

**INFORMATION AND CONSENT FORM
AND
AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION**

Sponsor / Study Title: Pacira Pharmaceuticals / “innovations in Genicular Outcomes Registry (iGOR)”

Protocol Number: IOV-REG-001

**Principal Investigator:
(Study Doctor)** «PiFullName»

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KEY INFORMATION

You are being asked to take part in this registry because you have osteoarthritis of one or both knees. As explained in more detail below, a Registry collects information about individuals, often those who have a specific condition. In this Registry, the individuals voluntarily share information about themselves to the Registry.

Your participation is completely voluntary. If you decide not to participate, you will not lose any of the benefits that you are otherwise entitled to. If you choose to participate:

- You will continue to have the same clinical treatment that you would have if you did not participate in the Registry.
- Your participation in this Registry will end after approximately twenty (20) months **or** if you or your study doctor decide you should stop participating.
- You will be asked to keep track of your symptoms and reactions to your treatments at regular intervals.

If you decide not to participate in the Registry, you will continue care with your regular health care team

Please read this consent form carefully and take your time making your decision. As your study doctor or the Registry personnel discuss this consent form with you, please ask him/her to explain any words or information that you do not clearly understand. Please talk with your family and friends before you decide to take part in this Registry. The nature of the Registry, its risks, inconveniences, discomforts, and other important information about the Registry are discussed in this consent form.

INTRODUCTION

This form gives you important information about the Registry. It describes the purpose of the Registry and the risks and possible benefits of participating.

Reading this form and talking to your doctor may help you decide whether to take part in the Registry.

Voluntary Participation. You do not have to participate in this Registry if you do not want to. If you decide to participate, you may leave the Registry at any time. If you decide not to participate or you leave the Registry before it is finished, there will be no penalty to you, and you will not lose any benefits to which you are entitled. Taking part in this Registry is entirely voluntary.

If you wish to participate, you will be asked to read, sign, and date this form using an electronic device such as your smartphone. Before you sign and date this form, be sure you understand what the Registry is about, including the risks and possible benefits to you. You will be asked to read, initial, and date every page. If you wish to participate in this Registry, you must sign and date your name at the end of this form.

WHY ARE YOU BEING ASKED TO PARTICIPATE IN THIS REGISTRY?

You are being asked to participate in this Registry because your doctor has offered you treatment for pain caused by osteoarthritis in one or both of your knees. Such treatments offered by your doctor for your knee osteoarthritis may include, but are not limited to, oral medications, knee joint injections, nerve blocking therapies using freezing cold or heat, or surgery. For these reasons, you may qualify for the Registry.

Approximately 2000 participants will be enrolled in this Registry in the United States.

WHAT IS THE PURPOSE OF THE REGISTRY?

The Registry sponsor is the manufacturer of products used to treat pain, specifically iovera[®], which is a device that uses freezing cold, EXPAREL[®], a numbing medication that is used to block nerves that cause pain and ZILRETTA[®] ~~ilretta~~, a long-acting injectable medication. Your doctor may or may not use these products to treat pain in your knee.

The primary purposes of this Registry are to assess how well treatments for pain caused by knee osteoarthritis or after knee replacement surgery work to reduce pain and improve overall function, as well as how much the treatments affect cost to healthcare systems, such as the hospital or insurance companies. The data collected by this Registry will be provided to your health care team so that they can use it to keep track of their patient outcomes.

WHO IS ELIGIBLE TO PARTICIPATE IN THE REGISTRY?

Registry Requirements. To be eligible for the Registry, you will need to meet the Registry requirements listed below. If you do not meet each of these requirements, you may not participate in this Registry. You may only participate in this Registry if you:

- Have osteoarthritis affecting one or both of your knee joints;
- Are scheduled to receive treatment for your pain due to knee joint osteoarthritis such as medication, knee joint injections, nerve blocking procedures, or knee surgery; and
- Have access to a personal electronic device such as a smartphone or other smart device (such as a tablet) and be able to download and use a certain digital application

(explained in further detail below) to track your symptoms and answer various other questions throughout your participation in the Registry

Disqualifying Conditions. To be eligible for the Registry, you must also be free of any disqualifying conditions. If you have any of these disqualifying conditions, you may not participate in this Registry. Your study doctor can explain each of these conditions in detail. You cannot participate in this Registry if you:

- Are actively enrolled in any research trial related to osteoarthritis or total knee replacement pain management;
- Are planning to have another surgery at the same time as your knee surgery.

WHAT WILL HAPPEN IF I PARTICIPATE IN THE REGISTRY AND HOW LONG WILL THE REGISTRY LAST?

If you agree to participate in this Registry, and are eligible to participate, your participation can last up to approximately twenty (20) months. This includes up to sixty (60) days prior to the time you receive any treatments for your knee osteoarthritis and up to eighteen (18) months following the time you receive treatment for your knee osteoarthritis. If you are scheduled to have knee replacement surgery or a subsequent treatment while you are participating in the Registry, the schedule will be re-set and you will be followed for up to 18 months .

SCREENING PERIOD

If you agree to take part in the Registry, you will be “screened” for the Registry, prior to receiving your first treatment for your knee osteoarthritis. This means that you will be asked questions about your medical history, surgical history, and medication use to determine if you meet all requirements to participate in the Registry and are free of any disqualifying conditions. Also, at this time you will be:

- Provided instructions on using an application on your personal electronic device that will allow you to track and report your symptoms, medications, sleep quality and mood throughout your participation in the Registry.
- Asked about your current pain level.
- Asked to fill out several questionnaires to assess your knee function, sleep quality, and mood.

After reviewing your health information, your study doctor will determine if you can be in the Registry. If you are not eligible to participate in the Registry, your study doctor will discuss the reasons with you and will discuss other possible options.

You will be asked to read this informed consent form. If you agree to be in the Registry, you must sign and date this form before any screening visits or any other Registry procedures take place. You are strongly encouraged to review this informed consent form thoroughly and make sure that all of your questions/concerns are answered by your study doctor prior to signing and dating this form. Once the informed consent form is signed and dated by you, then you will be provided a copy of the informed consent form for your records.

ENROLLMENT INTO THE REGISTRY

You will be notified by the registry team whether or not you are qualified to enroll in the Registry.

DAILY DIGITAL DIARY – ePRO Application

If you qualify for the Registry and choose to participate, before you receive treatment for your knee osteoarthritis, you will be asked to download an electronic patient reported outcome application (“ePRO Application”) onto your smartphone or tablet for you to answer questionnaires. You will be asked to answer questions on a regular basis about the level of pain that you experience, to record any medications you take, to record the quality of your sleep, and to record changes in your mood. You will be asked to record this information beginning immediately upon downloading the ePRO Application and throughout your Registry participation. The registry team will give you instructions on how to use the ePRO Application and about who to contact if you have any questions about the Application, its use, or any technical problems, such as if it stops working.

REGISTRY TESTS & PROCEDURES

This is a Registry, which means that you will not be treated any differently than if you were not participating in the Registry, but that we will collect data throughout your treatment and recovery. Your doctor will determine the treatment that is the best for you and that will not change by your participation in the Registry. There is also no chance that you will receive a placebo (a substance that looks like a medication but does not have any medicine in it), an investigational drug or any investigational medical device treatment because of your participation in this Registry. The registry will only involve your routine standard of care.

TREATMENT VISIT

Your first treatment visit will be scheduled up to sixty (60) days after you begin your participation in the Registry. At this visit, you will undergo the treatment or treatments that you have discussed with your doctor. During this visit, you will also be asked to:

- Confirm your eligibility to participate in the Registry.
- Update your medical and surgical history.
- Update your medication information.

DAILY & WEEKLY QUESTIONNAIRES

You will be asked to record your pain score daily for the five (5) days following your treatment. After your treatment you will also be asked about your use of medications to treat pain. The intent of these questions is to assess your pain and medication use for knee pain.

Beginning the week after your treatment, you will also be asked to complete seven (7) or eight (8) questionnaires (total number of questionnaires will vary depending upon whether you are scheduled for knee joint surgery during the Registry period) once per week for a maximum of six (6) weeks (or, if applicable, until you undergo your scheduled knee joint surgery) using the ePRO Application. The intent of these additional questionnaires is to assess your pain, functionality, sleep quality, health related quality of life, satisfaction with pain management and medication/therapy utilization for pain.

ADDITIONAL FOLLOWUP QUESTIONNAIRES

You will be asked to complete 9 additional sets of questionnaires over the Registry period. These sets of questionnaires will be provided to you on each of months 2,3,4,5,6,9,12,15 and 18 following your treatment (if you are not scheduled for knee joint surgery) or your knee joint surgery (if you are scheduled for knee joint surgery). The additional sets of questionnaires will include between

7-8 questionnaires to assess your pain, functionality, health related quality of life, sleep quality, satisfaction with pain management and medication/therapy utilization for pain.

TELEPHONE CALLS

In the event that you are unable to complete one or more questionnaires provided throughout the Registry, the Registry personnel will reach out to you by telephone to help you complete the questionnaire(s).

WHAT ARE THE POTENTIAL RISKS OF MY PARTICIPATING IN THIS REGISTRY?

All of the tests, procedures, and/or medications that you receive while you participate in this Registry are routinely used to treat your condition. You would receive these tests, procedures, and/or medications even if you were not participating in this Registry. As such, there are no additional physical or health risks associated with your participation in this Registry. You should discuss with your study doctor the relevant possible side effects and complications associated with any treatments your doctor recommends for your knee osteoarthritis.

As part of this research, you may be required to use one or more of the following: a phone or web app/ site, or an electronic study diary (eDiary) that tracks information about you. While using these, information about you may be collected and shared with the researchers or people outside of the study. This data might include personal health information, location, call logs, text message history, web browsing history, or social media use. A complete description of the data collection and sharing for an app, eDiary, or device can commonly be found in the Terms of Use, End User License Agreement, or Privacy Policy. If you would like to read these documents, request a copy or instructions about how to access this information from the study doctor.

While the Terms of Use, End User License Agreement, or Privacy Policy may include statements limiting your rights if you are harmed as a result of your use of the app, eDiary, or device in this study, you do not release the investigator, sponsor, institution, or agents for responsibilities from mistakes. You also do not waive any of your rights as a research subject.

A description of this clinical trial will be available on <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.

PRIVACY AND SECURITY RISKS INCLUDING FROM USING THE ePRO APPLICATION

Records of your participation in this study will be held confidential except when sharing the information is required by law or as described in this informed consent. The Investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the United States Food and Drug Administration (FDA) and the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name.

The confidentiality of your Registry-related records (including information transmitted from the ePRO application) will be maintained throughout the Registry. Registry data will be stored in secure electronic format and personally identifiable information will not be disclosed without your express permission or as set forth or otherwise authorized by you in this form.

Sensitive personal information will be stored electronically in a password-protected manner so that only authorized Registry staff may access your information. Sensitive data elements,

including identifiable health information or other sensitive or identifiable information will be stored in encrypted-at-rest format, although in most cases, your health information will have a code number instead of any identifiable information as further described in the “Use and Disclosure of De-Identified Information” subsection under the “How will My Personal Information be Used and Shared” section below.

As with other mobile applications, the ePRO Application used in this Registry may pose risks to your privacy and personal health information. Because personal information is being transmitted over the internet, there is some risk of accidental disclosure of your personally identifiable information and that your information could be accessed or read by a third party.

While security measures are in place to prohibit unauthorized access to your Registry-related records, there is a risk that your personal information may be disclosed to an unauthorized individual. You may be notified if it is determined that your privacy has been compromised. Please ask your study doctor if you would like to know more about how your information will be protected while you are in this Registry.

WHAT IF NEW INFORMATION BECOMES AVAILABLE ABOUT TREATMENTS I RECEIVE?

Sometimes during a Registry, new information becomes available about treatments you may have received during the Registry. If this happens, the Registry staff will inform you as soon as possible of any significant new findings that are discovered during the Registry that could affect your decisions about the health care you receive.

WHAT ARE THE POTENTIAL HEALTH BENEFITS IF I PARTICIPATE IN THIS REGISTRY?

Although there are no direct health benefits to you from participating in this Registry, the knowledge obtained from the results of this Registry may be of benefit to you or others. There is no guarantee that being in this Registry will help your knee pain or other symptoms. Your pain might not get better or may even get worse during or after you are in this Registry.

WHAT ARE MY ALTERNATIVES IF I DO NOT PARTICIPATE IN THIS REGISTRY?

You do not need to participate in this Registry in order to receive treatment for your knee osteoarthritis. Your doctor will offer you the same treatments regardless of your participation in this Registry and you will not be penalized in any way for deciding not to participate in this Registry.

DOES IT COST ME ANYTHING TO PARTICIPATE IN THE REGISTRY?

There is no additional cost to participate in the Registry. All of the tests, procedures, and/or medications that you receive while you participate in this Registry are routinely used to treat your condition. You would receive these tests, procedures, and/or medications even if you were not participating in this Registry. You and/or your health plan/insurance will, therefore, be responsible for paying for your care. You will also be responsible for any co-payments or deductibles required by your insurance. Some health plans/insurance companies will not pay the costs associated with these tests, procedures, and/or drugs.

WILL I BE PAID TO PARTICIPATE IN THE REGISTRY?

Your participation in this registry is voluntary. For your time, you will receive \$20 for every virtual or onsite visit in which you have completed all the required questionnaires. You may receive up to \$420.00 for being in the study.

WHAT IF I AM INJURED DURING THE REGISTRY?

The participants enrolled in this registry will receive routine care as per their physician's standard of practice. All decisions on clinical management are made by the treating physicians as part of routine care, and independent of participation in this registry. If you are injured while participating in this Registry, you should seek medical help immediately. In the event of an emergency, dial 911. If you require emergency care, be sure to contact your doctor as soon as possible. You can contact your study doctor, in person or call at the phone number listed on page one of this document.

If you suffer from an illness or injury that is related to any treatment that you receive during your participation in this Registry, the Sponsor will not be responsible for paying for any of the medical expenses that are necessary to treat such illness or injury or that are not otherwise covered by your medical insurance.

MAY I LEAVE THE REGISTRY EARLY?

Taking part in this Registry is strictly voluntary. You do not have to take part in this Registry. During the Registry, you may change your mind and leave the Registry by withdrawing your consent at any time, for any reason or for no reason, without penalty. Your decision not to take part in this Registry, or to withdraw from the Registry, will not result in any penalty or loss of benefits to which you are otherwise entitled. If you want to stop being in the Registry, tell your study doctor.

If you leave the Registry early, your study doctor and Registry staff will still be able to use your information that they have already collected.

CAN MY PARTICIPATION IN THE REGISTRY BE STOPPED?

Your participation in this Registry may be stopped by your doctor, the IRB, the FDA, or the sponsor without your consent for any of the following reasons:

- If Registry participation appears to be harmful to you.
- If you fail to follow instructions provided by your study doctor or registry team.
- If it is discovered that you do not meet the Registry requirements.
- If the Registry is canceled.
- If your study doctors decide, for safety reasons, to stop your participation.

If your participation in the Registry is stopped, your study doctor and Registry staff will still be able to use your information that they have already collected.

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
6100 Merriweather Dr., Suite 600
Columbia, MD 21044

- or call **toll free:** 877-992-4724
- or by **email:** adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser:
Pro00050981.

FOR CALIFORNIA SITES ONLY
SUBJECT'S BILL OF RIGHTS

You will be given a separate copy of the California Experimental Research Subject's Bill of Rights. If you have not received a copy of this document, please notify study staff.

CONSENT

I have been invited to participate in a Registry, REG-IOV-001. I understand that my participation in this Registry is entirely voluntary, and that there will be no penalty or loss of benefits to which I would otherwise be entitled if I refuse to participate or stop my participation at any time during the Registry.

I have read this informed consent form, the Registry has been explained to me, and my questions have been answered. I have been informed of my rights as a Registry participant. I understand the information in this document, and I will keep a copy with this completed signature page.

By signing and dating this consent form, I am agreeing to participate in this Registry.

By signing and dating this form, I do not give up any of my legal rights.

I will be provided with a copy of this informed consent form that I am signing and dating.

Printed Name of Participant

Signature of Participant

Date

I attest that the individual providing consent had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to participation in this Registry.

Printed Name of Person Explaining Consent

Signature of Person Explaining Consent

Date

HOW WILL MY PERSONAL INFORMATION BE USED AND SHARED?

Purpose of the HIPAA Authorization

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects your individually identifiable information (referred to as protected health information or PHI). HIPAA and its privacy and security regulations require you to authorize in writing the use and disclosure of your PHI so researchers can use or disclosure your PHI. The following describes how your PHI may be used or disclosed during this study.

By signing and dating this consent form, you agree to authorize the use and sharing of your PHI collected during the study, including the information you enter into the ePRO device, for the purposes listed below. You are not required to provide your authorization. However, if you choose not to authorize the use and sharing of your PHI to the groups identified below, this will not affect your right to regular medical care, but you cannot participate in this Registry, and you should not sign and date this consent form.

I authorize the doctor and Registry staff to create, access, use, and disclose my PHI for the purposes described below.

Use and Disclosure of PHI

As part of this Registry, the study doctor and Registry staff will use and disclose your PHI. In some cases, your PHI may be disclosed to certain other individuals, agencies and third parties to verify that the study is being conducted properly. Additionally, your PHI may be disclosed to personnel of the following agencies and entities in addition to the study doctor and Registry staff without additional consent from you:

- The study sponsor, Pacira Pharmaceuticals, and its affiliates, designees and their successors or assigns.
- The U.S. Food and Drug Administration (FDA).
- Other government agencies in the United States and other countries.
- Advarra Institutional Review Board (IRB - a group of people who review research studies to protect the rights and welfare of research participants).
- The independent review committee – a group of biostatisticians and data scientists who will review interim study results and advise the sponsor on any adjustments in sample size or statistical analysis plan

Your PHI may be used for the following purposes:

- As information in this Registry.
- Publication or other sharing of study results, data, and other information (such as in professional writings, at professional meetings, and in the sponsor's product information and/or advertising or other promotional materials) in a manner that will not reveal your personal identity. Your name and other identifying information will not be disclosed, your information will be treated confidentially.
- To fulfill the regulatory authorities' reporting requirements, inspection requests, or other requirements by federal law or by the sponsor's policies or procedures, although certain reporting obligations or inspections may not require your authorization.

While the Registry team will make every effort to keep your personal information confidential, it is possible that an unauthorized person might see it. We cannot guarantee total privacy.

Use and Disclosure of De-Identified Information

In most cases, your health information will have a code number instead of any identifiable information (such as, name, address, social security number, or other identifiers as described by HIPAA). That information is not considered PHI but will be considered de-identified (De-identified Information). If you agree to participate in this Registry, the study doctor and Registry staff may also use and disclose your De-identified Information. The study doctor and Registry staff may share the De-identified Information with others to perform additional research, place it into research databases, share it with researchers in the U.S. or other countries, or use it to improve the design of future studies. They may also publish it in scientific journals, or share it with business partners of the sponsor, and file applications with U.S. or foreign government agencies to get approval for new drugs or health care products.

Potential for Rediscovery of PHI

HIPAA may not apply to everyone who receives your PHI. As such, your information may not be protected by HIPAA once it is shared with certain individuals or entities listed above. There may, however, be other laws that protect your information from improper use.

Access to Your PHI

To maintain the integrity of this Registry, you might not have access to any PHI developed as part of this Registry until it is completed. At that point, you may access your PHI.

Revocation of this Authorization

You may revoke or cancel your authorization to use and share your information at any time, but you must do so by writing to the study doctor. You cannot participate in this study after you revoke your authorization, but PHI collected before you revoked your authorization will still be used and disclosed as described above.

Expiration of this Authorization

This authorization to use and share your information will otherwise expire 50 years after you sign and date the authorization form.

Printed Name of Participant

Signature of Participant

Date