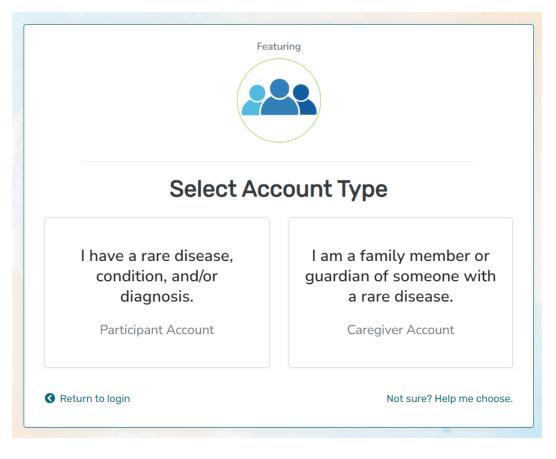


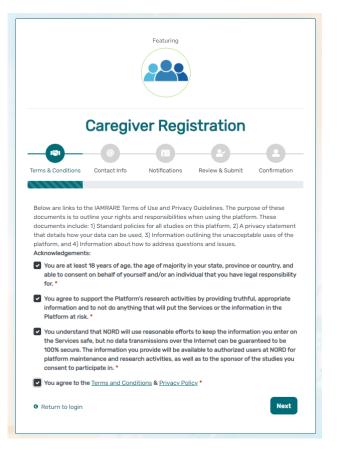
LGMD2A/Calpainopathy Registry Participant User Guide

Register for an Account

- <u>Step 1:</u> Select the appropriate Account Type. If you need more information to help you choose, click "Not sure? Help me choose".
 - If **you** have a diagnosis of LGMD2A/Calpainopathy, select **Participant Account**.
 - If you are entering information for **someone else** who has LGMD2A/Calpainopathy, select **Caregiver Account**.



• <u>Step 2:</u> Read the Terms and Conditions and Privacy Policy and attest to the statements provided. When you are finished with this page, click "Next".



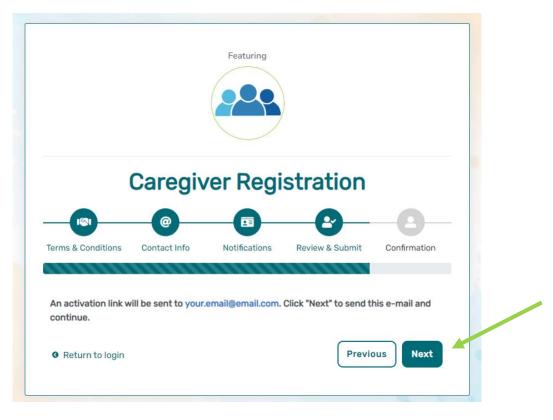
• Step 3: Enter your personal information in the spaces provided. When you are finished with this page, click "Next".

	Caregiv	er Regi	stration		
			8 0		
erms & Conditions	Contact Info	Notifications	Review & Submit Confirmation		
Country of Resider					
		Notifications Last Nan			
Country of Resider			ne *		
Country of Resider		Last Nan	ne *		
Country of Resider		Last Nan	ne *		

Step 4: Select whether you are interested in being contacted by NORD regarding available studies. When you are finished with this page, click "Next".

	Caregiv	ver Regi	stration	
	@			-8-
Terms & Conditions	Contact Info	Notifications	Review & Submit	Confirmation
I am interested in N	IORD contacting m	ne regarding availab	ble studies. *	
⊖ Yes ⊃ No				
G Return to login			Previ	ous Next

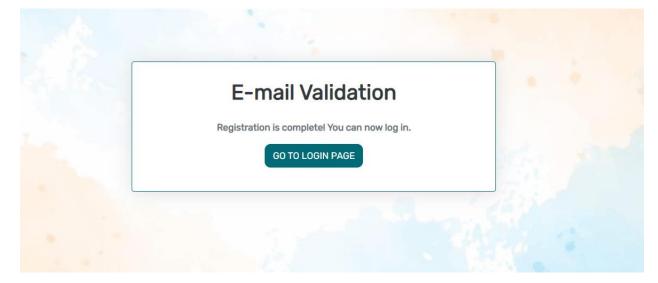
• Step 5: Select "Next" so that an activation link is sent to your e-mail to complete registration.



• Step 6: Click the link you are sent via e-mail. Please check your Spam folder if you do not see the e-mail. You will be taken to the following screen in a new tab within your browser. Set your password and click "Submit".

E-mail Validat	ION
Your e-mail your.email@email.com has been Please create your password i	
assword	
Password	
A password must be at least 8 characters long:	×
- contain 1 uppercase letter - contain 1 lowercase letter	×
- contain 1 digit	×
- not contain text from top 1000 commonly used	passwords X
epeat Password	
Repeat Password	
SUBMIT	

• Step 7: Your validation is now complete. Select "Go to Login Page".

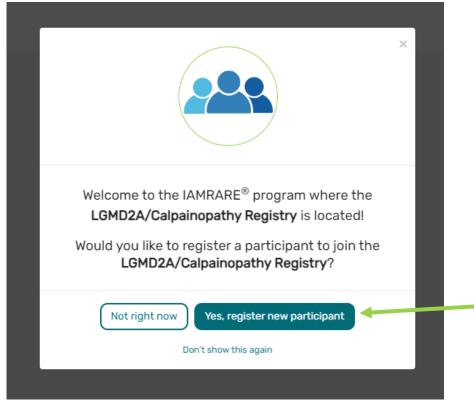


• Step 8: Log in using your new e-mail and password.

e-mail				
password				
Keep me logged in				
•)	LOGIN			
▲ Forgot Password	+ Create an Account			
y logging in, you agree to NORD's <u>Priva</u>	cy Policy & Terms and Conditions			
	aturing			
Fea				

Add a Participant

• Step 1: To start, click Yes, register new participant.



• Step 2: Fill out the Participant's information.

Acknowledgement*		
 By checking this box, you acknowledge that inform and in ways that will not reveal who you are. Feder officials (or sponsors) who are responsible for mon in any publications. 	al or state laws may require us to show	information to university or government
Who Is Being Added as a Participant?*	⊖ Self	Other
Preferred First Name *	Current Last Name*	
Preferred First Name *	Current Last Name	*
First Name on Birth Certificate *	Middle Name on Birth	n Certificate *
First Name on Birth Certificate *	Type 'NA', if none	
Last Name on Birth Certificate *	Date of Birth *	
Last Name on Birth Certificate *	Date of Birth *	
Sex Recorded on Birth Certificate • 🔞		
Female	~	
Country of Residence *	State/Province of Res	sidence*
United States	▼ State/Province/Reg	ion
Country of Birth *	City/Municipality of E	Birth *
United States	▼ Hillville	

Consent to the Study

• Step 1: Click on "Yes, complete consent for this participant."

Thank you for registering your first participant! Would you like to consent to participate in the LGMD2A/Calpainopathy Registry?		×
Not right now Yes, complete consent for this participant.	Would you like to consent to participate in the LGMD2A/Calpainopathy Registry?	

Step 2: Scroll down and read through the consent form thoroughly. Once you finish each page, click the "Next" button. Once you reach the Authorization form, read through the statements thoroughly. If you are comfortable consenting to participate in the study, please read each statement and authorize your consent. After checking the boxes, click "Next."

Consent to LGMD2A/Calpainopathy Registry

Consent for a Person with a Legally Authorized Representative (Caregiver)

Title: LGMD2A/Calpainopathy Registry

Principal Investigator: Jennifer Levy, PhD, Scientific Director, Coalition to Cure Calpain 3

Phone: (203) 293-8864

Email: Registry@CureCalpain3.

Key Information

You are invited to take part in a research study for individuals with Calpainopathy on behalf of the person in your care. We hope that this form will help you decide whether or not to participate, but you can also call or e-mail the study staff at the contacts above if you have any other gu

Things you should know:

- The purpose of the study is to improve the understanding of the symptoms of Calpainopathy and how they change over time. The study will also allow participants, if they choose, to be contacted about research studies and clinical trials.
- . If you choose to participate on behalf of the participant, you will be asked to complete web-based surveys when you enroll and at least once a year. This will take approximately 30 minutes to complete
- In you choose to participate on behaling the participate on behaling the participate on behaling to the participate on behaling the participate on behaling to the participate on
- legally authorized representative for the Study Participant, we encourage you to discuss the registry with the Study Participant to the extent compatible with their understanding. Detailed information about your participation in this study folk

Purpose of this Informed Consent Docum

This document will give you the information for you to decide if you want to join this study on behalf of the participant or not. This consent document is structured to follow the framework provided by federal regulations. While we hope the information we provide will answer most of your questions, it may not answer them all. If you have any remaining questions, please contact the Principal Investigator at the phone or email listed above.

Definitions

For the purpose of enrolling in this registry, a legal adult is defined as a person who is at least 18 years of age, the age of majority in their state, province or country, and able to consent for themselves or on behalf of a Study Participant. On this form, "Study Participant* refers to the person with Calpainopathy (including LGMD2A, LGMDR1 Calpain 3-related, LMGD1, and LGMDD4 Calpain 3-related) who is not of legal age or is an adult who requires someone to act on their behalf. Registry information will be collected on individuals who have Calpainopathy. "You" refers to the person reading this form and providing the information; in this case a family member or guardian who is legally responsible for the healthcare of the Study Participant. "We" refers to the organization, Coalition to Cure Calpain 3.

Institutional Review Board (IRB) is an independent group that reviews research proposals to make sure they properly protect participants.

Consent to LGMD2A/Calpainopathy Registry

Authorization

The following statements are intended to:

- · Make sure that you have had the time and opportunity to consider whether you and the Study Participant want to participate in this registry;
- Have had your questions answered; and Agree to participate in the study as described.
- You will be asked to acknowledge:
 - · That you have read the consent form and have no further questions about the registry and the Study Participant's participation;
- That you wish to provide the Study Participant's personal data to the registry for the purposes of the Study
 That you allow for this data to be used for future research;
 That you have explained the study to the Study Participant to the extent they are able to understand; and

That you are of legal age.

This is a web-based form. Your digital signature is the same as if you had signed your name to a paper document. By answering "Yes" to all of the following statements, you are giving your consent to participate in the LGMD2A/Calpainopathy Registry on behalf of the Study Participant. All four items must be checked "Yes" to participate in the LGMD2A/Calpainopathy Registry. After signing, a copy of the consent form will be emailed to you. If you cannot comfortably answer "Yes" to these statements, please do not check the conse boxes in the following section.

V I have read this Consent and Authorization Form to provide the Study Participant's personal and medical data to be shared for the purpose of research. All my questions about the LGMD2A/Calpainopathy Registry have been answered to my satisfaction, and I understand the purpose of the registry and the risks of participation.

V I wish to provide the Study Participant's research data to the LGMD2A/Calpainopathy Registry for the purposes described above under Study Aims.

V I wish to provide the Study Participant's research data to the LGMD2A/Calpainopathy Registry for future research within recognized ethical standards for scientific research, as described under How We Use Your Data

• Step 3: Once you click "Next" and reach the Thank You page, click "Continue to Opt-Ins".

Consent to LGMD2A/Calpainopathy Registry

Please continue to select your opt-ins. Once you have made your selections, please click Save and Review. You will then be ready to take surveys and participate in this study.	
Previous Continue to Opt-Ins	

×

• Step 4: Once you click "Continue to Opt-Ins" read through the opt-ins thoroughly. If you would like to receive information about the topic, check the box, and click "Save and Review".

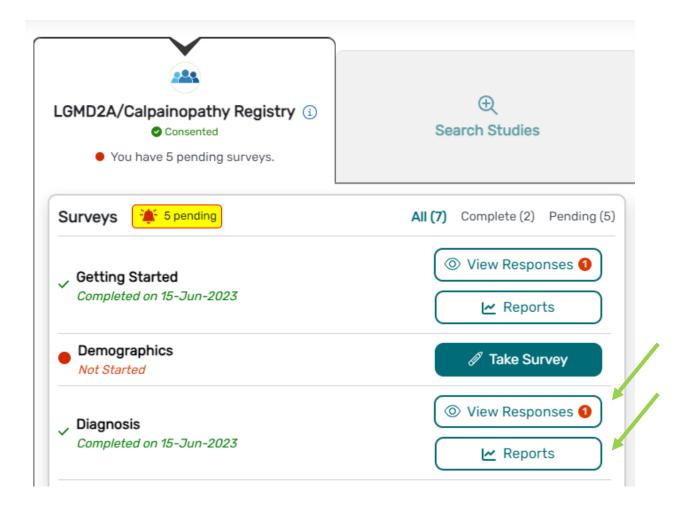
Opt-Ins for LGMD2A/Calpainopathy Registry	×
Select Opt-Ins for this study	
Interest in hearing about clinical trials you may be eligible for	
Interest in donating specimens or DNA (biobanking) for future research	
Interest in genetic testing	
☐ If eligible, I have interest in receiving Coalition to Cure Calpain 3's merchandise that would be	
sent via electronic or postal mail Interest in hearing about news and other studies from Coalition to Cure Calpain 3	
Interest in learning about upcoming events such as webinars and conferences	
Save and Revie	w

• Step 5: Once you've reviewed your consent, click "Close". You will then have access to start taking surveys.

LGMD2A/Calpainopathy Registry (i) Consented • You have 1 pending surveys.	€ Search Studies		
Surveys 1 pending	All (1) Complete (0) Pending (1)		
Getting Started Not Started	🖉 Take Survey		

View Responses and Reports

• Step 1: Once you have submitted a survey, you are able to view your responses to that survey as well as the graphs for any questions that are programmed to show graphs. Click "View Responses" to see your completed survey. Click "Reports" to see any available graphs.



View Consent and Opt-Ins

• Step 1: Once you have consented to the study, you are able to view your consent at any time. Click "Consents/Opt-Ins" to see your consent and opt-ins. You may revoke your consent at any time by clicking "Revoke". You may also edit your Opt-Ins by clicking "Opt-Ins".

	YOUR PARTICIPANTS	CONSENTS/OPT-INS	Jane Smith C 5-May-2005			
	Jane Smith	A Study Name	♦ Consent Status	Consented On	♦ Actions	1
	🚊 Reminders 🧿	LGMD2A/Calpainopathy Registry	✓ Consented	6-Jun-2023	❷ View Consent	⊗ Revoke (ﷺ Opt-Ins.
	Consents/Opt-Ins	Page 1 of 1				< 1 >