INFORMED CONSENT DOCUMENT
AGREEMENT TO BE IN A RESEARCH STUDY

Sponsor / Study Title:	**Pfizer Inc / "A PHASE 1, OPEN-LABEL STUDY TO EVALUATE THE MULTIPLE DOSE PHARMACOKINETICS OF DANUGLIPRON FOLLOWING ORAL ADMINISTRATION IN OTHERWISE HEALTHY ADULT PARTICIPANTS WITH OVERWEIGHT OR OBESITY"**
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INTRODUCTION

You are here today as a possible participant in a drug research study sponsored by Pfizer Inc. Taking part in this study is voluntary (your choice). The study staff will be available to answer questions before, during, and after the study.

The sponsoring company (the company paying for this study), Pfizer Inc, employs the study investigator conducting this study.

If you are not completely honest about your health history, you may be harmed by being in this study.

PURPOSE OF THE STUDY

Danuglipron will be referred to as the "study drug" in the rest of this consent document.

The purposes in this part of this study are:

- To see how the study drug is tolerated, if there are significant side effects, and how otherwise healthy adult participants who are overweight or with obesity feel after taking multiple oral (by mouth) doses
- To measure how much of the study drug is in your blood after multiple oral doses

The study drug is an investigational drug being studied for the potential to help with weight management, along with diet and exercise, in overweight or obese people with other diseases or medical conditions, and as an add-on to diet and exercise to improve blood sugar control in adults with type 2 diabetes mellitus

(T2DM). "Investigational" means that the study drug has not been approved by the United States (U.S.) Food and Drug Administration (FDA). Study drug will be given as a tablet(s) which you will swallow whole.

ABOUT THE STUDY

Number of Study Participants

There will be about 20 people taking part in this study.

Length of Study for Participants

You will be in this study for about 75 days. This does not include the time between screening and dosing, which can be up to 28 days.

This study involves:

- 10 dosing periods during one continuous admission
    - The dose of the study drug will be gradually increased in each period
- 44 overnight stays at the Clinical Research Unit (CRU). You will not be able to leave the CRU during that time
- 1 follow-up phone call about 4 weeks after the last dose

Eligibility to Participate in Another Drug Study

Your eligibility to take part in another study depends on information from this study and previous studies. You may be eligible to receive a different study drug in another study as early as 30 days after your last dose of study drug in this study. This is true for most drugs. Some drugs may stay in your body longer which means that you may have to wait longer before joining another study. These results are usually known after your last blood sample is tested. We will tell you this as soon as possible. We will also tell you if there is a longer than usual period of time that you should not be in another drug study after this one. Our goal is to keep you from doing anything that might potentially harm you.

Dosing Plan

The dose of the study drug that will be used to treat people is not yet known.

One group of 20 participants is planned for this study.

Dosing for this study is planned as follows:

STUDY PERIOD									
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
STUDY DAYS									
1 - 4	**5 - 8**	**9 - 12**	**13 - 16**	**17 - 20**	**21 - 24**	**25 - 28**	**29 - 32**	**33 - 36**	**37 - 40**
10 mg (IR) twice a day	40 mg (Matrix MR) once a day	60 mg (20 mg IR + 40 mg Matrix	80 mg (40 mg IR + 40 mg Matrix	120 mg (60 mg IR + 60 mg Matrix	160 mg (80 mg IR + 80 mg Matrix	160 mg (1:1 bilayer) once a day	160 mg (1:2 bilayer) once a day	240 mg (80 mg IR + 160 mg Matrix	240 mg (120 mg IR + 120 mg

STUDY PERIOD									
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
STUDY DAYS									
1 - 4	**5 - 8**	**9 - 12**	**13 - 16**	**17 - 20**	**21 - 24**	**25 - 28**	**29 - 32**	**33 - 36**	**37 - 40**
		MR) once a day	MR) once a day	MR) once a day	MR) once a day			MR or 1:2 bilayer) once a day	Matrix MR) once a day

IR = An IR formulation (immediate release) that releases the active ingredients of a drug in a short period of time.
MR = An MR formulation (modified release) that releases the active ingredients over a longer period of time.

The rate at which the dose of the study drug will be increased from period to period, the planned dose steps, and the highest planned dose of 240 mg/day may be changed based on the safety and tolerability information from this study.

Study drug formulations to be used in Periods 6 – 10 may be changed.

During Study Period 1, you will be dosed twice a day. In all other periods, dosing is planned for once a day.

All doses will be given after a meal.

You will fast overnight (nothing to eat or drink except water) for at least 10 hours before eating breakfast on each dosing day. You will be served breakfast about 30 minutes before each morning dose. Breakfast should be completely eaten within 20 minutes. Morning dosing will follow within 10 minutes of completing breakfast. In Period 1, you will be served dinner about 30 minutes before your evening dose. Dinner should be completely eaten within 20 minutes. Evening dosing will follow within 10 minutes of completing dinner. The evening dose will be given about 10 hours after the morning dose.

Each dose of the study drug during Periods 1 – 4 will be taken with about 240 mL (8 oz [1 cup]) of water. During Periods 5 – 10, you may receive an additional 120 mL (4 oz [½ cup]) of water, if needed, to help with taking multiple tablets. The study drug must be swallowed whole. We will check your mouth after each dose to make sure the study drug has been swallowed.

This is a research study. The study drug will be given to you only during this study and not after the study is over.

Study Process

Before any study procedures begin, you will be asked to read, sign, and date this consent document.

Screening

After you sign and date the consent document, you will begin screening. The purpose of the screening is to find out if you meet all of the requirements to take part in the study. Procedures that will be completed during the study (including screening) are described below. If you do not meet the requirements, you will not be able to take part in the study. The study investigator or study staff will explain why.

As part of screening, you must complete all of the items listed below:

- Give your race, age, gender, and ethnicity
- Give your medical history
    - You must review and confirm the information in your medical history questionnaire
- Give your drug, alcohol, and tobacco use history
- Give your past and current medication and treatment history. This includes any over-the-counter or prescription drugs, such as vitamins or dietary, exercise, or herbal supplements taken in the past 28 days
- Height and weight will be measured
- Physical exam will be done
    - This may be done at screening, on Day -2 or Day -1 of the study
- Vital signs (blood pressure and heart rate) and body temperature will be measured
- Electrocardiogram (ECG) will be collected. An ECG measures the electrical activity of the heart
- Safety lab tests will be done from blood and urine samples. This includes:
    - Blood tests for human immunodeficiency virus (HIV), hepatitis B, and hepatitis C
    - Blood tests for amylase and lipase (enzymes that can be used to diagnose pancreatitis), calcitonin (a hormone secreted by the thyroid that can lower blood calcium levels), TSH and Free T4 (tests to see how your thyroid is working)
    - Blood tests for PT/INR/aPTT (tests to see how your blood clots)
    - Blood test for HbA1C (test to determine your average blood sugar level over the past 2 – 3 months)
    - Urine to test for drugs of abuse (illegal and prescription)
    - Blood pregnancy test for women able to have children
    - Females who have not had a period for at least 12 months in a row will have a blood hormone test to confirm they are postmenopausal
- The study investigator may decide to do an alcohol breath test
- The use of proper birth control will be reviewed (females able to have children only) and confirm you don't plan to change your birth control drug for at least 28 days before dosing.
- You will complete a Columbia Suicide Severity Rating Scale (C-SSRS) and a Patient Health Questionnaire-9 (PHQ-9) to see if you have any suicidal thoughts or behaviors, and to see if you have any symptoms of depression
    - If you are having suicidal thoughts or feel in crisis, call or text the National Suicide & Crisis Lifeline at 9-8-8 or 1-800-273-TALK (8255). The Lifeline numbers are answered 24 hour a day, every day of the year, by a skilled, trained counselor. You can also call 9-1-1 to be connected to local emergency services, present to your local emergency room, or your primary healthcare provider. You may also call the study investigator at the telephone number listed on the first page of this form.
- You will be asked "How do you feel?"

HIV and Hepatitis Testing

HIV, hepatitis B, and hepatitis C will be tested at screening. If anyone is exposed to your blood during the study, you will have these tests done again. If you have a positive test, you cannot be in or remain in the study.

HIV is the virus that causes acquired immunodeficiency syndrome (AIDS). If your HIV test is positive, you will be told about the results.

It may take weeks or months after being infected with HIV for the test to be positive. The HIV test is not always right.

Having certain infections or positive test results may have to be reported to the State Department of Health. This includes results for HIV, hepatitis, and other infections. If you have any questions about what information is required to be reported, please ask the study investigator or study staff.

Although this testing is meant to be private, complete privacy cannot be guaranteed. For example, it is possible for a court of law to get health or study records without your permission.

During the Study

The events below will take place throughout the study. If you would like to know when exactly these will take place, please ask the study staff.

- You will be asked about any updates to your medical history. This includes medication, drug, alcohol, and tobacco use
- Brief physical exam(s) may be done
- The use of proper birth control will be confirmed/reviewed (females able to have children only)
- Vital signs will be measured. Your oral temperature may also be measured
- Weight will be measured
- ECGs will be done
    - It may be necessary to shave or trim hair on your chest so that the patches for the ECGs will stick to your skin
    - Your chest may be marked with a pen to identify the correct areas for ECG patch placement
- You will be asked: "How do you feel?" each day
- An intravenous (IV) catheter may be placed in a vein in one of your arms for blood collection
- The study investigator may decide to do an alcohol breath test at any time
- Blood and urine samples will be collected at various times throughout the study
    - Safety Labs: The blood and urine samples will be used for safety labs including the following:
        - Blood tests for amylase, lipase and calcitonin
        - Urine samples to test for drugs of abuse
        - Blood or urine pregnancy tests for females able to have children. Pregnancy tests may be performed at the discretion of the study investigator in all females
    - Any leftover serum or plasma (components of blood) from the safety lab samples may be stored and used to assess exploratory safety biomarkers or unexpected findings
        - Biomarkers are natural substances present in your body that can be used to indicate how your body works
        - Samples to be used for this purpose will be kept for up to 1 year following completion of this study
    - Study Drug Levels: Blood will also be used to measure the levels of study drug
        - As part of understanding how your body absorbs, distributes, and gets rid of the study drug, the samples may also be used for the following:
            - Metabolite identification (by-products or end products of a drug produced as the body processes a drug)
            - Evaluate safety or efficacy (ability to produce a desired effect) aspects related to any concerns during or after the study
            - Check the laboratory test which measures the study drug

    - Other internal exploratory purposes
    - Genetic testing may also be done on these samples
  - Biomarkers: Blood samples will also be collected and retained to measure biomarkers (see retained research samples below)
  - Pharmacogenomics: A blood sample will be taken to determine how your genes affect your response to the study drug. This sample will be used to examine specific genes such as SLCO1B1, SLCO1B3, and SLCO2B1, and potentially other genes, that are responsible for breaking down the study drug in the body
    - This sample may also be used to back and test other genetic differences associated with the levels of the study drug in your blood, biomarker response, or to explore side effects
    - This sample will be kept by Pfizer for up to 3 years after the end of the study
  - Retained Research Samples: Samples of your blood will be collected, stored, and used to learn more about the study drug
    - Biological substances in your sample, including your genes, may be studied
    - This may include analyzing all of your genetic information (called "whole gene sequencing")
    - These samples may be kept by Pfizer for many years (no time limit)
- You will be asked to complete C-SSRS and PHQ-9
- You will receive a follow-up phone call about 4 weeks after the last dose
- For safety reasons, we may add procedures at any time during the study to check on your health status

Blood Draws

Blood samples will be taken by individual needlesticks, or by a catheter. A catheter is a small tube that is placed in a vein in your arm to take blood when required. Catheters are used when ordered by the study investigator or when required by the study plan. They are not used at the request of the participant.

There will be about 113 blood draws. The total amount of blood drawn during this part of the study will be about 405 mL. This is equal to about 13½ oz., or a little less than1¾ cups. For comparison, the standard blood donation is about 16 oz. (2 cups), once in any 56-day period.

As with all studies with blood draws, rest and good eating habits are recommended.

Possible Risks and Discomforts

Taking part in this study has some risks. The study drug or procedure(s) may make you feel unwell or uncomfortable or could harm you. If you do not understand what any of the side effects described below mean, please let us know. The study investigator or study staff will explain them to you.

It is important that you report all side effects that you have as soon as they occur. This is regardless of whether or not you believe they are caused by the study drug or your participation in this study.

If you are not honest about any side effects that you have during the study, you may be harmed by staying in the study.

Study Drug Risks

The study drug is not expected to cause significant safety issues at the dose levels planned for this study. You may experience risks or discomforts when taking part in this study. A summary of potential risks and discomforts is shown below. This summary is based on information collected in studies with the study drug that have been done in people and animals, as well as information available on other drugs that work in a similar way to the study drug.

As of 05AUG2024, there are 15 completed studies where the study drug has been given to healthy adults, adults with type 2 diabetes or adults with obesity or overweight. In these studies, the participants were given a placebo (contains no active drug), or single doses of the study drug ranging from 3 mg to 300 mg, or at doses from 2.5 mg to 200 mg twice every day for up to 32 weeks. In total, 1,556 people participated in these studies and 1339 of them took at least one dose of study drug.

Across all of these studies, the study drug was judged to be safe; most of the side effects were mild and the most common side effects reported were nausea and vomiting.

Other side effects, mainly at higher doses, were reported including:

- Diarrhea
- Headache
- Constipation

Lower body weight was also seen in these studies, with more weight loss at higher doses of the study drug. Some participants experienced a mild increase in heart rate, with most heart rate measurements in the normal range. There have been no serious safety concerns related to the study drug identified during any study, to date.

The study drug has been studied in rats for up to 6 months and in monkeys for up to 9 months. While animal studies do not always predict the side effects people may experience, the relevant data that has been collected on the study drug are summarized here. In the 6-month study in rats, the adverse effects were limited to the Harderian gland which is a rodent-specific organ, and thus, is not relevant to humans. There were no adverse effects in the 9-month study in monkeys up to the highest dose tested; some monkeys ate less food and/or lost weight at all doses.

The study drug is a drug that works in a way that is similar to some drugs that are available by prescription for the treatment of T2DM and for the treatment of obesity. These prescription drugs are associated with side effects of nausea, vomiting, and diarrhea. As these effects have been reported by some people who have taken the study drug in previous clinical studies, they could be experienced in this study. In studies with these prescription drugs, hypoglycemia (low blood sugar) has been reported by some people with diabetes who are also taking certain other medications to treat their diabetes. The study investigator will discuss this with you if this may apply to you.

These other prescription drugs have also reported risks including:

- Thyroid tumors (that were reported only in rats and mice)
- Inflammation of the pancreas or gallbladder
- Worsening of diabetic eye disease
- Effects on kidney function

In animal studies with the study drug, these effects have not been seen as effects of the study drug, or have not yet been assessed.

A potential risk in participants with obesity of suicidal thoughts and behavior has been reported in some of the injectable drugs available by prescription. This is why the C-SSRS and PHQ-9 (depression screening tools) will be used in this study.

There may be rare and unknown side effects, including reactions that may be life-threatening and could result in sickness or death.

Other Risks

Because the study drug is investigational, all of its side effects are not known. There may be rare and unknown side effects. These include reactions that may be life-threatening.

All drugs have a potential risk of an allergic reaction. If an allergic reaction is not treated quickly, it could become life-threatening. You should get medical help right away (by calling 911 or immediately going to an emergency room) if you think you have any of the following symptoms:

- Trouble breathing
- Wheezing
- Difficulty swallowing
- Swelling of the face, mouth, lips, gums, tongue, or neck

Other allergic reactions may include:

- Itchiness
- Rash
- Hives
- Blisters
- Palpitations (racing heart)
- Chest discomfort/tightness
- Muscle pains/stiffness

At times, the following may also be symptoms of an allergic reaction:

- Diarrhea
- Nausea
- Vomiting
- Abdominal pain

If a significant side effect occurs, the following may be done:

- Tests or treatment may be given as needed for your safety
- Depending on how severe your symptoms are, you may be seen by outside medical providers or a hospital. This would be for further evaluation and/or treatment
- The study investigator may notify your emergency contact as appropriate in the event of an emergency while you are taking part in the study

Additional Risks or Discomforts

Testing of DNA and/or RNA (deoxyribonucleic acid and/or ribonucleic acid)

Genes are pieces of DNA that give coded instructions for the body. Parts of the code are passed down from parents to their children.

The genes in your samples may be studied. This may include analyzing all of your genetic information. This is called "whole genome sequencing". While collection of genetic information does not expose you to physical risk, collection of such information may result in a loss of your privacy if your genetic information is lost or stolen.

There is a very small chance that your genetic information could be misused by people not involved with the research, including to discriminate against you. However, steps are in place to prevent a particular result from being linked to you and to prevent unauthorized people from even knowing genetic research was done.

U.S. federal law prohibits discrimination in health insurance coverage and employment based on a person's genetic data. However, U.S. federal law does not protect against discrimination when you are applying for:

- Life insurance
- Long term care insurance
- Disability insurance

You should talk to your physician or a genetic counselor about the potential for genetic discrimination.

The results of tests on your sample(s) will not be given to:

- You
- The study investigator
- Any insurance company
- Your employer
- Your family
- Any physician who treats you

Blood Samples and IV Catheters (if used)

Possible side effects of having your blood drawn or an IV catheter inserted include:

- Bleeding at the site of the needle puncture
- Bruising
- Feeling faint
- Rarely, infection or blood clot
- Redness of the vein
- Inflammation of the vein
- Swelling
- Pain
- Nerve damage

- Vein irritation from the fluid or study drug being given
- Local swelling due to IV fluid accidentally entering the tissue rather than the vein
- Scarring

If you feel faint, tell one of the study staff immediately.

ECG

Possible side effects from having an ECG include:

- Irritation or rash from the adhesive on the patches

A rash may result in a long-lasting discoloration of your skin. If it is necessary to shave the area where the patches need to be, irritation from shaving may occur.

Fasting

Fasting could cause symptoms such as:

- Dizziness
- Headache
- Stomach discomfort
- Fainting
- Hypoglycemia (low blood sugar)

Other

The length of time that you may be confined to the CRU may make you feel uncomfortable.

Use of Birth Control

Females

You must not be pregnant or breastfeeding. You must not donate eggs for the purpose of reproduction for the duration of the study and for at least 28 days after the last dose.

Females unable to have children

Women in this study not able to get pregnant include women who:

- Have had their uterus removed (documented)
- Have had both fallopian tubes removed (documented)
- Have had both ovaries removed (documented)
- Have not had a period for at least 12 months in a row with no other medical cause. You may have a blood hormone level confirming that you are postmenopausal

Females permanently unable to have children due to a medical cause not listed above may be allowed to participate in the study at the discretion of the study investigator.

Females able to have children

If you are sexually active, you must use a highly effective method of birth control. The birth control must be used consistently and correctly from the start of dosing (earlier for hormonal birth control), during the study, and for at least 28 days after the last dose. For hormonal birth control, you must not change the drug or the dose for at least 1 month before the start of study of dosing and throughout the study.

Highly effective methods of birth control include:

- Implantable progestogen-only hormone birth control
- Intrauterine device (IUD)
- Intrauterine hormone-releasing system (IUS)
- Bilateral tubal occlusion (both tubes blocked) which includes bilateral tubal ligation (both tubes tied)
- Partner has a vasectomy (absence of sperm confirmed)
- Hormonal birth control* **(See Note Below)**
- Sexual abstinence – defined as refraining from heterosexual intercourse and is the preferred and usual lifestyle of the participant

PLUS

***Note:** One of the following barrier methods must be used in addition to the **hormonal birth control methods:**

- Male or female condom with or without spermicide
- Cervical cap, diaphragm, or sponge with spermicide
- A combination of male condom with either cervical cap, diaphragm, or sponge with spermicide (double-barrier method)

Males

No birth control methods are required by males in this study.

Pregnancy-Related Risks

The effects of the study drugs on the following are not known and may involve unforeseeable risks:

- Pregnancy
- Unborn child
- Breastfeeding child

Even if you use birth control during the study, there is a chance that you could become pregnant. If you are pregnant or become pregnant during the study, the study drug or procedures may involve unforeseeable risks to the unborn child. A pregnancy test is not always right, especially in the early stages of pregnancy.

You cannot participate in this study if:

- You are currently pregnant, planning to become pregnant, or are breastfeeding a child

If you want to stop your required birth control during the study, you should tell the study investigator **immediately**. You will be taken out of the study if you stop using birth control.

Pregnancy Follow-Up

If you become pregnant during the study or within 28 days after your last dose of study drug, please:

- Tell the study investigator **right away**
- Tell the health care provider(s) taking care of you during the pregnancy that you took part in this study

The study investigator will ask if you or your health care provider(s) are willing to provide updates on the progress of the pregnancy and its outcome. This information will be collected for safety monitoring follow-up.

PARTICIPANT RESPONSIBILITIES AND RIGHTS

Participant Responsibilities

- You must tell the study investigator if you previously took part in this study, have been in any other study in the past year, or are currently involved in any other study. This includes being in the follow-up visit period of another study
- You must agree to the scheduled visits, the study plan, lab tests, study procedures, and diet and activity restrictions (details listed later in this document)
- You will be asked to provide documentation of your childbearing status
- You must weigh more than 110 lbs
- Your body mass index (BMI) must be greater than or equal to 25.0-45.4 kg/m^2
- You must not have any significant medical or psychiatric condition, including recent (within the past year) or active suicidal thoughts or behaviors, as determined by the study investigator, that may put your safety at risk or could have an effect on the study results
    - You must not have any lifetime history of a suicide attempt
- You must not have a history of major depressive disorder or history of severe psychiatric disorders (for example schizophrenia or bipolar disorder) within the last two years of screening
- You must not have any condition possibly affecting study drug absorption (for example, prior bariatric surgery [such as gastric bypass], gall bladder removal, partial or complete removal of the colon, inflammatory bowel disease, or pancreatic insufficiency [pancreas does not make enough of the enzymes that the body needs to break down and absorb nutrients])
- You must not have a history of heart attack, unstable angina (chest discomfort), arterial revascularization (for example, a stent, angioplasty, and bypass surgery), a mechanical artificial heart valve, stroke, heart failure, or transient ischemic attack (TIA- brief stroke-like attack)
- You must not have any cancer not considered cured (except basal and squamous cell skin cancer) or history of pancreatic cancer
- You cannot have current, or a history of, pancreatitis, either acute (comes on quickly and lasts for a short period of time) or chronic (happens repeatedly and/or lasts a long time)
- You must not have symptomatic gallbladder disease
- You must not have a history or characteristics suggestive of genetic or syndromic (genetic mutation or abnormalities of the chromosomes) obesity or obesity caused by other disorders of the endocrine system (glands in the body that make and release hormones)
- You must not have a known medical history of active liver disease other than fatty liver disease

- You must not have a diagnosis of type 1 or T2DM or secondary form of diabetes at screening
    - Women with a prior diagnosis of gestational diabetes during pregnancy may be eligible to participate in this study only if they meet the other study criteria
- You must not have a personal or family history of medullary thyroid cancer (MTC) or multiple endocrine neoplasia (abnormal growth of tissues) syndrome Type 2 (MEN2) or suspected MTC per the study investigator's judgement
- You must not take any medications (including over-the-counter medications, such as medications for cold or allergies, antacids, herbal supplements, minerals, or vitamins) within 7 days or 5 half-lives (drug dependent), whichever is longer, before the first dose of study drug and throughout the study (note: some drugs may require a longer washout time than 7 days)
    - Hormonal birth control that meet the study requirements are allowed
    - Before taking any drugs other than the study drugs, you must call the CRU for approval. It must first be approved by the study investigator
    - You must tell the study staff about any drugs taken during the study
- You must not currently use, or have used, prohibited medications without a sufficient washout time before the first dose of study drug
    - The study investigator or study staff will review a list of these medications and with you
- You must not take a GLP-1R agonist (a class of medications used to treat T2DM, and in some cases obesity), within 90 days before the first dose of study drug
    - The study investigator or study staff will review a list of these medications with you
- You must not have received a previous dose of the study drug
- You must not take any investigational product (drug or vaccine) within 30 days or 5 half-lives, whichever is longer, before the first dose of this study
- You must not have a known intolerance or hypersensitivity to a GLP-1R agonist
- You must not have a history of excessive alcohol use or binge drinking and/or other illicit drug use within 6 months before screening
    - Binge drinking is defined as a pattern of 5 (male) or 4 (female) or more alcoholic drinks in about 2 hours
    - You should not drink more than 14 alcoholic drinks a week
    - A drink is defined as 8 oz. of beer, 3 oz. of wine, or 1 oz. of hard liquor
- You must not use tobacco or nicotine-containing products in excess of 5 cigarette or 2 chews of tobacco per day
- You must not be using/taking any drugs of abuse (such as marijuana, cocaine, opioids, etc.). Urine tests will be done to check for such drugs and must be negative
    - If a test is positive, you will not be allowed in the study
    - Urine collection may be monitored by a study staff member of the same sex
    - You have the right to refuse to be monitored, but may be disqualified from the study
    - While in this study, please do not eat anything that contains poppy seeds. They may cause a positive drug test
- Please let us know if you or a relative are a staff member of Pfizer. If so, you may not take part in this study if you or your relative are supervised by the study investigator or are directly involved with the study

Activity Restrictions

- You will need to stay in the CRU for 44 overnights starting with check-in
    - You may need to stay in the CRU longer if you experience a longer study drug effect. This is for safety reasons
    - The study investigator or study staff will decide when it is safe for you to leave the CRU

- You must not do any strenuous exercise for at least 48 hours before each blood draw for safety labs. Examples of this include heavy lifting, weight training, or aerobics
    - Walking at a normal pace is allowed
- You cannot lie down for 4 hours after dosing on days when blood samples for study drug levels are being collected, unless needed for any study procedures
- You may be asked to wear a device (similar to a wristwatch) that can be used to alert study staff in case of an emergency

Diet Restrictions

- You must not eat or drink anything (except water) for at least 10 hours before collection of pre-dose blood samples for study drug, and eating breakfast on all dosing days
- You must not eat or drink anything (except water) for at least 4 hours before each safety laboratory test
- You may drink water freely throughout the study
  You must not eat or drink anything that has red wine for 7 days before the first dose. Red wine is not allowed through the collection of the last blood sample for study drug
- You must not eat or drink anything with alcohol for 24 hours (or as stated above for red wine) before check-in. Alcohol is not allowed through the collection of the last blood sample for study drug
    - Study staff may check your breath for alcohol. If alcohol is found, you will not be allowed in the study
- You must not eat or drink anything with caffeine for 24 hours before dosing. Caffeine is not allowed through the collection of the last blood sample for study drug
    - Caffeine can be found in different foods and drinks. Some examples include chocolate, coffee, tea, cola, Dr. Pepper®, and Mountain Dew®
- You must not eat or drink anything that has grapefruit or grapefruit-related citrus fruits for 7 days before the first dose. These are not allowed through collection of the last blood sample for study drug
    - Examples of citrus fruits that are not allowed are Seville oranges and pomelos
    - Fruit juices and smoothies may also contain grapefruit or these citrus fruits
- You must not use tobacco- or nicotine-containing products for 24 hours before the first dose and while confined to the CRU
- Breakfast will be provided at about the same time before dosing on all dosing days
- Lunch will be provided about 4 to 5 hours after morning dosing
- Dinner will be provided about 9-10 hours after morning dosing
- An evening snack may be allowed
- Meals (breakfast, lunch, dinner, and evening snacks) will be provided at appropriate times on all non-dosing days
- You must be willing to eat the food offered during the study

Possible Benefits of the Study

This study is for research purposes only. There will be no direct benefit to you from taking part, but information learned from this study may benefit people in the future.

Alternatives to Participating in this Study

This study is for research purposes only. Your alternative is to not take part in the study.

Confidentiality

This section describes how we will collect, use, and share your personal information.

What personal information may we collect about you during this study?

The study staff will collect information about you. This information may include:

- **Information that directly identifies you** such as your name, address, telephone number, date of birth, and Social Security Number
- **Personal information** such as your medical history, data from this study (including study results from tests and procedures), demographics (for example, age and gender) and other sensitive information that is needed for this study such as race, ethnicity, sexuality, substance use disorders, mental health disorders, diagnoses and treatment, and HIV status
- **Data from testing and analysis of biological samples** (such as blood or urine). This may also include genetic information
- **Data captured from electronic devices** if you complete the consent process using the eConsent tablet. This information may include:
    - The length of time it takes you to complete the consent process
    - The number of times you scroll between pages or click hyperlinked items
    - Your electronic signature

Who will use my personal information, how will they use it, and where will it be stored?

Any personal information collected during this study will be stored by the study staff at the CRU. The study staff must keep your personal information confidential. While every effort will be made to protect the confidentiality of your information, absolute confidentiality cannot be guaranteed.

Your personal information will be accessed by:

- The study investigator and other study staff members
- Pfizer and its representatives (including its affiliated companies)
- People or organizations providing services for, or collaborating with, Pfizer
- Government or regulatory authorities (including the U.S. FDA and authorities in other countries)
- Advarra Institutional Review Board (IRB), the IRB that reviewed this study and any other committees responsible for overseeing the research

The individuals and groups listed above will use your personal information to conduct this study, and to comply with legal or regulatory requirements, including to:

- Determine if you are eligible for this study
- Provide you with reimbursement, as allowed by the study, for your time, effort, and certain expenses related to your participation
- Verify that the study is conducted correctly and that study data are accurate
- Answer questions from IRB(s) or government or regulatory agencies
- Assess your use of electronic devices in the study, for example, to determine how long it takes you to complete any eConsent module used for the study and your comprehension of the eConsent process
- Contact you during and after the study (if necessary)

- Follow-up on your health status, including using publicly available sources (for example, public databases or the internet) should the study staff be unable to contact you using information held on file
- Protect your vital interests such as providing information to an emergency department of a hospital if you are being treated
- Answer your data protection requests (if any)

If you provide someone else's personal information, you should make them aware that you have provided the information to us. Examples of this information include:

- Emergency contact information
- Details of family medical history

We will only use such information in keeping with this informed consent and applicable law.

Text Messages

If you agree, the study staff, or a company working on behalf of Pfizer, may send text messages using an automated system to remind you of:

- Upcoming study appointments
- Other study-related information
    - Standard text messaging rates apply to all text messages. Message rates differ from carrier to carrier. Please contact your wireless phone provider to ask about the details of your plan. You are responsible for any charges for incoming text messages or calls on your mobile phone
    - The contact information you have provided will be used for the sole purpose of communicating with you about the study
    - The text messages received through this program may appear on your mobile phone screen as soon as they are received. This may happen even when the phone is locked. These messages could be seen and read by others who are near your phone when the message is received
    - To discontinue receiving text messages, please contact the Pfizer New Haven CRU at 800-254-6398

You will be asked to make your choice at the end of this document.

What happens to my personal information that is sent outside the CRU?

Before the study staff transfers your personal information outside the CRU, the study staff will:

- Replace your name with a unique code
- Remove information that directly identifies you

This is called "**Coded Information**". The link between the code and your personal information will be kept confidential by the study staff.

Your Coded Information will be used by the following:

- Pfizer and its representatives (including its affiliated companies)
- People and/or organizations providing services to or collaborating with Pfizer

- Any organization that obtains all or part of Pfizer's business or the rights to the product under study
- Other researchers
- Advarra IRB
- Government or regulatory authorities

The above parties may use your coded information for the following purposes:

- **Conducting the study**, including:
    - Examining your response to the study drug
    - Understanding the study and the study results and learning more about T2DM, improving blood sugar control, and for weight management in overweight or obese people with other diseases or medical conditions
    - Assessing the safety of the study drug
- **Complying with legal and regulatory duties** such as:
    - Ensuring the study is conducted according to good clinical practice
    - Making required disclosures to IRB(s), or government or regulatory authorities
    - Seeking approval from government or regulatory authorities to market the study drug
        - It is possible that these government or regulatory authorities may disclose your Coded Information to other researchers for the conduct of future scientific research
    - Sharing study data with other researchers not affiliated with the study staff or Pfizer. This includes through publication on the internet or other ways. However, information that could directly identify you will not be made available to other researchers
- **Publishing summaries of the study results:**
    - In medical journals
    - On the internet
    - At educational meetings of other researchers

  You will not be directly identified in any publication or report of the study, but some journal representatives may need access to your Coded Information to verify the study results and ensure the research meets the journal's quality standards. Also, journals may require that genetic and other information from the study that does not directly identify you be made available to other researchers for further research projects.
- **Improving the quality, design, and safety** of this study and other research studies

How are my biological samples handled?

If biological samples are taken during the study, those samples will be handled in the same way as your Coded Information. All samples will be treated as required by law.

Can my coded information and biological samples be used for other research?

Yes. The Sponsor may use your Coded Information, biological samples, images and/or audio/video recordings, if collected as part of the study, to support and advance other scientific research projects, including improving the quality, design, and safety of other research studies, research supporting public health aims, and developing medicines, vaccines, diagnostic products, and tools.

At this time, we do not know the specific details of these future research projects; however, your Code Information, biological samples, images and/or audio-video recordings, if collected as part of the study, could be used in combinations with data from other sources not related to you or this study. Reasonable

safeguards will be used to protect your coded Information, biological samples, images and/or audio/video recordings used in any future research and may include:

- Limiting access to individuals bound by duties of confidentiality
- Taking steps to minimize risk that you could be re-identified
- Obtaining approval of institutional review boards

Furthermore, if your Coded Information, biological samples, images and/or audio/video recordings, if collected as part of the study, have identifiers removed such that they can no longer be readily identified with you, they may be used for future research purposes.

Study-Related Injuries

You will be given a study information card with important contact information. Show this card to any health care provider if you seek emergency care during this study.

If you experience a research injury, the CRU will arrange for medical treatment at no cost to you. Pfizer will cover the costs of this treatment. A research injury is any physical injury or illness caused by being in this study. There are no plans to offer you payment for such things as:

- Lost wages
- Expenses other than medical care
- Pain and suffering

To help avoid injury, it is very important to follow all study directions. You can get more information about medical treatment for research injuries from the study investigator or study staff.

You must call the study investigator immediately if you experience a research injury. The number is listed on the first page of this consent document. A 24-hour answering service is available.

If you are treated for a research injury that is paid for by Pfizer, Pfizer or its representative will collect your:

- Medicare Health Insurance Claim Number or,
- Social Security Number

This is to determine your Medicare status. If you are a Medicare beneficiary, Pfizer will report the payment and information about the study you are in to the Centers for Medicare & Medicaid Services (CMS). This is in keeping with CMS reporting requirements. Pfizer will not use this information for any other purpose.

Legal Rights

You will not lose any of your legal rights by signing and dating this consent document.

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 such as:

- Whom to contact in the case of a research-related injury;

- Payment or compensation for being in the study, if any;
- Your responsibilities as a research participant;
- Eligibility to participate in the study;
- The study investigator's or study site's decision to withdraw you from participation;
- Results of tests and/or procedure;

Please contact the study investigator 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, 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: Pro00080049.

Link to Additional Information

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.

Payment for Taking Part in the Study

The amount of payment is based on a number of things including the length of the study.

You may be eligible for a travel and hotel bonus payment:

- $0.20/mile per one-way trip to or from the CRU based on your home address
- For participants traveling long distances, a 1-night hotel stipend ($150.00) for the night prior to your visit(s), if needed

Additional travel services may be arranged on your behalf at no cost to you.

All payments will be in U.S. dollars. Compensation may be provided on a loadable debit card or by paper check. Pfizer New Haven CRU reserves the right to determine method of payment.

U.S. Citizens: Payments may be considered taxable income. If you receive $600.00 or more in taxable payments within a calendar year, your earnings will be reported to the Internal Revenue Service (IRS) and you may receive a tax form (1099). Personal information about you, such as your name, address, and Social Security Number (SSN) or Tax Identification Number (TIN), may be provided to the IRS and vendors working on behalf of Pfizer for tax purposes. If you do not provide your SSN or TIN, you may

have taxes deducted from your payment at a rate of 24% and receive a tax form (1099). If you prefer to not receive payment for this study, you may alert your study site. In some countries, compensation may not be allowed due to immigration status.

Non-U.S. Citizens: Payments may be considered taxable income. Your earnings will be reported to the Internal Revenue Service (IRS) and you may receive a tax form (1042-S). Personal information about you, such as your name, address, and Social Security Number (SSN) or Tax Identification Number (TIN), may be provided to the IRS and vendors working on behalf of Pfizer for tax purposes. If you do not provide your SSN or TIN, you may have taxes deducted from your payment at a rate of 30% and receive a tax form (1042-S). If you prefer to not receive payment for this study, you may alert your study site. In some countries, compensation may not be allowed due to immigration status.

If at any time you test positive for drugs of abuse, you will not be paid for your visit. Further, if you test positive for drugs of abuse:

- You will not be allowed to be in this study
- You may not be allowed to be in any future studies

Screening Payments

The screening payment is listed below. You will receive this payment within 2 weeks of screening. If you leave the screening early, you will not be paid.

Screening Visit at CRU	$175.00

Additional payments are made if we ask you to return to the CRU to repeat any screening tests ($100.00 per visit).

Study Payments

The payment for completing the entire study is listed below. Please be aware that:

- If you do not follow instructions (including those listed in the New Haven CRU House Rules), if you are late for blood draws, or if you miss procedures, your payment may be reduced. You will be paid a prorated amount based on the extent of your participation if:
    - You are not able to complete the study
    - You choose to leave the study
    - You are withdrawn from the study early by the study investigator for non-safety-related issues
    - The study is stopped early
    - You are qualified but not chosen to participate
- You will not be given the study completion bonus if you drop out of the study early
- Partial payments are planned during the study. Details will be provided at screening
- A final payment will be provided to you within 2 weeks of finishing the study
- Pfizer may use information and biological samples resulting from the study to develop products or processes from which it may profit. There are no plans to pay you or provide you with any products developed from this study. Pfizer will own all products or processes that are developed using information and/or biological samples from the study

The decision to admit you into the study is based upon results of pre-study requirements. No one is guaranteed a place in the study until the first dose is complete. Enough numbers of participants will be brought in to be sure we fill the study.

STUDY PARTICIPANTS			
Type of Activity	**Payment per Activity**	**Total Number (Days/Weeks)**	**Total**
Overnight Stay	$250.00	44	$11,000.00
Duration of Follow-Up Period (Discharge to Follow-Up Call)	$15.00	26	$390.00
Follow Up Phone Call	$100.00	1	$100.00
Completion Bonus	$2,890.00		$2,890.00
Total Payment Part			$14,380.00

BACK-UP PARTICIPANTS	
Type of Activity	**Payment per Activity**
Overnight Stay*	$300.00
Daytime Stay	$190.00

Additional payments are made if we ask you to return to the CRU or to outside medical providers for additional tests ($250.00 per visit). During times that you need to stay in the CRU, you will not be paid more for repeat or added tests.

Costs for Study Participants

The study drug, study-related procedures, and study visits will be provided at no cost to you.

Your Decision to be in the Study

Taking part in this study is voluntary (your choice). You may leave the study at any time without penalty or loss of any benefits. Your future medical care will not be affected. The study investigator, Pfizer Inc, or the FDA may take you out of the study without your permission at any time for the following reasons:

- You do not follow the instructions of the study investigator
- We find out you should not be in the study
- The study is stopped
- The study becomes harmful to your health
- You do not follow the New Haven CRU House Rules

If you leave the study or if you are taken out of the study for any reason, you may be asked to return to the CRU for a final visit. You may have some end of study tests at this visit. This is to make sure it is safe for you to leave the study. The data collected to the point of your withdrawal remains part of the study database and may not be removed. No new information will be collected about you, but the study team may still need to report to the Sponsor any safety event(s) that you may experience after your participation in the study.

If you are withdrawn from the study, or decide to stop the study, you can ask that any unused samples that were collected be destroyed. If you would like to have this done, please contact the study investigator. However, your samples may not be able to be destroyed because:

- They may no longer be traceable to you
- They may have already been used
- They may have been given to a third party

New Findings

If there is new information about the safety of the study drug or changes in the study tests, we will tell you in a timely manner. You can then decide if you still want to be in the study.

AGREEMENT TO BE IN THE STUDY **PIMS # _____**

This consent document contains important information to help you decide if you want to be in the study. If you have any questions that are not answered in this consent document, ask one of the study staff.

By checking each of the following, you are agreeing that the statements below are true:

		Please Check
A.	This consent document is written in a language I understand	
B.	I understand the information in this consent document	
C.	I have been given enough time to ask questions and talk about the study	
D.	All of my questions have been answered completely	
E.	I have received enough information about the study	
F.	I agree that I was not pressured by the study investigator or the study staff to be in this study	
G.	I know that I can leave the study at any time without giving a reason and without affecting my health care	
H.	I know that my health records from this study may be reviewed by Pfizer Inc and by government officials	
I.	I know that I cannot be in another study while I am in this study	
J.	I have received the HIV, Hepatitis A, B, and C pamphlets and reviewed the information in them	

IF YOU DID NOT CHECK THE BOX NEXT TO ANY OF THE ABOVE QUESTIONS OR YOU ARE UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS, YOU SHOULD NOT SIGN AND DATE THIS CONSENT DOCUMENT

Text Messages:
Please check the box next to your choice.

☐ Yes, I agree that the study staff may send me text messages as described in the Confidentiality section

☐ No, I do NOT agree that the study staff may send me text messages as described in the Confidentiality section

- You will get a copy of this signed and dated informed consent document for your records
- You agree to participate in this study
- It is your responsibility to tell the study investigator about all changes in your physical or mental health during the study

Printed Name of Adult Study Participant (Name as appears on U.S./State Government-Issued ID)

Signature of Adult Study Participant Date

Printed Name or Initials of Person Explaining Informed Consent

Signature of Person Explaining Informed Consent Date