



## **NANO-RAST : Nanomotion-based Resistell AST to determine the antibiotic susceptibility of Gram-negative bacteria causing bacteremia and/or sepsis.**

This research project is organized by Resistell AG, Hofackerstrasse 40B, 4132 Muttenz

Dear Madam, Sir,

We would like to ask you whether you would be willing to participate in our research project.

Your participation is voluntary. All data collected in this project are subject to strict data protection regulations.

In a conversation we will explain the most important points to you and answer your questions. So that you can read about and understand the project, you can find a brief description below. This is followed by further, detailed information.

Please do not hesitate to ask further questions if there is anything you do not understand or would like further clarification on.

### **1. Aim of the study**

In this project, we want to investigate how accurate a new device is at predicting whether a particular medicine will work against certain bacterial infections in patients that are currently at the Lausanne University Hospital – Centre Hospitalier Universitaire Vaudois (CHUV) due to these infections. The new device is called Resistell AST.

### **2. Resistell AST**

When bacteria develop the ability to defeat the drugs (antibiotics) designed to eradicate them, this results in the drug becoming ineffective and the bacteria continue to grow — this phenomenon is called antibiotic resistance. Infections caused by such bacteria can be life-threatening and very difficult to treat and may require alternative antibiotic medicines.

In such situations, it is very important to know early during an infection whether a drug will work against a bacterial infection or not. Currently, several tests exist that can assess this. These tests are called antibiotic susceptibility tests (ASTs). However, the time to result can range from 8 to 48 hours, depending on the test.

Resistell AST is a rapid test that could significantly reduce the time needed to obtain a result by a minimum of 6 hours to a maximum of 46 hours, giving an approximate time to result of about 2 hours. This time is crucial in life threatening situations and starting patients on the right treatment is important to improve survival rates.

### **3. Who can participate?**

Participation is open to all people who are admitted at CHUV due to certain bacterial infections that can be detected in the blood of the patient. This condition is called bacteremia. However, due to logistical restraints we can only enroll patients whose blood tests positive for the bacteria before 12:00 (noon) on weekdays.

If you had more than one kind of bacteria in your blood, you cannot take part in this study.

If your blood showed the presence of the following bacteria that we are interested in: *Escherichia coli*, *Klebsiella* spp., other Enterobacteriaceae, *Pseudomonas aeruginosa*, or other non-fermentative bacteria, and therefore you would be eligible to take part in this study.

### **4. General information about the project**

This project is carried out in accordance with Swiss law. This study also complies with all internationally recognized guidelines. The Cantonal Ethics Committee of Vaud has examined and approved the study.

This study is designed to investigate how accurate Resistell AST (new device) is at determining which bacteria are resistant to antibiotics by analyzing your blood sample. To achieve the goals of this study, three hundred samples will be analyzed collected at CHUV. We estimate that the study will take about 12 months to complete.

### **5. How the study will unfold**

If you agree to take part in this study, we will use your blood sample(s) that has been left over after the routine Antimicrobial Susceptibility Testing (AST) at the microbiology laboratory at CHUV. **Please note that**



**only the bacteria extracted from your blood will be used. No other samples (for example, blood cells, genetic material, etc.) will be taken from your blood for this study.**

- **The sample(s) will be pseudo-anonymized (identifiable data is replaced) and a unique identification number** will be used to follow the patient and find out which antibiotic treatment they received whilst their time in the hospital.
- The doctor treating you will be asked to fill in a questionnaire before reviewing the results obtained from the Resistell AST device and then consequently asked to fill in a second questionnaire after they have seen the Resistell AST results.
- The questionnaire will allow us to understand whether the results obtained by Resistell AST could influence a doctor's clinical decision making to improve the outcome for the patient.

We may need to withdraw you from the project before the end of the study. This can happen if you are diagnosed as having multiple types of bacteria in their blood. We will inform your attending physician of your participation in this project. If you would rather that your treating physician was not informed about your participation in the study, please discuss this with the investigating physician / project manager.

Other diagnostic tests will also be routinely performed by the hospital and these include:

- The disk diffusion test (Kirby-Bauer test); this test enables doctors to understand which bacteria can be killed with which antibiotics.
- VITEK 2 ® or BD Phoenix ™ systems; these automated systems determine both bacteria-killing antibiotics as well as the lowest concentration of antibiotic needed to prevent bacterial growth.
- Epsilometer test; this test enables doctors to determine the lowest amount of an antibiotic that is needed to stop the bacteria from growing.

In addition, a complete medical history including your past and current medical conditions, age, gender, site of infection if present, race, ethnic origin, height (in cm), body mass index (in kg/m<sup>2</sup> with one decimal), allergies, and surgical procedure history will be recorded.

## 6. Benefits for the participants

Participation in this study will not bring you any personal benefit. However, the results of the research could be important for people affected by similar bacterial infections in the future.

## 7. Rights

Participation in this project is optional. If you do not wish to participate or if you later change your decision regarding the study, you will not have to justify yourself. This will not affect your treatment or medical care. You can ask questions about participation and the project at any time. To this end, please contact the person listed at the end of this fact sheet.

## 8. Obligations

As a participant in the project, there are no obligations arising from the project except to sign the consent form.

## 9. Risks

As we intend to use blood that had already been collected from you, you will not be exposed to any additional risks by participating in the study.

## 10. Results

The physician-investigator/project manager will notify you of any new discoveries that may affect the benefits or safety of the study and, thus, the consent to participate.

## 11. Confidential processing of data and samples

For this project, we will record your personal and medical data. Only a limited number of people will have access to this data in an uncoded format and this access will exclusively be granted for tasks that are necessary in order to complete the project. **All the information will be coded and, therefore, pseudo-anonymized when the results are reviewed. Encoding (pseudo-anonymizing) means that all patient-identifying data (name, date of birth) is erased. Each patient is assigned a unique code and the key to decode this will remain at the hospital (CHUV). Without this unique code and key, it is not possible to**



**link the data to the patient.** On occasion, scientific journals require access to individual data (raw data). If this is the case, it will always be coded and therefore does not identify you as a person. Everyone involved in the project is bound by professional secrecy.

Throughout the project, the site may be inspected by the relevant ethics commission or by the institution that commissioned the project. For these inspections, the project manager must grant access to the relevant investigators and allow them to see your personal and medical data.

#### **12. Withdrawal from the project**

You can withdraw from the study at any time if you wish to. The data and samples collected up until the your withdrawal will not be used for any further analysis. The samples will be stored in the hospital in accordance with the CHUV hospital specifications.

#### **13. Repairing damage**

You will not receive compensation for the participation in this project.

#### **14. Liability**

Damage related to the research project is covered by the institution or company that commissioned it and is responsible for its conduct. The conditions and procedures are regulated by law. This is a category A study according to Human Research Ordinance (HRO). The personnel involved in the study are covered under general liability insurance provided by the Sponsor according to Art. 19 of the Swiss Human Research Act (HRA).

#### **15. Funding**

This project is funded by Resistell AG and Innosuisse – Swiss Innovation Agency.

#### **16. Contact person**

If you have any doubts, concerns or emergencies during or after the project, feel free to contact the team using the information below:

On site study management: Gilbert Greub

Complete address and telephone number contactable on weekdays and email address:

Institute of Microbiology CHUV

Rue du Bugnon 48

CH-1011 Lausanne, Switzerland

Tel: +41 21 314 4056

Email: [gilbert.greub@chuv.ch](mailto:gilbert.greub@chuv.ch)



## Statement of consent

### Written Declaration of Consent for Participation in a Research Project

Please read this form carefully. Do not hesitate to ask questions if there is anything that you do not understand or would like further clarification on. For patient participation, your written consent is required.

<b>BASEC number of the research project (after submission to the relevant ethics COMMISSION) :</b>	2020-01622
<b>Title (scientific and usual) :</b>	Nanomotion-based Resistell AST to determine the antibiotic susceptibility of Gram-negative bacteria causing bacteraemia and/or sepsis.
<b>Responsible institution (project manager and full address) :</b>	Gilbert Greub Institute of Microbiology CHUV Rue du Bugnon 48 CH-1011 Lausanne, Switzerland
<b>Study location :</b>	CHUV Lausanne
<b>Project manager on site : Name and surname in capital letters :</b>	
<b>Participant : Name and surname in capital letters : Date of birth :</b>	<input type="checkbox"/> female <input type="checkbox"/> male

- I acknowledge receiving written and oral information from the physician-investigator about the objectives, the scope, possible benefits, disadvantages and risks of participating in the above-mentioned study.
- I take part in this study voluntarily and accept the written and oral information. Furthermore, I also acknowledge that I had enough time to make an informed decision.
- I have received the answers to the questions I have asked in relation to participation in this project, I will keep the information sheet and receive a copy of my consent statement.
- I agree that my treating physician should be informed of my participation in the research project.
- I accept that the competent specialists of the management/principal of this project, the competent ethics commission, may consult my uncoded data in order to carry out checks, provided, however, that the confidentiality of this data is strictly assured.
- I know that personal data (including the samples) can only be transmitted in a coded format and for research purposes as part of this project.
- I may, at any time and without having to justify myself, revoke my consent to participate in this study, without adversely affecting my medical treatment/management. Data and samples collected to date will, however, still be analyzed for project purposes.
- The hospital/institutional civil liability covers any damage that may result from the project.
- I am aware that the obligations mentioned in the fact sheet must be met for the duration of the project. The investigating physician may exclude me at any time if this is deemed necessary.



Location, date	Name and surname in capital letters :  Signature:
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**Certificate from the investigating physician/investigator:** I hereby certify that I have explained to the participant the nature, importance and scope of the project.

I declare that I meet all legal obligations related to this project. If I was to become aware, at any time during the project, of elements likely to influence the consent of a participant to take part in the research project, I agree to immediately inform the participant.

Location, date	Name and surname in capital letters of the physician-investigator/investigator providing the information :  Signature of the physician-investigator/investigator :
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