STUDY OVERVIEW
Dr. XXXXX’s Study

THIS IS NOT TO BE USED AS A CONSENT FORM –

You are being asked to participate in a study because you have been diagnosed with Alzheimer’s disease. You are asked to have your partner or caretaker with you to look at this study.

WHAT IS THE STUDY ABOUT?
It’s about a drug that might keep plaque from building up around people’s nerve cells.

WHAT ARE YOU ASKED TO DO?
First, we have to see if you qualify for the study. That means completing an interview, having a physical exam, and having some blood drawn. We want to know if you are a carrier of a certain gene for a protein that may be related to Alzheimer’s. If you have that gene, you’re in - if you want to be.

Next you’ll get an MRI (a scan of your brain) and other neurological tests.

WHAT NEXT?
If you join the study, you will go into one of two groups. Either you will get the experimental drug or a placebo (normal salt water). This is because we have to test whether the medicine does better than nothing at all. That means everybody goes through the same tests and procedures no matter which medication they get.

We will draw blood for this study and the sample will stay with the company that makes this drug. That blood sample won’t have your name on it.

You’ll get a drug 10 times – once every 4 weeks. The drug goes into your blood, so it takes a while for our staff to do it. We’ll also check up on your health at each of these visits and we may need to check your spinal fluid. To check your spinal fluid a small needle is inserted in your lower back, similar to a blood draw. We’ll also talk with your partner to see how you’re doing at home.

We’ll do 2 MRIs over the time you’re in the study. We’ll test your heart and draw some blood. And we may ask you to join in with a couple of other similar studies that only involve some social skills exercises.

RISKS
There isn’t a lot of info on this new drug yet. There have been only 3 other studies.
This drug could cause some heart problems and if you have any trouble like this, we’ll take you off the drug. You might have an allergy to the drug. The spinal fluid testing can cause a headache and some pain. There are a number of other risks that Dr. XXXX will discuss with you and your partner – they are important.

**BENEFITS**
It’s not certain, but you may end up not getting any benefit from this drug. However, what we learn may help doctors and other patients in the future. Plus, you will get a lot of medical tests at no cost. These tests could identify other health problems that should get treated and we will tell you about them if so.

**COST**
It won’t cost you anything to be in this study except for your time.

**REWARDS**
We will pay you $750 for participating in this study. We will also provide parking and meals costs for your partner while waiting during your treatments.

**CONFIDENTIALITY**
We will protect your privacy and confidentiality of records as the law permits. The company that makes this new drug wants to see how you do with it. Their staff may want to look at your records just to make sure everything is done right.

*NOW, Dr. XXXX is going to go over your consent in detail with you. You may keep this document as a quick reference to the main parts of the study.*