

WIDER USE OF ACE INHIBITORS OR ANGIOTENSIN II RECEPTOR BLOCKERS FOR COMMON DISEASES

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DATE: _____

NAME: _____

1. _____, working in collaboration with Dr. David W. Moskowitz of GenoMed, Inc., an American for-profit company, has requested my participation in a research study sponsored by GenoMed, Inc. This research could result in a profit for GenoMed, Inc. The title of the research is "Use of Angiotensin II Inhibition for New Diseases."
2. I understand that the purpose of this research is to see if common diseases, such as influenza ("the flu"), may respond to ACE inhibitors or angiotensin II receptor blockers (ARBs). ACE inhibitors have been used for over 20 years to treat high blood pressure and heart and kidney disease. ARBs have been used for the past decade to treat high blood pressure.
3. My participation will involve being treated with an ACE inhibitor or an angiotensin II receptor blocker (ARB), filling out a questionnaire on how I'm doing, and allowing my doctor to share the details of my medical chart with Dr. Moskowitz at GenoMed. GenoMed would like to follow how I do for as long as I wish to continue participating in the study, i.e. for years if the ACE inhibitor or ARB is having a good effect.
4. I understand that there are possible risks to me if I agree to participate in the study, primarily the side effects of any ACE inhibitor. These include a dry cough in up to 10% of patients, swollen lips ("angioedema") in up to 1% of patients, and, very rarely, suppression of white cells in 1 patient per 10,000. Side effects of ARBs are much less frequent. In any event, Dr. David W. Moskowitz can be reached by telephone at (314) 983-9933.
5. **PATIENTS WITH AN ALLERGIC REACTION TO AN ACE INHIBITOR MAY BE TRIED ON AN ARB INSTEAD. PATIENTS WITH AN ALLERGIC REACTION TO AN ARB ARE INELIGIBLE FOR THIS STUDY.**
6. My name will not appear in any publications or presentations of the results of the studies which are produced by this investigation.
7. I am aware that my participation in this study may be of no benefit to me, in other words, the ACE inhibitor or ARB I take may not help my disease.
8. I understand that the alternative is nonparticipation in this study.

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- 9. I understand that my participation is voluntary and that refusal to participate will involve no penalty to me or loss of benefits to which I am otherwise entitled. I also understand that I may withdraw from this research study at any time without penalty or prejudice.
- 10. Any questions that I may have concerning my participation in this research study will be answered by Dr. David W. Moskowitz who can be reached at (314) 983-9933.
- 11. I understand that GenoMed does not provide compensation to human subjects in the event the research results in physical injury; however, this does not mean I have waived my legal rights by signing this form.
- 12. I am aware that the purpose of this research is to learn more about the treatment of common diseases, such as multiple sclerosis, viral diseases, and cancer. I am also aware that GenoMed, Inc. is undertaking this research because the company believes it could result in a substantial profit for the company. At this time it is not possible to predict whether any new information will be obtained from this work, or, if obtained, what the nature of that information will be. As stated previously, it has been explained to me that the results of any studies will be maintained as confidential; the possibility of a break of confidentiality is rare, but not impossible. Every effort will be made to keep these records private.
- 13. I have read the above statement and I have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I believe I understand the purpose of this study as well as the potential benefits and risks that are involved. I hereby give my informed and free consent to be a participant in this study.

Date

Signature of Subject

Printed Name of Subject

Signature of Witness

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14. I certify that I have explained to the above individual the nature and purpose, the potential benefits and possible risks associated with participation in this research study, have answered any questions that may have been raised, and have witnessed the above signature.
15. I have provided the subject/patient a copy of this signed consent document.

Date

Signature of Investigator

PLEASE RETURN SIGNED DOCUMENT TO GENOMED, INC. 9666 OLIVE BLVD.,
SUITE 310, ST. LOUIS, MO 63132 OR FAX TO 314-983-9939.