

## Consent to Take Part in a Research Study And Authorization to Use and Disclose Protected Health Information

### Rollover Participant Consent Form

**Sponsor / Study Title:** National Institute on Aging (NIA) / “Alzheimer’s Disease Neuroimaging Initiative 4 (ADNI4)”

**Protocol Number:** ATRI-011

**Principal Investigator:  
(Study Doctor)** «PiFullName»

**Telephone:** «IcfPhoneNumber»

**Address:** «PiLocations»

This form is for use in a research study that may involve participants who may or may not have the capacity to consent to take part in the study. When the participants cannot legally consent to take part, pronouns “you” and “your” should be read as referring to the participant rather than the person (legally authorized representative) who is signing and dating this form for the participant. In cases where the participant’s representative gives consent, the participant should be informed about the study to the extent possible given his/her understanding. During the course of the study, if the participant regains the capacity to consent, informed consent will be obtained from the participant and the participant will be offered the ability to leave the study, if desired.

### Why am I being invited to take part in a research study?

As a current or past participant in the Alzheimer’s Disease Neuroimaging Initiative 3 (ADNI3) study, you are being invited to continue your participation into the next phase of the ADNI study, which is called the Alzheimer’s Disease Neuroimaging Initiative 4 (ADNI4) study.



Like ADNI3, the ADNI4 study is an observational research study, which means it has no study drug or intervention. Research studies are designed to learn things and answer questions that may help people in the future.

Joining this research study is voluntary (**this means it’s up to you, it’s your choice**). Please take your time in reviewing this form as you make your decision about participating in this study. Ask your study doctor or the study staff to explain any words or information you do not understand. You may also want to discuss this study with your friends and family.

## Why is this research being done? What is the ADNI study?

Individuals, like you, have been participating in the ADNI study since its launch in 2004. The ADNI study is designed to look at the relationship between clinical, cognitive, imaging, genetic and biomarker tests to learn more about brain health and the full spectrum of Alzheimer’s disease (AD) from its earliest stages. The ADNI4 study will continue to collect and store more of these kinds of research data.

The ADNI study will enroll participants from three groups:

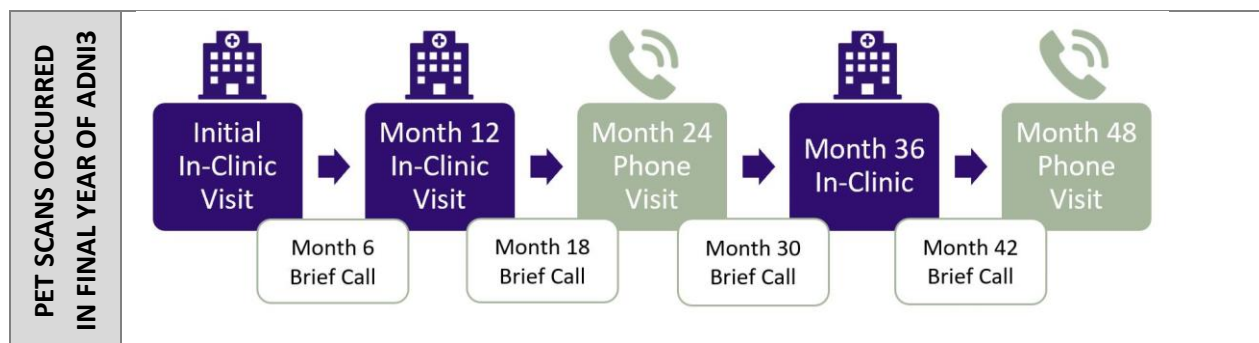
- **Cognitively Normal (CN) group:** individuals with no apparent memory problems
- **Mild Cognitive Impairment (MCI) group:** individuals diagnosed with early or late stages of mild memory problems
- **Dementia (DEM) group:** individuals diagnosed with a mild stage dementia

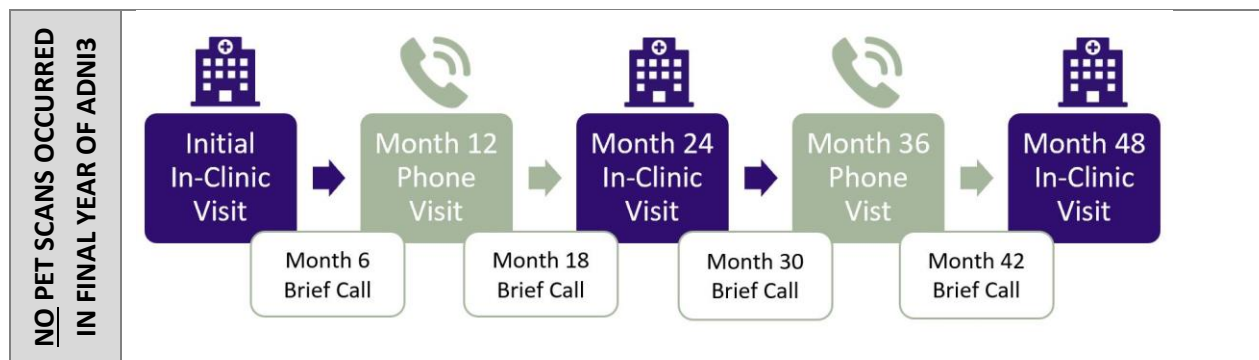
The data from this research study will continue to be shared broadly with the scientific community, so that other researchers can learn from people participating in the ADNI study. Information that can identify you will not be included with any of the shared research data.

## How long will I be in the study?

If you choose to participate in the ADNI4 study, you will be in the study for about 5 years. How frequently you will be asked to come into the clinic to undergo the ADNI4 research procedures will depend on which group you are in.

- Participants in the **Cognitively Normal (CN)** group will be seen every other year, either in-person at the clinic or over the phone (“phone visit”). Your schedule will change slightly depending on the last time you had PET scans in ADNI3. This is to make sure you don’t have PET scans more frequently than every other year. Site staff will talk with you more about this. You will also have brief phone calls every 6 months between visits, and you will be invited to complete online memory testing every 6 months at home.





- Participants in the **Mild Cognitive Impairment (MCI)** group will be seen in-person at the clinic every year, with brief phone calls every 6 months between in-person visits, and will be invited to complete online memory testing every 6 months at home.



- Participants in the **Dementia (DEM)** group will be seen in-person at the clinic once a year for the first 2 years, with telephone calls (“telephone visits”) for the last 2 years. Brief phone calls will take place every 6 months between visits. Participants in this group will not complete memory testing online.








If at any point while you are participating in the study your memory and thinking problems change, you will follow the schedule for the MCI group. This means that if, for example, you start the study in the CN group, you may be asked to follow the MCI group’s schedule. Study staff will let you know if this happens.

## What’s involved in the study? Are there risks?

Being in this study involves having some tests and procedures done that are not part of the medical care that you usually get to stay healthy but may help with the research.

These are all the same types of tests and procedures that you have been doing while participating in the ADNI3 Study. More information about these tests and procedures are described in detail later in the form.

	Research procedures	Some potential risks
	Blood draws	<ul style="list-style-type: none"> <li>Blood draws can cause pain and bruising from where the needle went under the skin. You may also feel dizzy.</li> </ul>
	MRI and PET brain scans	<ul style="list-style-type: none"> <li>MRI scans can cause stress, like anxiety or panic, from being in a small space or hearing loud noises.</li> <li>PET scans use radiation to see amyloid plaques and tau tangles in the brain. Exposure to low levels of radiation is a risk of having PET scans.</li> </ul>
	Lumbar puncture	<ul style="list-style-type: none"> <li>Having a lumbar puncture can cause temporary back pain or a headache.</li> </ul>
	Questionnaires and testing of your memory and functioning	<ul style="list-style-type: none"> <li>You may experience anxiety, frustration or stress during testing.</li> </ul>
	Online memory testing from your home	<ul style="list-style-type: none"> <li>Like the in-person testing, you may experience anxiety, frustration or stress taking tests on a computer, tablet or smart phone.</li> </ul>

All participants in this study will need to have an individual (spouse, friend, or relative), called a “Study Partner”, who is willing to:

- Accompany you to the study visits, either in person or be available by phone.
- Answer questions about your memory and daily functioning.
- Possibly assist you with logging in to a computer, tablet or smartphone for online memory tests.
- Have direct contact with you either in-person, by phone or by computer for about 2 hours a week.

## Will being in this study help me in any way?

There is no guarantee participating in this research study will help you.

We may learn things about you that could be important to your health or to your care. If we do, this information will be provided to you and you may decide to talk with your personal doctor about it.

## What happens if I do not want to be in this research study?

Participation in this research study is completely voluntary (**it's up to you, it's your choice**). You may choose not to take part in the study, or you may choose to leave the study at **any time** without any penalty or loss of benefits to which you are otherwise entitled.

Your decision will not be held against you or have any impact on the care you receive at this Institution.

### Detailed Information

The information on the following pages is more detailed information about this study in addition to the information listed above.

## Whom to contact about this study

During the study, if you experience any medical problems, suffer a research-related injury, or have questions, concerns or complaints about the study such as:

- Whom to contact in the case of a research-related injury or illness;
- Payment or compensation for being in the study, if any;
- Your responsibilities as a research participant;
- Eligibility to participate in the study;
- The study doctor's or study site's decision to withdraw you from participation;
- Results of tests and/or procedures;

**Please contact the study doctor at the telephone number listed on the first page of this consent document.**

If you seek emergency care, or hospitalization is required, alert the treating physician that you are participating in this research study.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, contact:

- By **mail**:  
Study Subject Adviser  
Advarra IRB  
6100 Merriweather Dr., Suite 600  
Columbia, MD 21044
- or call **toll free**: 877-992-4724
- or by **email**: [adviser@advarra.com](mailto:adviser@advarra.com)

Please reference the following number when contacting the Study Subject Adviser:  
Pro00064250.

## How many people will be in this study?

We expect about 1500 people and their study partners will participate in the ADNI4 study. It's estimated that about 750 participants, like you, will be continuing their participation from prior ADNI studies, and about 750 participants will be newly joining the ADNI study. This study is being conducted at about 65 research sites located in the United States and Canada.

## What happens if I say yes, I want to be a research participant?



If you say, yes, you want to participate: first, you will review, sign and date this consent with your study partner. A member of the study team will explain all of the study procedures and answer any questions that you and/or your study partner may have.

## Initial Visit

After signing and dating the consent form, you will have your **Initial Visit**. This will be your first visit of the study. The procedures and tests that will take place will all be very similar to the procedures and tests that you have had in the ADNI3 study. Continuing these tests and procedures is optional. If you no longer want to participate in a specific test or procedure, please let the study team know. We will also ask you about your agreement to continue to undergo specific procedures at the end of this consent form.

The exact procedures and tests that will take place during these visits will depend on your study group, the last time that you had an ADNI3 visit and the procedures that were conducted at that last ADNI3 visit. Please review the Schedule of Activities for your study group for a detailed schedule of tests and procedures.

## Follow-Up Visits: In-Clinic and Phone Visits

The **follow-up in-clinic (in-person) visits** will be used to measure changes over time from your last visit, and will include most of the same activities that you completed during your initial visits. These visit activities will also be split into multiple days to complete.

The **follow-up phone visits** will take place over the phone with your study partner. You will answer questions and complete some of the same testing you completed in person, but just over the phone.

These follow-up visits, either in-person or over the phone, will take place every year. Please make sure to review the Schedule of Activities for your study group for a detailed list of the tests and procedures that will be conducted during these ongoing follow-up visits.

## While you are participating in the study, you are agreeing to:

- Follow the instructions you are given
- Come to the study site for study in-clinic visits, or be available by phone for phone visits

- Tell the study staff about any changes in your health.
- Report all injuries, illnesses, or reactions to study procedures to the study staff.
- Tell the study doctor about all medications you are taking and check with the study doctor before you begin taking any new medications including vitamins, supplements and herbal substances.
- Tell the study doctor or study staff if you want to stop being in the study at any time.

During this study, the study doctor and their study staff will be monitoring your condition.

## Description of Study Activities & Potential Risks

The tests and procedures described below may be done at one or more visits over the course of the study.

There are known side effects and/or discomforts associated with some of these procedures. You might experience all, some, or none of the side effects described below.

Let the study doctor and study staff know as soon as possible if you experience any side effects. Because this is a research study, there may be other risks that we cannot predict right now. You will be told of any new risks or significant findings that are found during this study which may cause you to change your mind about participating.

A table summarizing all study activities will be provided to you and your study partner. Visits may be completed over multiple days. Your study visit schedule may change over the course of the study. A member of the study staff will contact you if there are any changes to your study schedule.

### Medical Information



- **Family and Medical History.** We will ask you questions about your general medical history and your medical records will be reviewed. We will ask questions about your family's health history including but not limited to if any of your relatives have had AD or other medical issues. At future visits, we will ask you about anything that might have happened during the time between visits such as change in your health including but not limited to any injury or illness, and/or any reactions to the study procedures.
- **Medication History.** We will collect a list of your current medications. The study doctor must be told about any medications, vitamins and/or herbal substances that you take or any medication that you may plan to start taking during the study.
- **Height, Weight and Vital Signs.** We will measure how tall you are and how much you weigh. Your vital signs (blood pressure, heart rate, breathing rate, and temperature) will be recorded.
- **Physical and Neurological Exam.** A brief physical and neurological exam will be performed.

## Questionnaires & Testing



- **Demographics.** At your first visit, we will ask you basic questions about yourself, such as your age, address, job, and level of education (how much school you completed). We will use your address and zip code to calculate a score that will help researchers understand how where someone lives may be related their health. Your address and zip code will not be saved with the study data; only a score that is generated from your address and/or zip code.
- **Questionnaires.** You and your study partner will be asked questions about your daily functioning, your mood and behavior, including feelings of depression.
- **Memory and Thinking Tests.** You will be given a variety of memory and thinking tests, most of which include remembering information, naming and drawing pictures, connecting symbols, and other similar tasks. The tests will be a combination of written and verbal tests. You can skip any questions you do not want to answer and take as many breaks as needed.



You may feel anxious, upset, frustrated, tired or tearful during the testing, that is normal. If that happens, you will be reassured that you are just here to do your best and that it does not matter how well you do. You will be encouraged to keep going, but **you are allowed to stop if you feel too upset.**

- **Online Memory Tests (optional, CN and MCI groups only).** If you are in the CN or MCI groups, you will be invited to complete brief (less than 30 minutes) memory tests and questionnaires online, using an electronic device such as a computer, tablet or smart phone.

For one of the tests, your spoken responses will be recorded and analyzed to measure your language and memory. A transcription of these recordings will be made. A transcription means that your responses will be written out (transcribed) exactly as you said them. You will take these online memory tests every 6 months.



To participate in this online testing, a member of the study staff will register you with the ADNI Online Study using your name and email address (if you have an email account). You will be sent an email with a link that will invite you to participate. You will be asked to review and sign a separate electronic consent form. Your study partner will be asked to register with you. **You do not have to agree to participate in this online memory testing to participate in the ADNI study.** If you do not want to participate, you can click the button that says, “**I Decline**” and you will not be contacted further about the ADNI Online Study.



## Blood and Urine Collection





- **Urine Sample Collection.** At the start of the study, a urine sample will be collected for routine laboratory tests that will allow us to check for medical conditions that might interfere with your participation in the study and/or to anticipate changes in your well-being during the study.
- **Blood Sample Collection.** Over the course of the study, up to 315 mL (a little more than 21 tablespoons) of blood will be drawn from a vein in your arm. The exact amount of blood that is collected will depend on which study group you are in.



The blood draw may cause discomfort, bruising and/or bleeding where the needle is inserted. Some people become dizzy, lightheaded or feel faint. Infection may occur on rare occasions. To minimize these risks, experienced study staff will complete all blood drawing procedures and sterile conditions will be maintained. Your study partner is allowed to sit with you.

After we collect the blood, we will use it to run different tests:

- **Safety Laboratory Tests.** A blood sample will be collected for routine laboratory tests that will allow us to check for medical conditions that might interfere with your participation in the study and/or to anticipate changes in your well-being during the study.
- **Biomarker Tests.** Researchers will study biomarkers (proteins) in your blood to discover if they may relate to the progression of memory problems. You will be asked to fast overnight (a minimum of 6 hours) before the blood draw. Fasting means no food or drinks such as coffee, tea, milk, or juice (water is OK). You will not learn the result of your blood biomarker testing, and the information from your biomarker tests will not be put in your medical record.
 
- **Genetic Tests.** The cells of your body contain deoxyribonucleic acid or “DNA” for short. DNA carries the code for the genes that determine how you look and function. Genes are passed down from parents to their children (inherited). Genes in your DNA that are active lead to higher levels of ribonucleic acid stretches or “RNA” for short. RNA levels from your cells can be measured to study the activity of genes.
 

Many diseases, like AD, can result from changes (mutations) in a person’s genetic material that cause cells to not work properly. During the study, we will extract your DNA and RNA from your blood samples for genetic tests, such as whole genome sequencing. Whole genome sequencing involves determining the exact order of the base pairs (chemical letters) of your DNA. This means that researchers will look at your complete set of DNA, including testing for genes related to AD. Other genomic technologies may be used

and continue to be developed. **You will not learn the results of your genetic testing.**

Samples will be used to extract genetic material (nucleic acids), white blood cells, and grow cell lines. Nucleic acids are the genetic material that determines things such as eye color, hair color and other more complex physical characteristics or traits. Cell lines are a valuable resource for research, as they allow for the study of diseases in a living and growing model system. They can be used to extract nucleic acids and allow researchers to gain a deeper understanding of genetic causes of disease and assist with the development of therapies. The cells are collected and maintained in laboratory cell culture. The cell lines collected from you will be coded and not linked to your personal information. They will be stored indefinitely to support long-term research. Please discuss any concerns about this process with study staff before signing this consent form.



Although your genetic information is unique to you, you do share some genetic information with your children, parents, brothers, sisters, other blood relatives, and other members of your ethnic group. Consequently, it may be possible that genetic information from them could be used to help identify you. Similarly, it may be possible that genetic information from you could be used to help identify them. While information traditionally used to identify you will not be released (for example name, date of birth, address, telephone number), people may develop ways in the future that would allow someone to link your genetic or medical information back to you.



This research follows the Genetic Information Nondiscrimination Act (GINA), a U.S. federal law that generally makes it illegal for health insurance companies, group health plans, and most employers to request the genetic information we get from this research and to discriminate against you based on your genetic information.

This law generally will protect you in the following ways:

- Health insurance companies and group health plans may not request your genetic information that we get from this research.
- Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums.
- Employers may not use your genetic information that we get from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment.

You should know that GINA does NOT protect you against genetic

discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

## MRI Scans (Brain Scans)



- You will undergo MRI (Magnetic Resonance Imaging) scans. An MRI uses a large magnet and computer equipment to take electronic pictures of your brain. You will lie on your back and enter the MR machine for the scan, during which time you will hear loud knocking noises as the magnet does its work.
- Each MRI scan will take approximately 60 minutes to complete.
- After the scan is done, someone will look at it to make sure the picture is OK. If it cannot be used because the quality is not good enough, we may need to repeat the MRI scan to get a better picture.
- The scan will be reviewed by someone at the study site to determine if there is anything that could be important to your health or to your care. If there is, you will be notified and this information may be put into your medical record.



An MRI may cause possible discomfort for people due to the loud knocking sounds made by the machine and the confined space of the testing area. There is also a risk of injury if metal is brought into the imaging room, which might be pulled into the MRI magnet.

People with pacemakers, aneurysm clips, artificial heart valves, ear implants or metal/foreign objects or implants are not allowed to have an MRI.

## PET Scans (Brain Scan)



- You will undergo PET (Positron Emission Tomography) scans. A PET scan is another type of brain scan that is used to take a picture of your brain.
- In a PET scan, a very small amount of a radioactive material, called a radiotracer, is injected through a vein in your arm.
- After the radiotracer is injected, you will rest for a period of time while the radiotracer then circulates into the brain.
- You will then be placed into a PET scanner while the camera takes pictures. The scanning will take 20-30 minutes to complete. During the scan, you will hold your head as still as possible. The technician will help you find a comfortable position for this.



The primary risk of PET scans is **radiation exposure**. This radiation exposure is not necessary for your medical care and is for research purposes only. The amount of radiation exposure you will receive in one year from this study is equivalent to approximately 5 years of radiation from natural environmental

sources (for example, the sun and soil). This amount is well below the annual limit by the federal government for research participants. If you have had radiation (like x-rays, CT or radiation therapy) before or you participated in a different study where you were exposed to radiation, please tell the study staff now. We want to make certain that the probability of harm from the amount of radiation you will be exposed to in this study continues to be low when combined with the radiation you have received within the past year.



If you are pregnant, breastfeeding or able to become pregnant, you cannot take part in this research study.

Other risks associated with PET scanning include fatigue and discomfort at having to remain in the scanner for up to 30 minutes, and the discomfort and possible bruising associated with intravenous injections.

To minimize these risks, this study uses the lowest possible dose of radioactivity needed to obtain a clear image. All IV catheters are placed by medical professionals with extensive training and experience. If you experience anxiety or discomfort at any time while in the PET scanner, you can communicate via intercom with the technician at any time during the scan.

- You will have **two** different types of PET scans during this study:
  - The first type of PET scan is called an **Amyloid PET scan**. This type of PET scan measures the amount of amyloid in the brain. Amyloid is a protein that can be associated with the development of AD.
 

There are different radiotracers that can be used to measure the amount of amyloid in your brain. The ADNI study uses 3 different amyloid radiotracers called: **NAV4694 (Flutafuranol)**, **florbetapir (Amyvid)** and **florbetaben (Neuraceq)**. You will be told before the PET scan which one will be used for your amyloid PET scan. There are different risks associated with each radiotracer. These are described below.
  - The second type of PET scan is called a **Tau PET scan**. This type of PET scan measures the amount of tau protein in your brain. A sticky version of the tau protein builds up in the brains of individuals with AD.
 

There are different radiotracers that can be used to measure the amount of tau in your brain. The ADNI study uses 3 different tau radiotracers called: **MK6240**, **flortaucipir (Tauvid)** and **PI-2620**. You will be told before the PET scan which one will be used for your tau PET scan. There are different risks associated with each radiotracer. These are described below.
- Whenever possible, we will use the same radiotracers that you received for your PET imaging in the ADNI3 study. However, there may be reasons that you may receive a different radiotracer, for example, there may be supply issues or scheduling challenges with one radiotracer or another. The study team will talk with you about which radiotracer(s) you will receive during your participation in the ADNI4 study.

- The risks related to each radiotracer used in this study are described below. Not all of these risks will apply to you: remember, you will only have a PET scan with **one** type of amyloid radiotracer and **one** type of tau radiotracer. You will not receive PET scans with all of the tracers described here. If you experience any of the symptoms described below, or any other side effects, please seek treatment immediately and tell the study doctor and study staff.



- **If you have an amyloid PET scan with florbetaben** - The most frequently observed side effects (less than 4%) of the radioactive dye, florbetaben (also called “Neuraceq”), include irritation, pain, or redness at the injection site.
- **If you have an amyloid PET scan with florbetapir** - The most common side effects reported in studies using florbetapir (also called “Amyvid”) was headache, occurring in 2% of participants, followed by muscle or bone pain, increased blood pressure, fatigue, nausea and injection site reaction, all occurring in less than 1 % of participants.
- **If you have an amyloid PET scan with NAV4694** - The radiotracer, NAV4694, is considered experimental. This means that it has not yet been approved by the U.S. Food and Drug Administration (FDA) for use. However, safety studies have been done and the FDA has approved use of NAV4694 for this study.

As of July 2021, 1,112 participants have been injected with NAV4694 in completed and ongoing studies. To date, side effects considered possibly related to NAV4694 have been seen in 9 participants and these have been:

- Elevated liver enzymes (inflamed or damaged liver)
  - Gout (painful joint inflammation)
  - Dizziness
  - Headache
  - Insomnia
  - Cough
  - Syncope (brief loss of consciousness)
  - Pruritus (itchy skin)
- **If you have a tau PET scan with flortaucipir.** The most common side effects reported in studies using flortaucipir (also called “Tauvid”), were headache, injection site pain, and increased blood pressure.
  - **If you have a tau PET Scan with MK6240.** The radiotracer, MK6240, is considered experimental. This means that it has not yet been approved by the U.S. Food and Drug Administration (FDA) for use. However, safety studies have been done and the FDA has approved use of MK6240 for this study.

As of May 2022, 9,825 participants have received MK-6240 in clinical studies. There were no serious side effects, deaths or participant withdrawal due to side effects. No serious side effects are expected, but mild side effects have been

reported with the most reported side effect of headache occurring less than 1% of the time.

- **If you have a tau PET Scan with PI-2620.** The radiotracer, PI-2620, is considered experimental. This means that it has not yet been approved by the U.S. Food and Drug Administration (FDA) for use. However, safety studies have been done and the FDA has approved use of PI-2620 for this study. To date, more than 3,000 participants have received PI-2620 in clinical studies throughout the world. There were no serious side effects, deaths or participant withdrawal due to side effects. Mild side effects were reported, but none were considered related to the tracer.

## Lumbar Puncture



- A lumbar puncture (LP) is a procedure that involves inserting a needle in the lower back to collect a small amount of the cerebrospinal fluid (CSF) that surrounds the brain and spinal cord. Your CSF will be used to measure the amount of amyloid in the CSF and to look for biomarkers that may be related to the development of memory problems.



You will be asked to fast overnight (a minimum of 6 hours) before coming to the clinic for the lumbar puncture. This means **no** food and/or drinks such as tea, milk, or juice (**water is OK**).

- For the LP procedure, you will be asked to lie on your side curled up into a ball or to sit on the edge of a chair or bed and lean forward.
- The lower part of your back will be cleaned with antiseptic (cleaner for the skin to prevent infection). A local anesthetic (lidocaine, 1%) will be injected into the skin at the area of the lumbar puncture to help numb the area so you cannot feel the LP. Please tell us if you have ever had a reaction to the local anesthetic, such as when you were visiting the dentist.
- When the area is numb, a very thin needle will be inserted into the spinal canal in your lower back, well below the level where your spinal cord ends. A little more than 1 tablespoon (20 milliliters [mL]) of CSF will be removed. Your body will replace this CSF within 1-2 hours.
- After the LP is completed, you:
  - Will be asked to rest comfortably in a lying position for about 60 minutes, if you wish
  - May be given something to eat and/or drink before you leave
  - Should avoid any strenuous physical activity for 24 hours (including lifting, bending, doing housework and gardening, or exercising such as jogging or bicycle riding)

- A member of the study staff will call the next day to check to see how you are doing and if you are experiencing any side effects.



The most common side effects of lumbar punctures are temporary back pain and headache. The rate of headache decreases when using a special type of needle called a Sprotte needle. We will be using the Sprotte needle in this study. These side effects are usually mild in nature. The study doctor may suggest drinking lots of fluids, and/or an over-the-counter medication, if you experience any of these side effects.

If the headache does not go away after 1 or 2 days, it may be due to a leak of the CSF. A leak can be treated with a blood “patch”. A blood “patch” is made with a small amount of your blood, which is injected into the area where the leak is, which should relieve the headache immediately.

Rare or very uncommon complaints include low blood pressure and dizziness, bleeding into the spinal canal, or an infection of the CSF (known as meningitis). These rare complaints could be serious.

Although very rare, it is possible that you may have an allergic reaction to the local anesthetic used, like lidocaine. An allergic reaction would cause swelling and a rash of the skin where the anesthetic was injected. Please alert the study staff if you have ever had a reaction to local anesthetic before. To minimize these risks, the LP will be performed by a trained medical professional who will take all necessary precautions.

## Will I be paid to participate?

### «Compensation»

You will be paid for the visits you complete according to the following schedule:

- \$125 for completing the Initial Visit
- \$125 for each completed In-Clinic Follow-Up Visit
- \$50 for each completed Telephone Visit (CN and DEM participants only)

In addition, you will be paid for completing the following study procedures:

- \$200 for each completed amyloid PET scan
- \$200 for each completed tau PET scan
- \$100 for each completed MRI scan
- \$200 for each completed lumbar puncture (LP)
- \$50 for each completed visit where blood collection occurs

If you do not complete the study, for any reason, you will be paid for each study visit you do complete.

You will be paid \_\_\_\_\_ ***‘after each visit’, ‘annually’, ‘bi-weekly’, etc.***

If you have any questions regarding your compensation for participation, please contact the study staff.

## Will it cost me anything to participate?

Procedures related to the study will be provided at no charge to you. There will be no costs to you for participation in this study.

## What happens if I get injured or sick from being in this study?



If you think you are injured or become sick because you are taking part in this study, you should contact your study doctor right away. Your study doctor will explain treatment options to you or tell you where you can get medical care. Generally, this care will be billed to you, your insurance, or other third party.

### **[TO SITES: enter your Institution's participant injury language].**

Alzheimer's Therapeutic Research Institute (ATRI), Northern California Institute for Research and Education (NCIRE), and the NIA have no program to pay for medical care for research-related injury.

You do not give up any legal rights if you join this study.

## Will I receive any of my study results?

We may learn things about you that could be important to your health or to your care. For example, we may learn something from your blood test results that were done for safety, or we may see something on your MRI, or from a memory test, that may be important to share with you. If we do, this information will be provided to you. With the exception of your amyloid PET scan result (see below), you will not receive your research test results unless there is a medically important finding. For example, the genetic and biomarker research test results will not be shared with you, your family or your personal doctor, and will not be entered into your regular medical record or shared with insurance companies or employers. If you are concerned about a potential disorder, you should discuss this with your personal doctor. You and your personal doctor may choose to test specifically for it, but this would require separate tests and would not be part of this research study.

## Learning your amyloid PET scan result:

You can tell the study doctor if you would like to learn the result of your amyloid PET scans. You can learn if your amyloid PET scan shows elevated or not elevated levels of amyloid in your brain.

- An “**elevated**” result means that amyloid is present in your brain. People with elevated brain amyloid levels are at increased risk for developing memory loss symptoms, and may be at increased risk for Alzheimer's disease dementia. An **elevated** level of amyloid does not mean that you will definitely develop Alzheimer's disease dementia.
- A “**not elevated**” result means that, at this time, your scan does not show evidence of amyloid build-up. It is possible that low amounts of amyloid plaque may be present, but



below an elevated. A **not elevated** result at this time does not mean that you will not have an “elevated” result at a future PET scan or that you will never develop Alzheimer’s disease dementia.

Before deciding if you want to learn your amyloid result, you will be given an education sheet called “*Alzheimer’s Disease Risk Assessment*” that will provide information about what it means to learn your amyloid result and it is available to help you make an informed choice. If you decide that learning the result of your amyloid PET is the right choice for you:

- You will first answer a few questions that will help the study doctor, or trained member of the study staff, make sure it’s safe for you to learn your PET scan result.
- Your PET scan results should be available about 3 months after your amyloid PET scan.
- Once your results are available, you will participate in a “**Disclosure Visit**”.
  - The visit can take place in person or remotely, at a time and location that works best for you.
  - If you are in the MCI or DEM group, you will be asked to bring your study partner, or a relative or friend, who is able to provide support, to participate in the visit with you.
  - An experienced member of the study staff will discuss your amyloid PET scan results with you, and you may be asked additional questions about your feelings about learning your amyloid PET scan result.
- 1 week after your Disclosure Visit, a member of the study staff will call you to ask you how you are doing after having learned your results.
- At each follow-up in person visit after learning your amyloid result, we will check in with you to see how you are doing and ask you a few follow-up questions.



It is possible that learning the results of your amyloid scan may be upsetting to you, your study partner or family members - whether it is elevated or not elevated. If you do not wish to learn the results of your amyloid scan, you can simply tell the study doctor that you do not wish to learn the results at this time. You can change your mind later.

## Who is paying for this research study?



This study is being conducted by the Northern California Institute for Research and Education (NCIRE) with the Alzheimer’s Therapeutic Research Institute (ATRI) through a grant from the National Institute on Aging (NIA).

Keck School of  
Medicine of **USC**  
**Alzheimer’s Therapeutic  
Research Institute**

## What other choices do I have if I do not take part in this study?

This is not a treatment study. The alternative to participating in this study is simply to not participate.

Please talk to the study doctor about your options before you decide whether or not you will take part in this study.

## What happens to the information collected about me?

Efforts will be made to limit the use and disclosure of your personal information to people who have a need to review it. This includes information collected from you as a part of this research study as well as from your past, current and future medical records. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. The results of this research study



will be presented at meetings and in publications. These results are presented in summary form and will not include any information that could directly identify you.

In the US, there are laws that have been issued to protect the privacy of research participants. These laws require that you give your permission to allow this access to your personal information. By signing and dating this document, you are giving your permission for this. You do not have to give this permission, however, if you do not, you will not be able to participate in this study. The persons or groups that may receive and share this information include:

- Study doctor, study staff and Institution
- The researchers and research staff conducting the study at all study sites
- Members of the Institutional Review Board (IRB) that reviews this study
- Study Sponsors, National Institute on Aging (NIA) and the Northern California Institute for Research and Education (NCIRE) and its representatives
- Alzheimer's Therapeutic Research Institute (ATRI) at the University of Southern California (USC) who is the coordinating center for this study and those working with ATRI to conduct this research study
- Laboratory of Neuro Imaging (LONI) at USC who is the data repository for this study
- The companies who are providing the radiotracers for this study: Avid Radiopharmaceuticals, Life Molecular Imaging (LMI) and Enigma Biomedical Group, and their related entities, groups performing services and their collaborating researchers from academic and for-profit organizations and companies

- Data and Safety Monitoring Board (DSMB) and the study monitors who oversee the safety of this study
- Laboratories used for this study that receive samples and data for testing and analysis
- Federal agencies with research oversight responsibilities and others required by law to review the quality and safety of this program, including the National Institutes of Health, Food and Drug Administration, Department of Health and Human Services, and Office for Human Research Protections

Some of these people, agencies and businesses may further share your personal health information if they need to. Once they share your information, it may no longer be covered by international, federal or state privacy and security rules.

Monitors, auditors, IRB or other regulatory agencies will be granted direct access to your original medical record for verification of clinical study procedures or data, without violating your confidentiality and only to the extent permitted by other applicable laws.

**Do I have to agree to share my personal health information?**

No. You can also change your mind at any time. If you do change your mind, please tell the study doctor in writing using the address listed on page one of this consent form that you want to take away your permission to use and share your health information.

If you take away your permission, you will not be able to continue in the study. We will stop collecting any more information about you, but any information we have already collected will still be used for the research study.

**Does my permission expire?**

No. However, if you do not, you will not be able to participate in this study. Your permission to use and share health data about you does not expire unless you cancel it. In California and any other state that requires an expiration date, the Authorization will expire 50 years after you sign this authorization document unless you revoke it (take it back) sooner.

**Can I see the health information collected about me?**

You have the right to review and copy the health information collected about you, however, you will not be allowed to look at your study-related information until

after the study is completed. This means after all participants in the study have finished and the researchers have had a chance to look at the study data.

### STATEMENT OF AUTHORIZATION

I have read this form and its contents were explained. My questions have been answered. I voluntarily agree to allow study staff to collect, use and share my health data as specified in this form. I will receive a signed and dated copy of this form for my records. I am not giving up any of my legal rights by signing and dating this form.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant / Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Legally Authorized Representative (if necessary)

\_\_\_\_\_  
Authority of Legally Authorized Representative to act on behalf of Participant

### Certificate of Confidentiality

For the protection of your privacy, this research is covered by a Certificate of Confidentiality from the National Institutes of Health (NIH). The researchers may not disclose or use any information, documents, or specimens that could identify you in any civil, criminal, administrative, legislative, or other legal proceeding, unless you consent to it. Information, documents, or specimens protected by this Certificate may be disclosed to someone who is not connected with the research:

- If there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases)
- If you consent to the disclosure, including for your medical treatment
- If it is used for other scientific research in a way that is allowed by the federal regulations that protect research participants
- For the purpose of audit or program evaluation by the government or funding agency
- If required by the Food and Drug Administration (FDA)

You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself. If you want your research information released to an insurer, medical care provider, or any other person not connected with the research, you must provide consent to allow the researchers to release it.

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.

## Will my study data be shared and used for research in the future?

**Yes!** All of the data collected in this study including your clinical data, neuropsychological test data, MRI and PET scans, biomarker and genetics data will be sent to the Laboratory of Neuro Imaging (LONI) at the University of Southern California (USC) where they will be stored indefinitely and shared for future research. The data collected from you in this study will be combined with your data from the ADNI3 study.



Your privacy will be protected. Your study data will be labeled with a code. Your name and other information that can identify you will not be included with study data that is shared. All of the coded study data will be made available to qualified study doctors at scientific institutions around the world for research purposes.

There is a slight risk that there could be a breach in the security of research database systems resulting in the access of information. Safeguards are in place to minimize this risk.

To help protect your privacy, your brain scan images (MRI and PET scans) go through a process to de-identify them to reduce the risk that you could be identified from a brain scan. In the future, new technologies could be developed that would allow someone to link study data back to you. All study doctors who receive shared data must state that they will not attempt to identify any study participant.

If companies make new discoveries using data from this study, you will not be paid for those newly discovered products or services.

Because this study is supported by the National Institutes of Health (NIH), de-identified genetic and biomarker data will be submitted to an approved research database for broad sharing with approved researchers. Broad sharing of research data will assist other researchers investigating various diseases, including Alzheimer's disease and dementia. All data will be de-identified, so it will not be possible to tell who you are from the data that is submitted. Upon request, your data may be withdrawn at any time. However, data that has already been distributed for approved research prior to the date of your withdrawal cannot be retrieved.

## Global Unique Identifier (GUID)

Each participant in the study will receive a Global Unique Identifier (GUID). A GUID is a computer-generated code made up of letters and numbers that is unique to each research participant. The GUID is a universal participant code that allows researchers to share data without exposing personally identifying information (information that can identify you) across research study databases.



To generate the GUID, study staff will enter 4 pieces of your personal information into a “GUID generator”: your full name at birth, your date of birth, and your country and city of birth, which will be used to generate a unique code. This information will not be recorded on any document by study staff or shared with anyone, and will not go into your medical record.

## What will happen to my samples? Will they be used in the future?

During this study, samples (blood and CSF) will be collected from you for research as described in this consent form. Your samples will be sent to the laboratories at the National Centralized Repository for Alzheimer’s Disease (NCRAD) at Indiana University and at the University of Pennsylvania. These laboratories are national resources supported by the National Institute on Aging (NIA) that prepare and store biological specimens from all over the world and makes them available to approved scientists who would not otherwise be able to access this material.



Your samples will be maintained in these laboratories for many years and will be shared with approved researchers for future research. Your samples will be coded. Information that can identify you (name, address, social security number, etc.) will never be shared with future researchers and neither will the information that links the code with your identifiable information. Your samples will be stored as long as researchers need them. More research may be done on your coded samples at a future date. **You will not be notified when this additional research is done, and we will not ask for your permission again.**

Your samples may be provided to researchers at academic institutions, hospitals, and biotechnology/pharmaceutical companies studying various diseases including AD and aging. Successful research using your samples could result in commercial or therapeutic projects with significant value, such as a product for the medical treatment of AD or for diagnosing a mutation responsible for the disease. You will not share in any financial benefits of these uses.

## What is the Brain Donation Program?

Much can be learned about the human brain by studying it under a microscope. This detailed examination of the brain after death is essential in determining the true causes of dementia. Brain tissue is necessary for diagnosis and for helping research into the causes and better treatments for Alzheimer’s disease. Therefore, we are asking each participant in this study if they are interested in taking part in the brain donation program.



If you are interested in brain donation, you will be asked to complete a few registration forms and will be contacted every 6 months to make sure that the information we have from you stays current. If you’ve already completed these registration forms for the ADNI Brain Donation Program, you will not be asked to fill them out again. Instead, we will review your responses and make sure that the information that we have remains current. Your next of kin will be asked for permission to donate your brain (autopsy) at time of death. With permission, the findings from this examination will be shared with your next of kin.

If you are currently enrolled in a brain or body donation program and you would like to

participate in this program as well, we encourage you to discuss co-enrollment options with study staff.

You can decline to join the Brain Donation Program and still participate in the ADNI study. Again, if you decide to sign this Informed Consent Form, it does not mean you are agreeing to participate in the brain donation program.

## Is participation in this research study voluntary? What if I want to withdraw?

Your participation in this research study is entirely voluntary (**it's up to you, it's your choice**). You have the right to refuse to participate, and you have the right to change your mind and decide to leave the study at any time in the future. Your decision will have no effect on your current or future medical care that you receive at the study site.

If you decide you want to end your participation in the study early, the study staff will help you withdraw from the study safely. If you decide to withdraw, you may be asked to return to the clinic for a final study visit. This will include all the procedures normally performed at a follow-up clinic visit. You may choose to complete the final study visit or not.

**No longer want to come into the clinic?** You may also decide that you no longer want to participate in-clinic (in-person) visits and decide that you want to continue your participation in the ADNI study over the phone. If this is your decision, we will ask you to sign a separate consent form.



**Want to withdraw to participate in other studies?** You may decide to withdraw from the ADNI study because you want to join a different study. If this happens, you may be able to return to the ADNI study once your participation in the other study has ended. If you return to the ADNI study, we will ask you questions about the study you participated in, including questions about the name of the study, how long you were in the study, if there was a study drug, and, if so, if you received the study drug or placebo (an inactive substance). You may not know all of the answers and that is okay.

If you decide to withdraw from the ADNI study at any point or for any reason, we will still be able to use the information collected about you before your withdrawal from the study. You can also tell the study doctor if you want to withdraw your permission to have your samples stored for future research. Information and samples that have already been shared with researchers cannot be withdrawn.

To withdraw from the study, you must notify the study doctor listed on page one of this consent form in person, by telephone, or in writing.

You should also know that study doctor can remove you from the research study without your permission and for any reason, for example: if your study doctor determines it is in your best medical interest, if you do not follow study procedures, if the study is stopped, or for other administrative reasons. If this happens, we will talk with you about the reasons why.

## PARTICIPANT'S CONSENT

By signing and dating this page, you are confirming the following:

- You have read all of the information in this Consent Form, and you have had time to think about it.
- All of your questions have been answered to your satisfaction.
- You voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the study doctor, study nurses, or other study staff members, as requested.
- You may freely choose to stop being a part of this study at any time.
- You allow the study doctor to use and disclose your personal health information as described in this document. Unless you give your permission to the use and disclosure of your personal health information, you cannot participate in this research study. If you refuse to give your permission, your medical care will not be affected.

### Future Contact

There may be studies in the future that you may be eligible to take part in. Can we contact you in the future about these studies? Please **initial** one of the following options:

\_\_\_\_\_ **Yes**, you may contact me about future studies

\_\_\_\_\_ **No**, you may not contact me about future studies

### MRI Scan

Do you agree to undergo the MRI scan procedures? Please **initial** one of the following options:

\_\_\_\_\_ **Yes, I agree** to undergo the MRI scan procedures

\_\_\_\_\_ **I do NOT agree to** undergo the MRI scan procedures

### Amyloid PET Scan

Do you agree to undergo the amyloid PET scan procedures? Please **initial** one of the following options:

\_\_\_\_\_ **Yes, I agree** to undergo the amyloid PET scan procedures

\_\_\_\_\_ **I do NOT agree to** undergo the amyloid PET procedures



### Amyloid PET Scan Result

Would you like to learn the result of your amyloid PET scan? Please **initial** one of the following options:

\_\_\_\_\_ **Yes**, I would like to learn the result of my amyloid PET scan

\_\_\_\_\_ **No**, I do not want to learn the result of my amyloid PET scan

### Tau PET Scan

Do you agree to undergo the tau PET scan procedures? Please **initial** one of the following options:

\_\_\_\_\_ **Yes, I agree** to undergo the tau PET scan procedures

\_\_\_\_\_ **I do NOT agree to** undergo the tau PET scan procedures

### Lumbar Puncture (LP)

Do you agree to undergo the lumbar puncture (LP) procedures? Please **initial** one of the following options:

\_\_\_\_\_ **Yes, I agree** to undergo the LP procedures

\_\_\_\_\_ **I do NOT agree to** undergo the LP procedures

### Brain Donation Program

Are you interested in considering brain autopsy after death? You will be asked to complete separate registration forms in the future. Reminder: your next of kin will still be asked for permission to donate your brain at the time of your passing. Please **initial** one of the following options:

\_\_\_\_\_ **Yes**, I am interested in brain donation

\_\_\_\_\_ **No**, I am not interested in brain donation

\_\_\_\_\_ I am undecided at this time

You will be given a copy of this signed and dated informed consent document to keep for your records.

**Participant's Printed Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Person Obtaining Consent:** \_\_\_\_\_

**Signature of Person Obtaining Consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

If applicable:

Check here if LAR not applicable

**Legally Authorized Representative's Printed Name:**

\_\_\_\_\_

**Legally Authorized Representative's Relationship to Participant:**

\_\_\_\_\_

**Legally Authorized Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_