**Participant Information and Consent Form**
**and**
**Authorization to Use and Disclose Protected Health Information**
**Phase 3**

| | |
|---|---|
| **Sponsor / Study Title:** | **Medicago R&D Inc. / "A Randomized, Observer-Blind, Placebo-Controlled, Phase 2/3 Study to Assess the Safety, Efficacy, and Immunogenicity of a Recombinant Coronavirus-Like Particle COVID-19 Vaccine in Adults 18 Years of Age or Older"** |
| **Protocol Number:** | **CP-PRO-CoVLP-021** |
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You are invited to participate in a clinical research study.

This form is for use in a research study that may involve participants who may or may not have the capacity to consent to take part in the study. When the participant cannot legally consent to take part, pronouns "you" and "your" should be read as referring to the participant rather than the person (legally authorized representative) who is signing and dating this form for the participant. In cases where the participant's representative gives consent, the participant should be informed about the study to the extent possible given his/her understanding. During the course of the study, if the participant regains the capacity to consent, informed consent will be obtained from the participant and the participant offered the ability to leave the study if desired.

Before you decide to participate, it is important that you understand the contents of this consent form and also the risks and benefits of participation in order to make an informed decision. It is also important that you ask the study doctor or study nurse any questions you may have. Please read this entire consent form and take your time before making a decision. You can discuss this

study with your family or your regular doctor before signing and dating the consent form, if you wish to do so. If you decide to participate in this study, you will be asked to sign and date this informed consent form.

## 1 GENERAL INFORMATION

Coronavirus disease 2019, also referred to as COVID-19, is a new disease caused by a virus (a germ) called "SARS-CoV-2". The virus is spread by contact with nasal (nose) and oral (mouth) secretions. When someone comes into contact with the virus this way, it may cause him/her to have symptoms of COVID-19. The symptoms of COVID-19 are similar to the flu and include sudden fever, cough, shortness of breath or difficulty breathing, and fatigue (tiredness). Other possible symptoms include chills, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Individuals who have COVID-19 may show some symptoms or none at all (also referred to as "asymptomatic"). Symptoms can take up to 14 days to appear after exposure to the virus. Currently, only a small number of therapies have been approved with specific conditions for use and for specific patients with COVID-19 disease. A common way to prevent and control disease is vaccination. Several COVID-19 vaccines have been authorized for emergency use to date. The COVID-19 vaccines have typically been made available first to residents of nursing homes, front line health care workers and then to other essential workers. The priority list varies according to where you live. You can find more information about what vaccines are available and how they work by speaking to your study doctor. You can find more information about what vaccines are available and how they work by speaking to your study doctor.

Medicago's CoVLP experimental vaccine is a plant derived vaccine that in phase 1 studies demonstrated that 100% of participants developed a robust antibody response. The CoVLP experimental vaccine is made using a relatively new technology based on tobacco plants (not the same as the plants used to make cigarettes). The herbaceous plant is found amongst rocks on hills and cliffs throughout the northern regions of Australia. This type of plant is often used in plant research. It is also used to help make drugs and vaccines, such as influenza vaccines.

The experimental CoVLP vaccine is made by producing one of the SARS-CoV-2 virus proteins, the spike (S) protein. This protein is one of the ways the body recognizes the virus. When we make the protein (called the manufacturing process) the S proteins spontaneously form so-called virus-like particles (VLPs) that are about the same size as SARS-COV-2 and look very similar to the real virus. The experimental vaccine is referred to as "CoVLP vaccine". CoVLP vaccine is experimental, which means that it has not yet been approved for sale by regulatory authorities like Health Canada or the U.S. Food and Drug Administration (FDA). You cannot get COVID-19 from being vaccinated with the VLPs because they do not contain any viral genetic material or DNA. Like other types of vaccines, when the CoVLP vaccine is injected into the body, VLPs are recognized by your immune (defense) system as foreign particles, and your body will produce antibodies and other defenses (cells) against the VLPs that are very similar to those made against the real SARS-CoV-2 virus (called the immune response). These antibodies and defensive cells may help to protect you if you are exposed to the real virus. This protection is called the immune response.

## 2 PURPOSE

This study will be performed in two portions, Phase 2 and Phase 3, with the purpose of gathering information on the safety (side effects), tolerability, effectiveness, and immune response of two injections of the CoVLP vaccine given at a single dose level combined with AS03. This consent form is only for the Phase 3 portion of the study. AS03 is a vaccine "adjuvant". An adjuvant is an added ingredient that may enhance your body's immune response to the vaccine. You will participate in the Phase 3 portion of this study. Participants in this study will include adults 18 years of age or older, who may also have significant medical conditions that put them at higher risk for COVID-19-related complications. Participants who may have significant medical conditions that put them at higher risk for COVID-19-related complications will only be enrolled from countries that have given permission to enroll these participants into the study.

## 3 STUDY PLAN

In the Phase 3 portion, a total of about 30,000 male and female participants who are 18 years of age and older will be enrolled at multiple sites in North America, Europe and Latin America. A cross-over design will be used in the Phase 3 portion. This means each participant will receive both study treatments in the study. All participants will receive a dose level of 3.75 µg of the CoVLP vaccine combined with the adjuvant AS03. Each participant will be assigned by chance to the two study treatment sequences:

| **Study Treatment Sequence** | **Period 1** | **Period 2** |
|---|---|---|
| 1 | CoVLP formulation | Placebo |
| 2 | Placebo | CoVLP formulation |

Each participant has one chance out of two (50 %) to receive study treatment sequence 1 or 2. The study treatment sequence refers to the order in which each participant will receive the two study treatments. Participants will not be told which study treatment sequence they will receive. Period 1 represents the interval when the participant receives the first study treatment and participates in planned visits and contacts for the first study treatment. Period 2 represents the interval when the participant receives the second study treatment and participates in planned visits and contacts for the second study treatment. During each period, each participant will receive two injections of the same experimental study treatment 21 days apart, in the upper arm muscle (called the deltoid muscle).

Your participation in the Phase 3 portion will involve up to 10 visits to the clinic over approximately 26 months. The screening and vaccination 1 procedures will be conducted on the same day (Day 0) and may take at least 3 hours. The procedures performed during Day 0 make sure that you are eligible to participate (before the start of Period 1) and to receive the first vaccination (before the start of Periods 1 and 2). The second vaccination visit occurs on Day 21 (in Periods 1 and 2), and three clinic follow-up visits occur at Day 42 (in Periods 1 and 2) and Day 201 (in Period 2). A final telephone contact will occur at the end of the study (Day 386 in Period 2). The visits will last from 1-3 hours in duration. After the first vaccination (Day 0) visit, you will be contacted multiple times by your preferred method for monitoring should you develop any COVID-19-related symptoms. If you develop symptoms of COVID-19, you will be

asked to come back for one or more additional visits. If the cross-over to Period 2 occurs later than expected (beyond approximately 6 months from the start of the study), then 1-2 additional clinic follow-up visits (Day 201 and Day 386 in Period 1) may occur and extend your participation in the study up to 6 months.

Among the participants enrolled in this portion, a small group of 288 participants (at selected sites in North America) will be asked to participate in additional testing performed at the planned visits to gather information about the robustness and durability of immune response after each administration of the CoVLP vaccine. For these participants, the final telephone contact on Day 386 will be replaced by a clinic follow-up visit (Day 386 in Period 2). This group will be referred to as the NA-immunogenicity subset.

***General COVID-19 Precautions at Clinical Sites***

At the clinical site, you will be expected to follow the good hygiene and safe physical distancing measures that have been put into place, such as:

- Wearing a face mask at all times at the study site;
- Frequently washing your hands or using other hand hygiene methods;
- Maintaining a physical distance of 2 meters (or 6 feet) from others.

The only time you will be in close proximity to someone else is when the study team will need to perform certain procedures such as study vaccination, taking blood samples, collecting your vital sign measurements, etc. The study team staff will always be wearing personal protective equipment when performing these study tasks for your protection as well as theirs. The study team will wipe down all materials and areas with a disinfectant agent before and after use for each participant.

***Study Assessments (Tests and Procedures)***

Physical Examination

A physical examination will be performed by the study doctor at Screening.

Body Measurements

Your height and weight will be measured to calculate your body mass index (BMI). Your height and weight will be measured at Screening (Day 0).

Vital Signs

Your vital signs (blood pressure, heart rate, respiratory rate, and oral temperature) will be measured.

Blood Collection

SARS-CoV-2 blood sample for antibody test: a blood collection of approximately 5 mL (1 teaspoon) will be taken from a vein in your arm to test if you have been infected with SARS-CoV-2 virus at Day 0 prior to vaccination in each period and at Day 201 of Period 2 (although this sample will represent the Day 386 timepoint of Period 1 if the cross-over occurs at the expected time).

All participants will provide one blood sample of 10 mL (2 teaspoons) from a vein in the arm pre-vaccination (at Day 0 in Periods 1 and 2) and a second blood sample of 10 mL (2 teaspoons) post vaccination (at Day 42 in Periods 1 and 2). These blood samples will provide information on your immune response.

Overall, a total volume of 55 mL (approximately 4 tablespoons) of blood will be taken from you during the 5 clinical site visits over approximately 14 months (up to Day 386)

Urine Collection

If you are a woman of childbearing potential, a urine pregnancy test will be performed at Screening/Day 0 and Day 21 prior to vaccination, and at Day 42 in each period.

- You cannot take part in the study if you are pregnant, breastfeeding, or planning to become pregnant within at least 30 days after the last vaccination.
- If you become pregnant during the course of the study, the study doctor or study staff will ask you questions about your pregnancy and will report it to the Sponsor without your name or any personal identifiable information.

Safety Follow-up Assessment

At each clinical site visit, you will be asked questions about how you are feeling, your current medications and medical conditions and if you have experienced any changes, good or bad, since the last contact.

***Overview of Study Visits and Contacts***

The same visits and contacts will be performed in Period 1 and Period 2 (as mentioned earlier), with some exceptions:

- At the start of Period 1, screening tests and procedures will be done to make sure you can participate in the study;
- At the start of Period 2, your health will be reviewed to make sure you can be given the first vaccination of Period 2;
- You will be assigned to a study treatment sequence only once at the start of Period 1. The study treatment sequence will determine which study treatment you will receive in Period 1 and Period 2;
- The Day 201 and Day 386 visits will only occur in Period 2. If the cross-over to Period 2 occurs later than expected (beyond approximately 6 months from the start of the study), then the Day 201 and Day 386 visits may also occur in Period 1.

***Screening and Study Vaccination Dose 1 Visit (Day 0), each Period***

This visit will start once you have signed and dated this consent form:

- A nurse or member of the study team will make sure that you understand all aspects of the study and that this consent form is signed and dated before doing any study tests or procedures. You will be given a copy of this signed and dated consent.

- In the Phase 3 portion, you will sign and date the consent form in Period 1. Unless a new consent form has been approved for use and you are required to sign and date it, you will not be required to sign and date the same consent form in Period 2.

If you agree to take part in this study, you will undergo the following tests and procedures during the Screening period to determine if you are eligible:

- You will be asked questions about your health history, possibly including requests for your medical records. You will be specifically asked about:
  - Your demographic information (gender at birth, date of birth, age, race, and ethnicity);
  - Your current and past medications, including vaccination history;
- The study requirements and restrictions will be reviewed with you;
- Physical examination;
- Body measurements and vital signs;
- Women of childbearing potential:
- A urine sample will be collected for a pregnancy test. If you are still eligible after these tests and procedures and you still want to take part in this vaccine study, you will undergo the following procedures:
  - SARS-CoV-2 blood sample collection for antibody test;
  - Immunogenicity (antibody) blood sample collection;
  - You will be assigned randomly, like flipping a coin, to a study treatment sequence as described in the previous section;
  - You will be injected with the study treatment you have been assigned to receive. The injection will be administered in the upper arm muscle called the deltoid muscle, by intramuscular injection into the deltoid muscle ('the injection site'):
    - After the injection, you will be observed at the study site for at least 30 minutes for any immediate reactions. After the period of observation, you will be asked about specific reactions;
  - You will be given a thermometer to take your oral temperature (in degrees Celsius or Fahrenheit) at home every day for seven days after each vaccination in Period 1 (approximately at the same time every day, preferably in the evening). The study staff will provide training on how to use the thermometer during the 30-minute observation period.
    Note: You will not need to take your oral temperature at home every day for seven days after each vaccination in Period 2;
  - You will be given a ruler to measure any local adverse events (AEs) you may have at the injection site, and you will be taught how to take those measurements. An adverse event is considered to be any unfavorable or unintended symptom or side effect that occurs after the study treatment has been administered;

- You will record your oral temperature, injection site measurements, and AEs, in an electronic diary that will be downloaded onto your smartphone as an app. If you do not have a smartphone, one will be provided to you for the purposes of this study. You will need to record symptoms you experience in the diary as accurately as possible, using consistent units for temperature. You will also receive a memory aid in which you will record any medications or other symptoms or problems you may have after receiving the study treatment. You must ensure you use the diary and memory aid to record your data as soon as you take the measurements and have access to them for the study phone calls. You will bring your diary and memory aid to your next study site visit;
- You will be taught how to examine your lymph nodes for swelling in the neck and armpit areas. Note that lymph nodes are collections of immune cells (like your tonsils) that can respond to some vaccinations by swelling;
- You will be advised to report any COVID-19-like symptoms you may be experiencing or if you have tested positive for COVID-19;
- You will be asked to contact the study site if you experience any severe effects by using the contact number provided on page one of this this consent form. The study staff will discuss the kinds of symptoms which would be considered severe. You should contact the study staff if you have any concerns at any time.

***Surveillance Period***

Starting on Day 0 after the first vaccination and until the end of the study (an approximate duration of 52 weeks), you will be required to report any symptoms associated with COVID-19 (as explained on the day of vaccination and as described in the memory aid) you may be experiencing immediately to the study team. Once you report(s) this:

- The study team will ask you about your symptoms, any medications you are taking, and whether you have visited a doctor, clinic, or hospital for these symptoms and remind you to record this information in your memory aid;
- The study team will arrange an appointment with you to collect two nasal or nasopharyngeal swabs (A swab is a small amount of cotton [larger than a cotton bud] on a stick that will be inserted in your nose and rotated to collect mucus [a thick liquid produced inside the nose and throat]). These swabs must be collected within 72 hours of your reporting. Information about any medication you are using and other symptoms will be collected during this visit;

- At this clinical site visit, you will be trained on how to record your COVID-19 symptoms daily using a COVID-19 diary and how to collect self-administered nasal swabs (every other day) for approximately 2 weeks;
- If a clinical site visit cannot be arranged, study site staff may make arrangements with you to collect, or provide a self-administering nasal or nasopharyngeal swabs instead.

***During the surveillance period, the study team will regularly contact you (at least once per week) by your preferred method (that is, phone, text, email, electronic diary) to ask questions about how you are feeling***, medications you are taking, symptoms associated with COVID-19, and visits to a doctor, clinic, or hospital. They will also remind you to record the information in your diary or memory aid.

***Study Vaccination Dose 2 Visit (Day 21)***

You will visit the study clinic and the following tests and procedures will be done; if you are in quarantine, these tests and procedures may be performed by trained medical staff at your home (or place of quarantine):

- You will bring your diary and memory aid and the study team will review it with you;
- Safety follow-up assessment;
- Vital signs;
- Women of childbearing potential:
  - A urine sample will be collected for pregnancy testing. If you have a positive pregnancy test prior to study vaccination dose 2, the study doctor will not give you the study vaccination dose 2. You will be asked to continue being followed for safety;
- You will be injected with the same study treatment you received on Day 0. The injection will be administered in the upper arm muscle called the deltoid muscle, by intramuscular injection into the deltoid muscle ('the injection site') of the arm that was not used for the previous injection (if possible, otherwise the same arm will be used);
- After injection, you will be observed at the study site for at least 30 minutes for any immediate reactions. After the period of observation, you will be asked about specific reactions;
- You will be reminded to take your oral temperature (in degrees Celsius or Fahrenheit) at home every day for seven days (approximately at the same time every day, preferably in the evening) using the thermometer given to you on Day 0, and you will be reminded on how to do that. The study staff will provide the training during the 30-minute observation period;
  Note: You will not need to take your oral temperature at home every day for seven days after each vaccination in Period 2;
- You will be reminded to measure any local AEs you may have at the injection site using the ruler given to you on Day 0, and you will be reminded on how to take those measurements;
- You will use your diary to record your oral temperature, medications, injection site measurements, and AEs, and you will use the same memory aid to record any other symptoms or problems you may have after receiving the study treatment. You must ensure you use the diary and memory aid to record your data as soon as you take the measurements and have access to it for the phone call. You will bring your diary and memory aid to the next study site visit;

- You will be reminded on how to examine your lymph nodes for swelling in the neck and armpit areas;
- You will be asked to contact the study site if you experience any severe effects by using the contact number provided on the first page of this consent form. The study staff will discuss with you what kinds of symptoms would be considered severe. You should contact the study staff if you have any concerns at any time.

***Day 42 Visit***

You will visit the study clinic and the following tests and procedures will be done; if you are in quarantine, these tests and procedures may be performed by blinded trained medical staff at your home (or place of quarantine):

- You will bring your diary and memory aid and the study team will review them with you. Your memory aid will be collected;
- Safety follow-up assessment;
- Women of childbearing potential: urine sample collection for urine pregnancy test;
- Immunogenicity (antibody) blood sample collection;
- You will be provided with a second memory aid to record any symptoms that occur from Day 43 to Day 201;
- You will be provided with the appointment (date and time) for your next study visit (Day 201). You will also be reminded to have your memory aid available to help you answer any questions.

***Day 201 Visit***

You will visit the study clinic and the following tests and procedures will be done; if you are in quarantine, these tests and procedures may be performed by blinded trained medical staff at your home (or place of quarantine):

- You will bring your memory aid and the study team will review it with you. The study team will keep the memory aid;
- Safety follow-up assessment;
- SARS-CoV-2 blood sample collection for antibody test (in Period 2 only; although this sample will represent the Day 386 timepoint of Period 1 if the cross-over occurs at the expected time);
- You will be provided with a third memory aid to record any symptoms that occur from Day 202 to Day 386;
- You will be provided with the appointments (date and time) for your next clinical visit or telephone contact, Period 2 (Day 386). You will also be reminded to have your memory aid available to help you answer any questions.

***Day 386 Visit (Period 1)***

You will visit the study clinic and the following tests and procedures will be done; if you are in quarantine, these tests and procedures may be performed by blinded trained medical staff at your home (or place of quarantine):

- You will return your memory aid to the study site;
- Safety follow-up assessment;
- SARS-CoV-2 blood sample collection for antibody test;

When this visit is complete, your participation in the study will be over.

***Day 386 Telephone Contact (Period 2)***

If you are participating in the Phase 3 portion and are not included in the immunogenicity portion: on Day 386, the study team will contact you by phone to ask questions about how you are feeling. You may also be asked to confirm information that you have recorded in the memory aid.

When this last phone call is done, your participation in the study will be over.

***General Unscheduled Visits***

The study doctor may decide that you need to come back to the study site for subsequent assessments. If this is the case, you will be asked to come back to the study site for an unscheduled visit.

***Diary and Memory Aids***

As described above, you will be provided with a diary during the study. For the first seven days after each vaccination in Period 1, you will be asked to carefully record (at approximately the same time each evening, once per day for seven days) the following information in the diary for yourself:

- Oral temperature, taken with the thermometer provided. You should not take your temperature immediately after drinking a hot or cold beverage or after smoking;
- Any redness and swelling, measured with the help of a special ruler, and/or any pain or other reactions at the study vaccination site;
- Any general symptoms you experience, including headaches, muscle aches, joint aches, fatigue, chills, and any general feelings of discomfort or uneasiness (malaise);
- Any change in your neck or armpit lymph nodes.

At the Day 21 and Day 42 study site visits, the study team will review the information that you record(s) in the diary and may ask you questions about it.

If you report symptoms associated with COVID-19 during the surveillance period, you will be provided with a COVID-19 diary to record your COVID-19 symptoms daily or approximately 2 weeks.

In addition, you will be provided with memory aids. You will be asked to record any changes in your health after the first study vaccination up to the Day 42 visit of the study or each period in the first memory aid. The second memory aid of the study or period will be provided to you at the Day 42 visit. You will be asked to record the following information in your memory aid:

- From Day 43 to Day 201, any visits to a doctor, clinic, or hospital due to any illnesses;
- COVID-19-like symptoms;
- Other symptoms and associated medication use from Day 43 to Day 201.

You will be asked to return the memory aid at the Day 201 visit. If Period 1 ends before the Day 201 visit, you will be asked to bring the memory aid to the first visit of Period 2.The final memory aid will be provided to you at the Day 201 visit. You will be asked to record the following in your memory aid:

- From Day 202 to Day 386, any visits to a doctor, clinic, or hospital due to any illnesses;
- COVID-19-like symptoms;
- Other symptoms and associated medication use from Day 43 until the end of the study or period.

You will be asked to return the memory aid at the Day 386 visit of the study or period. If Period 1 ends before the Day 386 visit, you will be asked to bring the memory aid to the first visit of Period 2. If you experience(s) a severe reaction, if you visit an emergency room or are hospitalized, you will have to report it quickly to study staff by using the contact number provided on the first page of this consent form. You may be asked to come to the clinic for evaluation.

## 4 PROHIBITED OR RESTRICTED MEDICATION

If you agree to participate in this study, there are some restrictions on vaccines and medications that you cannot have received before the start of the study or should not receive near the time of study vaccination. You must not:

- Have received any other vaccine in the 14 days before the study vaccination or up to Day 28 of Period 1 and Period 2;
- Have received any other SARS-CoV-2 / COVID-19 or other experimental or approved coronavirus vaccine at any time prior to or during the study;
- Have used any prescription antiviral drugs with the intention of preventing COVID-19, including those that are thought to be effective for the prevention of COVID-19 but have not been approved by regulatory authorities for this indication (purpose), in the 30 days before the study vaccination or during the study;
- If you are a healthy participant without any significant co-morbidities:
- Have used any drug that can affect your immune system like systemic glucocorticoids (for example, prednisone) within one month before study vaccination;

- Have used any other drugs that can affect your immune system like cytotoxic, anti-cancer, or immunosuppressant drugs within 36 months before study vaccination;
- Have used any immunoglobulin preparations or blood products or blood transfusion within six months before study vaccination;

You must not use any non-approved (that is, experimental) drug during the study. You will not be allowed to participate in another clinical trial while you are participating in this study.

It is not known if the vaccine used in this study could possibly interact with other medications, including over-the-counter medicines, herbal supplements, and vitamins. Please tell the study doctor all the medications you are currently taking and that you might be taking during the study.

## 5 SAMPLES

Your blood samples will be sent to one or more central laboratories and to Medicago's laboratory for screening tests, safety tests, and testing of the immune response against the SARS-CoV-2 virus. No testing will be done on your DNA or genetic material. The samples will be identified only by a study code and none of your personal information will be made available to these laboratories.

Your nasal/nasopharyngeal swabs will be sent to one or more central laboratories to see whether your symptoms were caused by SARS-CoV-2 virus. Your swabs may also be sent to local laboratories for testing to see if your symptoms were caused by SARS-CoV-2. No testing will be done on your DNA or genetic material. The test will be performed to identify the presence of a virus. The samples will be identified only by a study code and none of your personal information will be made available to these laboratories.

The samples will be stored for use because some immune tests are only now being developed. The samples may be used by Medicago or shared by Medicago with other companies or universities to better understand the vaccine or your immune system responses to the vaccine, or to further develop the CoVLP vaccine. The samples will be identified only by a study code and none of your personal information will be made available to these companies or universities. Collected samples may be stored for up to 15 years. Once the samples are no longer needed, they will be destroyed.

In addition, if you agree, your biological samples may be used by Medicago for further research that may or may NOT BE RELATED to the disease or the vaccines under study. This testing will be done on anonymized samples (meaning that any identification linking you to the sample is destroyed). You will be asked if you agree to this on the final consent page. This testing is optional and does not affect your participation in the study.

## 6 VOLUNTARY PARTICIPATION/WITHDRAWAL

Your participation in this study is voluntary. During the study, you will be informed as soon as possible of any new information on the experimental vaccine that may affect whether you want to continue participating in the study. You may refuse to participate, or you may discontinue your participation at any time without explanation. If you refuse to participate or if you end your

participation, you will not be penalized or lose any benefits to which you are otherwise entitled. If you decide to discontinue your participation, please tell the study staff; the study team will ask you to complete the final study site visit. If you decide to leave the study, the information about you or your sample(s) that was/were collected before you left the study will still be used. No new information or samples will be collected without your permission.

The study doctor or a designated study staff member may end your participation, without your consent, based on her/his medical judgement. The Sponsor and/or the study doctor might decide to end your study participation if you are not following the study requirements. If you are withdrawn from the study by the study doctor or study staff, the reason for your withdrawal will be explained to you. In addition, the Sponsor or the regulatory authorities may stop the study.

## 7 BENEFITS

You are not expected to directly benefit from participating in this study. You cannot assume that the study vaccine will protect you from COVID-19. Whether the study vaccine would provide any level of protection is unknown.

The information collected from this study may benefit others in the future.

## 8 RISKS AND DISCOMFORTS FROM PARTICIPATING IN THIS STUDY

### *CoVLP Vaccine*

As previously mentioned, the CoVLP vaccine cannot cause COVID-19 because it does not contain any living virus.

Currently, the CoVLP vaccine has been administered as two doses at three different dose levels (3.75 µg, 7.5 µg and 15 µg) alone and in combination with two different adjuvants (AS03 or CpG1018) to 180 healthy male and female participants. The safety data collected to date from that clinical trial does not reveal any safety concerns about either the CoVLP vaccine alone or with either of the two adjuvants at any dose level. The following side effects have been reported by 178 participants after receiving the second dose of their assigned treatment in that ongoing clinical trial:

**Common side effects - Reported in more than 10 % of participants**

- Pain at injection site
- Headache
- Fatigue (feeling tired)
- Chills
- General feeling of discomfort or uneasiness (malaise)
- Swelling at the injection site
- Muscle aches
- Redness at site of injection
- Fever

**Less common side effects: Reported between 1 % and 10 % of participants**

- Joint pain
- Swelling in the neck
- Swelling in the armpits (axilla)

In this study, you will be monitored for local reactions such as Redness

- Swelling
- Pain at the injection site

You will also be monitored for side effects such as:

- Headache
- Muscle aches
- Joint aches
- Fatigue (feeling tired)
- Chills
- Feelings of general discomfort or uneasiness (malaise)
- Fever
- Swelling in the neck, and axilla (armpit)

Although none of the candidate COVID-19 vaccines currently being tested in clinical trials have reported it thus far, there is a theoretical risk that vaccination could make SARS-CoV-2 infection more severe should you subsequently be exposed to the virus. This phenomenon is called vaccine enhanced disease, or immune-enhanced disease, or sometimes antibody-dependent enhancement of disease. Such worsening of the infection could theoretically occur at any time after vaccination (weeks to many months). The mechanism of vaccine-enhanced disease is not completely understood but the type of immune response induced by the CoVLP vaccine is thought to be unlikely to put you at risk for this complication. If you become infected with SARS-CoV-2 or experience any COVID-19-like symptoms despite being vaccinated, your health status will be evaluated carefully, and all necessary medical treatment will be made available to you. Because of this theoretical risk of vaccine-enhanced disease as well as the unknown effectiveness of the vaccine, participation in this study should not change your behavior regarding possible exposures to COVID-19 in any way. You should continue to exercise all reasonable caution (that is, physical distancing, washing your hands and wearing a face mask, etc.) and avoid contact with infected individuals.

Other side effects might occur that have not been observed yet, so there may be risks that are unknown at this time. This is why we are asking you to note any side effects, good or bad, that you might experience during the study and report them to the study team.

Also, as with any vaccine, there is always the slight possibility that an allergic reaction may occur (such as hives or swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing). If you experience an allergic or unusual reaction to the vaccine, you should contact the study doctor and/or nurse immediately. They will be able to provide

immediate medical attention. If not treated promptly, a severe allergic reaction can be life-threatening.

***Adjuvant AS03***

The experimental CoVLP vaccine that you get in this study will contain an 'adjuvant'. An adjuvant is added to vaccines to enhance the immune response produced. People who have received vaccines that contain different adjuvants, have very rarely (up to 1 in 10,000 people) developed illnesses called "autoimmune diseases", which can sometimes be serious and lifelong. Autoimmune diseases may develop when immune cells that normally protect you from illness, attack your own organs instead. The same autoimmune illnesses can also develop in people who have not received these adjuvant-containing vaccines.

An increased risk of narcolepsy (a lifelong disease causing an overwhelming daytime drowsiness and sudden attacks of sleep) was observed in some individuals after vaccination with a flu vaccine containing AS03 (called Pandemrix™) during the H1N1 pandemic in 2009-2010. This study vaccine contains AS03. A similar risk of narcolepsy was not identified with other vaccines containing AS03. Currently available data suggest that the cases of narcolepsy seen immediately following the 2009/2010 pandemic in some people were most likely triggered by a reaction in those people to a protein from the flu virus itself which was used to manufacture the Pandemrix™ vaccine. Research is continuing to assess whether either of the main components of the 2009/2010 flu pandemic vaccine (for example, the viral proteins in the form used in the vaccine or the AS03 adjuvant) may have contributed to the reaction.

The AS03 adjuvant has been given to humans in other vaccine preparations approved by Health Canada. In studies involving the injection of AS03-adjuvanted vaccines into the arm, a small increase in pain at the injection site and general symptoms of muscle aches, headache and fatigue have been observed compared to the non-adjuvated vaccines or placebo in adult participants.

***Placebo***

Since the placebo is like salt water, you will probably not have any reaction to it (other than discomfort related to the injection). However, this cannot be guaranteed.

***Blood Draw Procedures***

Known risks that can be associated with the procedure of drawing blood are pain or bruising at the site where the needle is inserted. There is a very small possibility of infection and fainting.

***Risks of Nasal/Nasopharyngeal Swabs***

You may experience discomfort, eyes watering, sneezing, or bleeding.

***Risks for Female Participants Able to Bear Children***

The possible effects of the CoVLP vaccine on embryo, fetus or nursing infants are unknown at this time. Therefore, there may be unknown risks to you, the embryo, fetus or nursing infant if you are or become pregnant during the study. There may also be unknown risks if you are breastfeeding during the study.

You cannot participate if you are, or plan to become pregnant, or if you are, or plan to start breastfeeding. All female participants able to bear children must use a highly effective method of contraception from 30 days prior to study vaccination (Day 0) up to at least 30 days after the last study vaccination; if the study were to end early, then you must not plan to become pregnant for at least 30 days after the early end of the study.

Effective contraception methods are:

- 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;
  - Implantable;
- Intra-uterine device (IUD) with or without hormonal release;
- Credible self-reported history of heterosexual abstinence prior to and for at least 30 days after the last study vaccination;
- Female partner;
- Bilateral tubal occlusion.

You should immediately inform your study doctor if you plan to change your method of birth control during the course of the study or if you become pregnant.

If you become pregnant during the course of the study, the study doctor or study staff will ask you questions about your pregnancy and will report it to the Sponsor without your name or any personal identifiable information.

***Risks to Confidentiality and Privacy***

As part of this study you will be asked to use an eDiary app. By downloading and using the app, you agree to be bound to its Terms of Use and Privacy Policy. Copies of these documents can be accessed at snapiot.com/terms-conditions.html and snapiot.com/privacy-policy.html. If you decide that you do not want to agree, then you should not participate in the research. While using the app, data about you including personal information, internet and other communications data will be transmitted to the researchers and to the maker of the app. A complete description of this data collection and sharing is found in the Privacy Policy. Transmission of information via the internet is not completely secure, so there is a small risk of unintentional release of your information despite safeguards being in place to protect your personal information.

While the Terms of Use of the app may include statements limiting your rights if you are harmed in this study, they do not release the investigator, sponsor, institution, or agents from responsibility for mistakes.

You will be emailed a PDF copy of this signed and dated consent form. There may be risks of loss of privacy and confidentiality if the PDF copy of this consent form is viewed and/or stored on a personal electronic device (PED), especially if that PED is shared with other users or is lost, hacked, or subject to a search warrant or subpoena. Also, the PDF copy of the consent may not be able to be permanently removed from a PED.

***Alternatives***

The alternative to receiving this study vaccine is to not participate in the study. The study doctor can discuss other alternatives with you, including a locally authorised (under an Emergency use Authorisation) or approved COVID-19 vaccine if these become available to you whilst you are participating in the study.

***Incidental Findings***

You will be informed in a timely manner of any new findings during the study that may affect your willingness to continue participating in this study. You may be asked to sign and date a new consent form if this occurs.

***In Case of an Injury Related to this Research Study***

In the event that you become physically ill or injured as a direct result of participating in this study, necessary medical treatment will be made available to you. The costs for such treatment, beyond what is provided by any third-party payer such as your insurance or government health care program, will be covered by the Sponsor. By signing this consent form, you are not giving up any of your legal rights to seek compensation for any injury suffered as a result of your study participation, nor are you releasing the study doctor or Sponsor from their legal and professional obligations.

To pay medical expenses, the sponsor will need to know some information about you like your name, date of birth, and Medicare Beneficiary Identifier (MBI). This is because the sponsor has to check to see if you receive Medicare and if you do, report the payment it makes to Medicare.

A new public health declaration, called the Public Readiness and Emergency Preparedness Declaration (PREP), was issued by the Department of Health and Human Services on March 17, 2020, and became effective as of February 4, 2020. This declaration limits the legal rights of a participant participating in a COVID-19 clinical study that uses a drug, device or vaccine designed to treat, diagnose, cure or prevent COVID-19. This includes the study vaccine, CoVLP COVID-19 Vaccine used in this study. Participants using the CoVLP COVID-19 Vaccine in this study will have limits on their right to sue the manufacturers, the study sponsor, healthcare providers and others for significant injuries and adverse reactions.

If you are interested in more information about the PREP declaration, please visit: https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures.

## 9 COSTS

You, the public health plan or your private medical insurance (if any), will not have to pay for the study vaccine or for the tests and exams that are performed as part of this study.

## 10 COMPENSATION

You will be reimbursed for visit-related expenses during the study.

You may be paid up to $500.00 for your time per the below schedule:

| Visit | Compensation Amount |
|---|---|
| Screening / Vaccination Visit 1 Day 0 | $100.00 |
| Day 1 Phone | $0 |
| Day 8 Phone | $0 |
| Visit 2/ Day 21 | $100.00 |
| Day 22 Phone | $0 |
| Day 29 Phone | $0 |
| Visit 3/ Day 42 | $100.00 |
| Visit 4/ Day 201 | $100.00 |
| Visit 5/ Day 386 (End of Study) | $100.00 |
| Total: $500.00 | |

Unscheduled Visit $100.00

Trial Subject Reimbursement for surveillance calls completed between Day 0 and 201 clinical site visits and Day 201 and Day 386 clinical site visits. Each call will be prorated for $5.00 a call for a maximum of $75.00 per Trial Subject if the Trial Subject completes less than 80% of the surveillance calls between the visits.

You will be paid within 30 days of visit completion or at the completion of the next visit appointment, whichever comes later. You will need to come into the clinic to collect your stipend payment since stipend payments will not be mailed to you. If you do not complete staff requested procedures during a visit, you will forfeit your stipend payment for that visit. If you do not finish the study, you will only be paid for the visits completed.

If you have any questions regarding your compensation for participation, please contact the study staff.

## 11 POTENTIAL COMMERCIALIZATION AND FINANCIAL BENEFITS

This research project may contribute to a new vaccine with commercial value. If this happens, research participants would not be offered financial benefits for this development. Any information derived directly or indirectly from this study, as well as any patents, diagnostic tests, drugs, or biological products developed directly or indirectly as a result of this study, are the sole property of the study Sponsor and may be used for commercial purposes. You have no right to this property or to any share of the profits that may be earned directly or indirectly as a result of

this study. However, in signing and dating this form you do not give up any rights that you would otherwise have as a participant in a research study.

## 12 CONFIDENTIALITY

The study center may need to consult your hospital or private physician's medical file to take note of data relevant to this research project.

All information obtained during this study will be kept strictly confidential, except where disclosure is required by law. Your name will be coded and the code list will be kept at the study site with limited access. In order to verify the research study data, monitor the study and ensure compliance with applicable regulation and laws, employees from the Sponsor (Medicago) or its contractual partners, inspectors from regulatory authorities such as the United States FDA and Health Canada, Quality Assurance Officers of the study center, and Advarra Institutional Review Board (Advarra IRB), may review these records. Study data may be transferred outside to another country (for example, Canada) where regulations for the protection of such data may differ from your country. In order to complete important activities during the study (for example, data analysis), it is necessary that study data be transferred from one location to another location or from one group to another group. During the transfer of study data, your personal information will remain coded and will not contain your name or address or any information that directly identifies you, unless it is required by law. By signing and dating this consent form, you agree to this access and transfer of data outside your country.

A representative of the Sponsor may observe the study procedures during one or more study visits.

A description of this clinical trial will be available on https://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.

The results of this research study may be presented at meetings or in publications, but your identity will not be disclosed.

All blood samples and nasal/nasopharyngeal swab samples will be coded to maintain confidentiality.

The information and any materials or items that you are given about or during the study (such as information regarding the study vaccine or the type of study being performed) should be considered the confidential business information of the study Sponsor. While considering whether to participate in this study or not you are, of course, free to discuss this with your friends and family; you are also free at any time, to discuss your present or future health status.

## 13 CONTROL OF THE ETHICAL ASPECTS OF THE RESEARCH PROJECT

This study was reviewed and approved by Advarra IRB. Although Advarra IRB has approved the information provided in this informed consent form and has granted approval for the study doctor to conduct the study, this does not mean Advarra IRB has approved your participation in the study.

## 14 STUDY RECORDS RETENTION POLICY

For security purposes, especially to be able to communicate with you rapidly, your family name, first name, contact information, and start and end date of participation in this study will be kept by the study site.

## 15 INVESTIGATOR PAYMENT

The Sponsor is compensating the study site for conducting this study.

## 16 WHOM TO CONTACT ABOUT THIS STUDY

During the study, if you experience any medical problems, suffer a research-related injury, or have questions, concerns or complaints about the study, please contact the study doctor at the telephone number listed on the first page of this consent document. If you seek emergency care, or hospitalization is required, alert the treating physician that you are participating in this research study.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact**:**

- By mail:
  Study Subject Adviser
  Advarra IRB
  6940 Columbia Gateway Drive, Suite 110
  Columbia, MD 21046
- or call **toll free**: 877-992-4724
- or by **email**: adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser: Pro00047263.

## 17 PRIMARY CARE PHYSICIAN

If you agree, the study team will inform your primary care physician that you are participating in this clinical study.

## 18 DECLARATION OF CONSENT

I have read and understood the content of this consent form and I freely agree to participate in this research study. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I have been given sufficient time to consider the above information and to seek advice if I choose to do so. I will be given a copy of this signed and dated consent form. By signing and dating the consent form, I have not given up any of my legal rights. I agree to provide my telephone number to receive text messages.

For all participants: I agree to have my leftover samples used by Medicago for further research that may or may NOT BE RELATED to the disease or the experimental vaccines under study. I understand the testing will be done on anonymized samples (meaning that any identification linking me to the sample is destroyed):

✕ YES ✕ NO

The study site staff has my permission to tell my primary care physician about my participation in this study:

❒ YES ❒ NO ❒ N/A

Primary care physician contact information: _____

The study site staff has my permission to request and access my hospital medical files if I am hospitalized during my participation in this study:

❒ YES ❒ NO

Participant's name (printed): _____

Participant's signature: _____

Date: _____ Time: _____

Legally Authorized Representative (LAR) name (printed):

_____ ✕ N/A

Legally Authorized Representative (LAR) signature:

_____ ✕ N/A

Date: _____ Time: _____

Relationship to Participant: _____ ✕ N/A

**WITNESS SIGNATURE FOR PARTICIPANTS WHO CANNOT READ**
The study participant has indicated that he/she is unable to read. This Authorization document has been read to the participant by a member of the study staff, discussed with the participant by a member of the study staff, and the participant has been given an opportunity to ask questions of the study staff.

_____
Printed Name of Impartial Witness

_____
Signature of Impartial Witness Date: _____ Time:_____

***Person obtaining consent***

I have explained the research to the participant in the language he/she understands and answered all of their questions. The participant has freely consented to research participation.

Person obtaining consent (printed name): _____

Signature of person obtaining consent: _____

Date: _____ Time: _____

# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

# FOR CLINICAL RESEARCH CONDUCTED IN THE UNITED STATES

***By signing and dating this authorization (permission) form, you authorize the study doctor and their study staff to use and disclose your Protected Health Information in connection with the study (referenced above) as further described in this authorization. This authorization is designed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations; namely, the Privacy Rule.***

## What is Protected Health Information?

Protected Health Information or "PHI" are records that identify you which are created or collected in the course of this study. This PHI may include, but is not limited to, your name, address, telephone number, date of birth, government-issued identification number, and medical records and charts, including the results of all tests and procedures performed during this study.

## For what purposes can your PHI be used or disclosed by the study doctor or staff?

Your PHI may be used or disclosed by the study doctor or study staff in order to conduct this research study, as necessary for your study-related treatment or payment for such study treatment, to allow the study site to conduct its normal business operations, and to ensure that information relating to this study is available to the parties that need it for research purposes. Another type of disclosure may be to regulatory authorities (for example, the US Food and Drug Administration [FDA]), Advarra Institutional Review Board (Advarra IRB), or other persons required by law to properly conduct and monitor this study, including those verifying the proper collection of study data.

## With whom will the study doctor and study staff share your PHI?

Your PHI may be shared with the following persons or organizations:

- Domestic and foreign regulatory/health authorities, for example, the U.S. Food and Drug Administration (FDA)

- Advarra Institutional Review Board (Advarra IRB)
- The study Sponsor, its current or future research partners, collaborators, assignees, licensees or designees and their affiliates, agents, and employees
- Health care providers who provide services to you in connection with this study
- Other individuals and organizations that analyze your health information in connection with this study, such as laboratories and other study sites participating in this study
- A data safety monitoring committee which oversees this study, if applicable

**Will the PHI disclosed per this authorization be redisclosed?**

Please be aware that after disclosure by the study site, study doctor, or study staff, there is the possibility that your PHI may be shared with other entities and may no longer be protected by applicable privacy laws and regulations.

**What rights do you have to review your PHI?**

You have the right to request access to your PHI from the study doctor named above, but to ensure proper evaluation of test results your access to these records may not be allowed until after this study has been completed.

**Does this authorization expire and can you revoke (withdraw) authorization for the use and disclosure of your PHI?**

This authorization does not expire. In California and any other state that requires an expiration date, the Authorization will expire 50 years after you sign and date this authorization document. However, you may revoke it by providing written notice to the study doctor at the address on page one of this form that you are revoking the study site's, study doctor's and study staff's authorization to use or disclose your protected health information/PHI.

If you revoke this authorization, you will not be allowed to continue your participation in this study and neither the study site, the study doctor, nor the study staff will be able to use or disclose your PHI generated from this study except to the extent that they or the study sponsor has already relied on this information to conduct the study. If you revoke your authorization to use your PHI, no new data will be collected. Ongoing side effects (adverse events) may require continued use of your medical records for monitoring and adverse event reporting.

**Can you refuse to sign and date this authorization?**

You have the right to refuse to sign and date this consent, but you will not be allowed to participate in this study. In addition, while your regular doctor and other treatment providers cannot require you to sign and date this authorization as a condition of providing general treatment, they may require it for study-related treatment.

**STATEMENT OF AUTHORIZATION**

**I agree to share my information as described in this form and I have received a signed and dated copy for my records.** I am not giving up any of my legal rights by signing and dating this form.

Participant's name (printed): _____

Participant's signature: _____

Date:_____ Time: _____

Legally Authorized Representative (LAR) name (printed):

_____ ✕ N/A

Legally Authorized Representative (LAR) signature:

_____ ✕ N/A

Date: _____ Time: _____

Relationship to Participant: _____

✕ N/A

**WITNESS SIGNATURE FOR PARTICIPANTS WHO CANNOT READ**

The study participant has indicated that he/she is unable to read. This Authorization document has been read to the participant by a member of the study staff, discussed with the participant by a member of the study staff, and the participant has been given an opportunity to ask questions of the study staff.

_____

Printed Name of Impartial Witness

_____ _____

Signature of Impartial Witness Date Time: _____

***Person obtaining authorization***

***The information contained in this document was fully and carefully explained to the study participant***.

Person obtaining authorization (printed name): _____

Signature of person obtaining authorization: _____

Date: _____ Time: _____