Information note

Collection of human body material (MCH).

Study title : Genetic new-born screening in FWB : Baby Detect

Study sponsor : The Centre for the Reference of Neuromuscular Diseases, Centre Hospitalier Régional de la Citadelle, Boulevard du 12ème de Ligne, 1 à 4000 - Liège

Medical Ethics Committee *: Comité d'Éthique Hospitalo-Facultaire Universitaire de Liège.*

Local investigating physician: *SERVAIS Laurent*

I Information which is essential for your participating decision (3 pages)

Introduction

All new-borns in Wallonia-Brussels federation benefit from a free screening at birth for 19 rare but serious and treatable diseases. This is an official program, of which you might have been informed already, which is carried out through a blood sample which is generally taken on the second day of life (Guthrie Test).

There are other diseases, fortunately vary rare, which are also equally serious and treatable, but which have stayed undetected today.

We invite your new-born to participate in a study focussing on the screening of more than one hundred and twenty rare genetic diseases, however treatable, which are not currently screened in the official program. If you agree, when taking the blood sample within the official screening, we shall collect 4 to 8 additional drops of blood.

Before accepting to participate in this study, we invite you to be aware of its implications with respect to organisation, possible benefits and risks, so that you can make an informed decision. We call this expressing an «informed consent».

Please carefully go through these information pages and ask your investigating physician (the physician in charge of research) or the person acting on his/her behalf all the questions you wish to ask.

The present document consists of 3 parts:

- The information which is essential for your decision-making,
- Additional information detailing certain parts of the basic information,
- And your written consent.

If you choose to participate in this study, you should know that :

- A blood sample collected from tour new-born baby will be used for the screening of genetic diseases. It will be taken at the same time as the one of the standard screening program carried out for new-borns or at another blood test scheduled by your child's doctors. It does not require taking a new blood sample].
- This blood sample will be used to determine whether your child has a genetic abnormality signalling a serious disease.

- The screened diseases, and for which you may view the list if you wish, are all treatable diseases. The diseases that do not have treatment are not screened. The investigating physicians will reassess the list of these diseases every 6 months so as to ensure that these diseases still comply with the criteria that were explained at pages 2-3.
- If an abnormal result comes out, a specialised consultant will contact you to discuss the result and will invite you to a face-to-face consultation at the reference centre where the diagnosis will be confirmed, and an appropriate treatment will be suggested.
- The suggested test is a screening test and not a diagnostic test. If it turns out to be positive, it will indicate a very high probability for the child to be suffering from it, but it will not be enough for the confirmation of the diagnosis.
- Conversely, if no abnormal results are found, it does not mean that your new-born baby has no chance of developing this disease. There may be mutations that we are unable to detect or not yet.
- You will be invited to supply basic information after expressing you informed consent. This information will comprise: your surname, first name, surname and first name of the child's other parent, child's first name, child's sex, his/her birth date and time, the birth centre, and name of the paediatrician referring the child if applicable. Your coordinates: telephone number, e-mail (if you wish) will be equally collected. We shall equally write down your child's weight at birth and gestational age.
- This information will be entered into a study-specific database and will be stored and kept as per your decision indicated below.
- The persons in charge of the database will supervise its use and will take all possible steps to protect their private life and their new-born baby's life.
- This clinic study is implemented after its assessment by several ethics committees.
- Your participation is voluntary and cannot be subject to any constraints. It requires your signing a document expressing your consent. Even after signing it, you can stop participating by informing the investigating physician, without having to provide any reason, without prejudice to your new-born's future medical care and without affecting his/her rights.
- An insurance has been taken out in the event that you suffer damage related to your baby's participation in this research.
- You can still contact the investigating physician or a member of his/her team in case you need further information.

Additional information regarding your « Rights as a participant in a clinical study » are supplied in addendum II

Study aims and progress

This clinical study is organised for screening a set of treatable genetic diseases in children. These screened diseases (for which you may find the list HERE[1])

- **appear in early childhood,**
- **are serious in the absence of treatment ,**

[1] www.babydetect.com

- **are better treated if they are treated before the first symptoms appear,**
- **their treatment is possible by a treatment authorized and available in Belgium or are subject to a therapeutic trial.**

We suggest you participate in this observational study because your new-born baby, as any other new-born baby, is likely to be a carrier of one of these diseases and our wish is to be able to treat it as soon as possible if this were the case.

This observational study should include 40 000 patients in Belgium over three years and aims at testing the feasibility of this screening and its acceptability by the parents.

In order for your child to participate in the study, you have to understand this information note and consent to participate.

Description of risks and benefits

As indicated above, the procedures used for the diagnosis and supervision of your child's clinical situation do not differ from the common medical practice. There is no health-related risk as a result of your participation in this study.

Withdrawal of consent

Your participation is voluntary, and you are entitled to withdraw your consent to participate in the study for whatever reason, without having to justify yourself.

Should you withdraw your consent to participate in the study, with a view to guarantee the validity of the research, the data coded up to the moment of your interruption will be retained. No new data may be sent to the sponsor (or person in charge of the study).

The sponsor may equally decide upon modifying the study as certain diseases no longer comply with the inclusion criteria: for instance, in Belgium this disease no longer benefits from an authorised treatment.

If you participate in this research, please:

Fully engage in the good progress of this research.

Contact

If you need further information, as well as in case of an issue or concern, you may contact the investigating physician, Professor Laurent Servais or a member of his research team: Tamara Dangouloff, at the following telephone number +33 66 24 38 138 or +32 4321 61 27.

Should you have any questions regarding your rights as a participant in a clinical study, you can contact the mediator for the rights of the patient of your institution via the telephone number: Mrs. Caroline Doppagne, CHU de Liège, 0498/31 11 12 (from 8:30 until 16:30) The latter can put you in contact with the ethics committee if needed.

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II Additional information (4 pages)

1 : Additional information regarding the study organisation

If you express your consent so that your baby takes part in this study, when the midwifes / nurses carry out the neonatal screening (the Guthrie) at the birth centre by following the official neonatal screening program organised by ONE, a second blotting paper, the « Gold card »(see addendum), may be filled in (4 - 8 drops of blood). If your child's paediatrician decides to take another blood test (infection monitoring, jaundice, etc.) before the Guthrie test, the Baby Detect test can be taken at the same time.

This blood sample will be sent to the Genetics centre of Liège that takes part in this research with a view to carry out the genetic tests that allow to verify whether your child is carrier of a disease. The method we use here is a genetic method of research for mutations that are known to cause the searched diseases.

If after 3 months, you still have not received a reply from us, it means that no disease of the programme was screened. In this case, no news = good news ».

Should an abnormality be detected, then you would be contacted as soon as possible with a suggestion of a medical meeting for a second exam, aiming at establishing a diagnosis this time. Then, an appropriate follow-up will be organised with a physician specialising in this disease, in compliance with the care standards that apply in Wallonia-Brussels Federation.

As it happens with any test, there are « false-positive » results and « false-negative » results, and the physician in charge of the study will always have to check it.

3 : Additional information regarding the protection and the rights of the person taking part in a clinical study

Ethics Committee

This study was assessed by an independent Ethics Committee, namely the Ethics Committee of the Centre Hospitalo-Universitaire de Liège that issued a favourable opinion. The Ethics Committees have the task of protecting the persons that participate in the clinical trial. They make sure that your rights as a patient and as a participant in a clinical trial are respected, that in view of the current knowledge, the study is relevant and ethical from scientific point of view.

You have absolutely no obligation to get the favourable opinion from the Ethics Committee as an incentive to participate in this study.

Voluntary participation

Before signing, do not hesitate to ask all the questions you may deem useful. Take all the time you need to talk about this with a trustworthy person if you wish to.

Your participation in the study is voluntary and will not be subject to any constraint: this means that you have the right not to participate or to withdraw without giving any reason even if you expressed your prior consent to participate. The decision you will make will not change in any

manner your relationship with the physician in charge of investigation and the quality of your future therapeutic care.

If you accept to participate in this study, you will sign the informed consent form. The investigating physician will also sign this form and will confirm that he has provided you with the necessary information regarding this study. You will receive the copy intended for you.

If the second parent is present, he/she must also have access to all the information included in this document and address all the questions he/she may deem useful. The second parent must also sign he consent to participate in the study. If one single parent is present, the investigating physician will take all the possible steps to ensure that the second parent, if identified and available, received the information, was allowed to ask all the required questions and agrees to participate in the study.

Your participation related cost

You will receive no compensation for participating in this study.
Furthermore, the latter will entail no costs for you.

Protection of your identity

The fact that you participate in this study means that you agree that the investigating physician collects data related to your child and that the study sponsor will use it for research goals and in scientific and medical publications.

The investigating physician will have a confidentiality duty with respect to the collected data. This means that he/she commits to always keep secret your name within the framework of a publication or of a conference, but even more to code your data (in this study, we shall replace your identity by an identification code) before sending them to the sponsor.

Therefore, the investigating physician and his/her team will be the only ones to be able to establish a connection between the data sent throughout the duration of the study and your medical files. The personal data sent will include no association of elements that may identify you.

For the purposes of checking the quality of this study, your medical files may be examined by persons bound by the medical secret and appointed by the ethics committee, the sponsor of the study or an independent audit organism. In all cases, your medical files may only be examined under the investigating physician's responsibility and under his/her supervision or under the supervision of the collaborators he/she will have appointed.

Protection of personal data

1. Who is the personal data controller?
   The sponsor who is *CHU of Liège* will take all the steps that are required for protecting the confidentiality and security of your coded data, in compliance with the laws in force[2].
2. Who is the data protection officer?

[2]These rights are guaranteed to you by the European Regulation of the 27th of April 2016 (RGPD) regarding the personal data protection and free movement of these data and the Belgian law of the 30th of July 2018 regarding the private life protection with respect to the personal data processing.

At CHU : Ghislaine Dumont, ghislaine.dumont@chuliege.be

3. Which is the legal basis on which your data is collected ?
Your information may be collected and used based on your written consent. By expressing your consent to participate in the study, you agree that certain personal data may be collected and processed in an electronic manner for research purposes in relation to this study.

4. What are the purposes behind the processing of your data?
Your personal data will be examined so that we can see whether the study is carried out in an appropriate manner. These will be examined in association with all the other persons' personal data for research purposes of this study.
Your personal data may be equally combined with data coming from other studies related to the same disease as yours and/or the treatment administered for your disease. It allows a better understanding of your disease and/or treatment.
Any use of your data outside the context described within the present document may only be made with your consent and after the approval given by the Ethics Committee.

5. Which are the collected data?

The investigating physician undertakes to collect only that data that are strictly required and relevant for the followed goals of this study that is your surname, first name, surname and first name of the child's other parent, child's first name, child's sex, his/her birth date, birth centre, and name of the paediatric physician referring the child, if applicable. We shall also write down the birth weight and your child's gestational age as well as your contact data.

6. How are my data collected?
By the investigating physician and his/her team and/or, by your attending physician if needed and/or via the public records.

7. Who can see my data?
- The investigating physician and his/her team
- The sponsor and his/her representatives
- The ethics committee that examined the study
- The national regulating bodies authorising the medicines

These persons are bound by a confidentiality obligation.

8. By whom are my data stored and secured and for how long?
Your data are stored by the sponsor for the time required by the regulations.
Upon the expiry of this period, these data are destroyed. The paper data will be stored at CHU of Liège. The data hosted on servers (digital consent) are hosted on a cloud in Europe, regulated by the European laws. We may use subcontracting companies that are subject to the same rules related to the confidentiality and security of data

9. Are my data going to be transferred towards other companies that are not part of the European Union/European Economic Area/Switzerland ? □ No or X Yes.

Possibly towards European countries, towards Great Britain or United States of America. In this case, the data will be pseudo-anonymised. This means that your name or your child's name cannot be found anywhere in the sent data.

According to the European Commission does it meet the personal data protection related requirements? X Yes or ☐ No,

10. What are my rights related to my data?

You are entitled to consult all the study information related to you and request its rectification, if necessary.

You are entitled to withdraw your consent according to « withdrawal of consent » section provided above.

You have additional rights to object to the way the study data is processed, to request its deletion, to limit aspects related to its use or to request that a copy of this data be provided to you.

However, to guarantee an accurate assessment of the study results, some of these rights may only be exercised after the end of the study. Your rights may be exercised via the investigating physician or with Tamara Dangouloff (Tamara.dangouloff@uliege.be).

In addition, if you consider that your study data is used by breaching the laws in force regarding the protection of data, you are entitled to file a complaint at the email address contact@apd-gba.be

Guarantee

In an observational study, the only possible risk would be a breach in the measures taken to protect the confidentiality of private information that concerns you. The sponsor assumes, even without fault, the liability for damage caused to the participant (or to his/her successors) and associated, in a direct or indirect manner, to the participation in this study[3].

[3] In compliance with article 29 of the Belgian law related to the experiments on the humans (the 7th of May 2004)

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III Informed consent

Participant

I declare having been informed of the nature of the study, its purpose, its duration and what is expected of me. I have read the information document and its addenda.

I have had enough time to think about it and talk about it with someone of my choice (general practitioner, parent).

I have had the opportunity to ask all the questions that have crossed my mind and I have been given a positive answer to my questions.

I have understood that data related to my child will be collected while I participate in this study and that the investigating physician and study sponsor stand as guarantors of the confidentiality of this data.

I give consent to my personal data processing as per the manner described in the section covering the confidentiality guarantees (page 6/10). I also express my consent regarding the transfer and processing of my data that are coded in other countries than Belgium.

- I consent in a screening being made with respect to my child's blood sample so that genetic diseases can be detected?
  - ☐ Yes
  - ☐ No
  - If you accept the screening, would you like that some information resulting from the screening of your new-born baby be available for future medical exams (until your child reaches 10 years old)?
    - ☐ Yes
    - ☐ No
  - If you agree to the information being kept for 10 years, do you agree to the research team calling you 1 and/or 2 years after the test to ask you how you felt about your participation in the study and to check on your child?
    - ☐ Yes
    - ☐ No
  - If you accept the screening, do you allow the anonymous use of information for research purposes so that the screening and diagnosis technique can be improved, more specifically when it comes to the genetic diseases?
    - ☐ Yes
    - ☐ No

I have received a copy of the information sent to the participant and of his/her informed consent.

Participant's surname, first name, date and signature:

_____ _____ _____

Surname and first name Date Signature

Second participant parent's surname, first name, date and signature:

_____ _____ _____

Surname and first name Date Signature

Witness / Translator

I attended the entire patient information process and confirm that the information given with respect to the study aims and procedures was supplied in an appropriate manner, that the participant (or his/her legal representative) understood the study and his/her consent of taking part in the study was expressed in a free manner.

Witness' / translator's surname, first name and qualification, date and signature:

_____ _____ _____

Surname, first name and qualification **Date** **Signature**

Investigating physician

I, the undersigned, Servais Laurent, investigating physician / …….. member of Baby Detect team confirm having orally supplied the information that is required with respect to the study and having supplied a copy of the information document to the participant. I have made sure that the participant(s) has/have understood the study well.

I confirm that no pressure was exercised so that the patient can agree to participate in the study and that I am ready to answer all the additional questions, if applicable.

I confirm to work by complying with the ethical principles set out in the « Helsinki Declaration», in the « Good Clinical Practices » and in the Belgian law dated the 7th of May 2004, regarding the experiences on the human being.

If one single parent is present :

- ☐ I acknowledge that there is no second parent designated
- ☐ That the second parent cannot be reached
- ☐ That I reached the second parent who was able to ask all the questions and would like to participate just like the first parent but is not present to sign
- ☐ That I implemented all the required steps to contact the second parent and as he/she was not there, the first parent assured me of his/her presumed consent.

Surname, first name, date and signature of the physician or of his/her **representative** having obtained his/her consent:

_____	_____	_____
Surname and first name	**Date**	**Signature**