Investigational Study for Curetall – Protocol # ____ (Harry use the same Protocol Number that we are using for other documents)

Subject ID _____

INFORMED CONSENT

To be completed and signed by the subject
and signed by the Investigator

Read each item below and sign in the space provided if you understand each item and agree to follow the instructions as outlined in the Protocol and presented to you by the study investigator or designate.

Do not sign this Informed Consent and do not participate in this study if there is anything that you do not understand or about the information you have received about participating in this study.

I understand that the therapies distributed in this study are medicines used to treat severe asthma and allergies.

The nature and purpose of this Clinical Study including its benefits and risks, have been fully explained to me by the Study Investigator. I have been given the opportunity to ask any questions regarding my participation in this study. All of my questions have been answered to my satisfaction.

I have been fully informed about the treatments provided in the study.

I understand that there are side effects that may happen while I am participating in the study. These have been explained to me.

I understand that I may receive the therapy being investigated, a comparable therapy or a placebo while participating in this study. Neither my physician nor the investigator conducting the study will have knowledge of the therapy that I am receiving.

All costs associated with physical examinations, treatment therapies, diagnostic tests, office visits, laboratory tests and any other medical treatment required by virtue of my participation in this study will be covered by Health Corporation.

I agree to comply with all restrictions as outlined in the Protocol and agree not to take any medications not expressly permitted under the Protocol as explained to me by the investigator.

I agree to be available for all scheduled visits and to strictly comply with the dosing routine as outlined in the Protocol.

I acknowledge that I have received all relevant information and copies of documents (including a copy of this Informed Consent), as outlined in the GCP's.

Subject signature _____ Date _____

Witness signature: _____ Date _____