University of California, San Diego

Consent to Act as a Subject in a Research Study

Title: Title: A 12-week, Randomized, Double-blind, Placebo-controlled, Phase 3 Study to Evaluate the Safety and Efficacy of Relamorelin in Patients with Diabetic Gastroparesis

Protocol Number: RLM-MD-01

Protocol Version: Amendment 3
Protocol Date: March 25, 2018

PURPOSE OF INFORMED CONSENT FORM:
This Subject Informed Consent Form may contain words you do not understand. Please ask the study doctor, Dr. Ravinder Mittal, or the study staff to explain any words or procedures that you do not clearly understand.

You have been asked to take part in this research study because you have diabetic gastroparesis.

Before you decide to take part, it is important for you to know why the research study is being done and what it will involve.

Taking part in a research study is not the same as getting regular medical care. The purpose of regular medical care is to improve your health. The purpose of a research study is to collect information about an investigational drug or treatment. Being in this study does not replace your regular medical care, but you may have additional evaluations or changes in your treatments during the study.

Clinical research studies only include people who choose to take part in them and are a match to the conditions required for the study. In order to decide whether or not you should agree to take part in this study, you should receive enough information about its risks and benefits to make a judgment. This process is called informed consent. The document you have been given is called a consent form.

The purpose of this form is to give you information about the research study. If you decide that you would like to take part in the study, you will be asked to sign this form. By signing this form, you are giving your permission to take part in the study (if you qualify) and become a study subject (or participant). This form describes the purpose, procedures, benefits, risks, discomforts and precautions of the research study. Take time to read the following information carefully and discuss it if you wish with a friend, with relatives and/or with your personal doctor (i.e., general practitioner or primary care physician). You should take part in the study only if you want to do so. You may refuse to take part or withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. Ask as many questions as needed. You should not

sign this form if you have any questions that have not been answered to your satisfaction.

INTRODUCTION:
Allergan Sales, LLC is the Sponsor of this trial and they are paying the University of California, San Diego to conduct the study with Dr. Mittal who is responsible for its performance.

EXPECTED DURATION AND NUMBER OF SUBJECTS EXPECTED TO PARTICIPATE:
About 600 study subjects in about 200 study centers in the United State (US) and Canada will take part in this study. We hope to enroll approximately 8 subjects at UCSD.

You will have your visits at the Altman Clinical and Translational Research Institute (ACTRI) located at 9452 Medical Center Drive, Suite #1E402, La Jolla, CA.

There will be a total of seven (7) study visits. Your participation in this study should last approximately 16 weeks. You may need to attend additional unscheduled visits for safety or other reasons.

WHAT IS THIS STUDY ABOUT?:
The purpose of this study is to look into the safety and efficacy of a drug called Relamorelin in the treatment of diabetic gastroparesis. Gastroparesis is a condition where the stomach does not empty properly. In a healthy stomach, the muscles push food through the digestive system. Gastroparesis is when the stomach muscles fail to empty the stomach normally. This condition can lead to poor nutrition, difficulty with digestion and symptoms like nausea and vomiting. Gastroparesis is often found in people with diabetes. This study will determine if Relamorelin can help reduce vomiting episodes and associated symptoms (bloating, nausea, stomach pain and feeling full) in people with diabetic gastroparesis.

Relamorelin is an investigational drug not yet approved for use by the world-wide health agencies, like the U.S. Food and Drug Administration (FDA) or European Medicines Agency (EMA) in Europe.

This study will compare Relamorelin with a placebo to see if taking Relamorelin is better at improving your vomiting and related symptoms than taking a placebo. Placebo is a medically inactive solution that looks like Relamorelin, but does not contain Relamorelin. “Study Drug” will refer both to Relamorelin and placebo in this consent form.

If you choose to be a part of this study, you will be assigned by chance (like tossing a coin or drawing straws) to one of the following study groups:

- Relamorelin – 10 microgram (µg) in a Pre-Filled Cartridge in a Multidose Pen Injector for injection under the skin

- Placebo injection in a Pre-Filled Cartridge in a Multidose Pen Injector for injection under the skin

There is approximately 50% chance (like flipping a coin) that you will be assigned to receive placebo or Relamorelin during the treatment period. All the study drug injections will look exactly the same. Because of the type of study that you are taking part in, neither you nor the study doctor or study staff will know whether you are taking Relamorelin or placebo during the study. However, this information is available should the study doctor decide it is medically necessary.

During the study, you will not be allowed to take certain medications. This includes some prescription medications. The study doctor will tell you if you need to stop or change the dose for some of your current medications used to control your blood sugar or used to help manage your diabetic gastroparesis symptoms. The study doctor will let you know which medications you cannot take during the study. You should talk to the study doctor before taking any new medication during the study.

Using other medicine (called rescue medication) to help manage your diabetic gastroparesis symptoms such as nausea or vomiting is discouraged at any time during the study. You should avoid using any rescue medication during the 2-week Run-in Period and on the day before and the day of a clinic visit. However, if you experience severe symptoms of gastroparesis you may take a single day of rescue medication treatment each week.

Some examples of permitted rescue medication you may use during the study include the following:

- 5-HT3 receptor antagonists (like alosetron, granisetron, ondansetron)
- NK1 receptor antagonists (like aprepitant, rolapitant)
- Antihistamines (H1 histamine receptor antagonists (like diphenhydramine, hydroxyzine, promethazine)

If you need to take rescue medication for more than one day in any week, the study doctor will decide whether you should remain in the study. If you have questions, speak with the study doctor.

WHAT DO I NEED TO DO IF I DECIDE TO PARTICIPATE?

As a study participant, you are responsible for following the study directions and those of your study doctor and study staff. This includes returning promptly to your study doctor's office for all necessary study follow-up visits, reporting any changes in your medications, supplements (over-the-counter and prescription), reporting any missed doses of the study medication, and reporting any changes in how you feel to the study doctor or study staff.

If you experience any illness or discomfort during the study, you should notify your study doctor or study staff. Your study doctor will then evaluate you to determine if you should continue the study.

During this study, you should notify any doctor who is taking care of you that you are taking part in a research study that involves the use of this investigational treatment.
As a participant in this research study, you are expected to:

Ensure that you do not take part in any other research study until your taking part in this research study ends. You can take part in this research study at a single location only. Taking part in another study before this one ends could affect the results of this study. Your part in this research study will immediately end if you decide to take part in another research study.

- Keep the study drug in a safe place that is away from children. The study drug has been prescribed to you and must only be taken by you.
- Refrain from smoking cigarettes at Visit 2.
- Use of cocaine, barbiturates, benzodiazepines, amphetamines, opiates or cannabinoids, or illegal substances could exclude you from participating in this study.
- Contact the study staff and ask questions as you think of them.
- Tell the study doctor or study staff as soon as possible if you change your mind about staying in the study.
- Ensure that the study drug is not administered by anyone without a proper training of how to use the pen injector. The study doctor or staff will provide training to you on how to use the pen injector. Make sure you understand all the instructions before using the pen injector.
- Notify your study doctor if you experience any problems using the pen injector or if it is not working properly.

WHAT HAPPENS WHEN I COME IN FOR STUDY VISITS?

The study doctor or study staff will do the things listed below when you come in for study visits.

- **Personal questions:** At the first visit, you will be asked to give identifying information about yourself, such as your name, date of birth and race.
- **Health and medication questions:** You will be asked to answer questions about your health, medical history and medications. At every visit, you will be asked about how you have been feeling.
- **Vital signs:** Your blood pressure, heart rate (pulse), and temperature will be measured at every visit.
- **Height, weight:** You will be measured to see how tall you are and how much you weigh.
- **Physical examination:** The study doctor or study staff will examine you to check your health two (2) times during the study.

- **Blood sample** - About 2 teaspoons (10 mL) of your blood will be obtained up to seven (7) times during the study for routine clinical tests to check your health. These include testing for your blood sugar, major organ function (like your liver and kidneys), and blood cells. Your blood will also be tested to see if you develop antibodies to Relamorelin.
- A fasting blood sample is needed at the beginning of study visits 1, 3, 4, 5, 6 and 7. The study staff will remind you when a fasting blood sample is needed in advance of the clinic visit. When this is required, you must not consume food or drink for 8 hours before the visit (except water). You should limit water intake to no more than 4 fluid ounces (half a cup) before this visit. The study doctor or study staff will need to advise you on adjusting your insulin or other diabetic treatment the evening before or morning of the visit to avoid your blood sugar from going too low.
- Nothing should be consumed during Visit 2 unless it is provided by study staff. If you smoke, you will be asked to refrain from smoking during this visit. You will also be required to avoid exercise or other vigorous activity for at least 8 hours before this visit.
- **Urine sample** - Your urine will be collected up to four (4) times during the study for routine clinical tests such as for glucose, protein, bacteria or white blood cells (help fight infections. The urine will also be tested for the presence of various prescription and illegal drugs, including cannabinoids (marijuana), opiates (narcotic pain killers), cocaine, methadone, barbiturates, benzodiazepines, amphetamines, and phencyclidine (PCP) at Visit 1.
- **Electrocardiograms:** An electrocardiogram (ECG) will be done up to two (2) times during the study. An ECG is a recording of the electrical activity of your heart.
- **Pregnancy testing:** If you are a female who could become pregnant, you will have a blood test to check for pregnancy at the first visit and two (2) urine tests to check for pregnancy at two other study visits. The results of the pregnancy testing must be negative for you to continue in the study.
- **Electronic Daily Symptom Diary** (eDiary): At Visit 2, you will be trained to use a handheld electronic diary (eDiary) which is like a cell phone. You will be instructed to complete a Daily Symptom Diary and health-related assessments (questions) each day using this device. You will also receive an instruction guide and you can practice using the hand-held eDiary during the clinic visit with the help of a study staff member.
- It is very important to complete the eDiary questions every day. These assessments are required for entry into the study. If you do not complete the eDiary questions on enough days, you may not be allowed to enter the study.
- **Health Questionnaires/Interviews:** In addition to the hand-held electronic diary above, you will complete questionnaires about your symptoms and gastrointestinal problems.

STUDY DRUG:
In addition to the tests and procedures noted above the following will also occur:

Visit 2:
If you agreed to participate in the PK portion of the study, your visit may last about 4 hours and 2 hours if you are not participating in the PK portion. Starting at this visit, you will be given a pen injector containing study drug with oral and written instructions describing how to administer the study drug. You will be able to practice giving an injection with a pen injector during this clinic visit. The pen injector and any unused study drug must be returned at the next visit. You will take your fist dose of the study drug at this visit.

You will be given a test called the GEBT (Gastric Emptying Breath Test). This test measures how quickly your stomach empties food.

- You will be given a special meal for this test. The meal includes scrambled eggs, crackers, and water, and you will be asked to consume the entire meal within 10 minutes.
- A small blood sample will be taken from your finger to measure your blood sugar. Your blood sugar level must be below 275 mg/dl before the GEBT can be done. If glucose level is higher than 275 mg/dl (15.3 mmol/l), GEBT should be rescheduled for another day.
- Several times during the GEBT, you will be asked to blow through a straw into a glass tube to capture a sample of your breath. Your breath samples will be collected beginning before you eat the meal, and the last breath sample will be collected 4 hours after you finish the meal.
- ***Only at selected research clinics*:**
    - **Gastric Emptying Breath Test (GEBT) -** You will have a follow-up GEBT, as described above, at visit 7, or at an early termination visit, should you not complete the study.

Visits 3 through 6:
If you agreed to participate in the PK portion of the study, Visit 3 may last up to 4 hours, and visits 4, 5, and 6 may last about 6.5 hours for each visit and 1-2 hours if you are not participating in the PK portion. At these visits, you will be given pen injectors and a supply of study drug to take home. You will take 2 doses of the study drug a day, subcutaneously (under the skin) using the pen injector. The first dose will be injected between 6 and 9 am before breakfast and the second dose between 5 and 8 pm before dinner, within 30 minutes before each meal. If you do not usually eat breakfast or dinner, or if you sometimes skip these meals, you should take the dose during the typical meal times noted above.

Visit 7:
This visit should last about 6.5 hours. You will be asked to return all unused study drug, all study drug materials, and the handheld electronic device. This will be your last day in this study and once you complete it, you will not receive additional study drug.

At each visit, you should remember to bring the study pen injectors and the handheld electronic device with you to the clinic.

BLOOD SAMPLES:
Your blood specimens collected for this study shall become the property of Allergan. The sponsor, Allergan, will be responsible for deciding how your stored specimens will be used. The specimens collected from you may also be used in additional research to be conducted by personnel collaborating in this research. These specimens and their derivatives may have significant therapeutic or commercial value. The rights to any profits from this commercial process or product would belong to Allergan. You consent to such uses.

Your specimens will be destroyed at the end of the study.

PHARMACOKINETIC AND HORMONE TESTS (to measure drug and hormone blood concentrations):
Blood specimens for pharmacokinetic (PK) testing are needed to see how well you absorb the study drug and how the amount of treatment in the blood relates to how well the study drug works. Blood specimens for hormonal testing are needed to see how well your body uses food (metabolism). Hormones control and regulate the activity of certain cells or organs in the body. More explanation about these tests is included in the section discussing “Risks, Discomforts and Inconveniences” later in this consent form.

This part of the study is optional and you may choose not to participate. You may still take part in the main study if you do not participate in PK portion. If you agree, you will have blood drawn at the following time points:

- At selected study centers, you may have up to 7 additional blood specimens taken. Each blood sample is about 2 teaspoons (10 mL). Blood specimens will be taken at Visits 3 through 7 to measure how much the study drug is in your blood, called Pharmacokinetic (PK) testing. Blood specimens to measure specific hormones in your blood will also be taken at these visits.
- At Visit 3, a total of 4 blood specimens will be drawn. Samples will be drawn at: within 30 minutes before your first dose of study drug (only one blood specimen is taken to perform the pharmacokinetic, hormone and routine laboratory tests), again 30 minutes to 1 hour after the dose is taken, and finally between 1 ½ and 3 hours after your dose. A blood specimen for the hormone testing will also be collected before your first dose of the study drug. You will be instructed that you will not take the study drug at Visit 3 before the PK sampling until you are instructed to do so by the study staff.
- At Visits 4, 5, 6 and 7, you will take the morning dose of study drug as normal, and you must tell the study nurse the exact date and time that the dose was taken. At each if these clinic visits, a single PK blood sample will be collected between 30 minutes and 6 hours after your dose. A blood specimen for the hormone testing will also be collected at these visits. You will have another GEBT performed at Visit 7.

Your initials below indicate your voluntary decision regarding the PK, Hormone samples, and additional GEBT:

_____ Initials	I agree to take part in the PK, hormone sampling, and additional GEBT
_____ Initials	I do not agree to take part in the PK, hormone sampling, and additional GEBT

POTENTIAL RISKS AND DISCOMFORTS:
There are risks, discomforts, and inconveniences when taking part in any research study. You should talk with the study doctor if you have any questions.

Please tell the study doctor or study staff right away if you have any problems with your health or the way you feel after you sign this form through 30 days after your last study visit, whether or not you think these problems are related to the study drug.

Risks of the Study Drug/Device:
In this study, you will receive a multi-dose pen injector. There are risks associated with all Skin Injection Procedures and can include:

- Pain
- Swelling
- Redness
- Pinpoint bleeding (typically resolves on its own very soon after injection)
- Bruising or bleeding

An improper use of the injection device may result in additional risks such as receiving the wrong amount of medication, needle stick injuries or increasing the possibility of adverse responses at the injection site (i.e., infection).

If you receive Relamorelin, you may experience the following risks:
- High blood sugar (also called hyperglycemia) with the potential for the rare event of diabetic ketoacidosis. Diabetic ketoacidosis is a life-threatening condition that develops when cells in the body are unable to get the sugar they need for
- energy because there is not enough insulin. Symptoms may include flushed, hot, dry skin, blurred vision, feeling thirsty and urinating a lot, difficulty waking up, rapid, deep breathing, a strong, fruity breath odor, loss of appetite, belly pain, and vomiting, and/or confusion. Tell the study doctor immediately if you have any of these symptoms.
- Diarrhea (more frequent and more loose or watery stools)

- Headache
- Fatigue
- Dizziness
- Weakness

Changes to Blood Test Results:
Some participants have experienced an increase in blood sugar while on the study drug. The study doctor and study staff and you will be closely monitoring your sugar level so that appropriate treatment can be given to lower it.

In previous studies, levels of some hormones in the blood and urine were elevated, particularly on the first day of using the study drug. These hormone levels returned toward normal after a few days during continued administration of the study drug.

Control of Blood Sugar:
You must have made an effort to stabilize your diabetes and bring your blood sugar under as good control as much as possible for at least 3 months before entering this study. Relamorelin may lead to increases in blood sugar. It is important that the physician who regularly monitors your blood sugar and diabetes treatment is aware that you are participating in this study and that your blood sugar results are monitored.

- **If you take insulin, you should monitor your blood sugar closely.**
- **You will be encouraged to test your blood sugar at home at least twice a day while you are taking the study drug**. The Study staff will determine if you may continue to use your own blood sugar monitoring device. As an alternative, the Study staff may provide you with a glucose meter and equipment for doing so, and will be monitoring the results. You may need to adjust the timing and dose of insulin or other diabetes medications to maintain good blood sugar control. Please bring your glucose meter to all study visits so the study staff can help you decide whether an adjustment of treatment is needed once they know how you respond to the study drug. If you use a glucose meter provided by the study staff, additional glucose meter supplies can be provided by the study staff, if needed.
- As a participant with diabetic gastroparesis, you may have had diabetes mellitus for a long-standing period of time and because of this you may develop major adverse cardiovascular events or complications, such as heart attacks, strokes or cardiac chest pain. Any occurrence of a cardiovascular event should be reported immediately to your study doctor.

Antibodies to Study Drug:
Antibodies are substances that your body makes when exposed to foreign materials, such as bacteria and viruses. Your body may also form antibodies to some drugs. In animal studies, some animals developed antibodies to Relamorelin when the study drug was given for several weeks. None of the participants in past clinical studies have developed antibodies to Relamorelin.

If you develop antibodies to Relamorelin, you may have a greater chance to have an allergic reaction to Relamorelin if you are given this treatment again in the future. Your blood will be tested to see if you develop antibodies to Relamorelin.

Placebo Risks:
If you receive placebo (the medically inactive substance), your symptoms of diabetic gastroparesis may not improve or may get worse.

Blood Sample Risks:
You may feel a slight needle prick when blood is drawn. Some participants may have a slight bruise that will go away within a few days. Sometimes, participants feel light headed or feel dizzy. Other rare complications associated with the blood sample collection include: infections, nerve lesions, accidental arterial puncture (when the needle pierces an artery instead of a vein) and bleeding, inflammation of vein, and dizziness. Obtaining blood specimens to test your sugar at home requires pricking your finger, which generally causes only mild discomfort.

Electrocardiogram (ECG) Risks:
The ECG procedure may cause minimal discomfort and skin irritation during or after the attachment and removal of the leads (and adhesive).

Washout Risks:
If you are taking medication for diabetic gastroparesis, you may be asked to stop some or all of these medications before Visit 2. During this time, your symptoms of diabetic gastroparesis may get worse. If your symptoms get worse, tell the study doctor or study staff immediately.

Gastric Emptying Breath Test (GEBT):
The small meal prepared for the GEBT consists of scrambled eggs (with non-fat milk added), crackers and water. The scrambled eggs contain a small amount of algae (plants with no stems or leaves that grow in water or on damp surfaces - seaweed and kelp are examples) called *Spirulina platensis*, a food supplement that can be found in health food stores. For this study, the algae were grown under special conditions so that a non-radioactive form of carbon (C-13) could be absorbed into the algae.

When you eat the study meal, your body will digest the food and the non-radioactive carbon will be detected in your breath. By measuring the non-radioactive carbon in your breath, the study staff can determine how long it takes for food to leave your stomach.

As with any drug or food product, allergic reactions such as rash, itching, hives or problems breathing are a possibility.

You should not participate in this study if you know that you are allergic to eggs, mannitol, algae or milk.

Allergic Reaction Risks for Drug Studies:
As with taking any treatment, there is a risk of allergic reaction. Neither Relamorelin nor the placebo should be given to anyone with known hypersensitivity to mannitol, an ingredient in the study drug.

If you have a very serious allergic reaction, you may be at risk of death. Some symptoms of allergic reactions are:

- Rash or hives
- Wheezing and difficulty breathing
- Dizziness and fainting
- Swelling around the mouth, throat or eyes
- A fast pulse
- Sweating

If you are experiencing a severe allergic reaction or a life threating event, please call 911. If you suffer any of these side effects (or any others not listed), or you think you are experiencing a side effect during this study, please contact the study doctor, Dr. Mittal, immediately at (858) 534-3328 or page him at 858-657-7000.

Personal Questions Risks:
You will be asked questions about personal issues during this study including questions about your diabetic gastroparesis. These types of personal questions may make some participants uncomfortable.

ARE THERE RISKS IF I AM PREGNANT, BECOME PREGNANT, OR FATHER A CHILD DURING THE STUDY?
Women of Childbearing Potential:
If you are a woman who is currently pregnant or breastfeeding, you cannot take part in this study.

Before your participation in the study you must have a negative blood pregnancy test. Additional pregnancy testing will be done during treatment as noted on the study schedule and after the last dose of study drug and as required locally. A blood or urine pregnancy test will also be done when you miss your period or when pregnancy is suspected.

If you are a woman of childbearing potential (i.e., not post-menopausal or surgically sterilized), you must agree to use a highly effective or an accepted effective method of birth control correctly and consistently to be eligible to participate in the study.

To be considered a woman of non-child bearing potential you should have had a hysterectomy (uterus removed), or had your tubes and ovaries removed or be post-menopausal. If you are post-menopausal, you should not have had menses in the past 12 months and you will be required to have a simple blood test to confirm.

As part of the research study, you must agree to use an approved form of birth control. If you are not willing to use this method of birth control during the study and for 7 days after stopping study drug, you will not be able to participate in this research study.

You can discuss with the study doctor which method of birth control is best for you. Highly effective and acceptable birth control methods for women may include the following:

- Complete abstinence from sexual intercourse, if this is your usual and preferred lifestyle
- Combined (estrogen- and progestogen-containing) hormonal contraception associated with inhibition of ovulation
    - Oral
    - Intravaginal
    - Transdermal
- Progestogen-only hormonal contraception associated with inhibition of ovulation
    - Oral
    - Injectable
- Progestogen-only Implantable hormonal contraception associated with inhibition of ovulation
- Progestogen-only oral hormonal contraception, where inhibition of ovulation is not the primary mode of action
- Intrauterine device (IUD)
- Intrauterine hormone-releasing system (IUS)
- Bilateral tubal occlusion
- Vasectomized partner
- Male or female condom with or without spermicide
- Cap, diaphragm, or sponge with spermicide
- Cap, diaphragm, or sponge with spermicide, and male condom

Nonhormonal intrauterine device

Even if you use an effective method of birth control, you may still become pregnant. If you become pregnant, there may be risks to yourself while pregnant, to the baby, or the nursing infant that are currently not predictable.

If you are thinking of storing or donating your eggs/sperm you must avoid doing this during your participation in this study and for 30 days after your last dose of the study drug.

If you think you may be pregnant or are no longer able to properly use birth control, you must notify the study doctor as soon as possible. If you become pregnant, this will require you to stop taking part in the study. The study doctor may ask for information about the pregnancy and the birth of the child, and follow up visit(s) may be needed for safety assessments.

Men With Partners Who Can Get Pregnant:
The effects of Relamorelin on an unborn fetus haven't been studied. It is important for you to tell the study doctor at once if your partner becomes pregnant or you think that your partner might be pregnant while you are in the research study.

If this happens, the study doctor will discuss with you what you should do. If your partner gets pregnant during the study, you may be asked questions about the pregnancy and the child.

Further, you must agree that if your partner becomes pregnant while you are on the study, you will advise the study doctor who will then provide you with an information release form to present to your partner. If she is in agreement, her signature on the form will function as consent to approve the study doctor's access to medical information to allow long-term monitoring of the pregnancy, and the birth and the health of the child.

Loss of Confidentiality:
Your privacy is very important to us and we will take precautions to protect your privacy, but cannot guarantee that your identity will never become known. The chance of a loss of confidentiality occurring during this study is highly unlikely. However, there is a potential risk of loss of confidentiality by participating in this study. While we take steps to limit access to your health information, including the use of a code as described above, people may develop ways in the future that would allow someone to link your health information in our databases back to you. For example, someone could compare information in our databases with information from you in another database and be able to identify you. It also is possible that there could be security breaches of the computer systems used to store the codes linking your medical information to you. There may also be other privacy risks that we have not foreseen.

Unknown risks:
In addition to the risks or discomforts listed here, there may be other side effects and long term effects from taking the study drug that are not known at this time. If you have any questions, please speak to the study doctor/study staff.

CONFIDENTIALITY:
Absolute privacy cannot be promised because information needs to be shared as described above.

Your identity will be kept confidential and you will not be identified by name, address, social security number or other country-specific identifier, or telephone number, except as sharing of this information is required by law, local regulations or as described in this informed consent form.

Because the purpose of this research study is to obtain data or information on the study drug, the results or data may be provided or reviewed by representatives of the:

- Sponsor, including its affiliates, agents and contractors

- Contract Research Organization (CRO) hired by the Sponsor to manage or monitor parts of the study
- Business associates working with the Sponsor on the study (such as laboratories, electronic diary vendor, etc.)
- UCSD Institutional Review Board - The IRB is a group of scientists and non-scientists who review the ethics of research. The goal of the IRB is to protect the rights and welfare of study subjects.)
- Federal and other regulatory authorities (including the US Food and Drug Administration, European Medicines Agency, Health Canada, or Heath Agencies from other countries)

Any of these parties may view your records; however, you will be known only by a unique subject identification number, which should not identify you. Information about the subject identification number will be kept in a secure location with limited access

Information and results from this study may be presented at meetings or published in journals. Your name, and any information that can easily be traced back to you, will not be included in presentations and publications.

A description of this clinical trial will be available at http://www.ClinicalTrials.gov, as required by U.S. 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.

DO I HAVE ACCESS TO THE STUDY DRUG WHEN THE STUDY IS OVER?
This treatment is investigational and is not available for purchase for diabetic gastroparesis.

After completing or leaving the study early (for any of the reasons described above), you will no longer have access to the study drug, which is either active drug or placebo. Following study completion or leaving the study early, you should discuss other available therapies with the study doctor.

After completing this study, you may have the option of continuing into another study with continued access to this study drug which is either the active drug or placebo. If you would like to take part, and if you meet the study criteria, speak with the study doctor or staff. The study doctor or staff will provide you a consent form for the new study.

BENEFITS:
You may not receive any direct medical benefit from taking part in this study. Your diabetic gastroparesis may stay the same or get worse. It is unknown if Relamorelin will help with your diabetic gastroparesis symptoms. If you are receiving the placebo, your disease may get worse.

Your taking part in the study may benefit others with your condition as a result of the knowledge gained from this research.

WILL I BE INFORMED OF NEW INFORMATION?:
You will be informed of any new information, findings, or changes to the way the research will be performed that might influence your willingness to continue your participation in this study. You may also contact the study doctor at any time after your participation in the study ends in case you want to find out if any new information about this study has become available. Such information will also be provided to the UCSD Institutional Review Board (IRB, a group of people formally designated to review and approve this research study) and additional procedures may be required.

If you decide to withdraw from the study, Dr. Mittal will make arrangements for your care to continue. If you decide to continue you may be asked to sign an updated informed consent form with this new information.

Also, upon receiving new information, Dr. Mittal might consider it to be in your best interest to withdraw from the study without your consent. Dr. Mittal will explain the reasons to you and arrange for your care to continue.

CAN I LEAVE THE STUDY EARLY?
If you agree to take part in the study but then change your mind, you are free to withdraw your consent and stop taking part at any time without loss of benefits to which you are otherwise entitled.

If you decide to stop taking part in this study, you must notify your study doctor that you wish to stop. It will be necessary for you to return to the study center for a final visit. During this study visit, the study staff will collect all study-related supplies, including unused study drug, and your study doctor will assess your health before leaving the study. You can also discuss with your study doctor how to best continue your medical care. You may be asked to return to the study center after the final visit for safety assessments and follow up.

If you choose to leave the study early, you will not be able to withdraw any data that was collected about you prior to leaving the study. This data will remain in the study.

CAN THE STUDY STAFF OR SPONSOR SHORTEN THE STUDY?
The study doctor or sponsor may withdraw you from the study, and the study drug may be stopped, without your consent for one or more of the following reasons:

- You do not follow the instructions of the study doctor or study staff, including failure to take the study drug according to schedule or fail to appear at your scheduled appointments.
- The study doctor decides that your continuing to be a part of the study could be harmful to you.
- You become pregnant.

- You need treatment that is not allowed in the study.
- The study is cancelled by the Sponsor, by the Investigative Site, by a governmental agency (like the FDA or Health Canada or Heath Agency from other countries), or for any other reason.
- Unanticipated circumstances or other administrative reasons arise that require the study to stop.

If you do not finish the study for any reason, you will be asked to come to the clinic to complete all end-of-study tests and procedures.

ALTERNATIVE TO PARTICIPATION:
You do not have to be in this study to receive treatment for your diabetic gastroparesis. If you choose not to take part in this study, other treatments may be available to treat your diabetic gastroparesis and you can choose to receive a different treatment as recommended by your healthcare provider.

Some different treatments include dopamine antagonists (such as metoclopramide) and other treatments that can be obtained through your doctor. Metoclopramide is approved by the US FDA and EMA for the treatment of gastroparesis. However, rarely metoclopramide may cause tardive dyskinesia, a serious movement disorder that may persist even after treatment has been stopped.

You will be able to discuss other available therapies with the study doctor or study staff, who will describe these other treatments and their possible advantages and disadvantages. You do not need to take part in this study to have your condition treated.

PAYMENT FOR PARTICIPATION:
You may be paid up to $50.00 for the time and travel to the study clinic. You will get $50.00 for each study visit completed. You will be paid at the end of each study visit in the study. If you do not finish the study, you will only be paid for the visits completed. The maximum amount you will receive is $350.00.

If you participate in the PK portion of the study, you may be compensated for your time spent in the collection of the PK samples. You may be paid $50.00 per PK collection visit (a total of 5 visits). You will be paid at the end of each study visit in the study. The maximum amount you will receive is $250.00

Payment you receive during your for participation in research is considered taxable income. If payment to an individual exceeds $600.00 in any one calendar year, you will be required to report this information to the Internal Revenue Service (IRS).

The University of California, San Diego, will provide you with a 1099 Form (this form will indicate how much you made during the year in this study). It will be your responsibility to submit the form to the IRS.

There have been instances where research participants have mistakenly received bills from UCSD Health System Billing for research procedures. Should this occur, please notify a member of the study team as soon as possible so that they can resolve the bill.

COST FOR PARTICIPATION:
There will be no cost to you for taking part in this study. You will be provided with the study drug, and all tests and examinations (ECGs, blood tests, physical examinations, vital signs, pregnancy tests, and completion of questionnaires) that are required in this study at no cost to you because these are considered research related.

In some cases, your medical insurance company may be billed for routine medical care that you receive which is not related to the study. You should contact your medical insurance provider to find out if you are covered for these types of costs if you are in a clinical study.

There have been instances where research participants have mistakenly received bills from UCSD Health System Billing for research procedures. Should this occur, please notify a member of the study team as soon as possible so that they can resolve the bill.

IN CASE OF RESEARCH RELATED INJURY:
If you are injured as a direct result of being in this study, treatment will be available. The costs of such treatment will be covered by the University of California, San Diego, or the study sponsor, Allergan Sales, LLC, depending on a number of factors. The University, San Diego, and the study sponsor, Allergan Sales, LLC, do not normally provide any other form of compensation for injury.

You may call the **UCSD Human Research Protections Program Office at (858) 246-4777** for more information to inquire about your rights as a research subject, or to report research-related problems.

ADDITIONAL INFORMAITON:
You do not give up any legal rights by signing this form.

The Sponsor may need to know some information about you like your name, date of birth, and social security number or Medicare Health Insurance Claim Number. This is because the Sponsor has to check to see if you receive Medicare and if you do, report any medical payment it makes to Medicare. The Sponsor will not use this information for any other purpose.

YOUR RIGHTS AS A RESEARCH SUBJECT:
Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. If you decide you no longer want to participate in this study, you may call Dr. Mittal at (858) 534-3328. Your decision will not result in any penalty or loss of benefits to which you are entitled. However, if you decide to stop participating in the study, then we encourage you to talk to the study doctor and your regular doctor first. If you stop being in the study early for any reason, you will be asked to return to the study

center to have tests and procedures performed for your safety. You must return any unused study drug and all study drug bottles at this visit.

CONTACT:
Dr. Mittal and/or his research has explained this study to you and answered your questions. You are encouraged to ask questions at any time about this study. If you have other questions or research-related problems, you may reach Dr. Mittal at (858) 534-3328. If you need to speak to someone after office hours, please call the page operator at 858-657-7000 and ask for the doctor on call in the Medicine Department.

You may call the Human Research Protections Program Office at (858) 246-4777 for more information about this, to inquire about your rights as a research subject or to report research-related problems.

REGULAR DOCTOR OR SPECIALIST NOTIFICATION OPTION
Please indicate below whether you want us to notify your regular doctor or specialist of your participation in this study. It is important that the physician who regularly monitors your blood sugar and diabetes treatment is aware that you are participating in this study and that your blood sugar levels are monitored. (Initial below)

_____ Yes, I want the study doctor to inform my regular doctor/specialist of my participation in this study:

_____ _____
Name of Doctor Phone

_____ No, I do not want the study doctor to inform my regular doctor/specialist of my participation in this study.

_____I do not have a regular doctor/specialist.

_____The study doctor is my regular doctor/specialist.

STATEMENT OF CONSENT:
Do not sign this consent form unless you have had a chance to ask questions and have received answers to all of your questions. If you agree to participate in the study, please sign this document and you will receive a signed and dated copy to take home with you as well as a copy of the Experimental Subject's Bill of Rights.

You will be given a separate HIPAA consent document to keep.

My signature indicates:

- that I have read the above information

- that I have discussed this study with the person obtaining consent
- that I have had the opportunity to ask any questions I may have
- that all of my questions have been answered to my satisfaction
- that I have decided to take part voluntarily (of my free will) based on the information provided
- that a copy of this form has been given to me.

Your signature also indicates that you authorize the release of your medical records related to this study to the Sponsor, study vendor(s), CRO, the IRB, the FDA, EMA and other regulatory agencies for purposes related to the study or the study drug).

_____

Printed Name of Subject

_____

Signature of Subject Date

NAME OF PERSON OBTAINING CONSENT (Please Print):

_____

Printed Name of Person Obtaining Consent

_____

Signature of Person Obtaining Consent Date