STUDY PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Principal Investigator:	Dr Emer MacSweeney Re:Cognition Health, 45 Queen Anne Street, London, W1G 9JF
Study Title:	A Patient- and Investigator-blind, Placebo-controlled Study to Evaluate the Efficacy, Safety, and Tolerability of Bepranemab (UCB0107) in Study Participants with Prodromal to Mild Alzheimer's Disease (AD), Followed by an Open-label Extension Period
Simplified Study Title:	An efficacy, safety, and tolerability study of bepranemab in study participants with prodromal to mild AD
Protocol Number:	AH0003
Sponsor:	UCB Biopharma SRL
IRAS ID:	299120

1 INTRODUCTION – VOLUNTARY PARTICIPATION

You have been invited to participate in a clinical research study initiated, managed, and financed by UCB Biopharma SRL, the Sponsor of this study. UCB Biopharma SRL is also acting as data controller for this study. This means that we are responsible for looking after your information and using it properly. For more information, please read section 8 "Handling of Data/Confidentiality".

Before you decide, it is important for you to understand why the research is being done and what it will involve.

This information sheet will provide you with essential information about this study and your rights as a clinical research study participant so that you can make an informed decision about your participation.

Do I have to take part?

Your decision to participate in this study is entirely voluntary. If you choose not to participate, you will not lose any benefits to which you would otherwise be entitled to. In addition, you may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled. You do not have to give a reason for your decision if you do not want to.

You will be informed in a timely manner, if any relevant new information about this drug for this study becomes available, that may alter your willingness to continue to participate.

If you agree to participate, your General Practitioner (GP) will be told that you are taking part in this study.

Please note that to participate you will also need to have someone who knows you well ('informant'), and spends at least 5 hours a week with you who is willing to support you during this study. Your informant will be given a separate information sheet that describes what is expected of him/her during the study and will consent by signing an informed consent form. Your informant will need to attend Visit 1 (Screening), Visit 2 (Baseline) and then Visits 7, 11, 15, 18, 21, 24, 30 and 36 with you, to answer questionnaires and rating scales. For these visits, the informant provides information that is needed to complete those questionnaires and rating scales. The designated informant can come to other study visits but it is not required if not possible. For those other study visits the study participant can come to the visit by other means (example: other helpers). If possible, this person should not change throughout your participation of the study. If a change is unavoidable to continue the study, you will be asked to nominate another informant.

2 PURPOSE

You are being invited to participate in this clinical research study because you have early signs of Alzheimer's disease (AD) or have a diagnosis of mild AD. AD is a neurodegenerative disease that causes a slow progressive worsening of a person's memory and other cognitive (thinking) abilities.

AD is caused by an abnormal build-up of proteins in and around brain cells. In AD, the damage to the brain cells is caused by a build-up of proteins called amyloid and tau. Tau is a type of protein normally found in the neurons, but in AD it has lost its correct shape. This abnormal tau spreads in the brain and **contributes to brain cell death** **which leads to symptoms of AD**. AD is one of several types of abnormal tau diseases.

The study drug bepranemab, is a type of protein called an antibody. Your body's immune system makes antibodies to help fight infection. Antibodies can also be manufactured and used as medicines, as is the case with bepranemab. It works by binding to proteins in the brain. Because of this, it may reduce the spreading of abnormal tau proteins in the brain and this could slow down or stop the worsening of AD.

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The purpose of this study is to investigate the effect of the study drug bepranemab (how well it works), and also to see how the study participants react to it (safety and tolerability) compared with a placebo. A placebo is similar to the study drug but does not contain any active medicine. You will receive either bepranemab or placebo while taking part in this study. Researchers use a placebo to see if the study drug works better or is safer than no treatment at all. In this document, the term 'study treatment' will be used to mean both the study drug and the placebo.

The researchers will measure the amount of study drug in your blood to learn more about how the study drug is distributed and broken down by your body. Scans (images) will be taken to see if bepranemab affects the amount of tau protein in your brain. The researchers will measure how well you are performing in your daily life and also measure if bepranemab is slowing down the worsening of your memory and other cognitive (thinking) skills.

At the moment, there are several treatments available that can be used to treat AD symptoms. If you decide to participate in this study, you may be able to continue with some or all of your current treatments for AD symptoms and start new treatments at any time if and when you need them. However, since some medications are not allowed in this study, please let the study doctor know if you start taking any new medications while participating in this study. The study doctor will let you know if the medications you are currently using and need to continue to use are allowed in this study. If you are on a medication that is not allowed in this study, but that you need for your health, you will not be able to take part in this study. The study doctor will discuss all of your medications with you. You can still have vaccinations if you participate in this study, ideally given at least 7 days prior to or after the study drug (with some exceptions for the COVID-19 vaccination due to scheduling requirements).

The study drug is an investigational drug and is not approved for treatment of AD or any other disease by regulatory authorities in any country.

This study will involve a total of 450 study participants across approximately 125 centres in about 10 countries throughout Europe and North America.

3 STUDY PERIODS AND PROCEDURES

This study has the following periods:

Screening Period (up to 60 days) and then a Double-blind Treatment Period of 80 weeks (18 months). Neither you, nor your blinded study team will know whether you are taking the active treatment or the placebo. If you stop your participation at the end of these 80 weeks, you will be followed up for another 16 weeks of Safety Follow-up Period.

If you want to continue receiving the study drug, you will have the option to enter the Open-label Extension (OLE) Treatment Period. Your study doctor will discuss this with you if you are still eligible to continue with treatment. In this case, the OLE Period then continues with 44 weeks of treatment to Week 124. Once the treatment period has ended, you will enter the Safety Follow-up Period and have the first visit 4 weeks later at Week 128, the Safety Follow-up Period lasting up to 20 weeks.

In total the study will run for approximately 152 weeks (almost 3 years).

SCREENING PERIOD

You and your informant will be asked to provide your consent to participate in this study by signing the Informed Consent Form at the end of this document prior to having any study related procedures. The Screening Period lasts from a minimum of 20 days to up to 60 days. You and your informant may be required to visit the site more than once so that all the procedures to check whether you are eligible for the study can be carried out. If you are eligible to participate, you will return to the study site to begin study treatment. If you do not pass the screening and there is a clear reason that means you would qualify to be screened a second time, the study doctor will discuss this possibility you. Your study doctor will discuss your treatment options to you if you don't want to be rescreened or cannot be rescreened.

The site staff will contact your general practitioner, informant, or family member(s) to get information about your medical history (including medical records) and health status during screening, the treatment period and/or until the study is closed.

DOUBLE-BLIND TREATMENT PERIOD

This period will last up to 80 weeks (about 1.5 years) and you and your informant will need to visit the study site about 21 times for scheduled visits. You and your informant may also be asked to come to the study site for extra, unscheduled visits, for instance if the study doctor wants to monitor your safety more closely. You will also be contacted by telephone, 2 times as scheduled, and additionally as needed.

You will be assigned randomly (by chance, like drawing straws) to receive one of the 2 doses of the study drug bepranemab (45 mg/kg or 90 mg/kg) or placebo. You will have a 2 in 3 chance of receiving the study drug and a 1 in 3 chance of receiving placebo. This treatment period is double-blind, which means that neither you, nor your study doctor can choose, or know, which treatment you are getting. In the case of an emergency, it will be possible for the study doctor to find out what treatment you are receiving or received. You will receive the study treatment directly into your vein (also known as intravenous (IV) infusion or drip) every 4 weeks. The cannula (tube) used to deliver the infusion is usually put in the arm or the hand. You will receive a total of 20 infusions during the Double-Blind Treatment Period, the last one taking place during the Week 76 visit.

Each infusion will take no less than 2 hours and will not exceed 4 hours. The time varies as an infusion can be slowed down or interrupted temporarily, if you react badly to it and require treatment. You will be monitored for at least 2 hours after the end of every infusion for any adverse reactions.

For some visits, the study doctor will discuss with you if an overnight stay would be preferred so that study procedures of a visit can be spread over 2 consecutive days if needed. With your agreement and your informants' agreement, the overnight stay will be arranged for both of you. This may be a stay in the hospital or hotel, whichever is deemed most suitable to your health, and depending on what is available at your study site. If you stay in the hospital, your informant will be provided with accommodation. This will not be at your expense and will be covered by the study sponsor.

SAFETY FOLLOW-UP PERIOD / OPEN-LABEL TREATMENT EXTENSION PERIOD

At the end of the Double-blind Treatment Period at Week 80, you will move over to the Safety Follow-up or to the OLE Period. If you do not wish to continue to the OLE Period, your first Safety Follow-up Visit will take place at Week 80, 4 weeks after your last study treatment infusion. Subsequently you will be contacted by the study site by phone every 4 weeks (for a total of 3 calls). Finally, you will have your last safety follow-up visit 4 weeks after your last phone call.

If you wish to continue to the OLE Treatment Period and are still eligible to participate, Week 80 will be your first OLE visit and you will continue to receive the study treatment every 4 weeks. During the OLE, all participants will receive the study drug bepranemab; this is called open-label treatment.

If you received bepranemab during the Double-blind Treatment Period, you will continue to receive the same blinded dose level during the OLE. If you received placebo, you will be switched to receiving one of the 2 doses (45 mg/kg or 90 mg/kg) of bepranemab. The dose will be assigned randomly (by chance, like flipping a coin). You will have a 1 in 2 chance of

receiving 45 mg/kg and a 1 in 2 chance of receiving 90 mg/kg. Neither you nor the study personnel will be told which of the study dose levels (i.e., 45 mg/kg or 90 mg/kg of bepranemab) you receive.

Throughout your participation in the OLE Period, you, your informant and the study staff will continue to be blinded.
The last infusion of the OLE Period is administered at Week 124. At 4 weeks after the last infusion, Week 128, you will have the first Safety Follow-up Visit. Subsequently you will be contacted by the study site by phone every 4 weeks (for a total of 3 calls). Finally, you will have your last safety follow-up visit 4 weeks after your last phone call.

STOPPING STUDY TREATMENT TEMPORARILY OR PERMANENTLY

Your study treatment can be interrupted for a while if you react to the infusion or get side effects at any time. In case of reaction to the infusion, you may have treatment to help your symptoms and your health will be monitored closely. Study treatment can also be interrupted if you are unable to attend the onsite study visits due to COVID-19 pandemic or similar disruptive event.

If your site visits are interrupted, you and your informant will be contacted by the study staff initially weekly for the first two doses, and thereafter this frequency will change to every 4 weeks, during the timeframe that you are not coming to the site for visits.

It may be possible that your treatment is started again. This will only happen with your agreement and after careful investigation of your health. You would in this case restart at the visit you would have had, if there had been no temporary stop. For instance, if you came to the site for Visit 6, but missed the next 2 infusions, you would restart at Visit 9. Your study doctor will tell you if some of the missed procedures need to be carried out when you can start again.

If you miss more than 4 infusions in a row, your participation will be stopped permanently.

If study treatment is stopped permanently, you will be asked if you agree to complete the Safety Follow-up Period. You would have a visit at the site 4 weeks after your last infusion. Then you would be contacted by the study staff by phone three times (i.e., once every 4 weeks). Finally, you would have your last safety follow-up visit 20 weeks after your last infusion.

STUDY PARTICIPANT WITHDRAWAL PROCEDURES

You can decide, at any time, that you do not want the study treatment and may withdraw from the study.

You or your informant are encouraged to contact the study doctor or clinic should you decide not to continue your participation in the study. In order to safely withdraw from the study, you will be asked to continue to take part in the safety follow-up as described above; having a visit at the site 4 weeks after your last infusion. Then phone calls three times (i.e., once every 4 weeks) and

finally, your last safety follow-up visit 20 weeks after your last infusion. Should you not wish to have the safety follow-up visits, the study doctor will discuss plans for your future care with you.

STUDY PROCEDURES

Please see the Tables 1 and 2 for the timing of your study visits and the procedures that will be carried out at each visit.

At each visit to the site, different procedures will be carried out and the study treatment infusions are expected to last mostly 2 hours and can take up to 4 hours. Some procedures will also be carried out after the infusion ends. Some site visits can last most of the day or may be done over 2 consecutive days. The procedures are described below.

The length of each will vary between 5 to 7 hours with the longest visit your second visit.

DEMOGRAPHICS AND MEDICAL HISTORY:

Collection of personal details including your year of birth/age, sex, education level, employment and lifestyle (habits) information, and race/ethnicity. Information about medical conditions you have had in the past, or that are ongoing at the time of screening will also be reviewed with you and by requesting your medical records from previous treatment providers. Information about your AD history and your current AD symptoms will also be collected.

PRIOR AND CURRENT MEDICATIONS:

Collection of details about medicines (prescription and non-prescription, vaccinations) and herbal supplements you have taken in the past and are currently taking. Your study doctor will review your medications for AD and other conditions and tell you if any of them need to be stopped. You can also have vaccinations (including a COVID-19 vaccine) even if you participate in this study, but they should ideally not take place within 7 days before or after an infusion. If a COVID-19 vaccination is scheduled and cannot be changed, but lies within this time frame please check with the study doctor to see if adjustments to this restriction can be made.

SIDE EFFECTS:

Collection of side effects includes a review of how you are feeling and especially if there have been any changes to your health. You and your informant will be given a paper diary to record any side effects ofr medications taken between visits.

QUESTIONNAIRES AND RATING SCALES:

You (and your informant) will be interviewed for some of the questionnaires, some you will be asked to fill in yourselves. Some are filled in on an electronic device. The questionnaires or scales test your memory, problem solving, language skills, whether you suffer from depression and if you have had any thoughts of harming yourself. You will also be asked questions about

how AD is affecting your behavior, your ability to perform daily activities and your quality of life. The number of questionnaires and rating scales varies by visit.

Your study interviews will be audio recorded and shared in a secure way with a partner company for the purpose of quality control, training, and for potential analyses. MedAvante-ProPhase (MA-PP) a company based in the United States, will perform a quality check of the audio recordings for visits identified for review. MA-PP clinicians will independently score the recorded interviews and provide feedback on adherence to scoring and administration conventions established for the study. MA-PP specialises in measuring thinking ability, behavior, and everyday functioning and is working in partnership with the sponsor. The study doctor will explain you how audio recording works.

BLOOD AND URINE PREGNANCY TESTS:

If you are female and capable of bearing children, you will have a blood pregnancy test during screening and urine pregnancy tests before each infusion. If you have a positive urine pregnancy test, the result will be checked with a blood test. You cannot participate in this study if you are pregnant, breastfeeding or planning to become pregnant.

PHYSICAL EXAMINATIONS:

You will have a physical examination, like a regular medical check-up, to detect any physical changes that might be due to the study treatment.

VITAL SIGNS:

We will check your blood pressure, heart rate (how fast your heart beats) and temperature.

BODY WEIGHT AND HEIGHT:

Your body weight will be measured. You will be weighed at almost all visits as the dose of your infusion is based on your body weight. Your height will be measured during screening so that your body mass index (BMI) can be calculated.

NEUROLOGICAL EXAMINATIONS:

The study doctor will check the functioning of your nerves, your mental status (your level of awareness and interaction with the environment), language and mathematical abilities, movements and balance, reflexes, coordination, involuntary movements and gait (how you walk).

ELECTROCARDIOGRAMS (ECGS):

A procedure where sensors are attached to your chest, arms and legs in order to record the rhythm of your heart.

BRAIN MRI:

We will also perform brain scans. Magnetic resonance imaging (MRI) uses a magnet and radio waves to take images (pictures) of the inside of the head. The procedure does not use x-ray radiation. The MRI machine is a large tube and you will be placed inside it, lying on a table. You will need to lie still when the images are taken with breaks in between. The total time for the images will be approximately 35 minutes. The MRIs can in some cases take place within 2 weeks before or after the planned study visit days. Additional MRIs can be carried out if the study doctor wants to monitor your health more closely, if needed. In total, we will perform approximately 4 MRI scans over 3 years.

PET SCANS:

During this study you will have a different type of scan performed known as a PET scan. PET stands for positron emission tomography. A PET scanner produces three-dimensional images of how the brain is working. For this scan, you will lie down on a bed that moves into a large cylinder (the scanner). To perform this imaging, we will give you an injection of a radioactive "tracer" into a vein. The scanner detects the radiation signal produced by the tracer to produce an image of the brain. In this case, the tracer is used to highlight protein changes in your brain thought to be caused by Alzheimer's disease. The scan itself takes about 30 minutes, but you will need to wait for about 60 minutes after the tracer injection before the scan can start. A PET scan may not be needed at screening if you have had one recently, and have not had any anti-amyloid treatment since then. The study doctor will discuss with you if a previous PET scan can be used for this study.

PET scans to measure tau protein in your brain are also planned to take place during other visits. In these instances, the tracer used is called [^{18}F]GTP1 (fluorine-18 Genentech tau probe 1). It is a new tracer being developed specifically to study abnormal tau diseases like AD. It has not yet been approved by regulatory authorities in any country, so its use in this study is considered 'investigational'. Because of this, you will be closely monitored for reactions to the tracer.

BLOOD AND URINE SAMPLES:

Blood and urine samples will be collected at planned time-points to assess your overall health, disease state, your response to treatment and to ensure that the study drug is not causing harmful effects on your body.

Pharmacokinetic (PK) blood samples: Blood will be collected before some of the infusions (study treatment) and during the Safety Follow-up Visits to measure the level of study drug in your body. Additionally, it is possible that more PK sampling will be done during the study.

ADA (anti-drug antibody) blood samples: Blood will be collected to see if your body makes antibodies (has an immune reaction) against the study drug. If this happens, the study treatment may be less effective for you. If you would like to receive the results of the tests, please ask for them (they may not be available for up to a year after the end of the study).

We will store your left-over samples for future research on the immune response and other markers, for up to 20 years. At this stage it is not possible to specify the details of this future research or what in particular might be measured or which tests will be conducted. The results of these research analyses may help UCB understand better how the body responds to bepranemab and the samples could potentially be used to develop better performing or specific tests to research the immune response against bepranemab. Researchers might also use your blood or CSF (optional) in new research in relation to the development of bepranemab.

Biomarker blood samples: Additional blood samples will be collected to analyse different types of biochemical compounds including certain proteins and their breakdown products. These types of compounds are called “biomarkers”.

Biomarkers are compounds in the body that can be used to tell if people suffer from certain diseases and how they may respond to medication. In this study we will look at the levels of neurofilament light (NfL) protein in your blood amongst other biomarkers. NfL is being recognised as a biomarker that shows the extent of brain cell damage caused by tau and resulting in AD.

If you agree, your left-over blood biomarker samples can also be stored in a biorepository for future research as described in the section “Optional future research (biorepository samples)”. You can indicate your choice in this matter by ticking the appropriate box in the Informed Consent Form at the end of this document.

Mandatory Pharmacogenomic sample for assessment of eligibility: Blood will be collected during screening to carry out genetic testing. The results of this genetic investigation are for research purposes only and not for medical diagnosis or treatment decision-making. Unless required by law, we will not provide you with test results or make any results available to you, any insurance company, your employer, your family, the study doctor, or any other doctor who treats you now or in the future.

OPTIONAL CSF COLLECTION

A CSF collection (lumbar puncture, spinal tap) will be performed during screening and at Weeks 56 and 80 to collect samples of your cerebrospinal fluid (CSF). CSF is a liquid that surrounds the brain and spinal cord.

Your CSF samples will either be collected during your scheduled study visits or for some visits, on a different day. The Screening Period CSF collection should occur at least 7 days before your first infusion (study treatment). The rest of the CSF collections will take place within 2 weeks before or after the day of the infusion. If you lose capacity while participating in the study and previously agreed to the collection of CSF, this will not be done.

To collect the CSF, you may have to sit up or lie down on your side and bend your head and shoulders forward. The area around the lower back will be cleaned. Once the right location is felt by the study doctor, a numbing medicine (local anesthetic) will be injected under the skin to numb the area to any pain you feel from the lumbar puncture needle. A small spinal needle (a special hollow needle) is then inserted between two bones (vertebrae) in your lower back, and a sample of spinal fluid will be collected. The maximum amount of CSF collected over the duration of the study will not exceed approximately 30 mL (approximately 10 mL per collection).

The CSF will be used during the study to measure the level of the study drug and for chemical markers of tau protein and nerve cell damage from the disease. You will not receive any direct benefit from undergoing this procedure. However, information from these procedures may highly benefit other patients with AD or a similar condition in the future.

This is optional and if you do not provide your consent, you may still participate in this study. You can indicate your choice in this matter by ticking the appropriate box in the consent form at the end of this document. If you first agree to this, you can change your mind later. If you want to withdraw your consent for CSF collection, tell your study doctor that you no longer want to have this procedure.

If you agree, your left-over CSF samples can also be stored in a biorepository for future research as described in the section “Optional future research (biorepository samples)”. You can indicate your choice in this matter by ticking the appropriate box in the Consent Form at the end of this document.

OPTIONAL FUTURE RESEARCH (BIOREPOSITORY SAMPLES):

The sponsor would also like to store and use left-over samples of your already collected CSF samples and biomarker blood samples for future exploratory research into biomarkers and diagnostic test development related to Alzheimer’s disease, abnormal tau diseases and other neurological diseases.

At this stage, it is not possible to specify which RNA, protein or breakdown products in particular might be measured, but it should be those that are thought to play a role in AD, abnormal tau disease and related neurological disease progression or response to the study drug. The results of these research analyses may help scientists to understand disease mechanisms in AD, abnormal tau diseases and related neurological disorders, common pathways (links) among these diseases, how the body deals with disease and responds to the study drug or related

medications and/or the development of tests or tools that help with detecting or understanding AD.

The samples for future analysis will be stored at a secure long term facility selected by UCB a maximum of 20 years the end of the study. The name/address of the secure storage facility can change under exceptional circumstances. UCB may also share these left-over CSF and blood samples with its research partners Genentech, Inc. and Roche Ltd.

It is also possible that UCB may decide not to perform any analyses, for example in a situation where the outcome of this study or other research results would lead to the decision to stop the development of the investigational drug.

This is optional. You can indicate your choice in this matter by ticking the appropriate box in the Consent Form at the end of this document. If you do not wish to consent to the use of your left-over samples, for this future research, you may still participate in this study.

OPTIONAL SAMPLING FOR GENETIC ANALYSIS:
The researchers would also like to ask you to provide one additional blood sample for genetic analysis looking at abnormal tau disease-related DNA variations.

Your study doctor will provide you with a separate Information Sheet and Consent Form which has more details about the genetic research analysis.

This is optional and if you do not agree, you can still participate in this study.

Table 1: Double-blind Treatment Period Schedule of Activities, Year 1

Procedures	Screening Period	Double-blind Treatment Period															
	V1	V2 Baseline	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13	V14	V15	V16	V17
	Screening (D-60 to D-2)	(D-1 to D1)	W1 (D7)	W4	W5	W8	W12	W16	W20	W24	W28	W32	W36	W40	W44	W48	W52
Written informed consent (also from your informant)	X																
Demographics	X																
General medical/ procedures history and AD history	X																
Body weight	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X
Randomisation		X															
Infusion		X		X		X	X	X	X	X	X	X	X	X	X	X	X
Phone assessment			X		X												
Physical examination [a]	X	2X		X		X	X	X	X	X	X	X	X	X	X	X	X
Neurological examination [b]	X	2X		2X		X	X	X	X	X	X	X	X	X	X	X	X
Questionnaires and scales	X	X		X			X		X		X		X		X		
Prior and current medications	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vital signs [c]	X	2X		2X		2X	2X	2X	2X	2X	2X	2X	2X	2X	2X	2X	2X
Pregnancy test (WOCBP only) [d]	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X
Routine blood [e] and urine samples	X	X		X		X	X	X	X	X	X			X			X
Sampling for PK, and ADA		X		X		X	X	X			X		X		X		
Sampling for biomarkers		X					X				X				X		
Sampling for pharmacogenetics	X																
ECG [c]	triplicate	2X		2X		2X	2X	2X	2X	X2	2X				2X		

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	V1	V2 Baseline	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13	V14	V15	V16	V17
	Screening (D-60 to D-2)	(D-1 to D1)	W1 (D7)	W4	W5	W8	W12	W16	W20	W24	W28	W32	W36	W40	W44	W48	W52
Discussion of changes to your health and recent medical procedures	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Brain MRI	X					X											X
PET scan with the [^{18}F]GTP1 tracer [f]		X															
Amyloid screening (CSF collection or PET) [g]	X																

ADA=anti-drug antibodies; CSF=cerebrospinal fluid; D=day; ECG=electrocardiogram; MRI=magnetic resonance imaging; PET=positron emission tomography; PK=pharmacokinetic; V=visit; W=week; WOCBP=women of childbearing potential

a	You will have a full physical examination at V1 and before your infusion at V2. You will have a brief physical examination at the rest of the visits as marked in the table and also after the infusion at V2.
b	You will have full neurological examinations at V1, V2, V4 and V10. A full examination is done twice (before and after infusion) at V2 and V4. You will have a brief neurological examination at the rest of the marked visits.
c	Vital signs and ECGs are taken both before and 2 hours after the end of infusion.
d	This is a blood test at screening and a urine test at the other visits as marked. If the urine test is positive, the result will be checked with a blood test.
e	You will need to fast before the blood draw at the screening visit; your study doctor will advise you how long.
f	Your vital signs will be taken no earlier than 1 hour before the injection and no later than 1 hour after the injection of the tracer. You may need to visit the study site an additional time for this scan as you cannot have an infusion on the same days as this scan.
g	Amyloid screening can be carried out in several ways. If you have had a PET scan recently, we may be able to use the results for this study. If there are no such results, you will have a PET scan specifically for this study. If you agree to the optional CFS collection, the amyloid screening can be done using the CSF (no PET is then necessarily needed). You can have both procedures, a PET scan specifically for this study and the optional CSF collection. However, if we can use your earlier PET scan results, and you do not agree to the optional CSF collection, you will have neither procedure. The study doctor will give you more information about this.

Double-blind Treatment Period schedule of activities Year 2

Procedures	Double-blind Treatment Period							Safety Follow-Up Period [a]	
	V18	V19	V20	V21	V22	V23	V24	3 SFU Phone Contacts	SFU2 Visit
	W56	W60	W64	W68	W72	W76	W80/SFU1[a]		
Body weight	X	X	X	X	X				
Infusion	X	X	X	X	X	X			
Phone assessment								X	
Brief physical examination	X	X	X	X	X	X	X		X
Neurological examination [b]	X			X			X		X
Questionnaires and scales	X			X			X		X
Prior and current medications	X	X	X	X	X	X	X	X	X
Vital signs [c]	2X	2X	2X	2X	2X	2X	X		X
Pregnancy test (WOCBP only) [d]	X	X	X	X	X	X	X		X
Routine blood and urine samples			X				X		X
Sampling for PK , ADA and biomarkers	X			X			X		X
ECG [c]	2X			2X			X		X
Discussion of changes to your health and recent medical procedures	X	X	X	X	X	X	X	X	X
Brain MRI							X		
PET scan with the [^{18}F]GTP1 tracer [e]	X						X		
Optional CSF collection	X						X		

ADA=anti-drug antibodies; CSF=cerebrospinal fluid; ECG=electrocardiogram; MRI=magnetic resonance imaging; PET=positron emission tomography; PK=pharmacokinetic; SFU=Safety Follow-Up; V=visit; W=week; WOCBP=women of childbearing potential

a	If you discontinue the study treatment early, you must complete the SFU1 assessments 4 weeks after the last infusion, 3 telephone contacts, and subsequent SFU2 assessment 20 weeks after the last infusion.

b	You will have full neurological examinations at V24 only, the rest are brief neurological examinations.
c	Vital signs and ECGs are taken both before and 2 hours after the end of infusion.
d	This is a urine test. If the urine test is positive, the result will be checked with a blood test.
e	Your vital signs will be taken no earlier than 1 hour before the injection and no later than 1 hour after the injection of the tracer. You may need to visit the study site an additional time for this scan as you cannot have an infusion on the same days as this scan.

Table 2: Double-blind Treatment Period Schedule of Activities, Year 1

Procedures	Screening Period	Double-blind Treatment Period															
	V1	V2 Baseline	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13	V14	V15	V16	V17
	Screening (D-60 to D-2)	(D-1 to D1)	W1 (D7)	W4	W5	W8	W12	W16	W20	W24	W28	W32	W36	W40	W44	W48	W52
Written informed consent (also from your informant)	X																
Demographics	X																
General medical/ procedures history and AD history	X																
Body weight	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X
Randomisation		X															
Infusion		X		X		X	X	X	X	X	X	X	X	X	X	X	X
Phone assessment			X		X												
Physical examination [a]	X	2X		X		X	X	X	X	X	X	X	X	X	X	X	X
Neurological examination [b]	X	2X		2X		X	X	X	X	X	X	X	X	X	X	X	X
Questionnaires and scales	X	X		X			X		X		X		X		X		
Prior and current medications	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vital signs [c]	X	2X		2X		2X	2X	2X	2X	2X	2X	2X	2X	2X	2X	2X	2X
Pregnancy test (WOCBP only) [d]	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X
Routine blood [e] and urine samples	X	X		X		X	X	X	X	X	X			X			X
Sampling for PK, and ADA		X		X		X	X	X			X		X		X		
Sampling for biomarkers		X					X				X				X		
Sampling for pharmacogenetics	X																

Procedures	Screening Period	Double-blind Treatment Period															
	V1	V2 Baseline	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13	V14	V15	V16	V17
	Screening (D-60 to D-2)	(D-1 to D1)	W1 (D7)	W4	W5	W8	W12	W16	W20	W24	W28	W32	W36	W40	W44	W48	W52
ECG [c]	triplicate	2X		2X		2X	2X	2X	2X	X2	2X				2X		
Discussion of changes to your health and recent medical procedures	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Brain MRI	X					X											X
PET scan with the [^{18}F]GTP1 tracer [f]		X															
Amyloid screening (CSF collection or PET) [g]	X																

ADA=anti-drug antibodies; CSF=cerebrospinal fluid; D=day; ECG=electrocardiogram; MRI=magnetic resonance imaging; PET=positron emission tomography; PK=pharmacokinetic; V=visit; W=week; WOCBP=women of childbearing potential

a	You will have a full physical examination at V1 and before your infusion at V2. You will have a brief physical examination at the rest of the visits as marked in the table and also after the infusion at V2.
b	You will have full neurological examinations at V1, V2, V4 and V10. A full examination is done twice (before and after infusion) at V2 and V4. You will have a brief neurological examination at the rest of the marked visits.
c	Vital signs and ECGs are taken both before and 2 hours after the end of infusion.
d	This is a blood test at screening and a urine test at the other visits as marked. If the urine test is positive, the result will be checked with a blood test.
e	You will need to fast before the blood draw at the screening visit; your study doctor will advise you how long.
f	Your vital signs will be taken no earlier than 1 hour before the injection and no later than 1 hour after the injection of the tracer. You may need to visit the study site an additional time for this scan as you cannot have an infusion on the same days as this scan.
g	Amyloid screening can be carried out in several ways. If you have had a PET scan recently, we may be able to use the results for this study. If there are no such results, you will have a PET scan specifically for this study. If you agree to the optional CFS collection, the amyloid screening can be done using the CSF (no PET is then necessarily needed). You can have both procedures, a PET scan specifically for this study and the optional CSF collection. However, if we can use your earlier PET scan results, and you do not agree to the optional CSF collection, you will have neither procedure. The study doctor will give you more information about this.

Table 2: Double-blind Treatment Period and OLE schedule of activities Year 2 to 3

Procedures	Double-blind Treatment Period [a]						OLE Treatment Period												SFU Period [a]		
	V18	V19	V20	V21	V22	V23	V24	V25	V26	V27	V28	V29	V30	V31	V32	V33	V34	V35	V36	3 SFU Phone Contacts	
	W56	W60	W64	W68	W72	W76	W80	W84	W88	W92	W96	W100	W104	W108	W112	W116	W120	W124	W128/SFU1 [a]		SFU2
Body weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Randomisation							X														
Infusion	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Phone assessment																				X	
Brief physical examination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
Neurological examination [b]	X			X			2X	2X	X										X		X
Questionnaires and scales	X			X			X		X		X		X		X		X		X		X
Prior and current medications	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vital signs [c]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
Pregnancy test (WOCBP only) [d]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
Routine blood and urine samples			X				X			X			X			X			X		X
Sampling for PK levels and ADA	X			X			X			X			X			X			X		X
Sampling for biomarkers	X			X			X			X			X						X		X

Table 2: Double-blind Treatment Period and OLE schedule of activities Year 2 to 3

Procedures	Double-blind Treatment Period [a]						OLE Treatment Period												SFU Period [a]		
	V18	V19	V20	V21	V22	V23	V24	V25	V26	V27	V28	V29	V30	V31	V32	V33	V34	V35	V36	3 SFU Phone Contacts	SFU2
	W56	W60	W64	W68	W72	W76	W80	W84	W88	W92	W96	W100	W104	W108	W112	W116	W120	W124	W128/SFU1 [a]		
ECG [c]	X			X			X			X			X			X			X		X
Discussion of changes to your health and recent medical procedures	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Brain MRI							X														
PET scan with the [^{18}F]GTP1 tracer [e]	X						X												X		
Optional CSF collection	X						X														

ADA=anti-drug antibodies; CSF=cerebrospinal fluid; ECG=electrocardiogram; MRI=magnetic resonance imaging; PET=positron emission tomography; PK=pharmacokinetic; SFU=Safety Follow-Up; V=visit; W=week; WOCBP=women of childbearing potential

a	If you discontinue the study treatment early during the Double-blind Treatment Period, you must complete the V24 procedures and then the SFU procedures (3 phone calls and SFU2 assessment 20 weeks after the last infusion). If you discontinue the study treatment early during the OLE Treatment Period, you must complete the SFU1 assessments 4 weeks after the last infusion, 3 telephone contacts, and subsequent SFU2 assessment 20 weeks after the last infusion.
b	You will have full neurological examinations at V24, V25 and V26. A full examination is done twice (before and after infusion) at V25 and V26. You will have a brief neurological examination at the rest of the marked visits.
c	Vital signs and ECGs are taken both before and 2 hours after the end of infusion, and once at the follow-up visits as indicated above

d	This is a urine test. If the urine test is positive, the result will be checked with a blood test.
e	Your vital signs will be taken no earlier than 1 hour before the injection and no later than 1 hour after the injection of the tracer. You may need to visit the study site an additional time for this scan as you cannot have an infusion on the same days as this scan.

4 STUDY PARTICIPANT RESPONSIBILITIES

- Provide accurate and complete information about your medical history and your present conditions.
- Be available for all appointments and attend the study site for scheduled visits. Please inform the site staff in advance if you cannot attend an appointment.
- Tell the site staff about all prescribed and non-prescribed/over the counter medicines, herbal supplements you are using before and during the study. This is important because certain treatments may interfere with the way the study drug works and should therefore not be taken during the study.
- Check with the study doctor before using any new prescribed or non-prescribed/over the counter medicines, food supplements, or natural remedies.
- Tell your study doctor about any change in your health. Report any adverse changes in your health to your study doctor between visits to the site. The contact number for your study doctor is provided on the first page of this information sheet.
- You and your informant will be provided with an emergency contact card containing a telephone number for healthcare professionals to use to obtain advice if study related medical questions or problems arise. You should carry this card with you at all times.

5 POTENTIAL RISKS AND DISCOMFORTS

STUDY DRUG RISKS

Like all drugs, the study drug may cause side effects, although not everyone may get them. At the current stage of development of the study drug and based on a limited number of study participants that have taken the study drug, no possible side effects have been identified and it is not yet possible to predict which side effects could occur. There may be side effects that are unknown at this time and if new information is available during the study, your doctor will be informed and can share that information with you.

Current ongoing studies are blinded. When the data is available about potential side effects the investigators and study participants in the AH0003 study will be informed.

Infusion reactions including hypersensitivity (allergic reaction)

Like other antibody drugs, reactions can occur at or near the site of injection. So far, we have not seen any of these reactions in study participants who have received the study drug. Possible symptoms of a local hypersensitivity or allergic reaction, might include redness, tenderness, itching and discomfort on your skin.

In addition, antibodies can cause general infusion reactions or allergic reactions. So far, we have not seen any of these reactions in study participants who have received the study drug. Symptoms of generalised infusion reaction and allergic reaction include itching, flushing (redness), skin rash, itching or swelling of the lips, face or tongue, headache, feeling dizzy, sweating, feeling sick (nausea) or being sick (vomiting), breathing difficulty, and heart racing.

You must inform your study doctor or study staff IMMEDIATELY if you have any or some of these symptoms, particularly during the study drug infusions, or for the first few hours following the infusions. Your study doctor and/or site staff will provide treatment for the side effect if necessary. If you desire you can have an informant stay with you during your infusion to be able to alert of any problems.

Your study doctor is informed about all ingredients used in the study drug formulation and will discuss this with you.

Your study staff will follow local guidelines with regards to prevention and management of COVID-19. The study treatment is not known to have an effect on immune response, and therefore it is not expected to influence the outcome of COVID-19 should you contract the disease.

Immunogenicity

While participating in the study, your body might make antibodies against the study drug. Those antibodies might stop the study drug or similar drugs from working, if you ever need them in the future.

Desires to hurt yourself

The study drug is thought to act in the brain. Increased risks of suicide and suicidal thoughts (thoughts of harming or killing oneself) have been seen in people who take other medications that act on the brain.

You should call your study doctor immediately if you notice any changes in your mood, ideas, or behavior. You and your informant should be aware of common warning signs that might be a signal for risk of suicide. Some of these are: talking or thinking about wanting to hurt yourself or end your life, withdrawing from friends and family, becoming depressed or your depression getting worse, becoming preoccupied with death and dying and giving away important possessions. Your doctor may ask you to talk to a mental health specialist if you start having thoughts of harming yourself while receiving the study drug. Your informant will also be asked to support you in your mental wellbeing and will be there to support you if you feel that any of these things are happening to you.

PLACEBO RISKS

Some study participants in this study will receive a placebo. Receiving a placebo is the same as not receiving any active medicine. If you receive placebo, your AD will follow its natural course.

RISKS OF PET SCANS, AMYLOID TRACERS AND THE [^{18}F]GTP1 TAU PET TRACER

PET scans: The procedure is painless but requires you to lie still while the images are taken. The PET scanner exposes you to some radiation, please see section "Cumulative risk of radiation from the PET scans and the tracers" below.

Amyloid PET tracers: At screening, one of the three approved and marketed radioactive tracer specific for the amyloid will be injected into your vein for the imaging. Risks linked to the injection include pain where the needle is inserted, dizziness, upset stomach, fainting when needle is inserted into the vein, muscle pain, bruising, swelling at injection site and/or headache. Allergic reactions are possible causing tingling, swelling of face, wheezing, rash, hives and/or itching, nausea or vomiting, and musculoskeletal pain. Anaphylaxis is a rare, but severe, potentially life-threatening form of allergic reaction. It can cause marked difficulty with breathing and sudden drop in blood pressure, and loss of consciousness. There are trained medical personnel and emergency medicines and equipment available to treat you in the event of a severe allergic reaction. You will be given a patient leaflet that will list the risks of the procedure. The imaging specialist will also tell you about the risks at the time the procedure is carried out and if you or your informant have any questions, you can ask them at this time.

[^{18}F]GTP1 tracer: When PET scans are carried out at visits other than screening, the tracer [^{18}F]GTP1 will be used. This drug has not been approved for commercial use yet but has been used in clinical trials. There are no known side effects of this drug at this time. Likewise, no side effects have been observed in laboratory studies with [^{18}F]GTP1. Potential side effects based on human studies and knowledge of similar drugs are listed below. There may be side effects that are not known at this time.

Infusion-related or allergic reaction: Like other radiotracers, infusion related or allergic reactions may occur with symptoms such as fever, chills, low blood pressure, rash, headache, nausea, or vomiting.
Your study doctor is informed about all ingredients used in the [^{18}F]GTP1 formulation and will discuss this with you.

Cumulative risk of radiation from the PET scans and the tracers: During the PET scans you will receive radioactive tracers and will be exposed to radiation. Both scans and tracers contribute to a patient's overall long-term cumulative radiation exposure. Long-term cumulative exposure to ionising radiation may be associated with an increased risk of cancer. The number of PET scans during the study are limited to that required to inform participant selection and evaluate study treatment effect. The general population is normally exposed to radiation from various sources throughout the year. The radiation dose you will receive from the scans and the radiotracers in this study is higher and is equivalent to approximately 3 years of normal radiation exposure from the amyloid scans and additional 18 years from the [^{18}F]GTP1 scans. We are all at risk of developing cancer during our lifetime. 50% of the population is likely to develop one of the many forms of cancer at some stage during our lifetime. Taking part in this study will increase the chances of this happening by 0.14%.

RISKS FROM OTHER STUDY PROCEDURES

Risks and discomforts that you may experience from the study procedures include:

Electrocardiogram: You may experience slight skin irritation from the adhesive on the ECG electrodes, but this is generally mild and clears up within a few days.

Blood samples: Obtaining blood from a vein may sometimes cause pain and bruising at the site where the blood is drawn, and occasionally light-headedness and rarely, fainting. Taking a blood sample does not generally carry any serious risk. Very rarely, there may be some inflammation of the vein, formation of a blood clot, or permanent nerve injury.

The maximum amount of blood that we will collect from you per visit will not exceed 34 mL (about 2 tablespoons). The planned amount of blood collected will be approximately 250 mL (about 17 tablespoons) for the first year of the Double-blind Treatment Period and approximately 125 (about 8.5 tablespoons) mL for the second year. During the OLE Period approximately 200 mL (about 13.5 tablespoons) will be collected. This does not include repeat or unscheduled blood collection for safety reasons or if something goes wrong with the processing and testing of the samples.

Questionnaires and Rating Scales: A questionnaire or rating scale may contain questions that are sensitive in nature. You may refuse to answer any question that makes you feel uncomfortable. If you have concerns after completing the questionnaires or rating scales, you should contact your study doctor.

Brain MRI: MRI uses a magnetic field and radio waves and not x-rays or radiation, which are used to create an image of internal body structures. MRI is a painless and safe procedure. However, if you have any metal pieces in your body such as a pacemaker, an implanted defibrillator, or certain other implanted electronic or metallic devices, shrapnel, body piercing or other metal, you should tell the study doctor and should not have an MRI.

While the MRI scanner is performing your scan, you will hear some humming and thumping sounds. These are normal and harmless. In some cases, a contrast agent may be injected into your vein in order to give a clearer image of the area being examined. As for any injection, there is the potential risk for bruising or swelling at the injection site. Occasionally, minor allergic reactions occur in the form of itching, sneezing, hives, swelling of the eyes, wheezing or nausea. These symptoms may require treatment with medication which will be available at the study site. Rarely, a more serious reaction will occur. If you had a previous allergic reaction to a contrast agent, you should tell the study doctor.

Optional CSF collection: The most frequent side effect of lumbar puncture is “post-dural puncture headache” (PDPH), which is usually a dull, throbbing headache which typically is aggravated during sitting or standing and reduced when lying down, and that may be accompanied by nausea, vomiting, and dizziness. Backache may also occur and can last for a few days. Although rare, the procedure may also cause bleeding into the fluid surrounding the spinal cord and brain, which is usually related to blood clotting problems or taking blood-thinning medications, or cause an abnormal movement of your brain inside your skull (herniation) which may take place in patients with abnormal mass (tumour) inside the skull, either of which can be

fatal, however study procedures are in place (coagulation tests, check for blood-thinning medication and brain MRI) to minimise those risks.

PREGNANCY RISKS

Possible harm to an unborn child

As with any new drug, the study drug might affect an unborn child. The potential risks to human foetus or infants of nursing mothers are unknown. You must not take part in the study if you are pregnant or breastfeeding, or plan to become pregnant while receiving the study drug or in the 5 months after your last dose of study drug.

For women

If you are of childbearing potential (able to become pregnant), you will have a blood pregnancy test before taking part. You will also have urine pregnancy tests performed at regular intervals during the study. If a urine test is positive, the study drug and the use of the [^{18}F]GTP1 tracer will be stopped and you will have a blood pregnancy test. If the blood test result is positive, you will not receive any more doses of study drug or receive any PET scans.

If you are a woman who can become pregnant you must agree not to have sex during the study treatment periods or for at least 5 months after your last dose of study drug, without using a highly effective method of contraception: an intrauterine device or system (IUD, IUS or 'coil'), the contraceptive pill, injections – your study doctor will tell you which ones are suitable. You must carry on using these contraceptive methods for 5 months after your last dose of study drug.

You don't need to use any contraception if you went through menopause at least 1 year ago or you've had any of the following removed: your womb, or both of your ovaries or both of your tubes; or you've had your tubes tied; or your partner is a man who has had an operation to cut the tubes that carry sperm, and tests have shown that he can't father a child; or you don't have sex, as part of your usual and preferred lifestyle. If you are taking hormone replacement therapy (HRT) and your menopausal state is not confirmed, you will need to use contraception.

If you do become pregnant during the course of the study, you must tell the study doctor immediately so appropriate action can be discussed. You will not be given any further infusions. In addition, you are to visit the clinic for safety monitoring purposes. You will be advised on the possible risks to your unborn baby and we will collect information about both you and your unborn baby. We will ask you to provide information about the outcome of the pregnancy. When the baby is born, we will ask about the health of the baby and keep in touch with you for at least 12 months after the birth.

For men

You must not plan to father a child or donate sperm while you're receiving the study drug and until 5 months after your last dose of study drug.

If your partner becomes pregnant during the study or within 5 months after you take your last dose of the study drug, you should inform the study doctor immediately. As the risks to your partner and baby are unknown, it is desirable for your partner to agree to be monitored during her

pregnancy, and also agree to a follow-up of the baby's health for at least 12 months after he/she is born. The study doctor will work with UCB to organise this. Your partner will be invited to sign a Consent Form to allow pregnancy follow-up and may withdraw at any time from the follow-up or not agree to take part. UCB may also ask your partner to allow them to collect confidential information about herself and her baby's health.

If your partner is a woman who is able to become pregnant, you must not have sex during the study and for 5 months after your last dose of study drug without using a condom. To protect unborn or breastfed babies, you must not have sex with a woman who is pregnant or breastfeeding during the study and for 5 months after your last dose of study drug, without using a condom.

6 POTENTIAL BENEFITS

You may or may not benefit from taking part in this study. However, in the future other people may benefit from this research.

7 ALTERNATIVE TREATMENTS

If you decide not to participate in this study, your AD symptoms can be treated in different ways. Some medicines can temporarily improve AD symptoms such as memory loss, some can help with mode, anxiety or behaviour problems. Your memory, problem-solving skills and ability to carry out everyday tasks may improve if you go through rehabilitation or have cognitive therapy. At the moment there is no treatment for AD that changes the course of the disease. Your study doctor will be able to provide additional information to you about these medications and therapies.

8 HANDLING OF DATA/CONFIDENTIALITY

UCB Biopharma SRL is the sponsor for this study based in Belgium. The study is approved by the UK HRA (Health Research Authority). We will be using information from you and/or your medical records in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. The Sponsor will keep identifiable information about you for at least 25 years after the end of the study.

We use personally-identifiable information to conduct research to improve health and care. As a pharmaceutical company, we have a legitimate interest in using information relating to your health and care for research studies, when you agree to take part in a research study. This means that we will use your data, collected in the course of the study, in the ways needed to conduct and analyse the study.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

Re:Cognition Health will keep your name, and contact details confidential and will not pass this information to Sponsor. Re:Cognition Health will use this information as needed, to contact you about the study, and make sure that relevant information about the study is recorded for your care, and to oversee the quality of the study. Certain individuals from Sponsor and regulatory organisations may look at your medical and research records to check the accuracy of the study. Sponsor will only receive information without any identifying information. The people who analyse the information will not be able to identify you and will not be able to find out your name, [NHS number] or contact details. Re:Cognition Health will keep identifiable information about you from this study for 20 years after the study has finished.

When you agree to take part in this study, the information about your health and care may also be used by Sponsor and provided to researchers running other research studies in this organisation and in other organisations. These organisations may be universities, NHS organisations or companies involved in health and care research in this country or abroad. Your information will only be used by the Sponsor, organisations and researchers to conduct research in accordance with the UK Policy Framework for Health and Social Care Research to the extent applicable and other applicable regulations. This information will not identify you and will not be combined with other information in a way that could identify you. The information will only be used for the purpose of health and care research, and cannot be used to contact you or to affect your care. It will not be used to make decisions about future services available to you, such as insurance.

Within the European Economic Area, the data privacy laws and regulations have the same level of data protection as in your country. When data is transferred to countries that do not provide the same standard of legal protection for your personal data as in the European Economic Area, the Sponsor takes measures to ensure that your personal data is appropriately protected in accordance with the data privacy laws. These measures include Binding Corporate Rules available on the website of the Sponsor (www.ucb.com) for transfers within the Sponsor's group of companies, and contractual protections for transfers to certain other international recipients of your personal data (e.g. so called "Standard Contractual Clauses").

You can ask to see the information that has been collected about you. If you think any of it is wrong, you can ask your study doctor in writing if it can be changed or removed. You can also ask that we can restrict the use of your personal information. If you change your mind about taking part, we cannot remove the personal information that was collected for this research study before you stopped.

If you wish to raise a complaint on how we have handled your personal data, you can contact Sponsor's data protection officer who will investigate the matter. If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful you can complain to the Information Commissioner's Office (ICO).

The sponsor's data protection officer is [Jean-Marie Schollaert] and you can contact him by e-mail dataprivacy@ucb.com or by mail at UCB, if you wish to find out more about how we use your information. We suggest however that you first contact your study doctor or the data

protection officer of the Re:Cognition Health at compliance@re-cognitionhealth.com, because the Sponsor only holds coded information and cannot identify you directly.

A description of this clinical study will be available on *http://www.ClinicalTrials.gov*, as required by the U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this Web site at any time.

Biological samples may be collected, processed, and reported as necessary for purposes of the study. Lab samples for routine laboratory *and for drug concentration measurement in your blood* will be destroyed at the end of the study. Left-over biomarker blood samples and CSF samples and samples collected for research on the immune response will be stored at a secure long-term facility selected by UCB for a maximum of 20 years after the end of the study. Access might be provided to UCB, its business partners and collaborators, their group companies and their contract service providers (e.g. laboratories). Sample labels and analysis results will be kept confidential and not reveal your identity as described for other data above.

The results of the future biomarker analyses, analysis of immune response or development of new tests are for research purposes only and not for medical diagnosis or treatment decision-making. Unless required by law, we will not provide you with test results or make any results available to you, any insurance company, your employer, your family, the study doctor, or any other physician who treats you now or in the future. You may request the results of any research performed on your sample. It will not, however, be possible to interpret any results for you.

Finally, you also understand and agree that the individuals in UCB affiliates (or representatives working on their behalf) that may be given access to your coded health information may not always work under the direct supervision of a health professional. However, UCB ensures that these individuals will only have access to your information for technical reasons and will not take any decision regarding you or your participation in the study, and will be subject to a confidentiality obligation.

UCB will be the owner of the study results. If products or other valuable discoveries result from research using your samples and/or data, these products and discoveries may be used commercially by UCB and its collaborators, but will not generate income or property rights for you.

Confidentiality of Audio Recordings:

Your name or other identifying information will not be used in training records or publications. A unique code number that is assigned to you will identify the recorded materials. Personnel from the data company and/or UCB may listen to your recorded interviews. Data company personnel include, but are not limited to, employees, consultants, contractors, and other agents working on behalf of the data company. The recording will be kept private, and no other persons will have access to the interview or recording insofar as permitted by law.

Every effort will be made to maintain the privacy of your information within the limits of technology and the law. Recordings will be maintained in a secure location with limited access. Recordings will be securely stored for at least 10 years or in accordance with applicable legal requirements, whichever is longer.

9 INSURANCE

You will be covered by insurance held by UCB <*Insert the name of the insurance company, if required*> against any study-related injury. If any incident linked to your participation in this study should occur, please contact your study doctor immediately; he/she will provide you with all the necessary information and treatment and will inform the study Sponsor.

WHAT ABOUT RESEARCH-RELATED INJURY?

Complaints:
If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions on: Dr Emer MacSweeney (07540 802 222). If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure. Details can be obtained from the hospital.

Harm:
In the event that something does go wrong and you are harmed during the research and this is due to someone's negligence, you may have grounds for legal action for compensation against Dr Emer MacSweeney. You may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to you (if appropriate).
We will provide compensation for any injury caused by taking part in this study in accordance with the guidelines of the Association of the British Pharmaceutical Industry (ABPI). The sponsor will pay compensation where the injury probably resulted from:

- A medication being tested or administered as part of the study protocol.
- Any test or procedure you received as part of the study.

Any payment would be without legal commitment. (Please ask if you wish more information on this).
The sponsor would not be bound by these guidelines to pay compensation where:

- The injury resulted from a medication or procedure outside the study protocol.
- The protocol was not followed

10 PAYMENTS

You will not be paid for taking part in this study.

11 EXPENSES

You will not have to pay for any study drug, or any tests or medical procedures you undergo as part of this study. UCB will reimburse the study site for the running of this study.

There are no costs for you if you take part. Any reasonable journey costs (cost of fuel, parking, taxi, bus or railway tickets), overnight hotel stays if needed, and subsistence costs during the study visits will be reimbursed to you, provided they are supported by valid receipts.

The sponsor may use a third party vendor called "Greenphire" to provide reimbursement to you and help with travel or accommodations (where applicable). If this is applicable at your site and to your situation, you will be provided with a separate information leaflet that explains how Greenphire works and how they protect your privacy. Your study doctor will let you know if they are using Greenphire for this study.

12 TERMINATION OF STUDY PARTICIPANT'S STUDY PARTICIPATION

Your participation in the study is voluntary. If you agree to participate, you are still free to withdraw your consent at any time without giving any reason. Additionally, your participation in the study may be stopped for reasons such as:

- you do not follow the study doctor's instructions
- something serious happens to you which may require treatment
- the study doctor decides it is in the best interest of your health and welfare to discontinue
- there are not enough study participants in the study
- UCB stops or suspends the development of the investigational drug/device.

The study doctor will discuss your continued AD treatment with you when your participation ends.

13 CONTACTS

If during the course of this study, you have questions about this study, or you believe that you have sustained a research-related injury, you should contact:

Dr. <*Insert Principal Investigators name*> at telephone number <*Insert telephone number*>.

You will receive a card with contact details for emergency and/or product information. You need to keep this card with you for the duration of the study.

14 ETHICS COMMITTEE

This study has been given favorable opinion by the Independent Ethics Committee *South Central - Oxford B Research Ethics Committee* on 18 August 2021.

Principal Investigator:	*Dr Emer MacSweeney* *Re:Cognition Health* *45 Queen Anne Street, London, W1G 9JF*
Study Title:	A Patient- and Investigator-blind, Placebo-controlled Study to Evaluate the Efficacy, Safety, and Tolerability of Bepranemab (UCB0107) in Study Participants with Prodromal to Mild Alzheimer's Disease (AD), Followed by an Open-label Extension Period
IRAS ID:	299120
Patient No:	

STUDY PARTICIPANT CONSENT FORM

The patient should complete the following:

		Please Initial
1.	I confirm that I have had time to read carefully and understand the study participant information sheet (version 3.0, dated 29Jul2021 provided for this study.	
2.	I confirm that I have had the opportunity to discuss the study and ask questions, and I am satisfied with the answers and explanations that have been provided to me.	
3.	I give permission for my medical records to be reviewed by the Sponsor or someone acting on behalf of Sponsor and/or representatives of any relevant Regulatory Authorities.	
4.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care or legal rights being affected.	
5.	I agree that the Sponsor can continue to use the information about my health collected during the study, even if I withdraw from the study.	
6.	I agree to the use of my personal data including audio interview recordings as described in this form. In particular, I agree that my coded personal data may be transferred worldwide, even in countries that do not have data privacy laws equivalent to those in force in my country, and submitted to Regulatory Authorities where the drug may be considered for marketing or further be used in analyses by the sponsor	

and external researchers to answer additional scientific questions related to bepranemab, AD and other abnormal tau diseases.

7. I agree to the retention of my anti-drug antibody (ADA) samples collected in the study for a maximum of 20 years for subsequent research purposes as described in the study participant information sheet. ☐
8. I agree to the retention of my samples for immune response analysis and/or assay development. ☐
9. I am aware that my GP will be informed of my participation in the study. ☐
10. I agree to participate in this study. ☐

Optional Consent:

1. I agree to the storage of my blood samples collected in the study (biomarker left-over samples) for a maximum of 20 years in a biorepository for future research purposes as described in the study participant information sheet. (Please tick the appropriate box.) I voluntarily agree that my biomarker left-over samples will be stored at a secure long-term facility for a maximum of 20 years. I understand it will be used for future research purposes as described in the study participant information sheet.

   Yes ☐ No ☐
2. I agree – to take part in the optional CSF collection. (Please tick the appropriate box.). I will also be asked to consent to this procedure each time it is being carried out. I also note that if I am to lose capacity during my participation during the study that this procedure will not be done and so, my legal representative will not be able to consent on my behalf for this procedure.

   Yes ☐ No ☐
3. I agree to the storage of my left-over CSF samples collected in the study or during screening for a maximum of 20 years in a biorepository for future research purposes as described in the study participant information sheet. (Please tick the appropriate box.)

   Yes ☐ No ☐
4. I understand that information about my health may be used by people who do not work under the direct supervision of a health professional.

   Yes ☐ No ☐
5. Should I lose the ability to provide ongoing consent for study participation, I am agree to the transfer of responsibility to complete and sign the consent form to a Legally Acceptable Representative. If no legal representative is identified for me I understand that my participation in this study will end.

   Yes ☐ No ☐

Note: Prior to participation in the study, the study participant or the study participant's legally acceptable representative should receive a copy of the information sheet and signed and dated consent form.

STUDY PARTICIPANT	First name / last name (capital letters)	Signature	Date
STUDY PARTICIPANT'S LEGALLY ACCEPTABLE REPRESENTATIVE (where required)	First name / last name (capital letters)	Signature	Date

DOCUMENTATION OF INFORMED CONSENT:

- The study participant is accompanied by the participant's informant who gave written informed consent on the informant participant information sheet.
- All elements of the study contained in this document were discussed with the study participant and informant.
- The study participant and informant had the opportunity to ask questions, all questions were answered, and they both expressed understanding.
- The study participant gave written informed consent before any research-related procedures began.
- The study participant or the study participant's legally acceptable representative received a copy of the information sheet and signed and dated consent form.

AUTHORISED PERSON OBTAINING CONSENT **(medically qualified)**	First name / last name (capital letters)	Signature	Date

Keep the original in the investigator's study binder.

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.