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PATIENT INFORMED CONSENT

A Pilot Study to Evaluate the Safety and tolerability and potential Efficacy of a series of two Nebulizer Administrations of an Extracellular Vesicle Isolate Product in patients with Chronic Obstructive Pulmonary Disease

PRINCIPLE INVESTIGATOR:	James Howton, D.O.
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STUDY NUMBER:	

SUBJECT NAME:_____DATE:_____

Please read this form carefully. The following information describes a study that you are beingasked to participate in and describes your rights and obligations as a participant in the study. Thisis a subject consent form for you to participate in the study and to authorize limited disclosureof your health information. If you agree to take part in the study, you need to sign this form. Ifthere is anything you do not understand, or anything you may have a question about, you mayask the principal investigator.

You are being asked to take part in a research study carried out by James Howton, D.O. This form explains the research study and your part in it if you decide to join the study. Please read the form carefully, taking as much time as you need. Ask the researcher to explain anything you don't understand. You can decide not to join the study. If you join the study, you can change your mind later or quit at any time. There will be no penalty or loss of services or benefits if you decide to not take part in the study or quit later. This study has been approved for humansubject participation by the American Academy of Stem Cell Physicians Institutional Review Board.

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What is this study about?

This research study is being done to evaluate the SAFETY of treating your COPD with a series of two 5cc nebulizer treatments of an Extracellular Vesicle Isolate Product (EVIP). The treatments will be administered one week apart.

You are being asked to take part because you suffer from COPD and desire to improve your pulmonary function.

Taking part in the study will take about 30 minutes to perform the nebulizer administrations. You will be required to undergo pulmonary function tests before and after the procedures.

You cannot take part in this study if: Candidates who meet **ANY** of the following Exclusion Criteria at the time of the study procedure are **NOT** eligible for enrollment in the study:

1. The subject is unable to conform to the study protocol follow-up procedures and visits.
2. The subject has major risk factors such as a history of narcotic abuse, paucity of family support, unemployed, history of previous physical or mental abuse or severe medical comorbidities.
3. Any patient felt not to be a suitable study patient by the principal Investigator.
4. Any patient with active cancer or cancer within the last five years.
5. Any patient on chronic oral steroids

What will I be asked to do if I am in this study?

If you take part in the study, you will be asked to:

1) submit to a medical history and physical examination and have your imaging studies and outside pertinent medical records reviewed.

2) Be evaluated to see if you meet all the inclusion/exclusion criteria.

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3)Fill out study data collection forms before and at certain times after the treatments.

4) Undergo a series of two 5cc nebulizer administrations of the EVIP. The nebulizer administrations will be performed one week apart and will be performed under the direction of Dr. James Howton. The procedures will typically take around thirty minutes.

5) Undergo Pulmonary Function Tests within 6 weeks before the first nebulizer administration, 6 weeks, 6 months and 12 months after the nebulizer administrations.

Are there any benefits to me if I am in this study?

Unfortunately, there are no guarantees for personal improvement with the nebulizer administrations.

- The potential benefits to you for taking part in this study are: Participation in the study will provide ageneral benefit to better guide the use of the EVIP in patients with COPD by establishing a record of patient SAFETY as per the study protocol. Additionally, subjects participating in the study may receive a direct benefit as follows:
- Evidence for improved patient outcomes following the nebulizer EVIP.
- Potential for stabilization or improved pulmonary health.
- Potential for enhanced recovery and better long-term outcomes compared to no treatment

Are there any risks to me if I am in this study?

The potential risks from taking part in this study are: This is considered a high-risk study because the EVIP is a non-FDA approved biologic.

In adition the nebulizer administrations may irritate bronchi and lungs triggering cough, shortness of breath and a worsening of pulmonary symptoms necessitating further treatments and or hospitalization.

Standard of care for the treatment of your COPD include the regular use of metered dose inhalers and nebulizer treatmens to control bronchial inflammation and maintain bronchial dilatation. Participation in this study does not replace standard of care. You are encouraged to maintain your treatment regimen while participating in this study.

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Will my information be kept private?

The data for this study will be kept confidential to the extent allowed by federal and state law. Under certain circumstances, information that identifies you may be released for internal and external reviews of this project. No published results will identify you, and your name will not be associated with the findings.
The data for this study will be kept for 5 years and may be shared with the IRB and the FDA.

The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous.

Are there any costs or payments for being in this study?
You will not receive money or any other form of compensation for taking part in this study. There is no cost to you for participating in this study.

What are my rights as a research study volunteer?

Your participation in this research is completely voluntary. You may choose not to be a part of this study. There will be no penalty to you if you choose not to take part. You may choose not to answer specific questions or to stop participating at any time.

Who Should I Contact if I have further questions or concerns?

You may contact the principal investigator. Dr. James Howton, at 970-278-0900.

This study was reviewed by the IRCM Institutional Review Board (IRB). An IRB reviews research to protect the rights and welfare of study participants. Should subjects wish to contact an impartial third party not associated with this study they may contact J.P. Faber, Secretary of theIRB of the Institute of Regenerative and Cellular Medicine (IRCM) at jpfaber@ircm.org or (786) 271-2156.

What does my signature on this consent form mean?

Your signature on this form means that:

- You understand the information given to you in this form.
- You have been able to ask the researcher questions and state any concerns.
- The researcher has responded to your questions and concerns.

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- You believe you understand the research study and the potential benefits and risks that are involved.
- You are at least 18 years of age.

Statement of Consent

I give my voluntary consent to take part in this study. I have read the above information aboutthis study and have had a chance to ask questions. My questions have been answered to my satisfaction. I have been told that I can change my mind later if I want to. By signing this consent form, I am not giving up any of my legal rights. I will be given a copy of this consent document for my records.

Signature of Participant	Date
Printed Name of Participant	

Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect. I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.I also certify that he or she:

- Speaks the language used to explain this research
- Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
- Does not have any problems that could make it hard to understand what it means to take part in this research.

Signature of Person Obtaining Consent	Date
Printed Name of Person Obtaining Consent	Role in Research Study