

STUDY #: C1171007

Study Participation Guidelines, Restrictions, and Quick Reference Dates

IMPORTANT!!!

Please follow the guidelines/restrictions below in order to be counted as a qualified participant in the study. Use the dates below as a reference to know when to begin each restriction. Failure to do so may disqualify you.

Guidelines and Restrictions

6 months prior to screening: No excessive alcohol use.

60 days prior to dosing: No blood donation.

30 days prior to dosing: No dosing on any other clinical trial, at any location.

28 days prior to dosing: Stop use of herbal supplements. No products containing marijuana or poppy seeds prior to screening and for the duration of the study. Notify physician of **any** medications used within 28 days of check-in.

7 days prior to dosing: Stop use of prescription or nonprescription drugs, vitamins, and dietary supplements. Stop eating/drinking grapefruit or grapefruit-containing products.

48 hours prior to check-in: Stop strenuous activity: heavy lifting (eg, moving furniture, shoveling snow, etc.), weight training, calisthenics, aerobics, etc.

24 hours prior to check-in: Stop alcohol use.

24 hours prior to dosing: No use of caffeine, tobacco, or nicotine-containing products.

Check-in: Do not bring to the unit any unapproved medications or products containing any form of medication, vitamins, or dietary supplements or you may be disqualified from the study.

Please call the Clinical Research Unit if you are planning on leaving the country at any time before checking in.

Study Schedule

| Period 1 | | | | | | |
|---|-------------------------|-------------|-----------|------------------------|---------------------------------|-------------------------|
| Day | Purpose of Visit | Date | | Time | Partial Payment Planned* | Fasting Required |
| -1 | Admission | Thu | 04APR2019 | 10:00 AM | | 4-hour Fast |
| 1 | Dosing Day | Fri | 05APR2019 | Inpatient | | No Breakfast |
| Period 2 | | | | | | |
| 1 | Dosing Day | Wed | 10APR2019 | Inpatient | | No Breakfast |
| 4 | Discharge | Sat | 13APR2019 | approximately 10:00 AM | \$1,710 | |
| Follow-up Phone Call | | Wed | 08MAY2019 | Between 8 AM and 4 PM | \$940 | |
| <small>*Planned partial payments may be provided on a loadable debit card or by paper check within 2 weeks after the completion of the visit. Pfizer New Haven Clinical Research Unit reserves the right to determine method of payment. Please know payment amounts may be reduced for missed visits and docking offenses. Refer to the New Haven CRU House Rules and Informed Consent Document for details.</small> | | | | | | |