

Appendix 6. Patient Information Sheet with Informed Consent Form

Sponsor:
NPO Petrovax Pharm LLC, Russia

Protocol No.: PoArvi/PhIII_2017
Version: 2.0 of 30/05/2018

PATIENT INFORMATION SHEET AND INFORMED CONSENT FORM FOR PARTICIPATION IN A STUDY

"A multicenter, prospective, randomized, double-blind, placebo-controlled parallel-group study of the efficacy and safety of Polyoxidonium®, nasal and sublingual spray, 6 mg/ml (NPO Petrovax Pharm LLC, Russia) in children aged 1 to 12 years with a diagnosis of acute respiratory viral infections (ARVI)
Study Protocol No.: PoArvi/PhIII_2017

Study Sponsor: NPO Petrovax Pharm LLC, Russia

Signature of the study Sponsor: 1, Sosnovaya st., Pokrov village, Podolsky, Moscow Oblast, Russia, 142143 Tel./Fax:+7 (495) 926-21-07.

Company authorized by the Sponsor to conduct the study: ClinPharmInvest LLC

Address of ClinPharmInvest LLC: 68, Uglichskaya st., Yaroslavl

Telephone of ClinPharmInvest LLC: 8 (4852) 59-47-71

Principal investigator:
Site name:
Site Address:
Site telephone:
Full name of a physician:
Telephone of a physician for round-the-clock communication:

Patient's ID							
Permission of the Ministry of Health of Russia No.	Permission's date of issue DD.MM.YYYY	Serial number of the medical organization specified in the Permission	Patient's initials, full name in Russian	Patient's date of birth DD.MM.YYYY	The code is assigned by the Clinical Center	Patient's screening No.	

This consent form contains important facts that will help you decide whether you want to participate in this study or not. Please, take the time to carefully review this form of informed consent. You can discuss it with friends and/or relatives. You can ask any questions about the read information to the study physician or the medical personnel of the study center. If you agree to participate in this study, you will be asked to sign this consent form, and will be given the original of this form on hands.

Moscow, 2018

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Version 2.0 dated 30/05/2018

1. Invitation to participate

Dear parent/adoptive parent of the patient,

Your child is invited to participate in a study. Before agreeing to participate in this study, please read the information provided in this document carefully. This study is planned to include 172 patients. In this Information Sheet with Informed Consent Form, you will find information about the study product, the study objectives, its procedures, and the rights and obligations of your child as a study subject and you as a parent. You can also discuss this information with your friends, relatives or other physicians. Your study physician will explain to you what may not be clear and answer all your questions. Please, feel free to ask if you want to discuss any aspect of the study in more detail, or if you want to get more information. If you want your child to participate in this study, you should sign two copies of the Patient Information Sheet and the Informed Consent Form. You will be issued and handed a copy of the Patient Information Sheet and the Informed Consent Form for participation in the study, also signed and dated by your study physician. Your study physician will keep a second copy of the Consent you signed in your medical record. If your child is > 10 years old, he/she will also need to sign two copies of the Patient Information Sheet and the Informed Consent Form along with you.

Your child's participation in this study is voluntary. You can opt out of your child's participation; your child can also terminate the study at any time without any negative consequences for you and for him/her.

This study is approved by the Ministry of Health of the Russian Federation, the Ethics Board of the Ministry of Health of the Russian Federation, and the Ethics Committees of study sites.

The study is sponsored by NPO Petrovax Pharm LLC, Russia.

This document was reviewed and approved by the Ethics Board of the Ministry of Health of the Russian Federation, which examines the study documents in order to protect the rights and protect the well-being of their participants.

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Contacts of the Ethics Board: 3, Rakhmanovsky lane, Moscow 127994, Telephone: +7 (495) 625-44-21.

2. Study objective

This study objective is to demonstrate the superiority of Polyoxidonium®, nasal and sublingual spray, 6 mg/ml (NPO Petrovax Pharm LLC, Russia) therapeutic benefits over placebo, when used as part of complex therapy in children aged 1 to 12 years with a diagnosis of ARVI.

The obtained data will be used to register the study product Polyoxidonium®, nasal and sublingual spray, 6 mg / ml (NPO Petrovax Pharm, Russia) in the Russian Federation.

3. Study product and Comparator, Concomitant therapy

Study product - Polyoxidonium®, nasal and sublingual spray, 6 mg/ml (NPO Petrovax Pharm, LLC, Russia). This drug is registered in the Russian Federation in the form of tablets for oral administration, vaginal and rectal suppositories, a lyophilisate for preparing a solution for injection and topical use, and for more than 15 years it has been used in adults and children intravenously, intramuscularly, orally, sublingual and intranasal, including the same dosage as the study product. However, in this case, the drug is called investigative, because its use in the form of a nasal and sublingual spray has not yet been approved for use in the Russian Federation. This study is required to obtain permission for its use. Previously, a study was conducted with the participation of adult healthy male and female volunteers, during which it was shown that Polyoxidonium®, nasal and sublingual spray, 6 mg / ml (NPO Petrovax Pharm, Russia) is safe.

The comparison drug will be Placebo, nasal spray and sublingual (NPO Petrovax Pharm, Russia).

The active ingredient of the study product Polyoxidonium® is Azoximer bromide - a substance that has a complex effect: immunomodulating, detoxification, antioxidant, moderate anti-inflammatory.

The comparator Pplacebo does not contain the active ingredient.

Concomitant medications

To reduce body temperature in children, according to the existing standards of ARVI treatment, the use of Paracetamol up to 60 mg/kg/day is recommended.

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Efferalgan (INN: Paracetamol), syrup for children 30 mg/5 ml (UPSA SAS, France), will be used as an antipyretic agent in this study. The selection of this product is justified by the fact that it is the original product of paracetamol in this dosage form and can be used as an antipyretic for ARVI in children aged 1 month to 12 years, weight from 4 to 32 kg, as indicated in the patient information leaflet. This product will be purchased within a study and provided to patients free of charge for the entire period of treatment. For you

The product is prescribed only with febrile temperature ($\geq 38.5^{\circ}\text{C}$) once per set dose. The next intake of the product is possible not earlier than in 4-6 hours, provided the patient still has febrile temperature. It is necessary to prevent the unjustified prescription of any antipyretic drug, and use it strictly according to the indication.

Permitted concomitant therapy

Combined with the intake of a study product, by decision of a study physician; the following products for the acute respiratory infection symptom relief may be prescribed to patients who participate in this study:

- Ascorbic Acid (Vitamin C)
- Adrenomimetics, e.g. xylometazoline (intranasal)
- Expectorant drugs (Codelac Broncho)
- Mucolytic drugs (Acetylcysteine)
- Fenspirid

Each intake of the above and any other drugs in this study shall be justified and documented in the Patient's diary.

4. Study procedures

The study is conducted on an outpatient basis and consists of three periods: the screening period (assessment of your child's participation in this study, Visit 0) for a period of not more than 24 hours, the treatment period (Visit 1, Visit 2 and Visit 3) for 7 days and follow-up (Visit 4) for 12 ± 1 day. It is expected that your child's participation in the study will not exceed 13 days.

During the study, you and your child will have to visit the clinic, or the physician will come to your home by himself at the appointed time.

Altogether, 4 or 5 visits are provided for the study period (Visit 0 and Visit 1 can be combined), of which Visit 4 will be held through telephone contact with your study physician.

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For the rest of the Study Visits, you will need to come to the clinical center with your child, or you may have home visits (Visit 0, 1, 2), Visit 0 and Visit 1, at your physician's discretion, can be done in 1 day.

During the screening period (Visit 0), before the start of all procedures related to this study. You and your child will be asked to voluntarily participate in it and, if you agree, sign this Patient Information Sheet with an informed consent form for participation in the study yourself. In addition, your child must also sign this document if his age \geq is 10 years old. If your child is <10 years old, he will receive a document with pictures and text describing the study in a format more accessible to children. After signing this document, your child will be issued an insurance policy.

Before your child is included in this study. Your study physician will conduct the necessary physical examinations and tests to ensure that your child meets all inclusion criteria, and your child does not have any non-inclusion criteria for this study.

You and your child (if possible) will be asked to answer questions regarding the course of your child's illness, previous and current treatment for this pathology, as well as other diseases that your child has and other medications. Complaints will be collected from your child on anamnestic data (duration of history, effect of previously received therapy, and data on concomitant therapy), general medical (physical) examination, assessment of anthropometric and demographic data, examination of the oral cavity, and measurement of heart rate (HR), respiratory rate, body temperature, oropharyngeal and nasal smear sampling for the diagnosis of influenza and streptococcal infections, ECG (electrocardiography) at the discretion of the study physician. The study physician will offer you to jointly fill out a questionnaire describing the severity of ARVI symptoms in your child.

At this stage, your child will have blood taken from a finger for a clinical blood test, and your child will take urine for a general urine test, a pregnancy test (for female patients who have at least 1 menstruation).

Visit 1, at the discretion of the study physician, in case of readiness of the results of all the procedures of the Visit 0, can take place on the same day as Visit 0. If this is not possible, you and your child will be invited to the clinical center on the next day at the appointed time, or the physician will come to your home at the appointed time (but no later than within 24 hours from the onset of symptoms).

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On Visit 1, you will be asked to answer questions about medicinal products taken by your child, including antipyretic ones. The study physician will conduct a general medical examination of your child, an oral cavity examination, and will actively ask you about any changes in the health of your child from a previous visit. Heart rate (HR), respiratory rate (RR), and body temperature will be measured. The study physician will offer you to jointly fill out a questionnaire describing the severity of ARVI symptoms in your child.

If your child meets all the inclusion criteria and does not have any non-inclusion criteria, then he/she will receive the study product, and all the procedures provided in the study protocol will be performed.

Your child will be (as when tossing a coin) randomized into one of two possible treatment groups: study product Polyoxidonium or a placebo (a drug without an active ingredient).

Before your child first uses the prescribed product, the study physician will give you a Patient's diary and provide you the detailed instructions on how to complete it at home. The study product and the comparator are a nasal and sublingual spray. The route of SP/placebo administration (intranasal or sublingual) shall be selected based on the age: children aged 1 to 2 years - sublingual, children aged 2 to 12 years - intranasal. The selected route of administration should be maintained throughout the study.

The study physician will give you detailed instructions on how to use the product at home.

Polyoxidonium® contains 6 mg of active ingredient - Azoximer bromide, the placebo does not contain the active ingredient. The probability that your child will be given Polyoxidonium® or the placebo is 50% to 50%. The course of product administration is designed for 7 days of therapy. Depending on your child's age and the route of product administration, the frequency of administration will be as follows:

Age/Weight	Intranasal	In the sublingual region
Aged 1 to 2 years	-	1 spray - 2 times a day
With a weight of 9 to 12 kg		
Aged 2 to 5 years	1 spray in every	-

With a weight of 12 to 18 kg	nostril - 2 times a day	
Aged 5 to 8 years	1 spray into each nostril - 3 times a day	-
With a weight of 18 to 27 kg		
Aged 8 to 12 years	2 sprays into each nostril - 2 times a day	-
With a weight of 27 to 39 kg		

The first use of the product will be made on Visit 1 at the clinical center/at home, under the [physician's supervision, and you will conduct all other administrations to your child at home.

You will also be given a sufficient amount of the antipyretic drug Efferalgan®. The study physician will inform you about the dose, frequency and duration of product administration by your child.

You will be given the Patient's Diary and instructed on how to complete it.

During the study, if your child will need to take other medications, please contact your study physician and consult with him/her on this issue.

In the future, during the treatment period, you and your child will need to visit the clinic, or wait for the physician at home.

On Visit 2, which is carried out on Day 3 after the start of treatment, your child will undergo the following tests and procedures:

- Collection of complaints
- Physical examination
- Oral examination
- Measurement of major vital signs (HR, RR, body temperature);
- Symptom Assessment Scale completion
- Checking the patient's diaries completion at home;
- Adverse events registration (any adverse medical event occurred after taking the study product)
- Survey on the use of other products in addition to the study one
- Evaluation of the implementation of physician's recommendations regarding the prescribed therapy
- Assessment of exclusion criteria.

On this visit, the Investigator shall assess the course of disease and decide whether to prescribe the antibacterial drugs (in this case, your child will be withdrawal), or your child will continue the previously prescribed therapy.

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On Day 5 of the therapy onset, you will need to complete the Symptom Assessment Scale on your own at home.

On Day 8 of the therapy onset (Visit 3), you and your child will need to make another visit to the clinic.

On Visit 3, your child will undergo the following tests and procedures:

- Collection of complaints
- Physical examination
- Oral examination
- Measurement of major vital signs (HR, RR, body temperature);
- Symptom Assessment Scale , IMOS completion
- Checking the patient's diaries completion at home;
- Adverse events registration
- Survey on the use of other products in addition to the study one
- Assessment of the patient following the prescribed therapy
- Assessment of exclusion criteria

To control the safety of treatment conducted, the blood will be taken from the finger for a common blood count, and your child's urine will also be taken for a common urine analysis. On this visit, you will be asked to return the unused and used medicinal product to the clinical center.

On Day 12 of the therapy onset (Visit 4), the study physician will call you at a time convenient for you and your child.

Clinical investigator will perform the following procedures:

- Survey on the presence of any complaints or adverse events in your child;
- Survey on the use of products other than the study one.

If your child does not have any clinically significant abnormalities in health state, participation in the study for your child will be completed.

In the case of your child's early study termination (dropout), the Visit of study termination shall be conducted as early as possible where your child will need to undergo examinations and procedures corresponding to Visit 3 (described above).

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In case of early withdrawal of your child due to any undesirable event development, further monitoring of your child's health state will be carried out by the study physician in accordance with the treatment standards adopted by the study center for the undesirable event (until its resolve or stabilization).

5. Possible inconveniences and risks

In this study, the well-known side effects of Polyoxidonium® may be observed, as well as the previously adverse effects that have not been reported can be revealed. Side effects:

- An allergic reaction may develop in case of increased individual sensitivity to the product components.
- Possible body temperature elevation.

Administration of antipyretic drug (Efferalgan®) can also result in the development of side effects, namely: possible diarrhea (loose stools), abdominal pain, nausea, vomiting, tenesmus (false urge to defecation), decreased or increased prothrombin index and the international normalized ratio (laboratory parameters, which characterize the blood-clotting system), blood pressure reduction, thrombocytopenia (reduced platelet count), leukopenia (reduced WBC count), neutropenia (reduced neutrophil count), allergic skin and subcutaneous tissue reactions (skin rash, pruritus, urticaria, angioedema, anaphylactic shock, acute generalised exanthematous pustulosis, Stevens-Johnson syndrome, toxic epidermal necrolysis).

Procedures that are performed at each study stage are common medical procedures:

A child's finger puncture for blood sampling for a common blood count may be accompanied by pain and/or possible bruising in the needle insertion site. Dizziness and/or asthenia may occur during or shortly after blood drawing.

The use of study product may cause any of the side effects listed above. The occurrence of the unknown and unexpected adverse events while taking a new drug is also possible. Therefore, all the above procedures will be carried out under the supervision of a physician.

6. Who cannot participate in this study.

Your child will not be able to participate in this study if he or she is currently participating in another study, study project or has participated in such studies in the past 3 months.

If your child participated in another study, you should discuss with your study physician the possibility of your child's participation in this study, since there must be a certain period of time between studies, depending on the type of study product. If you or your child has any other restrictions that prevent his/her participation in the study, please inform your physician.

Please contact your study physician, if you have any questions about this section, or if you need the additional information.

7. New information

If during the study any new information about the study product is obtained that may affect your desire or your child's desire to continue the study participation, your study physician will immediately inform you of the occurrence of such facts.

If, after reviewing the new data, you decide to discontinue your child's participation in the study, the study physician will remove your child from the study and discuss his/her further treatment

8. Alternative treatment

Your child's participation in this study is not mandatory. There are other approved treatment methods available for your child. Participation in this study is not a substitute for the usual medical care of your child, conducted by your physician. Section 3 also lists those drugs that can be used in this study.

9. Benefits of study participation

Participation in this study does not allow you and your child to receive any payments, however, your child will be able to receive a free examination and treatment provided by the study protocol and current treatment standards for children with ARVI.

The information obtained as a result of this study may allow to register the study product Podioxidonium®, nasal and sublingual spray, 6 mg/ml (NPO Petrovax Pharm, LLC, Russia) and to use it in patients with ARVI.

10. Pregnancy

If your child is female and has already had the first menstruation, then she will need to pass the urine test for pregnancy on the Screening visit, since the effect of study therapy on pregnancy and the unborn child is not fully studied.

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Therefore, in the case of pregnancy detection, your child will not be able to participate in this study.

11. Voluntary participation in the study and its termination

Your child's participation in this study is absolutely voluntary. If you or your child decides to terminate this study, it will not affect your child's current or future health care service, you will not lose any benefits that you and your child are rightfully entitled to.

If you or your child decides to refuse further participation in this study, the following steps should be taken:

1. You shall notify the study physician of your decision;
2. You and the child shall come to the physician's office for a final examination (in accordance with Visit 3 plan);
3. You have to return all the unused and used drug along with all other materials used in this study (Patient's Diary, Questionnaires) and given to you on Visit 1.

If your child's participation in this study is discontinued (for any reason), information related to your child's participation, which was collected prior to his/her discontinuation, can be further used for the purposes described in this consent form. The study physician, a Sponsor company, or an authorized state or federal authorities may, at any time, without your consent, terminate your child's participation in the study for any of the following reasons:

- if you or your child does not follow instructions of the study physician;
- if it is found that your child cannot participate in the study due to violations of eligibility criteria;
- if the study is terminated by decision of the Sponsor and/or authorized state or federal authorities;
- if further participation in the study may harm your child's health.

12. Costs

All costs associated with study conduction (study products, examinations, including laboratory tests) will be covered by the Sponsor. Participation in the study should not be associated with any of your direct costs.

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13. Payments and compensation

No payments and/or compensation are provided for you and your child for participation in this study.

The study product Polyoxidonium®, nasal and sublingual spray, 6 mg/ml (NPO Petrovax Pharm LLC, Russia) or Placebo, as well as the antipyretic drug Efferalgan® will be provided to you free of charge. You will not incur any costs associated with conducting tests, procedures and surveys in this study.

14. Confidentiality of medical information and personal data

Information obtained in this study will be provided to the Sponsor - NPO Petrovax Pharm LLC, Russia, and health authorities. In accordance with the regulations on information protection, anonymous data will be transferred to the Sponsor regarding only this study without the possibility of identifying the study subjects.

You can be sure that your child's medical records will remain strictly confidential and your child's identity will remain anonymous (for example, when publishing the study results). Authorized representatives of the Sponsor - NPO Petrovax Pharm LLC, the Ethics Committee, or representatives of the relevant regulatory authorities of our country, as well as other countries will or may, for the purpose of testing, have direct access to your child's original medical records, which may contain information allowing to directly determine the patient identity. These people are required to maintain the strict confidentiality regarding your child's data.

Your child's personal data will remain confidential, when any results of this study are published. If your child participates in this study, you will be provided with the results of all laboratory and clinical examinations.

If your child participates in this study, you will not have the ownership rights to any information collected or created for the purposes of this study, and you will not be able to demand that your child's information be removed from the study data. Your child's medical records will be collected and analyzed as part of this study. These medical records may include a medical history of your child and the results of examinations conducted as part of the study described herein.

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If you or your child have any questions about specific medical records transmitted to the Sponsor of the study for data analysis, your study physician will answer them.

By signing this document, you give permission to the study physician and members of the study team to use this information in the study and to provide direct access to this information to the Sponsor and other persons, including third parties working with the Sponsor, to monitor the study course or analyze the study data. Access to this information is necessary for the Sponsor to verify that the study is being conducted correctly, and to collect and analyze safety and efficacy data of the study product.

The Sponsor will not disclose information about the your child's state of health to insurance companies, except when required by law or if you will not provide a separate written consent for that.

If you do not agree to use the information collected or created for the purposes of this study, you should not give consent for your child's participation in this study. In no case, this will not affect the quality of care provided to your child within the current standards of medical care, or the relationship with your physician.

It is advisable that you inform your physician that your child participates in the study of Polyoxidonium, since due to the lack of information, your physician may prescribe the additional treatment, which, in turn, may lead to incorrect interpretation of the study results (efficacy and safety assessment), as well as early termination.

The results of this study may be presented at Conferences or in publications, but your child's personal data will not be provided in such presentations. In no case the name of your child will be used in publications indicating this study results.

In the case of new information on the study product efficacy and safety, you will be informed as soon as possible.

15. Insurance

Being a subject of this study, your child, will be insured with IPJSC Ingosstrakh in accordance with Art. 44 of the Federal Law No. 61-FZ "On Medicine Circulation" of 12/04/2010" and Government Regulation No. 714 of 13/09/2010.

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The sum insured covers harm to life or health caused as a result of participation in the study.

Insurance of subjects is required by law and not associated with the expected harm to health. In this case, the insurance payment will be made only if a causal cause-and-effect is established between the harm to your child's health and participation in a study of the product.

The Principal Investigator and/or the study center employees will provide you with additional information about insurance, and also issue you with a Policy of Compulsory Life and Health Insurance for a subject of clinical studies of the product. Individual identification code of patient will be indicated in the Policy.

You and your child shall observe the following rules:

- a) Strictly follow the recommendations of the physician conducting the study. Inform the study physician of any deterioration in the health state of your child.
- b) During the study, any other therapeutic measures are allowed only after discussion with the physician conducting the study. Naturally, in urgent cases of this para, an exception is made, but in this case you should as soon as possible inform the physician conducting the study on the fact of another therapeutic measure.
- c) Any harm to health that may be due to participation in the study shall be immediately provided by you to the study Sponsor - NPO Petrovax Pharm LLC, Russia, at: 1 Sosnovaya st., Pokrov village, Podolsk, Moscow Oblast, Russia, 142143 Tel./Fax: +7 (495) 926-21-07.

Application for the payment of insurance compensation shall be made in writing to the insurance company INGOSSTRAKH (Russia) at 12 Pyatnitskaya St., bldg. 2, Moscow, 117997, contact phone: +7 495 956-55-55

Failure to comply with the above rules may lead to loss of insurance protection. Any additional voluntary insurance of the patient participating in this study is not provided.

In the event of health deterioration due to participation in the study, it is necessary, first of all, to contact the attending physician of your child by telephone, the number of which is specified herein.

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The cost of treatment will not be reimbursed if the damage to health or the disease is caused by a violation of study physician's instructions regarding the study conduction, including those listed in this Information Sheet.

Participation in the study may violate the terms of your child's voluntary health insurance policy (VHI) and deprive your child of the right to receive medical care within the VHI. In this regard, if your child has a valid VHI policy, you need to review the insurance terms and conditions and familiarize yourself with existing restrictions in them.

16. CONTACTS

If you have any questions or concerns regarding this study, or if you need to report on your health deterioration, use the contact information listed on the first page hereof:

If you have any questions regarding the rights of your child as a subject of study, you may contact the Ethics Committee's representative, who controls the study procedures at this clinic.

Full name of the Chairman of Ethics Committee _____

Tel. _____

You may also contact the company conducting the study to get answers to questions: ClinPharmInvest LLC, Tel.: 8 (4852) 59-47-71

If you have any questions about the rights of a study subject, please contact the Ethics Board at: 3, Rakhmaninovsky Lane, Moscow 127994 Telephone: +7 (495) 625-44-21.

Do not sign this information sheet if you have not had the opportunity to ask questions and get satisfactory answers to all your questions.

Information for children participating in the study

Applicable (age ≥ 10 years old)

Not applicable (age < 10 years old)

Now you have an acute viral infection, so you may have a sore throat, a runny nose, fever, and cough. To get better quickly, you take medicines.

Now we will talk about a new medicinal product - Polyoxidonium® spray, which is administered in the nose or under the tongue.

This medicinal product (Polyoxidonium) has already been taken by both adults and children in the form of drops. But now, this product is being studied in a new dosage form - nasal and sublingual spray for children aged 1 to 12 years.

We want the pediatric patients (children aged 1 to 12 years) to also take this medicinal product.

Before any new medicinal product can be used for curative purposes, its efficacy and safety shall be carefully studied.

Human studies reviewing the product efficacy and safety are called the “clinical studies”.

A medicinal product used in the study is called the “study product”. This study product is Polyoxidonium®. In this study, you will be prescribed either Polyoxidonium® or placebo.

Placebo looks exactly the same as the study product, but does not contain a drug substance. During this study, you will take either Polyoxidonium® or placebo, and we will call your treatment “Treatment with the study product”. Neither you nor your study physician will know what exactly you take - Polyoxidonium® or placebo.

We ask children who, like you, have a cold, take the study medicinal product to determine its effect, to get more information about the product safety and efficacy in treating the common cold. This way, the physicians can learn more about the product to help other children, like you. About 172 children from all over the country with a cold infection will participate in this study.

Listen carefully and think about whether you want to take the study product.

Please, ask questions if something is not clear to you.

During the study, you will administer the study product either in the nose, 2 sprays 2 times a day in each nasal passage, or in the sublingual area 4 sprays 2 times a day.

Parents or adoptive parents will help you with each spray intake.

What will happen at the study center?

When you decide to take a study product, your study physician will take care of you and perform various procedures, such as:

- determination of your height and weight;
- determination of your heart rate, respiratory rate, body temperature;
- medical examination;
- a swab from the oropharynx and nasal passages to determine the possible presence of influenza virus and streptococcal infection;
- blood sampling from finger and urine

On the first visit, you will be told about the study and you will tell us what you decided. If you would like to participate in a study, on the same day you will start taking the study product.

What will you need to do every day?

During the study, you will administer the study product either in the nose, 2 sprays 2 times a day in each nasal passage for 7 days.

Also during the first 3 days, you may need to take a product that lowers the temperature. The physician will give this product to your parent or adoptive parent.

Your relatives will keep a diary, in which every day you need to describe the temperature (morning and evening), administration of the study product, a febrifugal drug and other drugs, and complaints.

Pros and Cons of the new medicinal product Polyvidonium

Pros

- The study medicinal product can help to quickly recover from a cold and relieve symptoms.

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Cons

- You may be allergic to the drug or your body temperature may rise while you are taking a study product.

Taking a blood sample can lead to unpleasant pain and, in some cases, bruising.

If you feel something unusual, immediately tell your relatives and your study physician about it. Your study physician will review the treatment or perform an examination. Ask about everything that bothers you.

You have now been told about the study product. Do you want to take it? Please ask us any questions if something is not clear to you or if you have other concerns. Even if you do not take the study product, you will be prescribed another treatment that will also help you to get better.

Your parent will receive your Individual Insurance Policy, which will contain your individual identification code.

If you try to take a study product, but you don't like it, you can change your mind. If something is bothering you, you can tell any lies to us about it. You can talk to your study physician and your family to stop taking the drug at any time.

You will be given home with you a signed and dated copy of this consent form.

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INFORMED CONSENT FORM FOR PARTICIPATION IN THE CLINICAL STUDY

Patient's ID

Study title: A multicenter, prospective, randomized, double-blind, placebo-controlled parallel-group study of the efficacy and safety of Polyoxidonium®, nasal and sublingual spray, 6 mg/ml (NPO Petrovax Pharm LLC, Russia) in children aged 1 to 12 years with a diagnosis of acute respiratory viral infections (ARVI)

I, the patient, confirm that (for children aged ≥ 10 years):

- I received information on the purpose and course of this study, information about Polyoxidonium® (manufactured by NPO Petrovax Pharm, Russia), about the possible benefits, probable and potential risks of participating in the study, my rights and obligations as a study subject.
 - I am warned about possible adverse events and the necessary actions in such cases when using the drug.
 - I have had the opportunity to discuss with the physician all the questions that interest me, and received answers to them.
 - I voluntarily agree to my participation in this study and I understand that I have the right to refuse to participate in the study or to terminate it at any time, if I deem it necessary.
 - I know that if I decide to terminate the study, I shall inform my relatives about it.
 - I agree to correctly follow the instructions, cooperate voluntarily with the physician and my family, and immediately inform of any changes in my state of health.
 - I understand that participating in the study, I shall follow the rules described herein.
 - I have received information that if my health was harmed by direct product administration or a medical procedure during the study, I would receive the necessary medical care.
 - I have received information that the information about me is confidential and can be disclosed only to certain individuals, subject to anonymity.
 - I voluntarily consent to the collection of blood and urine samples, oral scraping for analysis, as described herein.

Sponsor:
NPO Petrovax Pharm LLC, Russia

Protocol No.: PoArvi/PhIII_2017
Version: 2.0 of 30/05/2018

- I confirm that I or my parent/adoptive parent have received a copy of a completed insurance policy for a patient participating in a study and a reminder for the insured patient from Ingosstrakh insurance company.
- I voluntarily agree to participate in this study. My parent/adoptive parent have received a signed and dated copy of the Information for the study participant with the Informed Consent Form on 22 pages.

I, (full name of the patient, by patient's hand, legible), if aged 10 to 12 years _____

have familiarized with the information on the upcoming study objectives and methods and received a signed and dated copy of this document. I have had the opportunity to discuss with the physician all the questions that interest me, and received the satisfying answers.

Not applicable (age <10 years old)

Patient's signature: _____ Date: _____ Time _____ : _____

Full name of the study physician (by hand of the study physician, fully legible and in block letters):

Physician's signature: _____ **Date:** _____ **Time** _____ : _____

Not applicable (Patient's age < 10 years old)

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Patient information sheet with Informed Consent Form
Version 2.0 dated 30/05/2018

I, a parent/an adoptive parent, confirm that:

- I have received information on the purpose and course of this study, information about Polyoxidonium® (manufactured by NPO Petrovax Pharm, Russia), about the possible benefits, probable and potential risks of participating in the study, my child's rights and obligations as a study subject.
- I am warned about possible adverse events and the necessary actions in such cases when using Polyoxidonium®/Placebo.
- I have had the opportunity to discuss with the physician all the questions that interest me, and received the satisfying answers.
- I voluntarily and deliberately agree to my child's participation in this study and I understand that I and my child have the right to refuse to participate in the study or to terminate it at any time without explanation.
- I am aware that if I/my child decide to terminate the study, I shall inform the study physician of that in order to give him/her the opportunity to assess my state and give necessary recommendations.
- I agree to correctly follow the instructions, cooperate voluntarily with the study physician, and immediately inform him/her of any changes in my child's state of health.
- I understand that participating in the study, my child shall observe the restrictions described herein.
- I have received information that if the health of my child is damaged due to the direct intake of study products or a medical procedure during the study, my child will receive the necessary medical care, the costs of which will be reimbursed by the insurance company - Ingosstrakh Joint Stock Company. The amount of compensation may be revised if the deterioration of health occurred due to non-compliance with the instructions of the study physician.
- I have received information that my child's medical and personal data are confidential and can be disclosed only to official representatives, subject to anonymity.
- I agree to the collection, processing and use of my child's personal data obtained in the course of this study.
- I have received information that I have the right to access to my child's health data and the results of all tests.
- I voluntarily consent to the collection of my child's blood and urine samples, oral scraping for analysis, as described herein.

Sponsor:
NPO Petrovax Pharm LLC, Russia

Protocol No.: PoArvi/PhIII_2017
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- I have received the contact information for any additional questions.
- I give permission for access to my child's medical data obtained during the study to the developer of product Polyoxidonium (NPO Petrovax Pharm LLC), an organization involved by the developer for the purpose of study (ClinPharmInvest LLC), members of the study team of the study physician, representatives of the Ethics Council of the Ministry of Health of the Russian Federation, and the local Ethics Committee of the study center, and other authorized representatives of the Russian regulatory authorities.
- By signing this document, I do not waive the legal rights of my child as a study subject.
- I confirm that I have received in hands a copy of a completed insurance policy for a patient participating in a study and a reminder for the insured patient from Ingosstrakh insurance company.
- I voluntarily consent to my child's participation in this study. I have received a signed and dated copy of the Information for the study subject with the Informed Consent Form on 22 pages.

Full name of the child's parent/adoptive parent (by hand of the child's parent/adoptive parent, fully legible and in block letters):

Signature of parent/adoptive parent: _____ Date: _____ Time _____ : _____

Full name of the study physician (by hand of the study physician, fully legible and in block letters):

Physician's signature: _____ Date: _____ Time _____ : _____

This form is signed in 2 copies, stating the date: 1 copy for the study physician, 1 copy for the patient's parent/adoptive parent.

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