

Visit # ^{AF}(1-5) B SUBJECT ID: 1001 VISIT DATE: 8/3/21
 DATE INFORMED CONSENT SIGNED: 7/27/21 Drawing Code: _____

Demographics

Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F		Year of birth: _____	Height: _____ ft _____ in	Weight: _____ 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: ____/____/____

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 type="checkbox"/> No	Post-Menopause*: <input type="checkbox"/> Yes <input type="checkbox"/> No
(If no to both of above)	
Pregnancy test result:	
<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<i>*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.</i>

The subject is eligible (meets all of the inclusion criteria and meets none of the exclusion criteria)

☐ True ☐ False

Procedure monitoring

Subject has not taken medications affecting the gut or pain perception for 48 hours. (anticoagulants, antispasmodic, antidiarrheal, opioids)	Subject has not had any food or drink other than water since 8 am	TEA Methods: ST36-100Hz ST36-25Hz PC6-100Hz PC6-25Hz SM-25Hz	EKG Settings: Frequency and Amplification
<input checked="" type="checkbox"/> True <input type="checkbox"/> False	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	SM-25Hz	Frequency: 1.50 Hz Amplification: X1000

15 Minute Baseline EKG (no Stimulation or Distention)

Time of Baseline Period Start:	2:50
Time of Baseline Period End:	3:05
Baseline EKG Recording Filename:	01-B-1
Baseline Recording Folder:	

Rectal Distention One without (no Stimulation)

Time of Barostat Catheter Insertion:	3:08
Time of First Distention Initiation:	3:10
Time of Last Distention Termination:	3:17
Distention One EKG Recording Filename:	01-B-2
Distention One EKG Recording Folder:	

Rest Period

Time of Rest Period Start:	
Time of Rest Period End:	

15 Minute Baseline EKG with Stimulation but no Rectal Distention

Time of Baseline Period Start:	3:25
Time of Baseline Period End:	3:40
Baseline EKG Recording Filename:	01-B-3
Baseline EKG Recording Folder:	

TEA/Sham TEA Administration

Time of TEA/Sham Initiation: 3:25	Stimulation output (mA): 1.60
Time of change in output: 3:35	Stimulation output (mA): 2.00
Time of change in output:	Stimulation output (mA):
Time of change in output:	Stimulation output (mA):

Rectal Distention Two (with stimulation)

Time of First Distention Initiation:	3:42
Time of last Distention Termination:	3:52
Time of Barostat Catheter Removal:	3:52
Distention Two EKG Recording Filename:	01-B-4
Distention Two EKG Recording Folder:	

Name of Person who performed the procedure: _____

Signature of Person who performed the procedure: _____

Date: 8/3/21

PI Signature _____

Date: / /

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	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: ____/____/____