

Visit # (A-E) E SUBJECT ID: 1001 VISIT DATE: 8/31/21
 DATE INFORMED CONSENT SIGNED: / / Drawing Code:

Demographics

Sex: <input type="checkbox"/> M <input type="checkbox"/> F Year of birth: <u> </u> Height: <u> </u> ft <u> </u> in Weight: <u> </u> lbs	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown

Informed Consent Process

Initials and Date:

Eligibility Criteria

Inclusion Criteria: In order to be eligible to participate in this study, a study participant must meet <u>all</u> of the following criteria:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Male or female, aged 18 to 99
<input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to comply with all study procedures and be available for the duration of the study
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosed with IBS-C satisfying Rome IV criteria (Survey completed by subject)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have symptoms present for at least the last 3 months
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have abdominal pain that is not adequately relieved at the time of screening and the time of randomization
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a VAS pain score of >3 (on 0-10 score)

CRA Signature:  Date: 8/31/21

Rome IV Criteria for IBS	
Recurrent abdominal pain on average at least 1 day/week in the last 3 months related to defecation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurrent abdominal pain on average at least 1 day/week in the last 3 months associated with a change in frequency of stool.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurrent abdominal pain on average at least 1 day/week in the last 3 months associated with a change in form (appearance) of stool.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Exclusion Criteria: A potential study participant who meets <u>any</u> of the following exclusion criteria at baseline will be excluded from participation in this study if:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have an unrelated active disorder which may involve abdominal pain, such as inflammatory bowel disease, diabetes, unstable thyroid disease
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have history of abdominal surgery (other than cholecystectomy or appendectomy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are taking anticoagulants or antispasmodic, antidiarrheal, or opioids or other pain relief medications and cannot stop these medications for three consecutive days before each study visit
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are pregnant or lactating; women of childbearing potential complete a pregnancy test at each visit
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have known allergic reactions to components of the ECG electrodes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received treatment with an investigational drug or other intervention <i>within 6 months of the date of consent</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Anything that, in the opinion of the investigator, would place the study participant at increased risk or preclude the study participant's full compliance with or completion of the study
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are unable to provide informed consent

For women only:

Hysterectomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Post-Menopause*: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If no to both of above)	*Post-menopausal is defined as no menses for the previous 12 months. If cessation of menses is within 18 months then the subject should be treated as pre-menopausal and a pregnancy test must be performed.
Pregnancy test result:	
<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	

<input checked="" type="checkbox"/> The subject is eligible (meets all of the inclusion criteria and meets none of the exclusion criteria) <input type="checkbox"/> True <input type="checkbox"/> False
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Procedure monitoring

Subject has not taken medications affecting the gut or pain perception for 48 hours. (anticoagulants, antispasmodic, antidiarrheal, opioids) <input checked="" type="checkbox"/> True <input type="checkbox"/> False	Subject has not had any food or drink other than water since 8 am <input checked="" type="checkbox"/> True <input type="checkbox"/> False	TEA Methods: ST36-100Hz ST36-25Hz PC6-100Hz PC6-25Hz SM-25Hz	EKG Settings: Frequency and Amplification
		ST 36 25Hz	Frequency: 1.5 Hz Amplification: x1000

15 Minute Baseline EKG without Stimulation or Distention

Time of Baseline Period Start:	1220
Time of Baseline Period End:	1235
Baseline EKG Recording Filename:	01-E-1
Baseline Recording Folder:	

Rectal Distention One without Stimulation

Time of Barostat Catheter Insertion:	1240 1241
Time of Distention Initiation:	12:45
Time of Distention Termination:	12:51
Distention EKG Recording Filename:	01-E-2
Distention EKG Recording Folder:	

CRA Signature:



Date:

8/31/17

Rest Period

NA

Rest Period Start Time:	
Rest Period End Time:	

15 Minute Baseline EKG with Stimulation but no Rectal Distention

Time of Baseline Period Start:	12:55
Time of Baseline Period End:	1:10
Baseline EKG Recording Filename:	01-E-3
Baseline EKG Recording Folder:	

TEA/Sham TEA Administration

Time of TEA/Sham Initiation: 12:55	Stimulation output (mA): 1.80
Time of change in output: 1:05	Stimulation output (mA): 2.20
Time of change in output:	Stimulation output (mA):
Time of change in output:	Stimulation output (mA):

Rectal Distention Two with Stimulation

CR 4.8.21

Time of Distention Initiation:	1:11 1:12	
Time of Distention Termination:	1:22	
Time of Barostat Catheter Removal:	1:23	
Distention EKG Recording Filename:	01-E-4	
Distention EKG Recording Folder:		

CRA Signature: Calvin K. [Signature] Date: 8/31/21

Name of Person who performed the procedure: Ludig Watts

Signature of Person who performed the procedure: _____

Date: 8/31/21

PI Signature 

Date: 8/31/21

CRA Signature: _____ Date: ____/____/____

CUMULATIVE ADVERSE EVENTS

At end of study only: check this box if subject experienced NO ADVERSE EVENTS ☐

Adverse Event Reported Date	Adverse Event Description	Event Onset Date	Event End Date	Severity (Grade)	Attribution	Reported as SAE?	Outcome	Med taken	Comments (include CRA dated initials for each event)
/		/	/						
/		/	/						
/		/	/						
Severity (Grade)	Attribution: Relation to Study Agent	Reported as SAE?	Outcome						
1 = mild 2 = moderate 3 = severe	1 = unrelated 2 = unlikely 3 = possible 4 = probable 5 = definite	1 = yes 2 = no	1 = resolved 2 = resolving 3 = not resolved 4 = resolved with sequelae 5 = fatal 6 = unknown						

CRA Signature: _____ Date: ____/____/____