

**Amicus Investigator-Initiated Study**

By applying for support of an Investigator Initiated Study, you agree that the personal data submitted by you and collected by Amicus may be processed for conducting and facilitating any interactions between you and Amicus in connection with your enquiry about research related funding and any related interactions, in each case in accordance with the GDPR and all other applicable laws (the “**Purposes**”).

In order to carry out the aforementioned Purposes your personal information may be disclosed to Amicus’ authorized personnel within Amicus’ affiliates, who may be located outside of your home country, including to the U.S. or to other non-EEA countries. Your data will be processed in accordance with Amicus’ Global Privacy Policy, but you will have the right to access, rectify, or erase your personal data that is being processed by Amicus at any time. You may also withdraw your consent, following which Amicus will no longer be able to communicate or otherwise interact with you, whether for the Purpose or otherwise.

To exercise these rights, or if you have concerns about Amicus’ processing of your personal data, please address these to: dataprivacyofficer@amicusrx.com.

Amicus’ receipt of the Full Protocol does not and will not constitute a legally binding agreement or commitment to enter into an agreement

|  |
| --- |
| **Amicus Investigator-Initiated Study** **Full Protocol** |
| **Section #1 – Amicus IIS Full Protocol Identification** |
|  | **Requirements for Submitting a Full Protocol** |
| **Study Title:** | The title of the protocol should include study design, indication, and where applicable, dosage, dosage form, and comparative agent(s). |
| **Request Date:** |  |
| **Institution Name** |  |
| **Investigator Contact Information:*** Full address
* Phone No.
* Fax No.
* e-mail address
 |  |
| **Section #2- Core Protocol** |
| **2.1 Objectives & Hypotheses**  | 2.1 List the objectives. The objectives must clearly define and specifically state what the study is intended to accomplish. 2.1.1 List the clinical hypotheses. The primary efficacy and safety hypotheses should correspond directly with the primary objectives of the study. All hypotheses should be in the order of priority.  |
| **2.2 Background & Rationale, Significance of Selected Topic & Preliminary Data**  | Reasons for conducting the clinical study based on current knowledge of the product and /or disease state so that the study is presented in the proper perspective. Include the rationale for conducting the study and selecting the dose(s). Selected literature references critical to the study design, dosage selection, or rationale for the study should be cited, as appropriate.  |
| **2.3 Study Design** | Concise overview of the study design stating the type of experimental design (observational or interventional; randomized block, crossover, etc.); whether the study is controlled (treatments other than the test product and/or placebo); whether the study is open or blinded/masked (single blind or double blind); the number of study centers (single or multicenter). The total number of patients included in the study and how they will be assigned to treatment groups must be indicated. When appropriate, state if the patients will be stratified. The procedures must be clear and concise. A description of the specific patient population to be studied should be stated. Both inclusion and exclusion criteria should be listed.Study Design: (check all that apply; double click the box to change default value to “checked”):

|  |  |  |
| --- | --- | --- |
| [ ]  Observational[ ]  Interventional[ ]  Controlled* [ ]  Placebo
* [ ]  Other product:
 | [ ]  Prospective (participants followed overtime for outcomes)[ ]  Retrospective (reviewing pre-existing data from charts, databases etc. for outcomes) | [ ]  Randomized[ ]  Unrandomized[ ]  Crossover |
| [ ]  Blinded: * [ ]  Single
* [ ]  Double

[ ]  Unblinded/Open label | Are treatments part of the study (whether administered as part of the study protocol [interventional] or normal clinical practice [observational])? [ ]  Yes[ ]  NoIf yes, please list: |
| [ ]  Multi-center* Number of centers:

[ ]  Single-center | Are procedures part of the study? [ ]  Yes[ ]  NoIf yes, please list: |

Patient population: * A description of the specific patient population to be studied should be stated (e.g. age group, underlying diseases, sex).
* The total number of patients included in the study
* How they will be assigned to treatment groups must be indicated
* When appropriate, state if the patients will be stratified.

Inclusion/Exclusion criteria: * Both inclusion and exclusion criteria should be listed.
 |
| **2.4 Study Flowchart** | A study flow chart is recommended. It should display all clinical and laboratory measurements and the time periods (e.g., hours, days, weeks) at which data are to be collected. |
| **2.5 Study Procedures** | Describe the initial screening period(s), baseline period(s), treatments to be compared, study configuration (parallel, crossover, etc.), duration of the treatment period(s), control group(s), follow-up procedures, and length of time specified for washout intervals and safety follow-up.  |
| **2.6 Study Duration** | * Estimate the length of time (e.g., number of days, weeks, months) required to recruit patients, perform assays, and complete the study.
* Estimated start date (of recruitment / analysis):
* Estimated end date (of recruitment / analysis):
* Estimated date of study report / publications:
 |
| **2.7 Statistical Analysis and Sample Size Justification**  | Power/Sample Size:In studies with hypotheses, minimally, for the primary endpoint of the study, a power statement needs to be included to show the detectable difference relative to the primary hypothesis. For example:Based upon a sample size of n=40 patients per group, this study has 80% power to detect a 5.4 mmHg difference between groups in systolic blood pressure; this calculation is based on a between subject standard deviation of change of 9 mmHg for systolic BP (reference for where this variability statement originated).In estimation studies, the precision of the primary/secondary estimations needs to be given with the sample size of the trial. State who will be responsible for analyzing the study data (Investigator, contract CRO, etc.). When appropriate state how the blind will be maintained during the study, as appropriate, and when the data will be un-blinded.Variables/Time Points of InterestAll variables (primary and secondary) that are listed in the study hypotheses, and the time points at which they will be analyzed, need to be described. Efficacy variables discussed in this section should have been included as part of an objective or hypothesis section.MultiplicityIf appropriate, describe the multiplicity approach to support the statistical conclusions of the trial. Statistical MethodsAll planned primary analyses and key secondary analyses should be discussed in this section. If other secondary and tertiary analyses are planned, include a statement describing these additional analyses. Describe the statistical methods that will be used for the primary hypotheses or estimation. State the statistical tests which will be used (e.g., ANOVA, Kaplan-Meier) along with other important considerations (e.g., factors in ANOVA, pre-specification of covariates, strata for Mantel-Haenszel, use of historical controls). |
| **2.8 Specific Drug Supply Requirements**  | The following should be indicated in the study protocol or provided by the investigator:Indicate whether your institution's pharmacy will require bulk supplies from Amicus (one large container with tablets, capsules, etc.). If bulk supplies are provided, indicate if your institution's pharmacy will responsible for filling individual patient containers, labeling the containers and performing the blinding of the supplies. A description as to how the clinical supplies are to be packaged and labeled for each patient should be added to the protocol.If Amicus is packing and labeling the containers, provide a translation of the label text and patient instructions in your native language. If a study is to be conducted in a country within the European Union and follows the EU Clinical Trial Directive, the EUDRACT number must be obtained by the investigator and provided.Note: At conclusion of the study or upon drug expiration, Amicus will be responsible for issuing a Drug Disposition Letter to the investigator for US based studies. For US and non-US studies, the investigator will be responsible for the destruction of the supplies at the study center pursuant to the ICH/GCP Guidelines, local regulations and the investigator’s institutional policies. Clinical supplies must be received by a designated person at the study site, handled and stored safely and properly, and kept in a secured location to which only the investigator and designated assistants have access. Clinical supplies are dispensed in accordance with the protocol. The investigator is responsible for keeping accurate records of the clinical supplies, the amount dispensed to and returned by the patients, and the disposition at the end of the study. |
| **2.9 Adverse Event / Experience Reporting** | Investigator (Sponsor) is responsible for all safety reporting to their supervisory Health Authorities and Ethics Committees/Institutional Review Boards as required by local requirements.The study agreement outlines the requirement for safety reporting to Amicus. For clinical protocols, if the Amicus Adverse Event Report (AER) form is not used (in general, this would apply to non-US studies whose local requirements may prohibit the use of the agreement), specific adverse event/experience reporting requirements must be identified (form to be used, where to report and when). Depending on the study design, SAEs and other events may have to be reported to Amicus. This should be described in the protocol and/or agreement. For prospective studies involving an Amicus product, all SAEs should be reported to Amicus at a minimum. On review of the protocol, Amicus may wish for you to report additional events (e.g. non-serious AEs of special interest, pregnancy exposure for Amicus products). For retrospective studies, mandatory reporting of SAEs to Amicus is not required, however, Amicus will confirm on review of the protocol what is required to be reported to Amicus. |
| **2.10 Itemized Study Budget**  | A detailed, itemized, study budget detailing the costs associated with the study should be provided with the final protocol to be included in the study agreement as an Exhibit. Please use provided Amicus Budget template. Amicus limits indirect costs (overhead) to 30%. This amount cannot be negotiated. |
| **2.11 References** | All literature references cited in the protocol should be listed accordingly in the reference section. |
| **2.12 Publication Plan** | Details of the publication and the obligations to Amicus will be outlined in the study agreement. The following should be considered for the publication plan:* What are your publication plans? To which journals do you plan to submit your manuscript?
* Include projected target date for manuscript submission.
* Do you anticipate abstracts?
* What scientific meetings would you consider presenting the study results?
 |
| **2.13 Curriculum Vitae** | Investigator should provide a signed and dated curriculum vitae in English and a listing of references to Amicus. |
| **2.13 Protocol Submission for Investigator-Initiated Studies**  | U.S. protocols should be submitted to Amicus Global Medical Affairs (GMA) via the GMA MSL or Amicus website.EU and Non U.S. protocols should be submitted to the Amicus Country Representative by the investigators. Please discuss the application process with your Amicus Global Medical Affairs representative (Medical Director, Medical Science Liaison, or Clinical Science Liaison). Investigators can also obtain all required documents from GMA representatives. |

|  |
| --- |
| **Please respond.** A) Are you requesting funding from any source other than Amicus? B) Has any portion of the protocol been initiated? Please do not begin the IIS until the protocol is fully approved and the research agreement has been executed. C) Have you ever been debarred, excluded, or otherwise restricted from research funding from any regulatory agency? |
| A)B)C) |