Using the Informed Consent Form, the study team explains the clinical trial to you.

**PURPOSE OF STUDY**
- What is being researched, and why
- All the investigational medications, treatments or procedures involved

**BENEFITS**
- Any positive effects on your health that you might experience
- Any alternative procedures or treatments that might be helpful to you

**RISKS & DISCOMFORTS**
- Any side effects or negative effects on your health from being in the trial
- Any problems or pains from:
  - Injections
  - Blood tests
  - Any other study procedures
  - Treatments

**DETAILS**
- Length of trial
- How long you’ll participate
- All procedures and tests that happen after you sign the form

**RIGHTS**
- Privacy for your medical information
- Regulatory authority inspection of data from the trial
- Your right to stop participating in the clinical trial at any time

Learn about all trials available:
- Visit ClinicalTrialsAndMe.com
- Visit ClinicalTrials.gov
- Talk to your healthcare provider