NIH StrokeNet
PREVENTION | TREATMENT | RECOVERY

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Study Title: AtRial Cardiopathy and Antithrombotic Drugs In prevention After cryptogenic stroke (ARCADIA)

ARCADIA Sponsor/Protocol Principal Investigator:
Mitchell Elkind, MD, MS - Columbia University, New York City

Performance Site Principal Investigator: Robert Stanton, MD

Performance Site: University of Cincinnati Medical Center

Participant's Name:_____

Participant's Telephone Number: _____

If applicable,
Legally Authorized Representative's Name: _____

Legally Authorized Representative's Telephone Number: _____

INTRODUCTION

The study doctor wants to know if you would like to be part of a research study. This informed consent document contains important information about your participation in a research study for which you are eligible.

If you have any questions about or do not understand something in this form, you should ask the study doctor or study staff. You should also feel free to discuss your participation with anyone you choose in order to better understand this study and your options. The study doctor or study staff will ask you to explain back to them your understanding of this study, to make sure that the study has been explained to you clearly.

You may choose either to take part or not to take part in this research study. If you decide to take part, you may decide to leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to you.

If you are acting as a representative to give consent for another person to participate in this study, "you" throughout this consent form refers to that individual.

The obligation of a representative is to try to determine what the individual would do if competent, or if the subject's wishes cannot be determined, what the representative thinks is in the person's best interest. If possible, an attempt should be made to obtain permission from the individual. Some persons may resist participating in a research protocol that has been approved by their representatives. Under no circumstances may individuals be forced to participate.

WHY HAVE YOU BEEN ASKED TO TAKE PART IN THIS RESEARCH STUDY?

You are being asked to take part in this research study because you are at least 45 years old and you have been diagnosed with an ischemic stroke of undetermined cause in the last 180 days.

An “ischemic” stroke is an injury to the brain caused by a blocked blood vessel supplying the brain. Known causes of stroke include a narrowing of a large blood vessel supplying the brain, an abnormal heart beat rhythm, or blockage of a single very small blood vessel in the brain. For one out of three cases, these causes of ischemic stroke are not found, and a stroke is considered to have an “undetermined source”. Your doctors have found that you have had an ischemic stroke of undetermined source, which makes you eligible for this research study.

Atrial fibrillation is a common cause of ischemic stroke. Atrial fibrillation is an irregular heart rate. You do not have atrial fibrillation. You may have a related condition called “atrial cardiopathy.” We think that patients with some markers (signs or indications) of atrial cardiopathy may develop atrial fibrillation in the future. These patients may be at risk of having an ischemic stroke before atrial fibrillation develops.

The three markers of atrial cardiopathy being tested in this study are an:

- enlarged left atrium, a chamber of the heart;
- elevated blood test called NT-proBNP; and
- abnormality of the P wave on the electrocardiogram, an indication of abnormal electrical activity of the heart.

In people with atrial fibrillation, blood clots can form in the heart. These clots can break free, travel to the brain, block an artery, and cause a stroke. Blood thinners are the best way to minimize the risk of stroke in patients with atrial fibrillation. Apixaban (also known as Eliquis®) is one such type of blood thinner. Most patients with ischemic stroke and no evidence of atrial fibrillation are prescribed a mild blood thinner such as aspirin.

WHY IS THIS RESEARCH BEING DONE?

The purpose of this research study is to compare the effects (good and bad) of apixaban with the effects (good and bad) of aspirin in patients with unexplained strokes and atrial cardiopathy to see which is better at prevention of future strokes.

The use of apixaban for stroke prevention in ischemic stroke patients like you, without atrial fibrillation, is not approved by the U.S. Food and Drug Administration (FDA) and is

considered investigational in this research study. Aspirin is the standard of care blood thinner used for stroke prevention in patients like you.

HOW LONG WILL YOU BE IN THE RESEARCH STUDY?

You will be in the research study for a minimum of 1.5 years and a maximum of 7 years (depending on when you start). Your participation in the study will also end if you have another ischemic stroke.

The researcher may decide to take you off this research study at any time. If during the study you are found to have atrial fibrillation, or any other clear indication of a need for a strong blood thinner like apixaban, you will be switched to an appropriate medication. Also, if you have a significant bleeding side effect during the study, you may also have to switch blood thinner medications. In many cases, even if you have to switch off study medication, the research team would still like to follow you in the study.

You may withdraw from the study at any time. If you decide to stop participating in the study, we encourage you to talk to the researcher and your regular doctor first so that stopping can be done safely. Another reason to tell your doctor that you are thinking about stopping is to discuss what follow-up care and testing could be most helpful to you.

If you choose to withdraw from the study you must notify the study doctor in writing at:
Robert Stanton, MD
260 Stetson St. Suite 2300
Cincinnati, OH 45219

WHO IS CONDUCTING THE RESEARCH STUDY?

This study is funded by the National Institute of Neurological Disorders and Stroke.

This study is directed by Mitchell Elkind, MD, MS, Columbia University in New York City.

The local investigator for the study is Robert Stanton, MD
The study medications will be provided by Bristol-Myers Squibb.

HOW MANY PEOPLE WILL TAKE PART IN THE RESEARCH STUDY?

About 1,100 people will take part in this study up to 200 sites throughout the United States.
About 50 people will take part at our site, University of Cincinnati Medical Center.

WHAT IS INVOLVED IN THE RESEARCH STUDY?

If the tests conducted at the eligibility visit show that you can be in the study and you decide to participate, you will be "randomized" into one of the study groups described below. Randomization means that you are put into one of two groups completely by chance. It is like flipping a coin. You will receive either aspirin or apixaban (Eliquis®).

Your study treatment will depend on which group you are assigned to:

Group 1: Aspirin 81 milligrams once per day, plus a placebo (inactive) pill twice per day that looks identical to the apixaban pills of Group 2.

OR

Group 2: Apixaban 5 milligrams twice per day (or 2.5 milligrams twice per day in some cases), plus a placebo (inactive) pill once per day that looks identical to the aspirin pill of Group 1.

Neither you nor the researchers conducting this study will know or choose what group you will be in. You will have an equal chance of being placed in either group. However, in the event of an emergency, the researcher and your other physicians will be able to find out which treatment you are receiving.

Study Visits

We will notify your primary care doctor, if you have one, about your participation in this study prior to your enrollment (if possible) or early in your participation in the study, so they will understand that you are taking one of two possible blood thinner medications, and so they can contact the study research team with any questions. Study visits may occur while you are in the hospital for your stroke, at your home or in the clinic.

First Visit, Eligibility Visit: This visit will take about 30 minutes. This visit can occur as early as 1 day after your recent ischemic stroke and up to 180 days after. Activities at this visit include:

- Providing information about the study, answering your questions, and signing of this informed consent document;
- Reviewing your medical history information to make sure that all required standard tests have been performed and that you meet all the study criteria;
- Recording any available vital signs;
- Measuring how well you are functioning after your stroke;
- Performing a pregnancy test for sexually active women of child bearing potential;
- Drawing one tube of blood, about a teaspoon, from a vein in your arm to perform a test to identify one of the markers of atrial cardiopathy;
- Sending a copy of your ECG (heart rhythm spot test) to the central study team;
- Obtaining a copy of your heart ultrasound which will be sent to the central study team later;
- Scheduling the next visit, the Randomization Visit.

Second Visit, Randomization Visit: This visit may take up to 60 minutes. It can occur either at the same time as the Eligibility Visit, as long as this visit is at least 3 days after your stroke, or up to 180 days after your stroke.

If you have a marker of atrial cardiopathy from your heart ultrasound (enlarged left atrium, a heart chamber seen on the ultrasound), you can be randomized at the same time as your Eligibility Visit.

If you do not already have this marker of atrial cardiopathy, we will need to wait for your ECG and blood test results to come back to make the final decision about whether you can be in the study.

If the tests conducted at the eligibility visit show that you can be in the study and you decide that you want to participate, you will be "randomized" to receive either aspirin or apixaban as described above.

You will be given a 3-month supply of medications. You need to take the first doses of study medications within 48 hours of randomization.

Other activities at the randomization visit include:

- Reviewing your medical history information to make sure that all required standard tests have been performed and that you meet all the study criteria;
- Recording any available vital signs;

If the test results show that you do not have the markers of atrial cardiopathy listed above and are not eligible to be randomized, we may still follow your medical course through phone calls to you and review of your medical records and insurance claims. You would not be given study medication, and you would receive standard medical care from your regular physician. If you are not eligible to be in the study, you should talk to your regular doctor about what blood thinner to take for standard stroke prevention.

Telephone Follow-up: We will call you on the telephone about 30 days after the randomization visit to see how you are doing. The call will last about 15-20 minutes.

Additional Follow-Up visits will occur at 3 months, 6 months, 9 months, 12 months and then every 6 months for a maximum of 7 years: These visits will take 15-30 minutes. Activities at these follow-up visits include:

- Assessing for any strokes or adverse events since you were last seen;
- Assessing how well you are taking your medications;
- Assessing what other medications you are taking;
- Collecting unused study medication; please bring the study medication bottles and any leftover study medication with you to each visit;
- Providing you with a re-supply (3-month supply) of the study medications.

In case you are not available for a follow-up visit, the study team may visit you at home or contact family members that you designate to assess for any strokes or serious adverse events since you were last seen.

If in-person visits are not possible, study visits may be completed by telephone or other HIPAA-compliant telehealth technology.

Study Drug Re-Supply visits will occur every 3 months after the first 12 months. Since the study medication will be given as a 3-month supply, you will need to either return for this re-supply or arrange a way to get the study medications—this can be done by a phone visit and mailing the study medications to your home or by an in-person visit to the office or a study staff member can come to your home to complete this visit and provide the re-supply of the study medications. The study staff will still need to collect all unused study medication, so please save all bottles and unused medication until you can bring them with you to the next in person visit or mail them back to the study staff.

Telephone Follow-up: We will call you on the telephone about 30 days after the last study visit to see how you are doing. The call will last about 15-20 minutes.

Unscheduled visits may occur if the study doctor feels it is necessary to re-assess your health status.

The study staff may call you to remind you of an upcoming visit or contact you by mail, email, or text, if you agree to these reminders. After signing this consent, the study staff will ask you how you prefer to be contacted for reminders of study visits.

Some of the procedures in this study are standard of care procedures that you should undergo even if you were not in the study. Some of the procedures are done only for research purposes. Your regular doctors will perform or provide the standard tests, and study doctors will oversee the study research procedures.

Study-Related Procedures:

- Blood samples
- NIHSS: Stroke Scale
- Screening tool for identifying strokes
- modified Rankin Scale (mRS): Measures the degree of disability or dependence in the daily activities of people who have suffered a stroke
- PROMIS scales: survey to measure health status
- Adverse Event review
- Review of medication adherence
- Review of any medications you take

Standard-Of-Care Procedures:

- Brain imaging: CT or MRI
- Vascular imaging: angiograms (including CTA or MRA) or ultrasound
- ECG to measure heart's electrical activity
- Heart-rhythm monitoring
- Echocardiogram: gives a detailed view of the structures of your heart

- Standard Laboratory tests:
  - Chemistry: creatinine.
  - CBC: hemoglobin, hematocrit, platelet count.
  - Coagulation studies: PT, PTT, INR.
- Liver function tests: total bilirubin, ALT, AST, alkaline phosphatase.
- Pregnancy test, if applicable.

WHAT HAPPENS AT THE END OF THE STUDY?

At the end of the study, or if you leave the study early, the study staff will work with your regular doctors to advise you on what blood thinner to take for standard stroke prevention.

OTHER INFORMATION ABOUT STUDY PROCEDURES

Guidance on Discontinuing Study Medications

There are times when you may need to stop your study medication, either for a short period or permanently. You must call the study staff who can work with your regular doctors to make the best and safest plan to stop the medications. Do not stop taking the medications unless your doctor tells you to. Stopping suddenly can increase your risk of blood clot or stroke. If you have a medical emergency, including possibly bleeding or a stroke, your treating doctors may need to know which of the study medications you are taking. Your treating doctors can call the study staff and rapidly find out which study medication you are taking.

If you are having a non-urgent medical procedure, the study medications may need to be stopped around the time of the procedure. Your procedure doctor and the study staff will work together to make a safe plan to stop the study medications. The study medications should then be restarted after the procedure, as soon as it is safe.

If you are found to have atrial fibrillation as part of your regular medical care, the study staff and your general doctor may recommend apixaban or a similar blood thinner. You would still be followed in the study, despite knowing which medication you are taking.

At the end of the study, or at any time if you withdraw from the study or have to stop study medications, the study staff will work with your regular doctors to choose a standard blood thinner medication.

It is estimated that the total recovery time to be expected after you finish all study visits is approximately 5 days.

PARTICIPANT RESPONSIBILITIES

As a participant, your responsibilities include:

- Follow the instructions of the Principal Investigator and study staff.

- Keep your study appointments. If it is necessary to miss an appointment, please contact the Principal Investigator or research study staff to reschedule as soon as you know you will miss the appointment.
- Tell the Principal Investigator or research study staff about any side effects, doctor visits, or hospitalizations that you may have.
- Ask questions as you think of them.
- Tell the Principal Investigator or research staff if you change your mind about staying in the study.

While participating in this research study, you should not take part in any other research project without approval from the Principal Investigator of each study. This is to protect you from possible injury.

WHAT ARE THE RISKS AND DISCOMFORTS OF THE STUDY MEDICATIONS?

Both study medicines (apixaban and aspirin) have risks.

Table of Serious Risks

	Risk	
Complication	**Apixaban**	**Aspirin**
Major bleeding (see additional information below)	Occurs in 4 out of 100 individuals per year	Occurs in 3 in out of 100 individuals per year
Abnormal liver function tests (indicates possible liver damage)	Occurs in 1-2 out of 100 individuals per year	Occurs in 1-2 out of 100 individuals per year
Allergic reaction to medication (skin rash or allergic swelling)	Occurs in less than 1 out of 100 individuals	Occurs in less than 1 out of 100 individuals
Asthma worsening	Not reported	Occurs in 5-10 in 100 individuals with asthma
Ringing in the ears	Not reported	Depends on dose, but occurs in less than 1 out of 100 individuals for doses in this study

Both apixaban and aspirin can cause bleeding which can be serious and rarely may lead to permanent disability or even death. This is because both are blood thinner medicines that reduce blood clotting. Apixaban is a stronger blood thinner than aspirin and may have a higher risk of bleeding than aspirin. The risk of bleeding is increased by chronic use of other nonsteroidal anti-inflammatory drugs (NSAID) such as ibuprofen,

Advil, Motrin, or Aleve. Some supplements (such as St. John's wort), antibiotics, and foods (grapefruit) can also increase the risk of bleeding. Do not start taking any supplements or new drugs without informing the study doctors. Talk to the study doctors about eating grapefruit or drinking grapefruit juice while on the study. We will provide a list of medications that you should avoid while you are on study treatment.
If bleeding occurs, various measures will be taken to try to stop the bleeding. If the bleeding is life-threatening or uncontrolled, a drug called andexanet may be used to try to stop the bleeding. Andexanet blocks the activity of apixaban. This drug may not be available at all hospitals; however, this medication may be available at certain hospitals in your community. Your current hospital may evaluate your condition and direct your care to another hospital if needed. Some side effects of andexanet may be serious and life-threatening. These include strokes, heart attacks, and sudden death. You or your insurance company would have to cover the cost of andexanet.

If you have recently taken apixaban and have another stroke due to a blood clot, you cannot receive a drug called tPA. tPA is a clot busting medication. It can sometimes be used to decrease the severity of a stroke. The combination of these drugs may lead to a high risk of bleeding.

If you have a stroke and are otherwise eligible for tPA treatment, your health care provider should immediately call the study staff and rapidly find out which study medication you are taking. You will be provided with a wallet card that lists the contact numbers for the study staff which you should carry with you.

All other treatments for acute stroke may be used while you are in this study. This includes the use of catheters that go directly into the blocked blood vessel to open it up again.

You will also have a blood sample collected through a standard blood draw in the forearm. Risks of having your blood drawn include faintness, inflammation of the vein, pain, bruising, bleeding at the site of the puncture and, rarely, infection.

While taking study medication:

- You may bruise more easily
- It may take longer than usual for any bleeding to stop

Call your doctor or get medical help right away if you have any of these signs or symptoms when taking study medications:

- Unexpected bleeding, or bleeding that lasts a long time, such as:
  - Unusual bleeding from the gums
  - Nosebleeds that happen often
  - Menstrual bleeding or vaginal bleeding that is heavier than normal
  - Bleeding that is severe or you cannot control
  - Red, pink, or brown urine
  - Red or black stools (looks like tar)

  - Cough up blood or blood clots
  - Vomit blood or your vomit looks like coffee grounds
- Unexpected pain, swelling, or joint pain
- Headaches or feeling dizzy or weak
- Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing
- Chest tightness, wheezing
- Ringing in the ears
- Severe stomach pain

Apixaban can cause a very serious blood clot around your spinal cord if you undergo a spinal tap or receive spinal anesthesia (epidural), especially if you have a genetic spinal defect, if you have a spinal catheter in place, if you have a history of spinal surgery or repeated spinal taps, or if you are also using other drugs that can affect blood clotting. This type of blood clot can lead to long-term or permanent paralysis. Therefore, you would need to stop your study drug if you need to have one of these procedures.

Co-administration of antiplatelet agents, fibrinolytics, heparin, aspirin, and chronic NSAID use increases the risk of bleeding.

There may be unknown or unforeseen risks associated with study participation.

WHAT ARE THE REPRODUCTION RISKS?

If you are pregnant, planning on becoming pregnant, or unwilling to practice effective contraception while of childbearing age, you cannot participate in this research study. Because apixaban may affect an unborn baby, you should not become pregnant while in this research study. You must notify the researcher immediately if you become pregnant. If you are a female of childbearing age, or a male who is sexually active with a woman of childbearing age, you must use two forms of birth control while on this study. You should discuss birth control options with your researcher.

You should not nurse your baby while on this research study.

If you become pregnant, the treatment used in this research study might involve unknown risks to the embryo or fetus, so you will be asked to stop the study drug. Also, the study doctor will wish to follow the outcome of any pregnancy and condition of any newborn and report this to the study sponsor and Bristol-Myers Squibb.

If you are a man and your female partner becomes pregnant during the course of this study, then we will ask to follow the outcome of the pregnancy. In order for the investigators to collect this information, your female partner will be asked to sign an informed consent form for disclosure of this information.

ARE THERE BENEFITS TO TAKING PART IN THE RESEARCH STUDY?

If you agree to take part in this research study, there may or may not be a direct benefit to you. We hope the information learned from this research study will benefit other patients with ischemic stroke in the future.

WHAT OTHER CHOICES FOR CARE ARE THERE?

The alternative to participating in this research trial would be to receive standard of care medical treatment, which would typically mean aspirin. If you do not participate in this research study, your doctor may use different blood thinners than aspirin, but research to support such a use is lacking.

WHAT IS THE CLINICAL TRIALS REGISTRY?

A description of this clinical trial is available on www.clinicaltrials.gov, as required by U.S. Law. ClinicalTrials.gov is a database of publicly and privately supported clinical studies of human participants conducted around the world.

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.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

You may choose either to take part or not to take part in this research study. If you decide not to participate, you will not lose any benefits to which you would otherwise be entitled. If you decide to take part, you may decide to leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to you.

You will be told of any important new information that is learned during the course of this research study which might affect your health, welfare, or willingness to continue participation in this study.

Nothing in this consent form waives any legal rights you may have nor does this consent form release the investigator, the sponsor, the institution, or its agents from liability for negligence.

Study center/sponsor employees and their family members do not have to be in this study. No one should influence or pressure you to be in this study. An employee's or his/her family member's decision to be in the study, or to leave the study early, will not affect the employee's job or job benefits.

AVAILABILITY OF INFORMATION

You will receive a copy of this signed and dated consent form.

You will be told about any new information from this or other studies that may affect your health, welfare, or willingness to stay in this study.

At the end of the trial, overall results will be published in a scientific journal and will be available to the public. A summary of the results will also be posted on the clinicaltrials.gov website mentioned above. You will not be told what medication you received during the study.

WHAT ARE YOUR COSTS TO BE IN THIS STUDY?

There are no extra costs for you to participate in this study.

Blood tests, physical exams and all study visits performed as part of the study will not cost you anything.

The study will pay for your study medications.
The study will not pay for the standard medical care that you receive during the course of the study. If you receive the drug andexanet, you or your insurance company would have to cover the cost.

WILL YOU BE PAID TO PARTICIPATE IN THIS RESEARCH STUDY?

No, you will not be paid to participate in this research study.

WHAT COMPENSATION IS AVAILABLE IN CASE OF INJURY?

If you think you have suffered a research-related injury, you should promptly notify the Principal Investigator. Your hospital or physician's office will offer care for research-related injuries, including first aid, emergency treatment and follow-up care as needed.

In the event that you have an injury or illness that is directly caused by your participation in this study, reimbursement for all related costs of care first will be sought from your insurer, managed care plan, or other benefits program. You will be responsible for any associated co-payments or deductibles as required by your insurance. If costs of care related to such an injury are not covered by your insurer, managed care plan or other benefits program, you may be responsible for these costs.

You do not waive any liability rights for personal injury by signing this form.

University of Cincinnati Medical Center has not provided for any payment if you are harmed as a result of taking part in this study. If such harm occurs, treatment will be provided. However, this treatment will not be provided free of charge.

WHAT IS A CERTIFICATE OF CONFIDENTIALITY?

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information

that would identify you, except if information is obtained in the research related to child abuse, or intent to hurt self or others.

The Certificate cannot be used to resist a demand for information from personnel of the United States federal or state government agency sponsoring the project and that will be used for auditing or program evaluation of agency funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

HOW WILL INFORMATION ABOUT YOU BE KEPT PRIVATE AND CONFIDENTIAL?

Your identity will be kept as confidential as possible as required by law. Except as required by law, you will not be identified by name, social security number, address, telephone number, or any other direct personal identifier outside of NIH StrokeNet. Your research records may be disclosed outside of University of Cincinnati Medical Center, but in this case, your identifying information will be deleted as soon as possible and you will be identified by a unique code number. This information will be kept in a secure location and access limited to research study personnel. The results of this research study may be presented at scientific or medical meetings or published in scientific journals. However, your identity will not be disclosed.

Patient information may be provided to Federal and other regulatory agencies as required. The Food and Drug Administration (FDA), for example, may inspect research records and learn your identity if this study falls within its jurisdiction.

At the end of the study, the information collected about you during the study will be stripped of anything that could personally identify you, and then this anonymous information will be stored for use by other researchers in the future.

Your participation in this research study may be included in your electronic health record. Individuals providing service or care to you may be able to see it.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Authorization to Use Your Health Information for Research Purposes

A federal regulation known as the Privacy Rule gives you certain rights concerning the privacy of your health information. Researchers covered by this regulation are required to get your authorization (permission) to use and disclose (share with others) any health information that could identify you. You should have received a Notice of Privacy Practices when you received health care services here. If not, let us know and a copy will be given to you.

If you sign this informed consent form, you are giving permission for the use and disclosure of your health information for purposes of this research study. You do not have to give this permission. Your health care outside of the study, payment for your health care, and your health care benefits will not be affected if you choose not to sign this form. However, if you do not sign this form, you will not be able to participate in the study.

Who Will Use and Disclose My Health Information? The study doctor and research staff (the study staff) may use your health information to conduct, review, and determine the results of the study. The study staff may also use your information to prepare reports or publications about the study. However, your name will not appear in any report or publication without your permission.

What Health Information will be Used and Disclosed? The study staff will record your medical history, the treatment you receive, and the results of examinations and tests done during the study on study forms. The study staff will send the study data to the study sponsor. Representatives from the groups identified below may need to look at your medical records to make sure that the information on the study forms is correct or that the study was conducted properly. Your medical records may include other health information about you and may include documents that directly identify you. Reviews like that will take place at the study center or where the medical records are stored and can take place after the study is over.

Who Will Receive My Health Information? Your study information or medical records (as described above) or both may be shared with the following people or groups:

- The Office for Human Research Protections and agencies (including the FDA) in the U.S. Department of Health and Human Services.
- The funder of this research, National Institute of Health.
- Representatives of companies/institutions, including Bristol-Myers Squibb, working on the study on behalf of the sponsor may have access to, inspect and review your information during and after the study for verification of clinical and scientific research procedures and/or data.
- A Data and Safety Monitoring Board and others authorized to monitor the conduct of the Study.
- Other collaborating institutions.
- The results of imaging studies may be disclosed to outside institutions, not directly involved in this research study, as part of a collaborative imaging project. Your name and other identifying information will not be disclosed.
- The StrokeNet Central Institutional Review Board and any other committees responsible for overseeing the research.
- StrokeNet Central Institutional Review Board Human Research Protection Program staff.

- The StrokeNet National Data Management Center (NDMC), housed in the Data Coordination Unit (DCU) in the Department of Public Health Sciences at the Medical University of South Carolina (MUSC).

Will My Information be Protected by the Privacy Rule After it is Disclosed to Others? The University of Cincinnati Medical Center is required by the Privacy Rule to protect your health information. After your information is shared with others, such as the study sponsor, it may no longer be protected by the Privacy Rule. The people who receive this information could use it in ways not discussed in this form and could disclose it to others. The sponsor will use and disclose your information only for research or regulatory purposes or to prepare research publications. In addition to using it for this study, the sponsor may reanalyze the study data at a later date or combine your information with information from other studies for research purposes not directly related to this study. The goal of any such research would be to learn more about medications, devices or diseases or to help design better studies in the future. When using your information in these ways, the sponsor may share it with regulatory authorities, other researchers, or companies it hires to provide research-related services.

What Happens if I Leave the Study Early? If you stop participating in the study early for any reason, the study team will tell the sponsor why. If the study team asks you to come to any more study visits and you agree, the study team will send the sponsor information from those visits as well. All information collected about you may continue to be used and disclosed.

Will My Authorization Ever Expire? This Authorization does not have an expiration date. The study team may need to correct or provide missing information about you even after your study participation is over and a review of your medical records may also take place after the study is over.

May I Take Back My Authorization? You have the right to take back (revoke) your Authorization at any time by writing to the person in charge of this research study whose information is listed on the front of this form. If you revoke your Authorization, the study team will not collect any new health information about you. However, they can continue to use and disclose any already-collected information if that is necessary for the reliability of the study. The sponsor can also still keep and use any information that it has already received. If you revoke your Authorization, you can no longer continue to participate in the study.

May I Look At My Study Information? You have a right to see and make copies of your medical records. However, to ensure the reliability of the study, you will need to wait to see your study records until the study is completed.

Will access to my medical record be limited during the study?
To maintain the integrity of this research study, you may not have access to any health information developed as part of this study until it is completed. At that point, you would have access to such health information if it was used to make medical or billing decisions about you (e.g., if included in your official medical record).

Who Can Answer Your Questions?
If you have questions, concerns, complaints and or suggestions about this research study or to report a research-related injury, please contact the Principal Investigator: Robert Stanton, MD 513-475-8730.

You can also call the StrokeNet CIRB at 513-558-5259, Monday-Friday 8AM--5PM EST if you:

- Think the research has hurt you.
- Have general questions about giving consent or your rights as a research participant in this research study.
- Have questions, concerns, complaints and/or suggestions about the research, cannot reach the research team or you want to talk to someone else.

To report complaints or concerns to an independent agency in an anonymous and confidential manner, please call the Research Compliance Hotline at 1-800-889-1547.

Investigator Information:

Mitchell Elkind MD
Protocol Principal Investigator Name

University of Cincinnati Medical Center
Local Site Name

Robert Stanton, MD 513-475-8730
Local Principal Investigator Name Telephone Number 24 hr. Emergency Contact

I have read or someone has read to me, this Informed Consent Document which describes the purpose and nature of this research. I have had time to review this information and have been encouraged to ask questions. If I do not participate or if I discontinue my participation, I will not lose any benefits or any legal rights. My participation in this research is completely voluntary. I have received (or will receive) a copy of this signed and dated form for my records and future reference. I have been given the information about the use and disclosure of my health information for this research study.

I give my consent to participate.

_____
Name of Participant (PRINT)

_____ _____
Signature of Participant (18 or older with capacity to consent) Date

OR

_____
Name of Legally Authorized Representative (PRINT)

_____ _____
Signature of Legally Authorized Representative Date

_____
Relationship or Authority of Legally Authorized Representative to Participant

Person Obtaining Consent
I attest that the requirements for informed consent for the medical research project described in this form have been satisfied – that the participant has been provided with the Experimental Subject's Bill of Rights, if appropriate, that I have discussed the research project with the participant and explained to him or her in non-technical terms all of the information contained in this informed consent document, including any risks and adverse reactions that may reasonably be expected to occur. I further certify that I encouraged the participant to ask questions and that all questions asked were answered.

_____
Name of Person Obtaining Consent (PRINT)

_____ _____
Signature of Person Obtaining Consent Date

WITNESS STATEMENT:

The participant or LAR is unable to read or sign this consent form because of the following reason(s):
___The participant or LAR is non-English speaking.
___The participant or LAR is illiterate.
___The participant or LAR is visually impaired.
___The participant or LAR is physically unable to sign the consent form. Please describe: _____
___ Other (please specify): _____

I confirm that I was present as a witness for the consent process for this study. I confirm that the participant named above was read the information in the consent document and that the participant has agreed to take part in the research study.

_____
Name of Impartial Witness (PRINT)
(may be interpreter if participant/LAR is non-English speaking)

_____ _____
Signature of Impartial Witness Date

NIH StrokeNet
PREVENTION | TREATMENT | RECOVERY

ARCADIA BIOBANKING

WHAT IS A BIOBANK?

A Biobank is a collection of human samples and personal and health information donated by volunteers. A Biobank makes it easier for researchers to perform studies, since samples and information from many different people will be available in one place. Researchers use the Biobank like a library — when they want to study something, they can use Biobank samples instead of finding new ones.

WHAT IS THE PURPOSE OF THIS BIOBANK PROJECT?

The research team is trying to learn more not just about the best treatment, but also causes and outcomes of ischemic strokes like yours. Some of this research is done using human samples (like blood) and health information. Through these studies, researchers hope to find new ways to detect, treat, and maybe prevent or cure health problems.

We are asking you to let us store some of your blood, collected at the same time as blood already planned to be gathered to see if you are eligible for the main research study, which might be used in these kinds of studies by the research team. The blood and information will be stored in the ARCADIA Biobank.

WHAT IS INVOLVED IN PARTICIPATION IN THE BIOBANK?

During the routine drawing of one teaspoon of blood to see if you are eligible for the main ARCADIA trial, we would draw two additional teaspoons of blood (divided into three separate blood tubes) for storage in the Biobank. The Biobank will be located at the Center for Advanced Laboratory Medicine at Columbia University Medical Center in New York City, under the direction of Dr. Elkind and Dr. Eldad Hod. Only the staff of the Center for Advanced Laboratory Medicine will have access to the samples.

Any use of the sample and information in the Biobank must be approved by the ARCADIA research team. Because the information and samples you provide are an invaluable contribution to science, their use in any research study will be carefully monitored. Your blood sample will be kept in the Biobank for up to 10 years after the main study results are published.

WHAT ARE THE POSSIBLE RISKS?

There is a risk that someone could get access to the data we have stored about you. There is a risk that someone could trace the information in a scientific database back to you. This risk may grow in the future if people come up with new ways of tracing information. We believe the chance these things will happen is very small, but we cannot make guarantees.

HOW WILL INFORMATION ABOUT ME BE KEPT PRIVATE?

Your privacy is very important to us and we will make every effort to protect it. Here are just a few of the steps we will take:

In the ARCADIA Biobank your information is stored by a personal unique identification number that does not link your name or other identifying information directly to you to protect your privacy.

- Only a few of the Biobank staff will have access to the list and they sign an agreement to keep your identity a secret.
- Researchers who study your sample and information will not know who you are.
- We will not give information that identifies you to anyone, except if required by law.

WHAT ARE THE POSSIBLE BENEFITS? You will not get a direct benefit from taking part in the Biobank. The main reason you may want to take part is to help researchers make discoveries that might help people in the future.

ARE THERE ANY COSTS OR PAYMENTS? There are no costs to you or your insurance. You will not be paid for taking part. If any of the research leads to new tests, drugs, or other commercial products, you will not share in any profits.

WILL I FIND OUT THE RESULTS OF THE RESEARCH? You should not expect to get individual results from research done using your Biobank sample.

WHAT ARE MY OPTIONS?
You can take part in this Biobank or not. This above information is meant to help you decide. Be sure to ask us as many questions as you want. No matter what you decide, now or in the future, it will not affect your medical care or your participation in the ARCADIA trial.

Please indicate below “yes” or “no” and initial and date whether you approve the use of these extra stored samples for future testing. Note that, while the research study is still going on, you can withdraw your consent for research on stored specimens at any time you want and the specimens will be discarded. Your refusal or withdrawal of consent for the storage of these samples will not affect your study participation since storage of leftover samples is not a requirement for the study. *(Initial one of below)*

_____ Yes, I agree. (INITIALS)	_____ No, I do not agree. (INITIALS)

NIH StrokeNet
PREVENTION | TREATMENT | RECOVERY

_____
Name of Participant (PRINT)

_____ _____
Signature of Participant (18 or older with capacity to consent) Date

OR

_____
Name of Legally Authorized Representative (PRINT)

_____ _____
Signature of Legally Authorized Representative Date

_____
Name of Witness (PRINT)

_____ _____
Signature of Witness Date

_____
Name of Person Obtaining Consent (PRINT)

_____ _____
Signature of Person Obtaining Consent Date