision will be closed.

You will be monitored in a catheterization laboratory, operating room, or hybrid operating suite as needed with special attention to hemodynamic condition (blood pressure and flow) and cardiac rhythm (heartbeat). You will be subsequently monitored in the recovery room or ICU. The expected duration of the entire procedure is about three hours from the time you enter until you leave the procedure room.

Edwards Representatives who have been trained on the device preparation will be in attendance during your implant procedure. They are responsible for the preparation of the Edwards PASCAL System.

The following trial procedures will occur during the implant procedure:

- Any unusual symptoms or side effects that are noted during your procedure will be collected, including any persistent ECG changes.
- Transesophageal Echocardiogram (TEE)
- Your research doctor may decide to perform additional imaging (e.g. Intracardiac echocardiography (ICE); an ultrasound of the heart allowing assessment of the heart valves) through a small catheter (tube) placed in a heart vein.
- Procedural Fluoroscopy
- Right Heart Pressure Monitoring: to measure the flow of blood in your heart, a small catheter (tube) will be placed in a vein leading to your heart.
- You will receive heparin (a blood thinner) or equivalent during the procedure to prevent blood clots

**12-24 Hours Post-Procedure/Pre-Discharge (excludes OMT alone patients)**

The following trial procedures will be performed within 12-24 hours of your implant procedure:

- Changes to your medication(s) will be recorded.
- Blood will be collected for laboratory testing (approximately 2 to 3 teaspoons).
- You will be asked if you have experienced any unusual symptoms or side effects since the procedure.
- An ECG will be obtained.
- You may be given antiplatelet and/or anticoagulation medication to prevent blood from clotting.

**Discharge Visit (excludes OMT alone patients)**

The following trial procedures will be performed greater than 24 hours post-procedure through discharge or at 7 days after your implant procedure, whichever comes first:

- You will be asked if you have experienced any unusual symptoms or side effects since the procedure.
- Changes to your medication(s) will be recorded.
- Targeted Physical Exam
- Blood will be collected for laboratory testing (approximately 2 to 3 teaspoons).

- Modified Rankin Scale (if you experienced a stroke during the trial).
- Transthoracic Echocardiogram (TTE)
- An ECG will be obtained.
- An appointment will be scheduled for you to return to the research site approximately 1 month from your procedure date for your first follow up visit.

If you do not receive the investigational device during the procedure for any reason, you will be followed for safety evaluations only and exit the trial at designated timepoints depending on whether you are a Roll-in, CLASP II TR Registry, or Randomized patient. You will be eligible for treatment with the current standard of care. More details are described below in the section ***Patient Responsibilities***.

If you do receive the investigational device, you are required to have follow-up visits performed at the time of discharge from the hospital at 1 month, 3 months (via phone or by mail), 6 months and annually thereafter for 5 years. If during a follow-up visit, it is determined that you require a tricuspid valve re-intervention, your research doctor will discuss the best treatment option for you.

**Follow-Up Visits (1 Month, 6 Month, 1 Year, and 2 Years) (for all patients)**

The following procedures and observations will be performed during the follow-up visits:

- Your research doctor or research staff will ask you questions about any changes to your medical history since your last visit.
- You will be asked if you have experienced any unusual symptoms or side effects since the procedure.
- Targeted Physical Exam
- Changes to your medication(s) will be recorded.
- You will be asked if you have continued to take your daily blood thinning medications (if applicable).
- Your condition will be assessed by several measurements including lower limbs edema grading (swelling of the legs on a scale of severity), ankle circumference measurements, and edema questionnaire.
- Your condition will be graded based on your ability to perform physical activities (NYHA class).
- You will be asked to do a six-minute walk test (a test to see how far you can walk in 6 minutes).
- You will complete three (3) questionnaires (KCCQ, SF-36, and EQ-5D-5L) that will help your doctor assess your quality of life.
- If you had a stroke, you will be asked a few questions using the Modified Rankin Scale to assess your ability to do daily activities about 90 days after the stroke and at each follow-up visit.
- Blood will be collected for laboratory testing (approximately 2 to 3 teaspoons) (data may be collected if previously performed).
- A transthoracic echocardiogram (TTE) will be obtained.
- An ECG will be obtained (only up to 1-year follow-up visit).
- An appointment will be scheduled for you to return to the research site for your next follow up visit.

**3-Month Follow-Up Visit (via phone or mail) (for all patients)**

You will be asked to fill out a contact information form including your name, phone number (home and cell), email, and mailing address, which will be shared with a Sponsor representative and/or research staff.

At three (3) months:

- If you live in the United States (US) and speak English or Spanish, you will be contacted via phone by a clinical research representative from a third-party (Mid-America Heart Institute (MAHI)) and will be asked to complete two questionnaires (KCCQ and EQ-5D-5L) to assess your quality of life. If MAHI is unable to complete the phone visit with you, the two questionnaires may be mailed to you with pre-paid return postage for you to complete and send back to your site.
- If you live outside of the United States (US) or are non-English or non-Spanish speaking, the questionnaires may be sent to you by mail with pre-paid return postage.

**Follow-Up Visits (3, 4, 5 years) (for all patients)**

The following procedures and observations will be performed during the follow-up visits:

- Your research doctor or research staff will ask you questions about any changes to your medical history since your last visit.
- You will be asked if you have experienced any unusual symptoms or side effects since the procedure.
- Changes to your medication(s) will be recorded.
- You will be asked if you have continued to take your daily blood thinning medications (if applicable).
- Targeted Physical Exam
- Your condition will be assessed by several measurements including lower limbs edema grading (swelling of the legs on a scale of severity), ankle circumference measurements, and edema questionnaire.
- Your condition will be graded based on your ability to perform physical activities (NYHA class).
- A transthoracic echocardiogram (TTE) will be obtained.
- Blood will be collected for laboratory testing (approximately 2 to 3 teaspoons) (data may be collected if previously performed)
- If you had a stroke, you will be asked a few questions using the Modified Rankin Scale to assess your ability to do daily activities about 90 days after the stroke and at each follow-up visit.
- An appointment will be scheduled for you to return to the research site for your next follow up visit.

**Follow-up Visit Windows Table**

| Scheduled Follow-up Interval | Follow-up Window |
|---|---|
| Discharge or Day 7 (whichever comes first) | >24 hours through day 7 post-procedure whichever comes first |
| 1 month (30 days) | ± 7 days |
| 3 months (90 days) (via phone or mail) | ± 14 days |
| 6 months (180 days) | ± 30 days |
| Annually (365 days) up to 5 years | ± 45 days |

Upon completing the 5-year visit (for all patients), you will have completed the trial, and the research doctor will discuss further treatment with you.

**PATIENT RESPONSIBILITIES**

If you decide to take part in this clinical research trial, following instructions and completing all visits are important to make sure that the trial results are complete and accurate. If you wish to stop participating in the trial or if you find you have not followed the instructions listed above, it is important that you notify the research doctor or research staff.

Your participation in this clinical research trial is **entirely voluntary** and it is your right to refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. You are free to withdraw from the trial at any time without giving any reason, even if you have confirmed in writing that you want to take part. Your decision to withdraw will not have any adverse effect whatsoever on your further treatment in the hospital where you are treated.

**Giving false, incomplete, or misleading information about your medical history, including past and present use of medications, could have a very serious effect on your health. It is very important that you give a true and complete medical history.**

You may be exited from this trial for any of the following reasons:

- You signed and dated the consent, but your research doctor deems you are ineligible during the screening phase
- You do not undergo the implant procedure, or you do undergo the implant procedure but do not receive an investigational device. You will exit the trial at the visits below:
  a) Roll-in, CLASP II TR Registry and crossover patients: 30-days following the procedure, or until resolution, stabilization, or adequate explanation of any adverse events related to the implant procedure (whichever occurs later)
  b) PASCAL Device with OMT Group: at the 5-year follow-up visit

- You undergo investigational device explant (removal of the device) or surgical re-intervention. You will exit the trial at the visits below:
  a) Roll-in, CLASP II TR Registry and crossover patients: 30-days post re-intervention or until resolution, stabilization, or adequate explanation of any adverse events related to the re-intervention are resolved (whichever occurs later)
  b) PASCAL Device with OMT Group: at the 5-year follow-up visit
- You choose to withdraw participation from the trial or are withdrawn from the trial by your research doctor or the Sponsor
- You completed the trial per protocol
- You are lost to follow-up and cannot be reached (i.e. death)

**UNEXPECTED CIRCUMSTANCES**

In the event of unexpected circumstances (i.e. global pandemic) that may compromise your safety, the following changes may be allowed and are intended to reduce risk to you as a trial patient:

1. As it may be challenging to schedule or attend on-site visits at hospitals at this time, you may be asked to participate in alternative methods of follow-up. These temporary methods may include:
   a. Telephone calls to your home or mobile phone
   b. Video visits with research staff over the internet
   c. Visiting a location other than the doctor's office you are used to visiting, such as a local community provider or imaging center instead of the hospital
   d. Having you go directly to a laboratory for blood draws instead of having these done at your doctor's office
   e. Having a healthcare professional come to your home to conduct a trial assessment
   f. Having assessments mailed to your home for you to complete and mail back to the research staff
2. Your research doctor and nurse have been asked to try to continue to follow the trial protocol as closely as possible, but in some cases certain procedures may be skipped or delayed in order to reduce your risk of getting the coronavirus.
3. In some cases, if your research doctor determines that the trial cannot be properly conducted under the existing protocol, they may decide to temporarily hold ongoing recruitment or even withdraw current patients from further participation.

**POTENTIAL RISKS AND DISCOMFORTS**

**Randomization:** You will be assigned to a study group by chance (like a coin flip) rather than by a medical decision made by the researchers. The treatment you receive may prove to be less effective or to have more side effects than the other study group(s), or than standard treatments available for your condition.

The potential risks related to the PASCAL System procedure are similar to the risks associated with standard cardiac catheterization, minimally invasive surgical and catheter-based procedures and the use of anesthesia, which include the following:

- Conversion to open heart surgery
- Emergent (emergency) or non-emergent reoperation
- Explant (removal of the device)
- Permanent disability or
- Death

Complications may occur at any time during the procedure, post-procedure or follow-up period. These risks will be explained to you by your research doctor. Should any side effects occur, they will be fully reviewed, and you will be monitored closely.

The implantation procedure and/or investigational device itself has the potential to cause some side effects or reactions which may include but are not necessarily limited to, the following:

- Abnormal lab values (blood test results)
- Allergic reaction to anesthetic, contrast, heparin, Nitinol
- Anemia or decreased Hgb (shortage of healthy red blood cells), may require transfusion
- Aneurysm or pseudoaneurysm (weakening of the vessel wall (i.e. femoral vein) or damage causing blood to leak between the layers of the vessel wall)
- Angina or chest pain
- Anaphylactic shock (severe often life-threatening allergic reaction)
- Arrhythmias – atrial (i.e. Atrial Fibrillation (AF), Supraventricular tachycardia (SVT)) (abnormal or irregular heartbeat originating from an upper chamber)
- Arrhythmias – ventricular (i.e. Ventricular Tachycardia (VT), Ventricular Fibrillation (VF)) (abnormal or irregular heartbeat originating from a lower chamber)
- Arterio-venous fistula (an abnormal communication between an artery and a vein)
- Atrial septal injury (hole between the upper chambers in the heart) requiring intervention
- Bleeding
- Cardiac arrest (heart stops beating suddenly)
- Cardiac failure (when the heart muscle does not pump blood as well as it should)
- Cardiac injury, including perforation (damage to heart tissue including a hole in the heart wall)
- Cardiac tamponade/pericardial effusion (fluid or blood around the heart which may affect heart function)
- Cardiogenic shock (heart suddenly cannot pump enough blood to meet your body's needs)
- Chordal entanglement or rupture that may require intervention (damage to the cord like strings that connect heart muscle to the heart valve)
- Coagulopathy, coagulation disorder, bleeding diathesis (condition affecting the blood's ability to clot)

- Conduction system injury which may require permanent pacemaker (heart does not beat properly)
- Deep vein thrombosis (DVT) (blood clots formed in arms and/or legs)
- Deterioration of native valve (e.g. leaflet tearing, retraction, thickening)
- Dislodgement of previously deployed implant
- Dyspnea (shortness of breath)
- Edema (excess fluid collecting in tissue)
- Electrolyte imbalance (an imbalance of minerals in the blood)
- Emboli/Embolization (obstruction) including air, particulate, calcific material, or thrombus (air bubble, blood clot, or other material that can move in the vessels and block blood flow)
- Endocarditis (an infection of the inner lining of heart or one of the valves)
- Esophageal irritation (irritation of the esophagus from one of the instruments that is used to look inside the heart)
- Esophageal perforation or stricture (tear or narrowing of the esophagus from one of the instruments that is used to look inside the heart)
- Exercise intolerance or weakness
- Failure to retrieve any PASCAL System components (unable to remove any part of the device that is not intended to stay inside the patient)
- Fever
- Gastrointestinal bleeding (bleeding in your digestive tract) or infarct (death of tissue in your digestive tract due to lack of blood supply)
- Heart failure (when the heart muscle does not pump blood as well as it should)
- Hematoma (bruising and collection of blood in the tissue)
- Hemodynamic compromise (low or unstable blood pressure; can mean the heart cannot pump enough blood to meet body's needs)
- Hemolysis (breaking down of red blood cells)
- Hemorrhage (excessive bleeding) requiring transfusion or intervention
- Hypertension (increased blood pressure)
- Hypotension (decreased blood pressure)
- Implant deterioration (wear, tear, fracture, or other) (break down or damage to the implant)
- Implant embolization (accidental movement of the implant into a blood vessel)
- Implant malposition or failure to deliver to intended site (inability to get implant into the proper place when placing it in the heart)
- Implant migration (unintentional movement of the implant from where it was placed in the heart)
- Implant thrombosis (blood clot on the investigational device)
- Infection
- Inflammation (swelling)
- Left Ventricular Outflow Tract (LVOT) obstruction (blockage of blood flow out of the heart due to the positioning of the device)
- Mesenteric ischemia (inadequate blood supply to the lower section of the digestive tract)
- Multi-system organ failure (when organs from more than one system do not function properly)

- Myocardial infarction (heart attack)
- Native valve injury (damage to native valve tissue)
- Native valve stenosis (narrowing of the native valve)
- Nausea and/or vomiting
- Nerve injury (damage to a nerve)
- Neurological symptoms, including dyskinesia, (physical sign of a brain, spinal cord or nerve problem) without diagnosis of TIA or stroke (blood flow interruption to the brain)
- Non-neurological thromboembolic events (blood clot that blocks a blood vessel)
- Pain
- Papillary muscle damage (injury to muscles in the lower chambers of the heart during procedure)
- Paralysis (the loss of the ability to move (and sometimes to feel anything) in part or most of the body)
- PASCAL System component(s) embolization (accidental movement of any piece or part of the implant device into a blood vessel)
- Peripheral ischemia (insufficient blood flow to the limbs)
- Pleural effusion (fluid collection around the lung which may affect breathing)
- Pulmonary edema (fluid in the lungs which may affect breathing)
- Pulmonary embolism (a blood clot that causes a sudden blockage in a lung artery, usually due to a blood clot that traveled to the lung from the leg)
- Reaction to anti-platelet or anticoagulation agents (unexpected response such as allergic or hypersensitivity to blood thinners)
- Renal failure; renal insufficiency (kidneys don't work well or fail)
- Respiratory compromise, respiratory failure, atelectasis, pneumonia - may require prolonged ventilation (problems with breathing or the lungs which may require assistance with breathing for longer than expected)
- Retroperitoneal bleed (bleeding into the abdomen)
- Septal damage or perforation (damage to the wall between the right and left sides of the heart)
- Septicemia / Sepsis (blood infection)
- Skin burn, injury or tissue changes due to exposure to ionizing radiation (energy released from x-ray)
- Single leaflet device attachment (SLDA) (implant device comes loose from where it was attached to the heart)
- Stroke (blood flow to the brain is interrupted)
- Syncope (fainting or brief loss of consciousness)
- Transient ischemic attack (TIA) (short term and temporary interruption of blood flow to the brain)
- Urinary tract infection and/or bleeding
- Valvular regurgitation (backward flow of blood through the valve)
- Vascular injury or trauma, including dissection or occlusion (damage to the heart or vessel including a blockage or tear)
- Vessel spasm (sudden tightening up of the vessel)

- Ventricular wall damage or perforation (heart wall damage or hole)
- Worsening native valve regurgitation/valvular insufficiency (worsening heart valve function)
- Worsening of heart failure
- Wound dehiscence, delayed or incomplete healing (splitting open or failure of the surgical site to heal)

**Please notify the research doctor or research staff if you experience any side effects or complications during the trial. You will be monitored throughout the trial in order to minimize risks.**

With any investigational (experimental) device and/or procedure there may be unknown risks, which are not known at this time. Medical and/or surgical intervention may be required to correct clinical complications associated with the device and/or trial procedure. These risks may be also associated with your pre-existing medical conditions. There is limited information to fully predict the frequency and severity of these risks.

The PASCAL device contains nitinol, which is a metal mixture that contains nickel, titanium, and other metals. If you have had an allergic reaction to nickel in the past, such as to jewelry, buttons, snaps, buckles, and the like, you may also have an allergic reaction to the nickel in the PASCAL System. If you have a history of nickel allergy, you will be asked to complete a skin patch test. Some allergic reactions can be serious. You should call your research doctor right away if you have trouble breathing or if your face or throat suddenly turns red. Some people may have a reaction to the nickel in the system even if they have never had an allergic reaction to nickel in the past.

When some forms of nickel were tested in animals, it was also found that the nickel had the ability to cause cancer. However, in humans, the risk of getting cancer from nickel has only been shown to happen if the nickel is breathed in. The nickel in the system is not breathed in. The risk of getting cancer from the use of the system is probably small, but unknown.

All risks, discomforts, or inconveniences will be explained to you by your research doctor. Should any side effects occur, they will be fully assessed, and you will be monitored closely. If during the research trial the research doctor learns that you have a medical condition that was unknown, you will be made aware of the medical condition and offered the same treatment and care as if you were not in the research trial. You and/or your research doctor can decide if you continue to participate in the research trial. In addition, it is important your primary care doctor is also notified of any significant changes to your health.

**Pregnancy Risks**

Women who are pregnant, breastfeeding, or planning pregnancy within the next 12 months may not participate in this trial. The effects of this treatment and follow-up requirements to an embryo or fetus are currently unknown. If you are a woman of child-bearing potential, a small amount of blood or urine will be collected, to confirm you are not pregnant, within 14 days of the implant procedure. It is also recommended that you use an accepted method of contraception. If you become pregnant anytime

during trial participation, your research doctor will discuss the requirements of trial participation with you should you wish to continue.

**Anesthesia Risks**

While anesthesia is generally very safe there are some risks associated with anesthesia. The most common problems associated with anesthesia are feeling unwell or vomiting, bruising at the site of injections, sore throat or hoarse voice. Most patients do not have these problems. If these problems do happen, they usually get better very quickly. Damage to teeth may occur, but this is rare. Brain damage or death due to anesthesia is very rare.

The risk of problems from anesthesia increases for patients who are having more major surgery, those with medical problems and those that require difficult anesthetic procedures. If you have had any problems with anesthesia in the past or concerns about these issues, you should discuss them with the research team.

**Risks Associated with Exposure to Radiation**

This research trial includes a fluoroscopy that will be exposing you to radiation from an x-ray machine. Although the amount of radiation you will be exposed to is higher than that of a usual x-ray, the risk of harmful effects from a single fluoroscopy is very small.

During the fluoroscopic procedure, the skin area exposed to the x-rays could react to produce an effect similar to sunburn. If a skin reaction occurs at all, it could show up from a few hours to a few days after the procedure, and usually goes away on its own. If you have a skin reaction, you should tell the research doctor immediately and you may be asked to return for a trial visit.

**Antibiotic Prophylaxis Risks**

Common side effects with antibiotics include: mild skin rash or other allergic reactions, soft stools/ short-term diarrhea, upset stomach/nausea, loss of appetite, fungal (yeast) vaginal infections or oral thrush (yeast infection in the mouth).

More severe antibiotic side effects include, but are not limited to: severe allergic reaction that results in difficulty breathing, facial swelling, severe watery or bloody diarrhea and stomach cramps.
These side effects are extremely variable. Long term side effects of antibiotics can occur but are infrequent.

If you are experiencing a bothersome or serious antibiotic side effect, you should contact your research doctor to discuss your symptoms.

**ANTICIPATED BENEFITS**

There is no guarantee that participating in this trial will help you. Your condition might not improve or might get worse while you are in this trial.

Treatment with the investigational device, however, may offer you certain advantages compared to other therapies, such as medical therapy alone or conventional surgical repair or replacement of the tricuspid valve, although these potential benefits have not been proven. The benefits of this technique vs. surgery include a less invasive procedure, shorter procedure time, and less anesthesia than in open heart surgery for tricuspid valve repair or replacement. The benefits of this therapy vs. medical therapy may include a more effective reduction of the leakage of your tricuspid valve, which may result in improved symptoms.

Other benefits that may be associated with the PASCAL System include:

- Lower complication rate and a quicker recovery than standard surgical repair or replacement.
- Improvement in long-term heart function that could potentially increase your life expectancy and improve your quality of life.
- Provides an option for treatment of tricuspid regurgitation in patients who are not suitable candidates for conventional heart surgery.
- Results from this trial may assist in better understanding your medical condition and the effect of this treatment and may also help in the treatment of other patients in the future.

**ALTERNATIVE TREATMENTS**

As described below, the current alternative therapies for the treatment of tricuspid regurgitation are:

<u>Medical Therapy:</u>

Medical therapy for tricuspid regurgitation is limited. Medications may help lessen the symptoms of heart failure or help the temporary management of a patient before surgery. However, there is no evidence that medical therapy will have a long-term effect on the severity of tricuspid regurgitation or its consequences.

<u>Tricuspid Valve Replacement Surgery:</u>

Open heart surgery where an artificial valve is implanted.

<u>Tricuspid Valve Repair Surgery:</u>

Open heart surgery where the surgeon uses a combination of cutting, sewing and artificial ring implants to rebuild the area around the tricuspid valve.

The alternative treatments above may temporarily alleviate some of your symptoms but will not permanently alleviate your condition or cure your tricuspid regurgitation. Your research doctor will discuss these options with you before you decide whether or not to take part in this research trial. You can also discuss the options with your local doctor.

However, you have been offered the opportunity to participate in this research trial because your treating research doctor and team have determined that you may not be an ideal candidate for tricuspid valve surgery.

The research doctor will explain the choices to you. **You do not have to participate in this trial to receive treatment for your condition.** The research doctor will tell you more about the risks and benefits of participating in this trial as compared to the risks and benefits of other treatments. Some of the trial procedures might be done as part of your standard care even if you do not take part in this clinical research trial. The research doctor or research staff can answer any questions you may have about the procedures that are not part of your standard care.

**COMPENSATION**

The Sponsor will provide a $50 stipend for each completed in-person follow-up visit (1 month, 6 month, 1, 2, 3, 4, and 5 year visits) required by the trial for up to $350.

With the exception of the stipend there will be no compensation for your participation in this trial.

**COSTS**

The tests or procedures required by the research trial that would not otherwise be part of your standard care will be covered by Edwards. You and /or your health plan/insurance will be billed for the costs of any routine medical care you receive to diagnose and/or treat any medical condition(s) within the scope of this study. You and /or your health plan/insurance will need to pay for this routine care. You will also be responsible for any co-payments or deductibles required by your insurance. Some health plans/insurance companies will not pay the costs associated with these tests, procedures, and/or drugs. Financial counseling and itemized cost estimates are available upon request.

**EMERGENCY CARE AND COMPENSATION FOR INJURY**

It is important that you promptly tell the researchers if you believe that you have been injured because of taking part in this study. You can tell the researcher in person or call him/her at the number(s) listed above.

If you feel you have been injured as a result of being in this study UCI will provide necessary medical treatment. The costs of the treatment may be covered by the University of California or the study

sponsor [Edwards Lifesciences], or billed to you or your insurer just like other medical costs, depending on a number of factors. The University and the study sponsor do not normally provide any other form of compensation for injury. For more information about this, you may call UCI Human Research Protections (949) 824-6068 or (949) 824-2125 or by e-mail at IRB@research.uci.edu

If the study sponsor covers these costs they will need to know some information about you like your name, date of birth, and Medicare Health Insurance Claim Number, or, if you do not have one, your Social Security Number. This information will be used to check to see if you receive Medicare, and, if you do, report the payment they make to Medicare. The study sponsor will not use this information for any other purpose.

**CONFIDENTIALITY**

Information from this study will be given to the Sponsor. "Sponsor" includes any persons or companies which are contracted by the Sponsor to have access to the research information during and after the study.

The information will also be given to the U.S. Food and Drug Administration (FDA). It may be given to governmental agencies in other countries where the study drug may be considered for approval.

Medical records which identify you and the consent form signed by you will be looked at and/or copied for research or regulatory purposes by:

- the research team
- authorized UCI personnel
- the Sponsor

and may be looked at and/or copied for research or regulatory purposes by:

- the FDA
- Department of Health and Human Services (DHHS) agencies;
- governmental agencies in other countries;
- the University of California; and the Western Copernicus Group (WCG) IRB, Inc.

Absolute confidentiality cannot be guaranteed because of the need to give information to these parties. If the results of this study are made public at meetings or in scientific journal articles, information that identifies you will not be used. If we wish to use identifying information in publications, we will ask for your approval at that time.

**Medical Care**

If you agree to participate in this research study, a signed copy of this consent document and the privacy authorization form may be filed in your electronic medical record (EMR) and your study participation may be added to your EMR. This information will be used for your care and treatment and for healthcare operations, which may include billing and payment.

Federal and state privacy laws give patients the right to access information about their care and treatment contained in their medical record. During this study, you may not be able to access certain information related to this study in your EMR until the study is complete to ensure that the study remains unbiased. By consenting to participate in this study, you are also consenting to this possible temporary withholding of your records. If necessary for your care, this information will be provided to you or your physician.

**FUTURE USE OF DATA**

In the future, we may use the information collected for additional research purposes without your consent. If we do so, any information that can identify you will be removed before it is used for research purposes.

Your information may be transferred outside of the United States. This might be to support a regulatory review. The information sent by the research doctor and/or research staff to the Sponsor will not include your name, address, or other identifiers. Instead, the research doctor will use your initials and assign a coded number to the records that are sent to the Sponsor. However, your entire medical record may be reviewed at the research doctor's office and/or hospital by the Sponsor and/or Sponsor representatives, by regulatory/government agencies (e.g. FDA) or by Institutional Review Board or Ethics Committee (IRB/EC - is a group that has been formally designated to review and monitor clinical research involving human patients). The purpose of these reviews is to assure the quality of the trial and compliance with laws and applicable regulations.

The research doctor and/or research staff will make every effort to protect the privacy of your information to the extent allowed by law. However, absolute confidentiality cannot be guaranteed because of the need to disclose information as described above. As described above, efforts are made to keep your information as confidential as possible, and to ensure that anyone who reviews your information has committed to confidentiality.

This consent does not have an expiration date. If you do not cancel this consent, then it will remain in effect indefinitely.

You can cancel this consent at any time by giving a written notice to the research doctor. If you cancel this consent, then you no longer will be able to participate in the trial, and the information that has been collected prior to canceling the authorization may still be used and disclosed to the above-mentioned parties. You will receive a signed copy of this consent for your records.

**PARTICIPATION AND WITHDRAWAL**

**You have the right to choose not to be in this trial or to stop being a part of this trial at any time without any consequences. This means that there will be no penalty or loss of medical benefits to which you are otherwise entitled.**

If you choose to stop being a part of this trial, you must first notify the research doctor immediately so that a plan can be provided for your continued medical care, if need be. At the time you stop taking part in the trial, you will be asked to return for a final safety evaluation that will include gathering information about your current medical condition and conducting any required procedures. For your own safety, you should go through the trial exit procedures if you leave the trial.

It is possible that your being part of this trial may be stopped at any time without asking you. This might happen if you do not follow the instructions given by the research doctor or if the research doctor believes it to be in your best interest. The trial may also be stopped for administrative, medical, or other reasons as determined by the research doctor, Edwards, or the regulatory authorities of your country.

Any significant new findings developed during the course of this research that might affect your willingness to participate will be provided to you and the research doctor**.**

While participating in this trial, you should not take part in any other trial. This is to protect you from possible injury that may arise.

**OTHER ISSUES TO CONSIDER WHEN DECIDING WHETHER TO PARTICIPATE IN THIS STUDY**

Public Information about this Study:
ClinicalTrials.gov is a website that provides information about federally and privately supported clinical trials.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. 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. The reference number for this trial is NCT04097145.

**Investigator Financial Conflict Of Interest**

Antonio Halais Frangieh has financial interests in Edwards Lifesciences, the sponsor of the study. Antonio Halais Frangieh receives income and owns stock in the entity, which is in addition to their salary from the University of California, Irvine. Please feel free to ask any further questions you might have about this matter.

The nature of this financial interest and the design of the study have been reviewed by the UCI Conflict of Interest Oversight Committee (COIOC). The COIOC has determined that the researcher's financial interests are appropriately managed as to avoid compromising the quality or reliability of the study and furthermore, the UCI Institutional Review Board has determined that appropriate safeguards are in place to avoid adversely affecting your safety and welfare.

**Use of Research Specimens**

Any specimens (e.g., tissue, blood, urine) obtained for routine labs will be discarded or destroyed once they have been used for the purposes described in this consent.

**QUESTIONS / INFORMATION**

Contact the research team listed at the top of this form during office hours for any of the following reasons:

- if you have any questions about your participation in this study,
- if you feel you have had a research-related injury or a reaction to the study drug, or
- if you have questions, concerns or complaints about the research

Call the 24-hour number also listed on the top of this form at any time to report a research-related injury or a health concern possibly related to the study drug.

If you have questions about your rights as a research subject or if you have questions, concerns, input, or complaints about the research, you may contact:

WCG IRB
1019 39th Avenue SE, Suite 120
Puyallup, Washington 98374-2115
Telephone: 1-855-818-2289
E-mail: researchquestions@wcgirb.com

WCG IRB is a group of people who perform independent review of research.

WCG IRB will not be able to answer some study-specific questions, such as questions about appointment times. However, you may contact WCG IRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff.

**ADDITIONAL COMPONENTS OF THE TRIAL:**

**Standard of Care Follow-up Consent**

In the event that you choose to no longer participate in the trial (withdraw) or are withdrawn from the trial, you can allow your research doctor and staff to provide information regarding your health status for the purposes of this research trial. Collection of data is limited to information gathered from public information and/or data bases, primary care physician, hospital records or health registration systems to check your health status. If we cannot obtain the information from your health records or public sources, a research doctor or staff member may contact you via telephone, email, or mail to collect the data. Data may be collected for the duration of time you would have continued in the study (maximum of 5 years). The information provided for the trial will be anonymous and limited to any combination of the following, if available:

- mortality (status of life)
- safety updates (adverse event review such as hospitalizations or stroke)

Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #) Patient Initials (F, M, L) | | | |

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- the occurrence of reintervention (other percutaneous or surgical procedures)
- imaging data such as echocardiograms.

Your decision to participate in this standard of care follow-up is voluntary. Your further care will not be impacted whether or not you choose to participate.

| | |
|---|---|
| I agree that the research doctor and staff can provide standard of care updates to the sponsor for the purposes of research. | ☐ Yes ☐ No |

**Informing your Personal doctor**

(*Trial patient check yes or no*)

| | |
|---|---|
| Do you want your personal doctor to be informed of your participation in this research trial? | ☐ Yes ☐ No |

**Economic Billing Data Collection**

(*Trial patient check yes or no*)

| | |
|---|---|
| I authorize my billing data, with my personal information removed, to be shared with the BAIM Institute for Clinical Research, only for research purposes. I give my permission for the release of billing information. | ☐ Yes ☐ No |

**Crossover Participation**

*(Trial patient check yes, no, initial and date)*

| |
|---|
| I have met one of the following two circumstances:<br>1) Completed 2-year follow-up visit in the randomized OMT group<br>2) Last randomized patient has completed the 12-month follow-up visit subsequent to the completion of the primary endpoint analysis.<br><br>☐ Yes ☐ No Patient Initial here: _____ Date:_____ |
| If the above response is Yes, then do I agree to crossover? (Not applicable if above response is No)<br><br>☐ Yes ☐ No Patient Initial here: _____ Date:_____ |

**CONSENT STATEMENT**

You should not sign and date this consent form until all of your questions about this study have been answered by a member of the research team listed at the top of this form. You will be given a copy of this signed and dated consent form and the "Research Subject's Bill of Rights" to keep.

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**Participation in this study is voluntary.** You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your future relationship with UCI or your quality of care at the UCI Medical Center.

If, during the course of this study, significant new information becomes available that may relate to your willingness to continue to participate, this information will be provided to you by the research team listed at the top of the form.

Your signature below indicates you have read the information in this consent form and have had a chance to ask any questions you have about this study.

If the research described in this form involves your protected health information (PHI), you will be asked to sign a UC HIPAA Research Authorization form authorizing the access, use, creation, and/or disclosure of your health information which is appended at the end of this form.

**I agree to participate in the study.**

_____ _____
**Subject Signature** **Date**

_____
**Printed Name of Subject**

_____ _____
**Signature of Person Obtaining Informed Consent** **Date**
(Individual must be listed on Page 1 of this consent)

_____
**Printed Name of Person Obtaining Informed Consent**

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Patient Initials (F, M, L) | | | |

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**A witness signature is required on this consent form only if: (Researchers: check which one applies)**

☐ Consent is obtained from the subject via the Short Form process, as approved by the IRB.
☐ The subject has decision-making capacity, but cannot read, write, talk or is blind.
☐ The subject's guardian/legally authorized representative (LAR) cannot read, write, talk or is blind.
☐ The IRB specifically mandated a witness signature for this study (e.g., high risk and/or invasive research procedures).

Note: The witness must be impartial (i.e. not a member of the subject's family, not a member of the study team).

**For the witness:**
I confirm that the information in this consent form was accurately explained to and understood by the subject or legally authorized representative and that informed consent was given freely.

_____ _____
**Witness Signature** **Date**
**(If no witness signature is required, this witness signature section of the consent form may be left blank).**

_____
**Printed Name of Witness**

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**UNIVERSITY OF CALIFORNIA, IRVINE**
**Research Subject's Bill of Rights**

**The rights listed below are the right of every individual asked to participate in a research study. You have the right:**

1. To be told about the nature and purpose of the study.

2. To be told about the procedures to be followed in the research study, and whether any of the drugs, devices, or procedures is different from what would be used in standard practice.

3. To receive a description of any side effects, discomforts, or risks that you can reasonably expect to occur during the study.

4. To be told of any benefits that you may reasonably expect from the participation in the study, if applicable.

5. To receive a description of any alternative procedures, drugs, or devices that might be helpful, and their risks and benefits compared to the proposed procedures, drugs or devices.

6. To be told of what sort of medical treatment, if any, will be available if any complications should arise.

7. To be given a chance to ask any questions concerning the research study both before agreeing to participate and at any time during the course of the study.

8. To refuse to participate in the research study. Participation is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your right to receive the care you would receive if you were not in the experiment.

9. To receive a copy of the signed and dated written consent form and a copy of this form.

10. To be given the opportunity to freely decide whether or not to consent to the research study without any force, coercion, or undue influence.

If you have any concerns or questions regarding the research study you should contact the study team listed at the top of the consent form.

I can also contact the WCG IRB, Inc. which helps protect research study participants. I can reach the WCG IRB, Inc by calling 855-818-2289 from 8:00 AM to 5:00 PM, Monday to Friday. If I call this office and do not speak English or Spanish, I should have someone available who can interpret for me. I may also write to WCG IRB, Inc., 1019 39th Avenue SE Suite 120, Puyallup, WA 98374-2115. To get a copy of the bill of rights I may contact the research team or go to **https://research.uci.edu/wp-content/uploads/experimental-subjects-b-o-r.docx**

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**PATIENT COMMUNICATION FORM**

During the course of the **Edwards PASCAL Transcatheter Valve Repair System Pivotal Clinical Trial (CLASP II TR),** a Sponsor representative (3rd party contracted by Edwards) will contact you to administer surveys.

Please complete all fields related to your contact information below:

**Patient Name (print full name):** _____

**Patient ID (as assigned in RAVE EDC):** _____

**Mailing Address (street, state, zip code, country):** _____
_____

**Email address:** _____

**Mobile phone number:** _____
Can you receive text messages*? Yes ☐ No ☐
**Text messages may be sent out to remind you of your upcoming 3 Mo visit*
**Alternate phone number:** _____

Please check your preferred method of communication below:
Mobile Phone ☐ Alternate Phone ☐
**Additional contact person (who can provide updated information in case we are unable to reach you):**

**Name:** _____

**Phone number:** _____

**Site Personnel – please check one for 3 Mo QOL:**

☐ English ☐ US/Mexican Spanish ☐ Other, please specify language: _____

Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #)

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**Participant Form**

| Participant (Signature) | Participant (Print) | Date |
|---|---|---|
| | | |

**Site Personnel Obtaining Consent**

| Site Personnel (Signature) | Site Personnel (Print) | Date |
|---|---|---|
| | | |

Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #) Patient Initials (F, M, L) | | | |

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**UCI IRB # 2186**

**University of California Irvine Health**
**Permission to Use Personal Health Information for Research**

Study Title (or IRB Approval Number if study title may breach subject's privacy): Edwards PASCAL TrAnScatheter Valve RePair System Pivotal Clinical **Trial (CLASP II TR)**: A prospective, multicenter, randomized, controlled pivotal trial to evaluate the safety and effectiveness of transcatheter tricuspid valve repair with the Edwards PASCAL Transcatheter Valve Repair System and optimal medical therapy (OMT) compared to OMT alone in patients with tricuspid regurgitation

Principal Investigator Name: Antonio Frangieh, MD

Sponsor/Funding Agency (if funded): Edwards Lifesciences, LLC

## A. What is the purpose of this form?

State and federal privacy laws protect the use and release of your health information. Under these laws, the University of California or your health care provider cannot release your health information for research purposes unless you give your permission. Your information will be released to the research team which includes the researchers, people hired by the University or the sponsor to do the research and people with authority to oversee the research. If you decide to give your permission and to participate in the study, you must sign this form as well as the Consent Form. This form describes the different ways that health care providers can share your information with the researcher, research team, sponsor and people with oversight responsibility. The research team will use and protect your information as described in the attached Consent Form. However, once your health information is released by UC Irvine Health it may not be protected by the privacy laws and might be shared with others. If you have questions, ask a member of the research team.

Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #) Patient Initials (F, M, L) | | | |

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## B. What Personal Health Information will be released?

If you give your permission and sign this form, you are allowing your health care provider to release the following medical records containing your Personal Health Information. Your Personal Health Information includes health information in your medical records, financial records and other information that can identify you.

- ☒ Entire Medical Record
- ☐ Ambulatory Clinic Records
- ☐ Progress Notes
- ☐ Other Test Reports
- ☐ Other (describe): Type Here (Description of Other Health Information)
- ☐ Lab & Pathology Reports
- ☐ Dental Records
- ☐ Operative Reports
- ☐ Discharge Summary
- ☐ Consultations
- ☐ Emergency Department Records
- ☐ Financial Records
- ☐ Imaging Reports
- ☐ History & Physical Exams
- ☐ Psychological Tests

Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #) Patient Initials (F, M, L) | | | |

IRB APPROVED
AS MODIFIED
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**C. Do I have to give my permission for certain specific uses?**

Yes. The following information will only be released if you give your specific permission by putting your initials on the line(s).

_____I agree to the release of information pertaining to drug and alcohol abuse, diagnosis or treatment.

_____I agree to the release of HIV/AIDS testing information.

_____I agree to the release of genetic testing information.

_____I agree to the release of information pertaining to mental health diagnosis or treatment.

**D. Who will disclose and/or receive my Personal Health Information?**

Your Personal Health Information may be shared with these people for the following purposes:

1. To the research team for the research described in the attached Consent Form;
2. To others at UC with authority to oversee the research
3. To others who are required by law to review the quality and safety of the research, including: U.S. government agencies, such as the Food and Drug Administration or the Office of Human Research Protections, the research sponsor or the sponsor's representatives, or government agencies in other countries.

**E. How will my Personal Health Information be shared for the research?**

If you agree to be in this study, the research team may share your Personal Health Information in the following ways:

1. To perform the research
2. Share it with researchers in the U.S. or other countries;
3. Use it to improve the design of future studies;
4. Share it with business partners of the sponsor; or
5. File applications with U.S. or foreign government agencies to get approval for new drugs or health care products.

Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #) Patient Initials (F, M, L) | | | |

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## F. Am I required to sign this document?

No, you are not required to sign this document. You will receive the same clinical care if you do not sign this document. However, if you do not sign the document, you will not be able to participate in this research study.

## G. Optional research activity

If the research I am agreeing to participate in has additional optional research activity such as the creation of a database, a tissue repository or other activities, as explained to me in the informed consent process, I understand I can choose to agree to have my information shared for those activities or not.

☐ I agree to allow my information to be disclosed for the additional optional research activities explained in the informed consent process.

## H. Does my permission expire?

This permission to release your Personal Health Information expires when the research ends and all required study monitoring is over.

## I. Can I cancel my permission?

You can cancel your permission at any time. You can do this in two ways. You can write to the researcher or you can ask someone on the research team to give you a form to fill out to cancel your permission. If you cancel your permission, you may no longer be in the research study. You may want to ask someone on the research team if canceling will affect your medical treatment. If you cancel, information that was already collected and disclosed about you may continue to be used for limited purposes. Also, if the law requires it, the sponsor and government agencies may continue to look at your medical records to review the quality or safety of the study.

Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #) Patient Initials (F, M, L) | | | |

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## J. Signature

### Subject

If you agree to the use and release of your Personal Health Information, please print your name and sign below. You will be given a signed copy of this form.

_____

Subject's Name (print)—*required*

_____

Subject's Signature

_____

Date

### Parent or Legally Authorized Representative

If you agree to the use and release of the above named subject's Personal Health Information, please print your name and sign below.

_____

Parent or Legally Authorized Representative's Name (print)

_____

Relationship to Subject

_____

Parent or Legally Authorized Representative's Signature

_____

Date

Patient ID # | 2 | 0 | 1 | 9 | 0 | 7 | - | | | | - | | | | (EW Trial # / Site # / Patient #) Patient Initials (F, M, L) | | | |

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**Witness**

If this form is being read to the subject because s/he cannot read the form, a witness must be present and is required to print his/her name and sign here:

_____

Witness' Name (print)

_____

Witness' Signature

_____

Date