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OCTOBER 12, 2020

INFORMED CONSENT DOCUMENT
AGREEMENT TO BE IN A RESEARCH STUDY

NAME OF SPONSOR COMPANY: Pfizer Inc

NUMBER AND NAME OF STUDY: C2431001; "A PHASE 1 RANDOMIZED, OPEN-LABEL, SINGLE-DOSE, 3-TREATMENT CROSS-OVER STUDY TO EVALUATE RELATIVE BIOAVAILABILITY OF INTRAMUSCULAR INJECTION OF NALOXONE HCL 5 MG (5 MG/0.5 ML) USING A QUICKSHOT™ AUTOINJECTOR COMPARED TO 2 MG NALOXONE INTRAMUSCULAR INJECTION AND 2 MG NALOXONE INTRAVENOUS INJECTION IN HEALTHY ADULT PARTICIPANTS"

NAME OF PERSON IN CHARGE OF THE RESEARCH STUDY (STUDY INVESTIGATOR): Sylvester Pawlak, APRN

TELEPHONE NUMBER 24 HOURS: 203-401-0300

INTRODUCTION

You are here today as a possible volunteer in a drug research study sponsored by Pfizer Inc. Whether or not you are in this study is strictly up to you. You may refuse to take part in this research study. The study staff will be available to answer questions before, during, and after the study.

The sponsoring company (the company paying for this study), Pfizer Inc, employs the study investigator conducting this study.

If you are not completely honest about your health history, you may be harmed by being in this study.

INFORMATION ABOUT THE STUDY DRUG

Naloxone hydrochloride (HCl) will be referred to as "the study drug" in the rest of this document.

The study drug is a marketed drug for the treatment of a narcotic overdose in an emergency situation. It helps to reverse the effects of an overdose, including breathing difficulties.

A total dose of up to 10 mg may be given in increasing doses within minutes of each other, to reverse the effects of a narcotic overdose. Dosing may take place intravenously (IV – through a vein) or intramuscularly (IM – injected into a muscle). The doses used in this study will be 5 mg given IM, and 2 mg given either IV or IM.

INFORMATION ABOUT THE STUDY DEVICE (AUTOINJECTOR)

The QuickShot™ autoinjector device contains a pre-filled glass syringe with a single dose of the study drug.

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STUDY DESIGN

The study has 3 periods. If you are accepted into the study, you will receive a single dose of study drug in each period. Study drug will be administered in 3 different ways:

- IM, using a device called a QuickShot™ Autoinjector (single injection)
  - This device automatically retracts the needle after the injection has been given
- IM, using a syringe (single injection)
- IV (single injection)

If you are accepted into the study, the order in which you receive each dose will be randomly assigned, like the flip of a coin.

In this document, you may see the terms "medication", "treatment", and "treatment period". These are terms used in research studies as mentioned above. This does not mean that you will be receiving medical treatment for any condition. These terms apply to the investigational study drug and parts of the study where you will be receiving this investigational product.

The study investigator or sponsor may decide to remove you from the study at any time if it seems you are having a significant reaction to the study drug.

PURPOSES OF THE STUDY

There are 3 purposes of this study:

1. To measure and compare the levels of study drug in the blood after a single 5 mg IM dose given by an autoinjector and a single 2 mg IM dose given by a syringe.
2. To measure and compare the levels of study drug in the blood after a single 5 mg dose given by an autoinjector and a 2 mg dose given IV
3. To compare the tolerance, significant side effects, and how healthy adult participants feel after receiving a single auto-injected 5 mg dose of study drug IM and single 2 mg doses of study drug injected IM and IV.

HOW LONG THE STUDY WILL LAST AND HOW MANY PEOPLE WILL BE IN THE STUDY

You will be in this study up to about 41 days. This does not include the time between screening and dosing, which can be up to 28 days.

This study involves:

- 3 dosing periods (during one continuous admission)
- 6 overnight stays
- 1 follow-up phone call (between 28 and 35 days after the last dose)

There will be at least 1 day between each dose.

At least 12 healthy male and female participants will be in this study. Females must be unable to have children.

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WHEN ARE YOU ELIGIBLE TO PARTICIPATE IN ANOTHER DRUG STUDY?

The decision for when you are eligible to screen for another study is based on information from the previous studies, ongoing studies and this study. You may be eligible to dose in another study as soon as 30 days after the last dose of study drug. This information is true for most drugs. Some drugs may be present in your body longer and that may mean you may have to wait longer before entering into another study. These results are usually known after your last regularly scheduled blood sample is tested. We will always tell you this as soon as possible. We will let you know if there is a longer than usual period of time that you should not be in another drug study after this one. Our goal is to keep you from doing anything that might potentially harm you. Your safety while in these studies is our main concern.

The half-life of the study drug is about 1½ hours. The half-life of a drug is the time it takes for the amount of study drug in the body to decrease by half. It is expected that very little, if any, study drug will remain in your body after a day.

TO BE IN THE STUDY

You cannot screen for this study if you are currently in another research study. This includes being in the follow-up visit period of another research study.

To be in this study, your medical history and screening test results must be acceptable. Also, you must meet each of the following conditions:

- You must be a healthy male or female between the ages of 18 and 55 at the time of signing this informed consent document
- Females must be unable to have children and meet one of the following criteria:
  - Postmenopausal (at least 12 consecutive months without a period with no other medical cause and a blood test confirming that you are unable to have children)
  - Uterus and/or both ovaries removed (documented)
  - Both fallopian tubes removed (documented)
  - Females permanently unable to have children due to a medical cause not listed above may be allowed to participate in the study at the discretion of the study investigator
- Males must be willing to follow birth control requirements listed later in this document
- You must be willing and able to comply with scheduled visits, the study plan, lab tests, lifestyle requirements, and other study procedures
- You must have a body mass index (BMI) between 17.5 and 30.5 and weigh more than 50 kg (110 lbs)
- You must be capable of giving signed informed consent and complying with the requirements and restrictions listed in this consent form
- You must not have any medical or psychiatric condition, including recent (within the past year) or active suicidal thoughts or behavior, or lab abnormality that could increase your risk of being in the study or, in the judgment of the study investigator, make you an inappropriate subject for this study
- You must not have a current or past diagnosis of any type of drug dependence within the past year
- You must not have a history of excessive alcohol use, binge drinking, and/or any other illicit drug use or dependence within 6 months before screening
  - Binge drinking is a pattern of 5 (males) or 4 (females) or more alcoholic drinks in about 2 hours
  - You must not drink more than 14 alcoholic drinks a week
  - A drink is defined as 8 oz. of beer, 3 oz. of wine, or 1 oz. of hard liquor

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- You must not have a fever within 7 days of screening or admission to the Clinical Research Unit (CRU)
- You must not have evidence or history of blood, kidney, glandular, lung, stomach, intestine, heart, blood vessel, liver, psychiatric, nerve, or allergic disorders (including drug allergies)
  - Untreated seasonal allergies without symptoms are allowed
- You must not have a history of or test positive for human immunodeficiency virus (HIV), hepatitis B (HBsAg), or hepatitis C (HCVAb)
  - Hepatitis B vaccination is allowed
- You may not take any prescription or nonprescription drugs, or nutritional (dietary) or herbal supplements for at least 14 days before the first dose, or at any time during this study
- Tylenol® (acetaminophen) may be used at doses of less than or equal to 1000 mg a day
  - Its use must first be approved by the study investigator
  - Other nonprescription medicines that are not thought to affect your safety or the overall study results may be allowed on a case-by-case basis if first approved by the study investigator
- You must not have taken any investigational drugs for at least 30 days before the first dose of this study
  - You must not be in another drug study at any time during this study
- You cannot be in this study if you are using/taking any drugs of abuse. A urine test will be done to check for drugs of abuse
- While on this study please do not eat anything that contains poppy seeds, as they may cause a positive drug test
- You must not have participated in or be currently participating in, or be seeking treatment for substance- and/or alcohol-related disorders (excluding nicotine and caffeine)
- You must not have a positive alcohol breath test at screening or upon admission to the CRU
- Your screening blood pressure while supine must be less than or equal to 139/89 mm Hg
- Your screening ECG (electrocardiogram that measures the electrical activity of the heart) must be normal
- You must not have any of the following laboratory test abnormalities:
  - Abnormal platelet (cells that help the blood to clot) count and/or abnormal prothrombin time (PT/INR – indicates how quickly your blood clots)
  - Liver enzymes (indicate how your liver is working) greater than or equal to 1.5 times the upper limit of normal
  - Total bilirubin greater than or equal to 1.5 times the upper limit of normal, or a direct bilirubin (for subjects with Gilbert's syndrome – a harmless mild liver condition in which the liver does not properly process bilirubin) greater than the upper limit of normal
- You must not have donated (such as at a blood bank) a unit of blood (except plasma donations) for at least 60 days before dosing
- You must not donate any blood or blood products at any time during this study and for at least 4 weeks after your last blood draw
- You must not have a history of sensitivity to heparin (a substance that stops blood from clotting) or of low platelets as a result of heparin
- You must be willing and able to comply with the activity and diet restrictions of the study (detailed later in this document)

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- You must not have a history of hypersensitivity to the study drug or any of the components in the formulation of the study drug
- You must not be a staff member of the CRU directly involved in the study, a relative of a staff member at the CRU directly involved in the study, a staff member of the CRU supervised by the study investigator, or a Pfizer employee, including family members, directly involved with the study

WHAT WILL HAPPEN DURING THE STUDY

Screening:

Before the study starts, you will be asked to:

- Sign this consent form
- Review the study entry criteria
- Give your drug, alcohol, and tobacco use history
- Give your race, age, gender, and ethnicity
- Give your medical history
  - If you are not completely honest with your medical history, you may be harmed by being in this study
- Tell the study staff if you have taken, in the past 28 days before the first dose, any over-the-counter or prescription drugs, vitamins, or dietary or herbal supplements
- Review use of birth control (males only)

As part of screening you must complete all of the items listed below:

- Vital signs (blood pressure, heart rate, and breathing rate while lying down)
  - A monitor will be placed on a finger to sense the amount of oxygen in your blood
- Height and weight
- Safety lab tests (blood and urine)
  - Includes blood tests for HIV, HBsAg, HBcAb, HCVAb, and PT/INR and urine to test for drugs of abuse (illegal and prescription)
    - If this test is positive, you will not be allowed in the study
    - Urine collection may be monitored by a staff member of the same sex
    - You have the right to refuse to be monitored, but may be disqualified from the study
- Alcohol breath test
- ECG
- Complete physical exam. This may be done at screening or when you check-in for the study
- You will be asked "How do you feel?"
- Females who have not had a period for at least 12 consecutive months will have a blood hormone test that will confirm they cannot have children

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HIV and Hepatitis Testing:

As required by this study and if anyone is exposed to your blood, you will have your blood tested for the hepatitis viruses and for HIV. HIV is the virus that causes acquired immune deficiency syndrome (AIDS). If you have a positive HIV or hepatitis test, you cannot be in/remain in the study.

If the HIV test is positive, a follow-up test will be done. If the follow-up test is also positive, you will be told in private and you will also be told about counseling.

It may take weeks or months after being infected with HIV for the test to be positive. The HIV test is not always right.

Positive results for HIV, hepatitis, or other infections, or possibly having certain infections, may have to be reported to the State Department of Health. If you have any questions about what information is required to be reported please ask the study investigator or study staff.

Although this testing is intended to be private, complete confidentiality cannot be guaranteed. For example, it is possible for a court of law to get health or study records without your permission.

During the Study:

During the study you will complete all of the items listed below:

- Before being brought to the second floor of the clinic for your in-house stay, your belongings will be thoroughly searched
  - You will be asked to empty your bags and set all of your belongings on the table so the staff can go through them
  - You will be asked to empty your pockets, remove your shoes and hat, if you are wearing one, and you will be patted down
  - You will be scanned with a metal detector wand
- Review the study entry criteria
- Updates to your medical history, including drug, alcohol, and tobacco use
- Updates in any medications used since screening
- Blood and urine samples will be collected at various times throughout the study
  - The blood and urine samples will be used for safety labs including PT/INR
    - Any leftover blood from the samples collected for safety labs may also be used for exploratory safety biomarkers or unexpected safety findings
    - Samples to be used for this purpose will be kept for up to 1 year following completion of this study
  - Blood samples will also be used to measure the levels of study drug in your blood
    - Samples may also be used to evaluate safety or efficacy (ability to produce a desired effect) aspects related to concerns arising during or after the study, for metabolite identification (by-product(s) or end product(s) of a drug produced as the body processes a drug) and/or evaluation of the laboratory test(s) used to measure the study drug, as well as for other internal exploratory purposes

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- A sample of your blood will be collected and sent to Pfizer's biobank. Pfizer calls this sample a "Banked Biospecimen"
  - This sample will be used to study biological substances in your sample, including your genes. This will help us learn more about the study drug
  - This sample may be kept by Pfizer in a facility approved by Pfizer as long as the sample is useful for scientific research. This may be for many years (no time limit)
- Urine samples to test for drugs of abuse will be collected at the time of study check-in and may be done at various times throughout the study
  - If this test is positive, you will not be allowed to continue in the study
  - Urine collection may be monitored by a staff member of the same sex
  - You have the right to refuse to be monitored, but may be disqualified from the study
- An alcohol breath test will be done at check-in and may be done at any time during the study
- A complete physical exam will be done at study check-in (Period 1 only), if it was not done at screening
  - A brief physical exam will be done at the time of discharge and may be done at various times throughout the study at the discretion of the study investigator
- The use of proper birth control will be reviewed/confirmed at study check-in, discharge from the CRU, and during the follow-up phone call (males only)
- Blood pressure, heart rate, and breathing rate will be measured while you are lying down at various times throughout the study
  - A monitor will be placed on a finger to sense the amount of oxygen in your blood
- Body temperature will be measured at various times throughout the study
- You will be asked "How do you feel?" each day and at various times following each dose of study drug
- An intravenous (IV) catheter will be placed in a vein in one of your arms when the study drug is given IV, and may be placed in a vein in one of your arms for blood collection
- ECGs (single measurements) will be done at various times throughout the study
  - It may be necessary to shave your chest so that the patches for the ECGs will stick to your skin
  - Your chest may be marked with a pen to identify the correct areas for ECG patch placement
- You will receive a follow-up phone call between 28 and 35 days after the last dose

A. **Dosing Schedule:**

Dosing is planned as follows:

TREATMENT SEQUENCE	NUMBER OF PARTICIPANTS	STUDY PERIOD		
		1	2	3
1	2	A	B	C
2	2	B	C	A
3	2	C	A	B
4	2	C	B	A
5	2	A	C	B
6	2	B	A	C

Treatment A: 5 mg IM (single injection using the QuickShot™ Autoinjector)
Treatment B: 2 mg IM
Treatment C: 2 mg IV

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Treatment A will be injected into a muscle in your outer thigh. Treatment B will be given as an injection into the gluteal muscle (buttock). Treatment C will be given through an IV inserted into a vein in one of your arms.

There will be at least 1 day between each dose.

Both you and the study staff will know which of the above you are receiving.

This is a research study. The study drug will be given to you only during this study and not after the study is over.

B. Blood Samples:

During the study, blood samples will be taken by individual needlesticks or by a catheter put directly into a vein in your arm. The catheter procedure consists of putting a small tube in your arm to take blood when required. Catheters are used at the judgment of the study investigator or when required by the study plan. They are not used at the request of the subject.

There will be about 44 blood draws. The total amount of blood drawn during the study will be about 175 mL. This is equal to about a little less than 6 oz., or a little less than ¾ cup. For comparison, the standard blood donation is about 16 oz. (2 cups), once in any 56-day period.

As with all studies with blood draws, adequate rest and good eating habits are recommended.

YOUR RESPONSIBILITIES

Activity Restrictions:

- You will be confined to the CRU for 6 days starting with check-in
  - If a prolonged drug effect is noted and your safety is a concern, you may need to remain in the CRU longer
  - The study investigator or study staff will decide when you can leave the CRU
- You must not do any strenuous exercise (for example, heavy lifting, weight training, calisthenics, or aerobics) for at least 48 hours before each blood collection for safety labs
  - Walking at a normal pace is allowed
- You must call the CRU at the 24-hour phone number listed on the first page of this consent form for approval before taking any drugs other than the study drug
  - You must report all such drugs taken during the study to the study staff
- You must not use tobacco or nicotine-containing products for at least 24 hours before the start of dosing and while confined to the CRU
- Lying down is not allowed for 4 hours after dosing unless needed for any study assessments
- You will be confined to the procedure room for the first 4 hours after dosing except to use the bathroom

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Diet Restrictions:

- You must not eat or drink anything, except water, for at least 4 hours before each safety laboratory test
- You must not eat or drink anything with alcohol 24 hours before check-in and while confined to the CRU
  - You must not eat or drink anything with red wine from 7 days before the first dose through collection of the last blood sample for study drug
- You must not eat or drink anything with caffeine from 24 hours before the start of dosing and while confined to the CRU
  - Food and beverages with caffeine include, but are not limited to, chocolate, coffee, tea, cola, Dr. Pepper®, and Mountain Dew®
- You must not eat or drink anything containing grapefruit, or grapefruit-related citrus fruits (for example, Seville oranges, pomelos, fruit juices, smoothies) from 7 days before the first dose through collection of the last blood sample for study drug
- Breakfast will be served about 30 minutes before dosing
- Lunch will be served about 4 hours after dosing
- Dinner will be served about 9-10 hours after dosing
- Evening snacks may be allowed at appropriate time
- Meals will be provided as appropriate on the days you are not dosed

POSSIBLE SIDE EFFECTS AND RISKS OF THE STUDY DRUG AND PROCEDURES

Like all medicines, the study drug can cause side effects, although not everybody gets them.

Very Common Side Effects (may affect 1 in 10 people or more, or greater than or equal to 10%) at the site of the injection:

- Pain
- Bleeding
- Hematoma (bruise)
- Ecchymosis (bleeding under the skin that can cause bruising)

Common Side Effects (may affect 1 in 10 people, or up to 10%):

Abrupt reversal of opioid effects in people who are physically dependent on opioids may cause an acute (comes on quickly) withdrawal syndrome which may include, but is not limited to, the following signs and symptoms:

- Body aches
- Fever
- Sweating
- Runny nose
- Sneezing
- Piloerection (raising of body hairs)
- Yawning

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- Weakness
- Shivering or trembling
- Nervousness
- Restlessness or irritability
- Diarrhea
- Nausea
- Vomiting
- Abdominal cramps
- Increased blood pressure
- Tachycardia (rapid heartbeat)

Uncommon Side Effects (may affect up to 1 in 100 people, or up to 1%):

The following side effects have been seen when the study drug has been used in patients following surgery (postoperatively) to reverse the effects of anesthesia:

- Hypotension (low blood pressure)
- Hypertension (high blood pressure)
- Ventricular tachycardia (heart rhythm disorder) and fibrillation (rapid, erratic heartbeat)
- Pulmonary edema (collection of fluid in the lungs)
- Cardiac arrest

Death, coma, and encephalopathy (brain function affected) have been seen as a result of the types of events listed above.

These have happened in patients, most of whom had pre-existing heart disorders or received other drugs which may have similar side effects on the heart and blood vessels. Although a direct cause and effect relationship has not been established, the study drug should be used with caution in patients with pre-existing heart disease or in patients who have received medications with potential heart and blood vessel effects such as:

- Hypotension
- Ventricular tachycardia or fibrillation
- Pulmonary edema

It has been suggested that the cause of pulmonary edema associated with the use of the study drug is similar to pulmonary edema caused by an insult to the central nervous system.

Rare Side Effects (may affect up to 1 in 1000 people, or up to 0.1%):

- Seizures
- Severe hypertension, hypotension, and/or bradycardia (low resting heart rate)
- Cognitive impairment (trouble remembering, learning new things, concentrating, and making decisions)

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- Behavioral issues that may last up to 3 days including:
  - Irritability
  - Anxiety
  - Tension
  - Suspiciousness
  - Sadness
  - Difficulty concentrating
  - Lack of appetite
- Dizziness
- Heaviness
- Sweating
- Nausea
- Stomach aches

There is limited experience with study drug injection overdose in people. In a small study in normal participants, at doses higher than what will be given in this study, the behavioral issues listed above have happened. Dizziness, heaviness, sweating, nausea, and stomach aches were also reported.

Studies in animals to assess the potential of the study drug to cause cancer have not been done.

The use of the study drug in this study is investigational. All of its side effects are not known. There may be rare and unknown side effects. This includes reactions that may be life-threatening. It is important that you report all side effects that you experience as soon as they occur, regardless of whether or not you believe they are caused by the study drug.

If you experience any of the above side effects, contact the study investigator and/or seek medical care. If you do not understand what all of these side effects mean, please ask the study investigator or study staff to explain them to you.

The study drug can cause a number of side effects that can affect your balance and/or ability to perform certain activities (see above). Until you know how this drug will affect you and/or if you experience any of these side effects, you should use caution by:

- Avoiding stairs
- Not driving a car
- Not swimming or bathing in a tub
- Not working with machinery or at heights

All drugs have a potential risk of an allergic reaction. If not treated promptly, it could become life-threatening. You should get medical help and contact the study investigator right away if you think you have any of the following symptoms of a serious allergic reaction:

- Trouble breathing
- Wheezing
- Difficulty swallowing
- Swelling of the face, mouth, lips, gums, tongue, or neck

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Other allergic reactions may include:

- Itchiness
- Rash
- Hives
- Blisters
- Palpitations (racing heart)
- Chest discomfort/tightness
- Muscle pains/stiffness

At times, the following may also be symptoms of an allergic reaction:

- Diarrhea
- Nausea
- Vomiting
- Abdominal pain

Any subject who experiences a significant side effect during the study may have the following additional procedures done:

- A heart monitor may be attached to the chest for a continuous reading of heart rhythm and rate
- Vital signs, including blood pressure, may be measured often
- A monitor may be placed on a finger to sense the amount of oxygen in the blood
- A catheter may be inserted into a vein in your arm so that you may be given IV fluids and/or medications
- Other tests or treatment may be administered as necessary for your safety including, but not limited to, additional blood draws, collection of urine, stool, or other bodily fluids
    - Depending on the severity of your symptoms, you may be referred to outside medical providers or a hospital for additional evaluation and/or treatment
    - The study investigator may notify your emergency contact as appropriate in the event of an emergency while you are taking part in the study

If you are not honest about any side effects you have during the study, you may be harmed by staying in the study.

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POSSIBLE SIDE EFFECTS AND RISKS OF THE STUDY DEVICE (QUICKSHOT™ AUTOINJECTOR)

In addition to the possible side effects and risks listed above, the following risks have been identified for the QuickShot™ Autoinjector:

- No therapeutic dose delivered
- Drug degradation, injection of degradents
- Infection
- Allergic Reaction
- Cuts/sharps injury
- Deep injection
- Discomfort at injection site
- Shallow injection
- Drug spill on skin/clothes
- Hematoma/bruise
- A second injection if there is an autoinjector failure

ADDITIONAL RISKS OR DISCOMFORTS

Testing of DNA (deoxyribonucleic acid) and/or RNA (ribonucleic acid):

Genes are pieces of DNA that, through material called RNA, give instructions for building the proteins that make our bodies work. These instructions are stored in the form of a code. This is the code that you inherit from your parents and that you pass on to your children. DNA, RNA, and proteins can be studied as part of genetic research.

This study may involve studying your biology and whether a particular biological feature (including genes) is related to the effects or action of the study drug or to a disease. This may include analyzing all of your genetic information. This is called "whole genome sequencing". Sequencing a gene is like reading a book one letter at a time. This is a very thorough way to learn about genes.

The genetic analysis is for research purposes only. It is not a medical test. This means that the medical importance of the results may not be known. They may not be related to any medical condition.

The results of tests on your samples will not be given to:

- You
- The study investigator
- Any insurance company
- Your employer
- Your family
- Any physician who treats you

If you do not want genetic testing to be done on your samples, you should not agree to participate in the research described in this document.

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Pfizer and researchers will put measures in place to minimize the chance that results from this research could be linked to you. There is always a chance that information from your taking part in the research may be disclosed.

Genetic Information Nondiscrimination Act (GINA):

A Federal law, called the Genetic Information Nondiscrimination Act (GINA), generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. This law generally will protect you in the following ways:

- Health insurance companies and group health plans may not ask for your genetic information that we get from this research
- Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums
- Employers with 15 or more employees may not use your genetic information that we get from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment

You should know that this Federal law does not protect you from genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

Blood Samples and IV Catheter:

Possible side effects of having your blood drawn or an IV catheter inserted into a vein in your arm include:

- Bleeding at the site of the needle puncture
- Bruising
- Feeling faint
- Rarely infection or blood clot
- Redness of the vein and/or pain

If you feel faint, tell one of the study staff immediately.

ECG:

Possible side effects from having an ECG include:

- Irritation or rash from the adhesive on the patches

A rash may result in a long-lasting discoloration of your skin. If it is necessary to shave the area where the patches need to be, irritation from shaving may occur.

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IM Injection:

Possible side effects of having an IM injection include:

- Pain at the injection site
- Hematoma (bruise)
- Ecchymosis (bleeding under the skin that can cause bruising)
- Redness, swelling, or warmth at the injection site
- Drainage at the injection site
- Prolonged bleeding
- Tingling or numbness
- Allergic reaction (as described above)

BIRTH CONTROL, DANGERS OF PREGNANCY AND BREASTFEEDING

It is not known if the study drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be used when the study drug is given to a breastfeeding woman.

Studies in mice and rats, at doses much higher than will be given in this study, did not show any effects on unborn animals.

The effects of the study drug in humans on the following are not known:

- Sperm
- Pregnancy
- Unborn child
- Breastfeeding child

FEMALES

Female participants must be unable to have children. Females who can be in this study could include:

- Uterus removed, documented
- Both fallopian tubes removed, documented
- Both ovaries removed, documented
- Postmenopausal (at least 12 consecutive months without a menstrual period with no other medical cause and a blood test confirming that you are unable to get pregnant)

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MALES

You must agree to the following during the study and for at least 93 days after the last dose of study drug:

- Refrain from donating sperm

PLUS, either

- Be abstinent from heterosexual intercourse with a female able to have children as your preferred and usual lifestyle (abstinent on a long-term and persistent basis) and agree to remain abstinent

OR

- Must agree to use birth control as detailed below:
    - Agree to use a male condom when engaging in any activity that allows for the passage of ejaculate to another person

In addition to male condom use, any female partners who are able to become pregnant are recommended to use a highly effective method of birth control method as a condom may break or leak when having sexual intercourse with a female able to have children who is not currently pregnant.

Highly effective methods that have low user dependency:

- Implantable progesterone-only hormone birth control
- Intrauterine device (IUD)
- Intrauterine hormone-releasing system (IUS)
- Bilateral tubal occlusion (both tubes blocked)/bilateral tubal ligation (tubes tied)
- Partner has vasectomy (absence of sperm confirmed)

Pregnancy Follow-up:

If your partner becomes pregnant during the study or within at least 93 days after you have stopped the study drug, please tell the study investigator immediately. Please also tell the doctor who will be taking care of your partner during the pregnancy that you took part in this research study. The study investigator will ask if your partner's pregnancy doctor is willing to provide updates on the progress of the pregnancy and its outcome. If you agree, this information will be collected for safety monitoring follow-up.

POSSIBLE BENEFITS OF THE STUDY

You will get no medical benefit from being in the study. Information from this study may benefit persons with narcotic overdose symptoms in the future.

ALTERNATIVES TO PARTICIPATING IN THIS STUDY

Since this study is for research only, the only other choice would be not to be in the study.

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RELEASE OF YOUR MEDICAL RECORDS AND PRIVACY (CONFIDENTIALITY)

The clinic staff will record:

- Your medical history
- The dose(s) you receive
- The results of exams and tests done during the study

Your name will not appear in the study data. Instead you will be identified by a subject-identification number. The information from the study data may be shared with others.

Your clinic records may include:

- Health information about you
- Documents that directly identify you

People from the groups listed below may need to look at your clinic records to make sure that the study information is correct and that the study was run as it should have been.

These reviews may take place during the study or after the study is over.

Your study information may be shared with the following people or groups:

- Pfizer Inc or its representatives, including its auditors and companies it hires to provide study-related services
- IntegReview IRB, the institutional review board (IRB) that approved this study, and any other committees responsible for overseeing the research
- Researchers who are conducting this study at other study centers
- Government health agencies (such as the Food and Drug Administration [FDA]) in the US or other countries
- Accrediting agencies

The Institutional Review Board (IRB), IntegReview, and accrediting agencies may inspect and copy your records, which may have your name on them. Therefore, total confidentiality cannot be guaranteed. If the study results are presented at meetings or printed in publications, your name will not be used.

People from these groups may get information from your study data. Or, they may review your clinic records. Because of the need to share information with these people, it may not be possible to keep your identity a secret.

Pfizer will use and share your information only for research or legal reasons or to write research reports. In addition, Pfizer may:

- Capture data from electronic devices if you complete the consent process using the eConsent tablet. This information may include data about your use of the eConsent tablet such as the length of time it takes you to complete the consent process, the number of times you scroll between pages or click on the hyperlinked items, and your electronic signature
- Look at the study data at a later date
- Add your information to information from other studies for other research reasons

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However, your name will never appear in any reports, or in any future communication by Pfizer.

By signing this consent form, you agree to allow the use of your study information even after you leave the study.

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

Please note the following information regarding the delivery of push notifications and text messages:

- The sponsor, or a company working for the sponsor, occasionally may send push notifications and text messages using an automated system to remind you of upcoming appointments, medication reminders and missed doses, or other study-related information
- To discontinue receiving text messages, please contact the Pfizer New Haven CRU at 800-254-6398
- Standard text messaging rates apply to all text messages. Message rates differ from carrier to carrier, so please contact your wireless phone provider to inquire about the details of your plan
- The contact information you have provided will be used for the sole purpose of communicating with you about the research study
- The push notifications or text messages received through this program may appear on your mobile phone screen as soon as they are received, even when the phone is locked. These messages could be seen and read by others who are near your phone when the message is received

PAYMENT FOR INJURY RELATED TO THE STUDY

If you experience a research injury, the clinic will arrange for medical treatment at no cost to you. Pfizer will cover the costs of this treatment. A research injury is any physical injury or illness caused by being in this study. There are no plans to offer you payment for such things as:

- Lost wages
- Expenses other than medical care
- Pain and suffering

To help avoid injury it is very important to follow all study directions. You can get more information about medical treatment for research injuries from the study investigator or study staff.

Remember that you must call the study investigator listed on the first page of this consent form immediately if you experience a research injury. A 24-hour answering service is available.

If you are treated for a research injury that is paid for by Pfizer, Pfizer or its representative will collect your Medicare Health Insurance Claim Number or Social Security Number to determine your Medicare status. If you are a Medicare beneficiary, Pfizer will report the payment and information about the study you are in to the Centers for Medicare & Medicaid Services (CMS), in accordance with CMS reporting requirements. Pfizer will not use this information for any other purpose.

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LEGAL RIGHTS

You will not lose any of your legal rights by signing this consent form.

WHOM TO CONTACT

For answers to questions about this research or to report a research-related injury, contact:

Sylvester Pawlak, APRN
Call the 24-hour Clinic Telephone Number
203-401-0300

If you are unable to reach anyone at the number listed above, and you need medical attention please go to the nearest emergency room.

You will receive a card with information about this study. This information includes:

- The name or number of the study
- The clinic 24-hour phone number

You should keep this card with you in case you have a medical emergency. You can give this card to any doctor or healthcare professional, if they need more information about the research study to provide the best treatment for you.

If you do not want to talk to the study investigator or study staff, if you have concerns or complaints about the research, or to ask questions about your rights as a study subject you may contact IntegReview. IntegReview is a group of people that has reviewed this research study. The main goal of this review is to protect the rights and well-being of the human subjects participating in research studies. IntegReview's policy indicates that all concerns/complaints are to be submitted in writing for review at a convened IRB meeting to:

Mailing Address:	**OR**	**Email Address:**
Chairperson IntegReview IRB 3815 S. Capital of Texas Highway, Suite 320 Austin, Texas 78704		integreview@integreview.com

If you are unable to provide your concerns/complaints in writing or if this is an emergency situation regarding subject safety, contact our office at:

512-326-3001 or
toll-free at 1-877-562-1589
between 8 a.m. and 5 p.m. Central Time

IntegReview has approved the information provided in this informed consent form and has given approval for the study investigator to do this study. This does not mean IntegReview has approved your personal participation in this study. You must consider the information in this consent form for yourself and decide whether or not you want to be in the study.

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PAYMENT FOR BEING IN THE STUDY

Valid proof of a Social Security Number is required before any payment is released.

The amount of payment is based on a number of things including the length of the study.

Study payments will be paid in US dollars. Compensation may be provided on a loadable debit card or by paper check. Pfizer New Haven CRU reserves the right to determine method of payment.

You will be paid 175.00 for travel expenses to and from screening. You will receive this payment within 2 weeks of screening. If we ask you to return to repeat any screening tests, you will be paid $100.00 for each trip to the clinic. If you test positive for drugs of abuse, or if you leave the screening early, you will not be paid the $175.00. Travel pay for this study has been included in the subject payment. Additional travel pay is not available for this study.

Further, if you test positive for drugs of abuse:

- You will not be allowed to be in this study
- You will not be allowed to be in any future studies
- You will be removed permanently from our active database

The payment for completing the entire study will be up to $2050.00. If you do not follow instructions your payment may be less.

If we ask you to return for additional tests, you will be paid $250.00 for each trip to the clinic. During times that you are confined to the clinic, you will not be paid more for repeat or added tests.

If you discontinue from the study or if you are taken out of the study early, you will be paid for the time you completed. You will not be given the study completion bonus if you drop out of the study early.

If total payment by Pfizer is $600.00 or more in a calendar year, your payment will be reported to the Internal Revenue Service in accordance with Federal tax law.

Pfizer may use information resulting from the study or samples collected in the study to develop products or processes from which it may make a profit. There are no plans to pay you or provide you with any products developed from this research. Pfizer will own all products or processes that are developed using information or samples from the research study.

The decision to admit you into the study is based upon results of pre-study requirements. No one is assured a place in the study until the first dose is complete. Sufficient numbers of subjects will be brought in to be sure we fill the study.

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Study Subjects:

- If you successfully complete this study, the total amount you will be paid will be up to $2,050.00 ($1600.00 plus $450.00 completion bonus)
- If you do not follow instructions (including those listed in the New Haven CRU House Rules), if you are late for blood draws, or if you miss procedures, your payment will be reduced
- If you choose to leave or are withdrawn from the study before finishing all visits, your payment will be based on how much of the study you completed
  - This pay will be based on $200.00 for each overnight stay (6), $250.00 for each follow-up visit to the clinic (none are planned), and $100.00 per week for the time between the last dose and the follow-up phone call (4 weeks)
- Partial payments may be made during this study. Details will be provided at screening
- A final payment be provided to you about 2 weeks after you finish the study

Back-up Subjects:

- If you are back-up subject who is required to stay in the CRU overnight, you will be paid $250.00 per night that you stay
- If you are not required to stay overnight, you will be paid $190.00

You will be paid a prorated amount based on the extent of your participation if:

- You are not able to complete the study
- You choose to leave the study
- You are withdrawn from the study early by the study investigator for non-safety related issues
- The study is stopped early
- You are qualified but not chosen to participate

YOUR DECISION TO BE IN THE STUDY

Whether you are in this study is entirely up to you. You cannot be forced to be in this study. You may not want to be in this study. You may leave the study at any time without penalty or loss of any benefits. Your future medical care will not be affected. The study investigator, Pfizer Inc, IntegReview IRB, or the FDA may take you out of the study without your permission at any time for the following reasons:

- You do not follow the instructions of the study investigator
- We find out you should not be in the study
- The study is stopped
- The study becomes harmful to your health
- You do not follow the New Haven CRU House Rules

If you leave the study or if you are taken out of the study for any reason, you may be asked to return to the clinic for a final visit. You may have some end of study evaluations or tests at this visit. This is to ensure your safe exit from the study. Also, the data collected to the point of your withdrawal remains part of the study database and may not be removed. If you leave the study, no more information about you will be collected for this study. However, all of the information you gave us before you left the study will still be used.

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If you are withdrawn from the study, or decide to stop the study, you can ask that any unused samples that were collected be destroyed, by contacting the study investigator. However, your samples may not be able to be destroyed because:

- They may no longer be traceable to you
- They may have already been used
- They may have been given to a third party

ADDITIONAL COSTS

There will be no charge to you for taking part in this study. The study drugs, study-related procedures, and study visits will be provided at no charge to you or your insurance company.

NEW FINDINGS

If there is new information about the safety of the study drug or changes in the study tests, we will tell you. You can then decide if you still want to be in the study.

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AGREEMENT TO BE IN THE STUDY **PIMS #: _____**

This consent form contains important information to help you decide if you want to be in the study. If you have any questions that are not answered in this consent form, ask one of the study staff.

By checking each of the following, you are agreeing that the statements below are true:

		Please Check
A.	This consent form is written in a language I understand.	
B.	I understand the information in this consent form.	
C.	I have been given enough time to ask questions and talk about the study.	
D.	All of my questions have been answered completely.	
E.	I think I have received enough information about the study.	
F.	I agree that I was not pressured by the study investigator or the study staff to be in this study.	
G.	I know that I can leave the study at any time without giving a reason and without affecting my healthcare.	
H.	I know that my health records from this study may be reviewed by Pfizer Inc and by government officials.	
I.	I know that I can't be in another study while I am in this study.	
J.	I have received the HIV, Hepatitis A, B, and C pamphlets and reviewed the information in them.	

IF YOU DID NOT CHECK THE BOX NEXT TO ANY OF THE ABOVE QUESTIONS, OR YOU ARE UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS, YOU SHOULD NOT SIGN THIS CONSENT FORM.

- You will get a copy of this signed and dated Informed Consent Document for your records
- You agree to participate in this study
- It is your responsibility to tell the study investigator about all changes in your physical or mental health during the study

_____
Printed Name of Adult Study Subject

_____
Signature of Adult Study Subject Date

_____
Printed Name or Initials of Person Explaining Informed Consent

_____
Signature or ALPHA NUMERIC CODE of Person Explaining Informed Consent Date

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ADDITIONAL CONSENT REQUEST (OPTIONAL)

USE OF BIOLOGICAL SAMPLES FOR ADDITIONAL RESEARCH

Pfizer would like your permission to use some or all of the samples collected in this study for additional research that may or may not be related to the study. This additional use of your samples is called "**Additional Research**".

This Additional Research is optional and you do not have to agree.

You may take part in the study and contribute samples for use in the study even if you do not want your samples to be used for Additional Research.

If you decide to take part in this Additional Research, you do not have to provide any new samples. Researchers will use samples that already have been collected during the study.

There is no penalty or change to your regular medical care if you decide not to take part in this Additional Research.

1. What is the purpose of this Additional Research?

The aim of this Additional Research is to use these biological samples and the information obtained from them to understand diseases and to advance science. This includes the development of other medicines or treatments.

- This Additional Research might involve learning more about your biology. It may involve studying biological substances in your sample(s), including your genes.
- The Additional Research might include exploratory research of any disease or condition.

2. What are the possible risks of this Additional Research?

There is always a chance that information from your taking part in the Additional Research may be disclosed. Pfizer and researchers will put measures in place to minimize the chance that results from this Additional Research could be linked to you.

The testing of DNA and/or RNA risks language in the consent document for the study applies to this Additional Research.

3. What are the possible benefits of this Additional Research?

This Additional Research is for research purposes only. There is no direct benefit to you from taking part. Information from the Additional Research may help other people in the future and help in the development of new medicines or treatments.

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4. What if I agree to this Additional Research and then change my mind?

You can change your mind at any time about allowing your biological samples to be used for this Additional Research. Your decision will not affect your regular medical care or any benefits to which you are entitled. Tell the study investigator if you would like to end your participation in the Additional Research.

5. What will I have to pay for if I take part in this Additional Research?

There will be no charge to you for allowing your samples to be used for this Additional Research.

6. Will I be paid if I consent to this Additional Research?

You will not be paid for taking part in this Additional Research. Pfizer may use information from this Additional Research to develop products or processes, from which Pfizer could make a profit. There are no plans to pay you or provide you with any products developed from this Additional Research. Pfizer will own or have rights to all products or processes that are developed using information from your samples.

7. What will happen to my personal information?

All information concerning the confidentiality, use, and disclosure of your information contained in the main consent for the drug study applies to this consent as well.

Biological samples will be handled in a manner that protects your privacy and confidentiality. Biological samples will be assigned your study identification code (ID) at the site. The data generated from these biological samples will also be labeled with this ID. The key between your ID and your direct personally identifying information (for example, name, address) will be held at the study site.

It is possible that results from the Additional Research may be included in:

- Further applications to government agencies to market other medicines or devices
- Ethics committees/institutional review boards (IRBs) involved in research

Pfizer may share the samples and data from the samples with third parties in order to perform the Additional Research described above. The third parties may include other researchers and collaborators at institutions and companies.

8. Where can I find additional information about this Additional Research or the results of this Additional Research?

It may not be possible to link the results of the Additional Research to individuals, including you. Pfizer does not plan to give any information generated during the Additional Research to:

- You
- The study investigator
- Your personal doctor

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- Your family
- Your employer
- Any insurance company

9. Contact Information

The study team will answer your questions or concerns regarding the Additional Research. The consent document for the study provides contact information if you need to reach the study team or wish to speak with someone not involved with the Additional Research.

10. Decision to Participate in Additional Research

Below please check the box next to your choice regarding whether to take part in the Additional Research. Thank you for considering whether to participate.

☐ I agree to allow my samples to be used for Additional Research for those purposes described above.

OR

☐ I do NOT agree to allow my samples to be used for Additional Research for those purposes described above.

Signatures

- I have read and understand this Additional Consent Request.
- I have had enough time to ask questions and decide whether or not to participate.
- I understand that taking part in the optional uses described in this Additional Consent Request is voluntary.
- I do not give up any of my legal rights by signing this consent document.
- I have been told that I will receive a signed and dated copy of this document.

_____
Printed Name of Adult Study Subject

_____
Signature of Adult Study Subject Date

_____
Printed Name or Initials of Person Explaining Informed Consent

_____
Signature or ALPHA NUMERIC CODE of Person Explaining Informed Consent Date

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