UVLrx Therapeutics Inc: UVL\_0001 Sue Koprowski, NP

Informed Consent

APPROVED BY SALUS IRB: 20 JULY 2016

**What if you decide not to give permission to use and give out your health information?**

Then you will not be able to be in this research study.

**May you review or copy your information?**

Yes, but only after the research is over.

**May you withdraw or revoke(cancel) my permission?**

Yes, but this permission will not stop automatically.

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 study doctor. If you withdraw you permission, you will not be able to stay in this study.

When you withdraw your permission, no new health information identifying you will be gathered after that date. Information that has already been gathered my still be used and given to others.

**Is your health information protected after it has been given to others?**

There is a risk that your information will be given to others without your permission.

**PLEASE SIGN AND DATE THIS DOCUMENT**

$$\overline{Signature of Adult Participant Date }$$

$$\overline{Printed Name of Adult Participant }$$