DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

Form Approved: OMB No. 0910-0014
Expiration Date: February 28, 2019
See OMB Statement on Reverse.

STATEMENT OF INVESTIGATOR

(TITLE 21, CODE OF FEDERAL REGULATIONS (CFR) PART 312)

(See instructions on reverse side.)

NOTE: No investigator may participate in an investigation until he/she provides the sponsor with a completed, signed Statement of Investigator, Form FDA 1572 (21 CFR 312.53(c)).

1. NAME AND ADDRESS OF INVESTIGATOR

Name of Clinical Investigator
Dr. KT MNGADI

Address 1		Address 2	
CAPRISA		ETHEKWINI CRS, 3 RICHARDS ROAD	
City	**State/Province/Region**	**Country**	**ZIP or Postal Code**
BEREA	JOHANNESBURG	SOUTH AFRICA	4001

2. EDUCATION, TRAINING, AND EXPERIENCE THAT QUALIFY THE INVESTIGATOR AS AN EXPERT IN THE CLINICAL INVESTIGATION OF THE DRUG FOR THE USE UNDER INVESTIGATION. ONE OF THE FOLLOWING IS PROVIDED *(Select **one** of the following.)*

☑ Curriculum Vitae ☐ Other Statement of Qualifications

3. NAME AND ADDRESS OF ANY MEDICAL SCHOOL, HOSPITAL, OR OTHER RESEARCH FACILITY WHERE THE CLINICAL INVESTIGATION(S) WILL BE CONDUCTED

CONTINUATION PAGE for Item 3

Name of Medical School, Hospital, or Other Research Facility
CAPRISA

Address 1		Address 2	
ETHEKWINI CRS, 3 RICHARDS ROAD			
City	**State/Province/Region**	**Country**	**ZIP or Postal Code**
BEREA	JOHANNESBURG	SOUTH AFRICA	4001

4. NAME AND ADDRESS OF ANY CLINICAL LABORATORY FACILITIES TO BE USED IN THE STUDY

CONTINUATION PAGE for Item 4

Name of Clinical Laboratory Facility
CAPRISA CENTRAL LABs

Address 1		Address 2	
ETHEKWINI CRS, 3 RICHARDS ROAD		ETHEKWINI CRS, 3 RICHARDS ROAD	
City	**State/Province/Region**	**Country**	**ZIP or Postal Code**
BEREA	JOHANNESBURG	SOUTH AFRICA	

5. NAME AND ADDRESS OF THE INSTITUTIONAL REVIEW BOARD (IRB) THAT IS RESPONSIBLE FOR REVIEW AND APPROVAL OF THE STUDY(IES)

CONTINUATION PAGE for Item 5

Name of IRB
THE BIOMEDICAL RESEARCH ETHICS COMMITEE (BREC)

Address 1		Address 2	
WESTVILLA CAMPUS		GOVAN MBEKI BUILDING	
City	**State/Province/Region**	**Country**	**ZIP or Postal Code**
DURBAN	JOHANNESBURG	SOUTH AFRICA	4000

6. NAMES OF SUBINVESTIGATORS *(If not applicable, enter "None")*

NONE

CONTINUATION PAGE - for Item 6

7. NAME AND CODE NUMBER, IF ANY, OF THE PROTOCOL(S) IN THE IND FOR THE STUDY(IES) TO BE CONDUCTED BY THE INVESTIGATOR

A5324 - A Randomized, Double-Blinded, Placebo-Controlled Trial Comparing Antiretroviral Intensification with Maraviroc and Dolutegravir with No Intensification or Intensification with Dolutegravir Alone for the Treatment of Cognitive Impairment in HIV

8. PROVIDE THE FOLLOWING CLINICAL PROTOCOL INFORMATION. *(Select **one** of the following.)*

☐ For Phase 1 investigations, a general outline of the planned investigation including the estimated duration of the study and the maximum number of subjects that will be involved.

☑ For Phase 2 or 3 investigations, an outline of the study protocol including an approximation of the number of subjects to be treated with the drug and the number to be employed as controls, if any; the clinical uses to be investigated; characteristics of subjects by age, sex, and condition; the kind of clinical observations and laboratory tests to be conducted; the estimated duration of the study; and copies or a description of case report forms to be used.

9. COMMITMENTS

I agree to conduct the study(ies) in accordance with the relevant, current protocol(s) and will only make changes in a protocol after notifying the sponsor, except when necessary to protect the safety, rights, or welfare of subjects.

I agree to personally conduct or supervise the described investigation(s).

I agree to inform any patients, or any persons used as controls, that the drugs are being used for investigational purposes and I will ensure that the requirements relating to obtaining informed consent in 21 CFR Part 50 and institutional review board (IRB) review and approval in 21 CFR Part 56 are met.

I agree to report to the sponsor adverse experiences that occur in the course of the investigation(s) in accordance with 21 CFR 312.64. I have read and understand the information in the investigator's brochure, including the potential risks and side effects of the drug.

I agree to ensure that all associates, colleagues, and employees assisting in the conduct of the study(ies) are informed about their obligations in meeting the above commitments.

I agree to maintain adequate and accurate records in accordance with 21 CFR 312.62 and to make those records available for inspection in accordance with 21 CFR 312.68.

I will ensure that an IRB that complies with the requirements of 21 CFR Part 56 will be responsible for the initial and continuing review and approval of the clinical investigation. I also agree to promptly report to the IRB all changes in the research activity and all unanticipated problems involving risks to human subjects or others. Additionally, I will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.

I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements in 21 CFR Part 312.

INSTRUCTIONS FOR COMPLETING FORM FDA 1572
STATEMENT OF INVESTIGATOR

1. Complete all sections. Provide a separate page if additional space is needed.
2. Provide curriculum vitae or other statement of qualifications as described in Section 2.
3. Provide protocol outline as described in Section 8.
4. Sign and date below.
5. FORWARD THE COMPLETED FORM AND OTHER DOCUMENTS BEING PROVIDED TO THE SPONSOR. The sponsor will incorporate this information along with other technical data into an Investigational New Drug Application (IND). INVESTIGATORS SHOULD NOT SEND THIS FORM DIRECTLY TO THE FOOD AND DRUG ADMINISTRATION.

10. DATE *(mm/dd/yyyy)*	11. SIGNATURE OF INVESTIGATOR
02-Jul-2019	

(**WARNING**: A willfully false statement is a criminal offense. U.S.C. Title 18, Sec. 1001.)

The information below applies only to requirements of the Paperwork Reduction Act of 1995.

The burden time for this collection of information is estimated to average 100 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the address to the right:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF EMAIL ADDRESS.

A5324

A Randomized, Double-Blinded, Placebo-Controlled Trial Comparing Antiretroviral Intensification with Maraviroc and Dolutegravir with No Intensification or Intensification with Dolutegravir Alone for the Treatment of Cognitive Impairment in HIV

PRO

A Multicenter Trial of the AIDS Clinical Trials Group (ACTG)

Sponsored by:
The National Institute of Allergy and Infectious Diseases

Industry Support Provided by:
ViiV Healthcare Ltd.

IND# 126,854

The ACTG Neurology Collaborative Science Group:

Chair:	**Bandile Smith, MD,**
Chair Co-Chair:	**Lesedi Smit, MD**
Vice-Chair:	**Amahle Williams, MD**
DAIDS Clinical Representative:	**Prince Louw, MD Clinical**
Trials Specialist:	**Junior Marais, MD**

Final Version 2.0
April 25, 2019

A Randomized, Double-Blinded, Placebo-Controlled Trial Comparing Antiretroviral Intensification with Maraviroc and Dolutegravir with No Intensification or Intensification with Dolutegravir Alone for the Treatment of Cognitive Impairment in HIV

SIGNATURE PAGE

I will conduct the study in accordance with the provisions of this protocol and all applicable protocol-related documents. I agree to conduct this study in compliance with United States (US) Health and Human Service regulations (45 CFR 46); applicable U.S. Food and Drug Administration regulations; standards of the International Conference on Harmonization Guideline for Good Clinical Practice (E6); Institutional Review Board/Ethics Committee determinations; all applicable in-country, state, and local laws and regulations; and other applicable requirements (e.g., US National Institutes of Health, Division of AIDS) and institutional policies.

Principal Investigator: BANDILE SMITH
Print/Type

Signed:  **Date:** 02- Jul-2019
Name/Title

IRB Approval Letter

Dear Dr Mngadi,

TITLE: HVTN 705NAC89220HPX2008: A multicenter, randomized, double blind, placebo-controlled phase 2b efficacy study of a heterologous prime/boost vaccine regimen of Ad26.Mos4.HIV and aluminum phosphate-phosphate=adjuvanted Clade C gp140 in preventing HIV-1 infection in women in sub-Saharan Africa. Degree: Non-degree
BREC REF NO:
BFC251/17

The Biomedical Research Ethics Committee (BREC) has considered the abovementioned application at a meeting held on 09 May 2017.

This approval is valid for one year from 31 Jun 2019. To ensure uninterrupted approval of this study beyond the approval expiry date, an application for recertification must be submitted to BREC on the appropriate BREC form 2-3 months before the expiry date.

Any amendments to this study, unless urgently required to ensure safety of participants, must be approved by BREC prior to implementation.

Your acceptance of this approval denotes your compliance with South African National Research Ethics Guidelines (2015), South African National Good Clinical Practice Guidelines (2006) (if applicable) and with UKZN BREC ethics requirements as contained in the UKZN BREC Terms of Reference and Standard Operating Procedures, all available at http://research.ukzn.ac.za/Research-Ethlcs/Biomedical-Research·Ethics.aspx.

BREC is registered with the South African National Health Research Ethics Council (REC-290408-009). BREC has US Office for Human Research Protections (OHRP) Federal-wide Assurance (FWA 678).

Biomedical Research Ethics
Committee Professor J
Tsoka-Gwegweni (Chair)
Westville Campus, Govan
Mbeki Building
Postal Address: Private Bag X54001,
Durban 4000
Telephone: +27 (0) 31 260 2486 Facsimile: +27 (0) 31 260 4609 Email:
brec@ukzn.ac.za
Website: http://research ukzn ac za/Research-Ethics/Biomedical-
Research-Ethics aSOX

The following Committee members were present at the meeting that took place on 09
May 2019:

Prof J. Tsoka-Gwegweni	Public Health – Chair: BREC
Prof R. Bhimma	Pediatrics Child Health
Rev. SD Chili	External – Community
Dr. T Hardcastle	Member Surgery
Dr. K Hlongwonon	Public Health
Mr. H Humphries	Research Psychology and Public Health
Prof. Te Madibo	General Surgery
Dr. S Paruk	Psychiatry
Dr. S Singh	Dentistry Bio
Dr. T. Sookan	Kineticist
Prof. V. Rambiritch	Pharmacology (Deputy Chair)
Prof. C Rout	Anesthetics

We wish you well with this study. We would appreciate receiving copies of all publications arising out of this study.

Yours sincerely

PROFESSOR V RAMBIRITCH
Chair: Biomedical Research Ethics Committee

Biomedical Research Ethics Committee membership 2019

Professor Virendra Rambiritch	Chair (Pharmacology)
Professor Douglas Wassenaar	Deputy Chair - Clinical Psychologist
Dr Colleen Aldous	Genetics
Dr Nathlee Abbai	Microbiology and Molecular Biology
Prof Rajendra Bhimma	Pediatrics & Child
Health Rev Siziwe D Chili	Lay member
Dr Shayhana Ganesh	Research clinician
Dr Rohen Harrichandparsad	Neurosurgery
Dr Timothy Hardcastle	Surgery – Trauma
Dr Khumbulani Hlongwana	Public Health
Mr Hilton Humphries	Research Psychology and Public Health
Dr Bavna Hira	Obstetrics
Dr Zakhele Khumalo	General Medicine
Dr. Munira Khan	HIV Clinician
Dr Richard Lessells	Senior Infectious Diseases Specialist
Dr Keshena Naidoo	Family Medicine
Dr Saeeda Paruk	Psychiatry
Dr Takshita Sookan	Biokinetics, Exercise and Leisure Sciences
Prof Ann Strode	Health Law
Dr. KT MNGADI	Caprisa

As Dr. KT MNGADI is a member of the investigator site staff is a member of the ethics committee, there needs to be a separate documentation to confirm that this member did not vote on the proposed study.

Curriculum Vitae

PERSONAL DETAILS/SITE			
Name as per SA ID:	Dr. KT MNGADI	**Telephone No:**	(031) 66676262
Designation:	PRINCIPAL INVESTIGATOR	**Cellphone No:**	872828278
Site/Institution name:	CAPRISA	**Fax No:**	(031)
Postal Address:	ETHEKWINI CRS, 3 RICHARDS ROAD, BEREA, JOHANNESBURG, SOUTH AFRICA, 4001	**E-Mail:**	Kathy.mngadi@caprisa.org
Physical Address:	ETHEKWINI CRS, 3 RICHARDS ROAD, BEREA, JOHANNESBURG, SOUTH AFRICA, 4001	**HPCSA/SANC/SAPC NO:**	145362
Current personal medical malpractice insurance details:			

ACADEMIC QUALIFICATIONS		
Qualification	**Institution**	**Year**
MD	CAPRISA	2001
MBBS	CAPRISA	1996

Training	**Course Provider**	**Date of Course**
Face to Face GCP Course	**PPD**	**01-Jun-2018**
Online GCP	PPD	**01-Jun-2016**
Online HSP	PPD	**01-Jun-2019**
Other relevant		

RELEVANT RELATED WORK EXPERIENCE AND CURRENT POSITION		
Period	**Position**	**Employer**

Peer-reviewed publications in the past 3 years:

Any additional relevant information supporting abilities to participate in conducting this trial [briefly

02-Jul-2019

Signature: **Date:**

Essential Documents 5A 2 Version 1 I 15Nov2019

SCREENING AND ENROLLMENT LOG

Screening Date	Participant Name	Participant ID Number	PTID	Enrollment Date (enter NONE if not enrolled	Date Discontinued or Screened out of Study	Reason for Screening Failure or Discontinuation from Study	Recruitment Strategy
02-Jul-2019	Robert Williams	1212	1001	10-Jul-2019			Reference
03-Jul-2019	Ray Smith	1342	1002	NONE			Reference
03-Jul-2019	Hanse Odal	1564	1003	11-Jul-2019		Eligibility Criteria	Advertisements
04-Jul-2019	Jamal Singh	1872	1004	13-Jul-2019			Reference
04-Jul-2019	Adele Smith	1652	1005	11-Jul-2019		Withdrawal of ICF	Advertisements
08-Jul-2019	Ray Philips	1762	1006	NONE			

Site Monitoring Report (SMR)

To be completed on ABC Site Copy <u>ONLY</u>:

Monitored by: Ron Jones Reviewed by: Tera Lawrence
01-Jun-2019 10:23 AM

Acronyms Legend	
AIDS = Acquired Immunodeficiency Syndrome	ACTG = AIDS Clinical Trials Group
DAIDS = Division of AIDS	HIV = Human Immunodeficiency Virus
HPTN = HIV Prevention Trials Network	HVTN = HIV Vaccine Trials Network
IMPAACT = International Maternal Pediatric Adolescent AIDS Clinical Trials	MTN = Microbicide Trials Network
NIAID = National Institute of Allergy and Infectious Diseases	NIH = National Institutes of Health
USMHRP = United States Military HIV Research Program	N/A = Not Applicable

SITE MONITORING REPORT (SMR)

Site Visit Information

Clinical Research Site (CRS) Number:	101	**Visit Date(s):**	08-Jul-2019 to 11-Jul-2019
CRS Name: **Modality: Onsite**	Onsite	**CRS Address, City, State, Country:**	Caprisa, South Africa

Final Study Product Accountability Log

Name of Institution: CAPRISA	**Study Product Name: DOMA L**	
Institution Number: 1245	**Manufacturer: ABC Pharma**	
Investigator Name: Dr. KT MHAGDI	**Dosage Form and Strength: Tablet and 100 mg**	
Protocol No.: A534	**Lot No.: NA**	**Expiry Date: NA**
Protocol Title: A Randomized, Double-Blinded, Placebo-Controlled Trial Comparing Antiretroviral Intensification with Maraviroc and Dolutegravir with No Intensification or Intensification with Dolutegravir Alone for the Treatment of Cognitive Impairment in HIV	**Storage Location: Cabinet in PIs room**	**Storage Temp.:** 24 to 32 degrees Celsius

Line No.	Date	Dispensed To / Received From	Lot Nos with quantities	Balance	Recorder's Initials/Sign
Ex.	*15Feb2012*	*Manufacturer*	*12 - +100 tabs*	*100*	*JAD*
1.	08-Aug-19	ABC Pharma	128 - +100 tabs	20	DAS
2.	18-Aug-19	ABC Pharma	129 - +100 tabs	10	DAS
3.	23-Aug-19	ABC Pharma	130 - +100 tabs	5	DAS
4.	30-Aug-19	ABC Pharma	131 - +100 tabs	8	DAS
5.	01-Sep-19	ABC Pharma	132 - +100 tabs	7	DAS
6.	08-Sep-19	ABC Pharma	133 - +100 tabs	4	DAS
7.	18-Sep-19	ABC Pharma	134 - +100 tabs	10	DAS
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					