

# ImPatient Empowered™ Project: Informed Consent Form

**Protocol Title:** The ImPatient EmPowered™ Project: A Longitudinal Natural History Study of Symptoms, Course, Comorbidities, and Biomarkers, in Children and Adults with Possible Inflammatory Neurological Syndromes and At-Risk Siblings

**Protocol Number:** BIC-2022-01

**Sponsor Name:** Brain Inflammation Collaborative (BIC)

**Legal Registered Address:** 925 Genesee St, #180440  
Delafield, WI 53018

**BIC Research Team Contact:** Dr. Denise Calaprice-Whitty  
1-833-286-4433 or 1-833-2UNHIDE

## KEY INFORMATION ABOUT THIS STUDY

This consent form explains the research study. Before you decide to be a part of this study, you need to know why the research is being done, what it will involve and the risks and benefits. Please take time to read this form carefully. Feel free to discuss it with your relatives, friends, and physician. If you agree to take part in this research study, you must sign this consent form.

You have been invited to participate in the ImPatient EmPowered™ Project because you or your minor child have been identified as probably or definitely having PANDAS (Pediatric Acute-Onset Neuropsychiatric Disorder Associated with Strep), PANS (Pediatric Acute-onset Neuropsychiatric Syndrome), Autoimmune Encephalitis, POTS (Postural Orthostatic Tachycardia), ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome), post-Covid syndromes marked by exacerbation or onset of at least one mental health or neurological symptom (including subjective difficulties with cognition) persisting at least 3 months post-infection, Obsessive Compulsive Disorder, Anorexia Nervosa, narcolepsy, or Tourette's. You may also be participating because you have volunteered yourself or your child as a sibling of a patient with one of these diagnoses, or as part of a healthy comparison group ("healthy control").

If, after providing consent, information entered into study forms by healthy control participants reveals a pre-enrollment history of autoimmune, psychiatric, or neurological disease, you or

# ImPatient Empowered™ Project: Informed Consent Form

your child will be excluded from further participation in the study or reclassified as patients, if applicable.

## **Purpose and Design of Study:**

The Brain Inflammation Collaborative (BIC) is conducting this study to collect “naturalistic data” (see **Observational**, below) and “biosamples” over time from people with neurological conditions that may be caused or worsened by inflammation, such as PANDAS, PANS, Autoimmune Encephalitis, POTS, ME/CFS, post-Covid syndromes marked by exacerbation or onset of at least one mental health or neurological symptom (including subjective difficulties with cognition) persisting at least 3 months post-infection, Obsessive Compulsive Disorder, Anorexia Nervosa, narcolepsy, or Tourette’s, as well as from their unaffected siblings under age 18 and healthy controls. The goal is to better understand the characteristics of these conditions, what causes them, who develops them, and how they can best be treated and prevented. In the meantime, the ImPatient Empowered™ Project will also directly benefit participants by providing an easy but thorough system for tracking and understanding each person’s symptoms, laboratory results, treatments, and life and health-related situations that might impact symptoms. Participants will enter this information into an online portal at defined intervals, and then the portal will deliver reports of the information entered as PDFs of completed forms, data listings, and figures that show trends over time and relationships between different variables. BIC plans to continue the Impatient EmPowered™ Project for a minimum of 5 years. Up to 15,000 participants are expected to enroll during year 1 and 30,000 by year 5.

## **Disclosure of Financial Interests**

This study is funded by the Brain Inflammation Collaborative.

## **Observational:**

Collecting “naturalistic data” means that the study will collect information about (“observe”) people’s symptoms, treatments, and life events (such as infections or stressful occasions), without interfering. You will not need to make any changes to how you manage your/your child’s condition or live your lives, and you will not receive any medical care as part of participation. The data collection relies on your reporting of information about your/your child’s medical conditions, and what symptoms, life events, and feelings you experience, into our highly secure,

## ImPatient Empowered™ Project: Informed Consent Form

private online database. You may do this using either a computer and/or a mobile device with internet access.

### **Your Participation:**

Your participation in this study is voluntary; you have the right to choose not to participate. If you decide to participate, your involvement is expected to last at least 1 year if you/your child are a patient or patient's sibling, and at least 3 months if you/your child are a healthy control. You will be able to participate for longer if you wish, as long as you continue to enter requested data and the Project is still ongoing. Your level of participation is also up to you. You may decide not to answer certain questions and you will still be able to continue participation. (Even if the system tells you that a question is "required," this only means that it's required for rating-scale scoring or other data analysis purposes; it never means that you won't be able to continue in the study if you don't answer.) However, the more information you put into the system, the more insight you may be able to gain from the reports that will be generated for you by the system (see later section)! You can also choose to stop at any time. If you decide to stop, you will be asked to complete a Registry Exit form giving the reason(s). There will be no penalty for withdrawing participation.

To participate in this study as an "Adult" you must have been identified as probably or definitely being a "Patient" with PANDAS, PANS, Autoimmune Encephalitis, POTS, ME/CFS, post-Covid syndromes marked by exacerbation or onset of at least one mental health or neurological symptom (including subjective difficulties with cognition) persisting at least 3 months post-infection, Obsessive Compulsive Disorder, Anorexia Nervosa, narcolepsy, or Tourette's, OR you must be volunteering yourself as a "Healthy Control" with no neurological, psychiatric, or autoimmune conditions (other than allergies). To participate in this study as a Parent/Legal Guardian, your minor child must have been identified as probably or definitely being a "Patient" with one of the above diagnoses, OR you must be volunteering your child as a sibling of a "Patient" (but who does not have such a condition himself/herself), OR as a "Healthy Control" with no neurological, psychiatric, or autoimmune conditions (other than allergies). Participating as a Patient does not require that you/your child have any symptoms at the time of enrollment. Even a long-ago diagnosis qualifies a person to participate as a Patient.

# ImPatient Empowered™ Project: Informed Consent Form

In addition, you must:

- Be between 18 and 89 years of age
- Be a US Resident
- Be fluent in English
- Have consistent access to a computer and/or smartphone and the internet
- Have a good knowledge of how to log onto a website or app and how to type information into it.

Only one parent/legal guardian may participate per child. If you are participating as the parent/legal guardian of a child, that child must be at least 2 years old and less than 18 years old. If your child is between 13 and 17 years old, he or she must also assent (agree) to participation in this study or else neither of you will be able to participate. If your child is between 7 and 12, he or she must verbally assent to participation with BIC Research staff only if he/she personally will be completing assessments and/or contributing biosamples. Parents/guardians must not coerce children and adolescents into agreeing to study participation.

Your participation in this study may be stopped without your consent at any time and for any reason by the BIC Study Team. You may be withdrawn from the study if you do not follow the study instructions, the study is stopped, you are discovered after enrollment not actually to have been eligible for participation, or for other administrative reasons. As part of your study participation, you will be asked to review and sign “informed consent forms” such as this one on at least an annual basis. If you do not provide ongoing consent in this manner, your study participation will end.

## **Participant Responsibilities:**

Participants will be expected to complete online questionnaires at weekly intervals. The system will send you reminders by push notification and/or email and will keep track of what information is needed. This way, you just have to look out for the reminders, log into the system, and complete the questionnaires that the system asks you to complete within 4 days of when you receive the reminder. Overall, you may be asked to provide information about:

- your/your child’s family and personal medical, surgical, and psychiatric history, demographic and physical characteristics (for example, age, weight, occupation)
- treatments, supplements, supportive therapies, and/or medications you/your child have

Version A, B, C – Parent/Adult Consent

Protocol # 1001

Page 4 of 12

## ImPatient Empowered™ Project: Informed Consent Form

taken or are currently taking or receiving

- you/your child's vaccination history
- how your/your child's condition is impacting your/your child's life
- past and current diagnoses and emotional and physical symptoms
- lifestyle elements such as physical activity, diet, meditation, and sleep
- Healthcare resources you've utilized.

For participants aged 2-5, only parents/legal guardians will provide information. For participants aged 6-17, both the child and the parent/legal guardian will be requested to complete electronic questionnaires. All information collected directly from children will be collected using very brief questionnaires designed by research experts for that age group. Children may complete these with parental/guardian assistance, if needed. Parents/guardians must not coerce children into completing forms against their will.

Not all of the above information will be requested every week. Most of the above information will be requested when you first enroll or the week after. After that:

- You will be asked **weekly** to complete symptom assessments, brief updates on stress and sleep, brief questions about intervention use, self- and family screening for evidence of infection, allergic reaction, or injury, and updates on medical events you may have experienced. The questions are mostly multiple-choice and this information should take less than 10 minutes to provide.
- **Every two weeks**, you will also be asked about elements of your (or your child's) lifestyle such as your diet and exercise habits, and you will have the opportunity to download information from your wearable device (see later). This should only take an additional 1 – 5 minutes beyond what you normally provide weekly, depending on how much you want to contribute.
- **Every four weeks** you'll also be asked about your (or your child's) functioning at work or school and in family or community life. This additional assessment generally takes less than a minute. In addition, you'll have the opportunity to complete *optional* detailed symptom assessments, each of which might take between less than a minute and nearly 10 minutes.
- **Every 12 weeks**, you will be asked to update information about your demographic and physical traits (i.e. living situation, height and pubertal status for minors), which will take about an extra minute. You will also be asked for information about how often you/your

## ImPatient Empowered™ Project: Informed Consent Form

child has used medical services and what type of services have been used, and you will also be asked about any strain experienced by the child's caregiver (if applicable); providing this information is optional and will take about **2 to 12 additional minutes**, depending again on how much you want to share.

- **Once per year**, you will be asked about life events that may have been stressful for you/your child over the previous year,
- In addition, the system has **Log Forms** available at all times for the recording of menstrual cycle and pregnancy dates, weight, medical events, medication and supplement use, use of other therapies, vaccinations, laboratory and imaging assessments, personal and family medical history, and other events, signs, or symptoms if you wish to record those.

There are additional, optional assessments you can perform if you wish:

### *Daily Assessments*

This option is available to participants wishing to perform more frequent tracking. Daily assessment forms will only be available if you have completed the most recent weekly assessment forms. The daily assessment will include rating scales for your most concerning symptoms and brief questions about disease flare status, stress, and sleep. They should take a minute or less to complete.

### *Lumosity® App*

As part of a research collaboration with Lumos Labs, you or your child may elect to download the Lumosity app and have cognitive function metrics from this app contributed to the research database. Instructions for this will be provided during the study.

- Diary forms are also always available for you to write in or notes, handwriting samples, photos, and/or videos relevant to the participant's condition that you feel would be useful in tracking your/your child's condition. These will be available to you at any time that you have access to a computer or smartphone and the internet, to make it easy for you to track these things.
- Finally, you may allow the study database to collect information from your/your child's "wearable device" (AppleWatch, FitBit, Oura ring – any device that connects to the Apple Health app). This is optional but could provide you and the research scientists with valuable

## **ImPatient Empowered™ Project: Informed Consent Form**

information about the impact of your/your child's condition on sleep, heart rate, and activity, among other things.

It is important to know that no-one will be actively monitoring the information you enter to make sure that you're okay. If you are having troublesome symptoms or thoughts, you must contact your healthcare providers directly with your concerns.

### **Biosample Collection**

For some participants, "non-invasive biosamples" will also be requested to identify biological traits associated with aspects of your/your child's condition. A "non-invasive biosample" is a sample that comes from your/your child's body but that does not involve any kind of puncture to the skin. Samples to be collected may include urine, saliva, cheek swabs, and/or stool.

In no case will sample collection involve administration of any substance (e.g., a stimulating agent) or ingestion of toxic materials, and in every case, both sample labels and pre-filled shipping labels to the BIC affiliated laboratory will include only non-identifying information. Your samples may be stored indefinitely following your or your child's last entry into the registry database at a secure, CAP-accredited facility selected by BIC.

Whether you are asked to provide biosamples will depend on how your/your child's characteristics compare to those needed for the biosample research. If you are asked to provide a sample and you say "yes," a kit will be sent to you, with instructions for sample collection and return. These bio-samples will be sent to the biobank and/or research labs that collaborate with BIC with only your Study ID number on them (see below), and no information that could identify who you are.

**IMPORTANT: YOU CAN REFUSE TO PROVIDE ANY OF THESE SAMPLES AND STILL PARTICIPATE IN THE REST OF THE STUDY.**

### **Risks:**

The risks or discomforts associated with this study are minimal: it is possible that recalling or writing about the symptoms or circumstances that the study asks about may make you

## ImPatient Empowered™ Project: Informed Consent Form

uncomfortable. If this happens, you may choose not to provide information that disturbs you, or you may end your participation altogether as described above.

### **Benefits:**

We cannot guarantee any benefits from participating. However, it is possible that this research may benefit you, your child, and/or others in the future by helping identify effective treatments and other actions people can take to manage or prevent the conditions being studied.

While you are participating, you will have access to the information you have entered in an organized way, which may help you track and understand how your/your child's condition develops and changes over time, and which may help you communicate this information to others in an organized way.

In addition, by participating in the ImPatient EmPowered™ Project, you may have the opportunity to participate in additional research studies of patients with your/your child's condition. After you enroll, you will be asked if you are interested in this. It is possible that participation in other studies could benefit you directly, and it is also possible they could involve risk. If you are interested, you will be provided with more information about those studies, including the potential benefits and risks, and you will have (an) additional Consent Form(s) to complete. Any information that researchers may gain from your participation in these studies may be combined with the information you enter into the ImPatient EmPowered™ database to better achieve the same goals. Whether or not you would like to participate in additional studies has no impact on your ability to continue participation in the ImPatient EmPowered™ Project.

The ImPatient EmPowered™ Project will be conducted in compliance with all applicable regulations. The ImPatient EmPowered™ Project platform is not a medical device, and is not intended to diagnose, treat, cure, monitor, or prevent medical conditions or illnesses. Do not make any major health changes without consulting your doctor or medical professional.

**Alternatives:** Your alternative to being in this study is to not take part.



# ImPatient Empowered™ Project: Informed Consent Form

**Costs:** There is no cost to participate in this study.

**Reimbursement:** You will not receive monetary compensation or any medical care for your participation.

You will not receive payment of any kind for your information or specimens (even if identifiers are removed) or for any tests, treatments, products, or other things of value that may result from this research study.

## **Privacy Protection Measures and Confidentiality:**

We prioritize and protect your privacy by ensuring that all responses to this survey are protected in multiple ways. First, the technology platform that is being used for this study meets very high standards for the protection of personal health information. To maintain this security, you are responsible for not sharing your access information/PIN number with anyone else.

Second, if you take part in this study, you will be assigned a unique Subject ID code to help protect your privacy. Your study records and study samples will be labeled with this code that does not directly identify you. The ImPatient EmPowered™ platform securely stores the linking code between your email address and other study information.

The data may be analyzed and published by researchers who are employees of BIC, or Collaborators with BIC. All of the information you enter will be “de-identified” prior to any data analysis so that your answers to questions cannot be associated with your/your child’s name, your IP address, your email address, or any other “identifying information.” So, although the results of this research project may be presented at meetings or in publications, you cannot be identified in these presentations and/ or publications.

## **Authorization to Use and Disclose Personal Health Information:**

Federal regulations give you certain rights related to your health information. These include the right to know who will be able to get the information and why they may be able to get it. The BIC Research Team must get your authorization (permission) to use or give out any health information that might identify you. If you choose to be in this study, the BIC Research Team will get any personal information about you that you provide. This may include information that might identify you. They will also get any information about your health that you provide. This information may include:

## ImPatient Empowered™ Project: Informed Consent Form

- Past and present medical records
- Research records
- Records about phone calls made as part of this research
- Information obtained during this research about laboratory test results
- Results from diagnostic and medical procedures including but not limited to X-rays, physical examinations and medical history
- Billing records.

Only the BIC Research Team members directly involved in enrolling you and in ensuring the quality of the data will have access to identifying information. These people have all been carefully trained and certificated in Human Subjects Protection and in privacy requirements and fully understand the importance of keeping your information private.

By signing this consent form, you are giving permission to use and give out the health information listed above, in the ways described above, for the purposes described above. You do not have to sign this consent form. If you choose not to sign this consent form, you will not be able to be in this research study. Your decision not to sign this consent form will not have any effect on your medical care and you will not lose any benefits or legal rights to which you are entitled. You have the right to review and copy your health information.

This authorization does not have an expiration date. If you do not withdraw this authorization in writing, it will remain in effect indefinitely. However, you may withdraw or take away your permission to use and disclose your health information at any time. You do this by sending written notice to the BIC Research Team contact at the address on the front of this informed consent form. If you withdraw your permission, you will not be able to continue being in this study, but you will not have any penalty or loss of access to treatment or other benefits to which you are entitled. When you withdraw your permission, no new health information which might identify you will be gathered after that date. Information that has already been gathered may still be used and given to others. This would be done if it were necessary for the research to be reliable.

Collection of Identifiable Private Information or Identifiable Biospecimens:

Identifiers might be removed from your identifiable private information or identifiable biospecimens. After such removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without your

Version A, B, C – Parent/Adult Consent

Protocol # 1001

Page **10** of **12**

## ImPatient Empowered™ Project: Informed Consent Form

additional informed consent (or consent from your legally authorized representative).

### **Genetic Research:**

Your genes are in the cells in your body. Genes make you different from anyone else. Some genes are responsible for inherited traits like hair and eye color. Some genes affect the chances that a person will get a certain disease or how their body responds to drugs. If you choose to provide a bio-sample or to upload your genetic data from a service like 23andMe® or Ancestry®, these may be used for genetic research that will help understand why some people are more vulnerable to symptoms associated with neuro-inflammation than others. It is possible that whole genome sequencing will be performed.

As described before, many steps have been taken to safeguard your information, so the risk of loss of confidentiality is small. However, if confidentiality is broken (for example by a hacker), results of genetic testing may become available to insurance carriers or employers. The knowledge of this information has the potential to lead to discrimination in employment or insurance. Someone with a known genetic condition indicating a susceptibility to develop a disease or condition might be denied a job or a promotion, or denied health or life insurance, because they are regarded as a health risk and therefore an economic risk. Carriers for a genetic disorder might be discriminated against and viewed as having the potential to have a child with a genetic condition.

There is a federal law called the Genetic Information Nondiscrimination Act (GINA) that, in general, makes it illegal for health insurance companies, group health plans, and most employers (except those with fewer than 15 employees) to discriminate against you based on your genetic information. However, it does not protect you against discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

You may choose to obtain a copy of the raw genetic data generated from your biosample. Although we will not interpret information for you, we will make every reasonable effort to direct you to products and services by others who can support the interpretation of genomic data.

If you elect to receive a copy of your genetic data, you might discover information that you find distressing or uncomfortable. For example, you may discover that you are not of a particular ethnic group, casting doubt on who your biological parents really are. Such surprising disclosures are rare in genetic research, but they are known to happen.

## **ImPatient Empowered™ Project: Informed Consent Form**

### **Contact for questions, concerns, complaints:**

If you have questions or concerns about the study, please contact the BIC Research Team at 1-833-286-4433 or 1-833-2UNHIDE. The Principal Investigator (main researcher) in charge of this study is Dr. Denise Calaprice-Whitty. She can be reached at [denise@braininflammationcollaborative.org](mailto:denise@braininflammationcollaborative.org).

If you have any questions about your rights as a research subject or complaints regarding this research study, or you are unable to reach the research staff, you may contact a person independent of the research team at the Biomedical Research Alliance of New York Institutional Review Board at 516-318-6877. Questions, concerns or complaints about research can also be registered with the Biomedical Research Alliance of New York Institutional Review Board at [www.branyirb.com/concerns-about-research](http://www.branyirb.com/concerns-about-research). The IRB is a committee that reviews research studies to help protect the rights and welfare of study subjects.

On behalf of the Brain Inflammation Collaborative (BIC), we thank you for your interest in the **ImPatient Empowered™ Project!**