PATIENT INFORMATION

A placebo-controlled, double-blind, randomized study on patients with BMI >25 to evaluate whether the pharmaceutical Epanova® and Fenofibrate can reduce the liver fat content

Invitation to take part
You are invited to take part in a clinical research study because you have a BMI >25 and elevated concentrations of triglycerides (a type of blood fat) in your blood. The study is called the EFFECT I study and is being conducted in collaboration with AstraZeneca.

We have obtained access to your details through the EpiHealth register, other patient registers at the clinic, via another unit which has provided your details to us, or that you have shown interest at advertising and contacted us. Please read this information carefully before you decide whether to take part, and do not hesitate to ask questions if anything is unclear. More general information about the study is available on public websites such as http://www.clinicaltrials.gov and http://www.astrazenecaclinicaltrials.com/.

Background and aim
We know that a variety of diseases and lifestyle factors can affect the amount of fat in the liver. The collective medical name for diseases with an increased amount of fat in the liver is *Non-alcoholic fatty liver disease (NAFLD).* Today, it is possible to measure the amount of fat in the liver using magnetic resonance imaging (MRI), enabling us to make a diagnosis. Overweight/obesity is a risk factor for developing NAFLD. Studies have shown that patients with NAFLD have a greater risk of developing liver and cardiovascular diseases.

The purpose of this study is to evaluate whether treatment with the medicines Epanova® and Fenofibrate can reduce the amount of fat in the liver. Epanova® primarily contains three different omega-3-fatty acids. In the USA, it is a registered medicine for treatment of high levels of blood fats. Other studies have shown that the liver fat content can be reduced when patients are treated with omega-3 fatty acids. Fenofibrate (Lipanthyl®) is a medicine that is registered in Sweden and other European countries for treatment of high concentrations of fats in the blood in combination with non-medical treatment such as diet and exercise. Both medicines have been well-tested. This study is the first one primarily intended to compare the effect of these medicines on the fat content of the liver.

During the study we will also conduct a sub-study. The purpose of the sub-study is to develop calculation models that will enable diagnosis of increased amounts of fat in the liver using a method other than magnetic resonance imaging (MRI), which is an expensive technique and not widely available.

If you consent to take part in the study, you will be allocated to one of three treatment alternatives. Allocation is based on a pre-generated list that your physician cannot alter, so-called randomisation:
1) you receive only Epanova®, 2) you receive only Fenofibrate 3) you receive non-active treatment (so-called placebo or sugar pills). Epanova® is given at a dose of 4 g/day (4 x 1 gram capsules) and Fenofibrate is given at a dose of 200 mg/day (1 x 200 mg capsule). All patients will take both the 4 x 1g capsules and the 1 x 200 mg capsule once a day in the morning. If you are allocated to group 1 you will receive 4 x 1 gram capsules with Epanova, and 1 x 200 mg placebo; in group 2 you will receive 4 x 1 grams capsules with placebo and 1 x 200 mg Fenofibrate; in group 3 you will receive both types of placebo capsules. The study is what we call "double-blind" which means that neither you nor your doctor knows whether you receive

active treatment with Epanova or Fenofibrate, or whether you only receive a placebo. You will be treated for 12 weeks.

The study will be held in Sweden and a total of 69-75 patients will be treated.

What will happen to me if I take part?

You will attend five visits or be contacted during the study. The study starts with a screening visit to determine whether you are suitable to take part in the study. This visit involves a physical examination at which your pulse, blood pressure, weight, waist, and the proportion of fat in your body are measured. In addition, your heart function is checked (ECG), blood and urine samples are taken and you have an MRI investigation to measure whether you the fat content of your liver is increased. The MRI investigation may be done on a different day. You will also be asked questions about previous illnesses, how you feel today and what medicines you take.

If the investigations show that you can take part in the study, you will come back to the clinic within two weeks. Then, a few more samples will be taken, you will get your medicine and start your treatment.

About six weeks after you start treatment, you will attend a third visit at which we will follow-up any side effects, and you will be given more study medicine for the rest of the study. There is a fourth visit to the clinic after 12 weeks when the treatment is concluded. We once again measure your pulse, blood pressure, weight, waist and amount of fat in your body. We follow-up any side effects, take blood and urine samples and you will also have an MRI investigation. The study is then concluded with a telephone call (after about 1 week) to follow up how you feel after you have finished your treatment. If necessary, you could be called in for another visit to take samples and follow up any side effects.

The screening visit and visit 4 and when the treatment is concluded take a little time (3-4 hours), but visit 2 when you are given your medicine, and visit 3 after six weeks are much shorter (30-60 min). The telephone call will only take a few minutes. You must fast for at least 10 hours before each visit. In addition, you must not take any study medicine on the morning of the days you come to the clinic. It is important that you take your study medicine with you to visits at the clinic – and this includes the empty boxes/packaging.

Laboratory analyses

During the study, a number of different laboratory analyses are performed on your urine and blood samples. These involve checking your blood sugar, blood fats, blood values, and liver and kidney function. To increase the knowledge on NAFLD, we will also analyse the composition of fatty acids, proteins, and other metabolic products that can act as so-called biomarkers related to liver fattification. Biomarkers can be used as an aid in the diagnosis and prognosis of diseases, as well as in the evaluation of treatment effects. To measure any additional biomarkers in the blood, an extra sample will be taken at visits 1 and 4 which will be saved for up to two years after the end of the study. A decision on whether these measurements will be made will be taken at the end of the study.

Samples will be taken using a cannula in a blood vessel. The total volume of blood taken during the 12 weeks of the study is about 250 ml. This can be compared with blood donation, when 450 ml blood is taken.

Discomfort, risks and obligations

Generally, Epanova® has shown to be safe and well tolerated in previous clinical trials. The majority of the side effects were assessed as mild or moderate and with short duration.
The most common side effect is diarrhoea or loose stools (max 15%). Other commonly reported side effects in connection with Epanova® treatment is nausea, stomach pain/discomfort, vomiting, flatulence and dysgusia (between 1-10%).

If you have very high levels of triglycerides, your levels of "the bad" cholesterol may be increased during Epanova® treatment. This cholesterol value is closely monitored during the study.

Epanova® is derived from fish oil. If you have a known fish- or shellfish allergy, please inform the study doctor.

Please note that the study drug Epanova/placebo contains a substance that is derived from pork (gelatin). If you cannot consume pork products for personal or religious beliefs, please inform the study doctor.

The most common side effects with Fenofibrate treatment are high liver values and symptoms in the gastrointestinal tract (e.g. nausea and diarrhoea). In addition to the known side effects, new unexpected side effects can occur even if previous experiences do not indicate this.

Blood sampling can involve some pain with the needle stick.

MRI investigation can be experienced as somewhat unpleasant because of the knocking noise from the machine. You will then have earphones so you can listen to music during the investigation. The investigation takes about 30-40 min each time. If you have problems with claustrophobia or have a pacemaker or implant containing metal, you will not be able to take part in the study.

It is important that you follow the instructions you are given and follow the visit schedule. In connection with the visits, the doctor or study nurse will ask for information on any symptoms, changes in lifestyle (food, drink, and exercise) and whether you have changed your regular medicines or started using new medicines.

Possible advantages of taking part
If you receive active treatment, there may be a reduction in the fat content in your liver. The active treatment may also lower your blood fats. We do not know for certain that you will benefit from the treatment, but your participation can provide valuable information to help develop new treatments.

Insurance and compensation
You are insured through the Patient Injury Insurance and the Pharmaceutical Insurance schemes. You will not receive any extra compensation for taking part in the study. However, you will receive compensation for all expenses including travel expenses, meals and lost earnings (net income), if applicable. Compensation is paid on presentation of receipts or other documentation.

Voluntary participation
Your participation in the study is voluntary. You can decide not to take part. You can tell your doctor at any time and without giving any reason that you want to stop taking part and this will

not affect your care or other treatment. Data already collected will be used, but you have the right to request that any samples are destroyed or marked so that they are no longer traceable to you. You will be informed immediately if new information becomes available during the study that could affect your decision to take part in the study. The responsible doctor or AstraZeneca can decide to withdraw you from the study if it is considered to be necessary for you. If you decide not to take part in the study, the responsible doctor will discuss other treatment options with you.

Responsible

The study is financed by AstraZeneca AB. The Research Principal for the study is *(Research Principal: to be noted for each site).*

If you have any questions about the study, please contact us:	Responsible doctor: *name, direct dialling tel.: no, email* Study nurse: *name, direct dialling tel.: no, email*

OTHER INFORMATION

Biobank

All samples taken in this study will belong to a so-called biobank on our premises *(state the biobank number).* Samples that are sent to a central laboratory for analysis will be handed over to AstraZeneca's biobank (AstraZeneca AB representative). All of the above-mentioned samples apart from those samples that are analysed by the hospital's routine laboratory will be coded. This means that they cannot be directly connected to you personally. The code key will be stored as described under the section "Processing personal data". The samples will only be used for the purposes stated above. We may only take more samples if you sign a new consent form and/or new approval has been given by the Ethical Review Board. You have the right without giving any explanation to request that your samples are to be destroyed. In order to trace samples if the consent is changed, certain data on the stored samples (biobank data) may be stored in the Swedish Biobank Registry.

Analyses will be performed both by local hospital laboratories and central laboratories in Sweden or abroad. In general, after analysis samples will be destroyed as soon as we know re-analysis is not necessary. However, 2 additional samples will be taken during the study. These will be stored for up to 2 years after the study has ended, for any supplementary biomarker analyses.

Please contact *(responsible doctor or other contact person: to be noted for each site)* if you have any questions about the samples.

Processing personal data

During the study we will collect your personal data (these are called "Study data"). The Study data include your date of birth, gender, ethnic origin, health data (such as previous illnesses) and the results of the study investigations. Your consent to process the Study data applies in the future too, unless you withdraw your consent.

The Study data will be handed over to AstraZeneca without your name or personal identification number, but with a code that is specific for you. The code key which can connect you to your data is the responsibility of the responsible doctor. No unauthorised persons will be able to access your data.

The responsible doctor will use the study data to complete the study. AstraZeneca may use the Study data to complete the study, to apply for registration of a medicine and for research and development of a medicine, diagnostics or medical aids. In order to pay out financial compensation, the personnel involved at AstraZeneca may obtain and use personal data in order to make the payments. The Institution at which the responsible doctor works and AstraZeneca are each responsible for processing the Study data in accordance with the Personal Data Act (1998:204).

A person appointed by AstraZeneca or an authority representative may compare the collected Study data with your medical records. These people will have to obtain approval from the doctor responsible for medical records and sign a Confidentiality form before they are allowed access to your medical records. Authorised representatives from the Medical Products Agency - Sweden, which is the Swedish authority controlling medicines, have the right to read your medical records to ensure that the study is being conducted correctly.

The Study data collected by AstraZeneca can be transferred to other companies in the AstraZeneca group or to external collaboration partners, for the purposes stated. Your Study data could be transferred to recipients in countries other than Sweden and the European Community (EC). These countries may have laws that do not offer the same high protection with regard to personal data. All Study data that are transferred will be coded. The results may be published in a medical journal but your identity will not be revealed.

The body responsible for personal data is Uppsala County Council *(the Research Principal; to be noted for each site).* In accordance with the Personal Data Act (PuL) you have the right to inspect the data stored on you once a year and, if necessary, correct any errors. The Contact person is *(Responsible doctor or other contact person; to be noted for each site).*

If you withdraw your consent, the responsible doctor will not continue to collect or process new Study data. Any Study data that have been collected before you withdraw your consent will however be used and processed by AstraZeneca.

Pregnancy

There is no data available on the use of either Epanova® or Fenofibrate by pregnant women. Women of child-bearing age should therefore use a safe contraceptive during the study. A pregnancy test will be taken routinely of all women of child-bearing age who attend the screening visit. You must inform us if you nevertheless become pregnant.

The same applies to sperm; therefore if you are a man it is important that you and your partner (if of child-bearing age) use an approved contraceptive during the study. You must inform us if your partner nevertheless becomes pregnant during the study.

CONSENT TO TAKE PART IN THE STUDY

I have been given verbal information on the study *"A placebo-controlled, double-blind, randomized study on patients with BMI >25 to evaluate whether the medicines Epanova® and Fenofibrate can reduce the liver fat content"* and have read the written information. I have had opportunity to ask questions, have had them answered and have had sufficient time to think about my decision.

By signing this form, I confirm the following:

I confirm that data may be collected, stored, processed and published and that data can be transferred to countries that are not in the EC but only if an oath of confidentiality applies and my identity is not revealed.

I confirm that the samples may be stored in a biobank and analysed as described in the Patient Information and I know that I can at any time request that my samples are destroyed or de-identified**.** However, results that have already been obtained cannot be recalled.
I permit access to my medical records, so that representatives from AstraZeneca AB, UCR (Uppsala Clinical Research Center), the Medical Products Agency - Sweden and any foreign authorities have the opportunity to compare collected data with my medical records. This is conditional on an oath of confidentiality.

I consent to take part in the study and acknowledge that my participation is voluntary. I know that I can at any time and without explanation stop taking part, and that this will not affect my continued treatment or care at the clinic. However, data that have already been collected cannot be recalled.

_____	_____
Date (to be completed by the patient)	Patient's signature:

Doctor

I have informed the patient about the study and given him/her opportunity to ask questions. The patient has given their consent to take part.

_____
Patient's name

_____	_____
Date	Doctor's signature:
	_____
	Doctor's name in blocks

The consent must be archived by the responsible doctor in the Investigator´s File. One copy is given to the patient.

PATIENT INFORMATION

A placebo-controlled, double-blind, randomised study on patients with type 2 diabetes to evaluate whether the drugs Epanova® and dapagliflozin can reduce the fat content in the liver.

Invitation to take part

We would like to invite you to take part in a clinical research study because you are slightly overweight and have type 2 diabetes. The study is being held in co-operation with AstraZeneca. It is called the EFFECT II study.

We have your details because you have either responded to an advertisement for people to take part in the study, your details are in the EpiHealth register or because you are being treated at this clinic for your disease. Please read this information sheet carefully before you decide whether or not to take part, and do not hesitate to ask questions if anything is unclear.

More general information about the study is available on public websites such as http://www.clinicaltrials.gov,and on http://www.astrazenecaclinicaltrials.com/.

Background and purpose

We know that different diseases and lifestyle factors can affect the amount of fat in the liver. The collective medical name for diseases with increased amounts of fat in the liver is *Non-alcoholic fatty liver disease (NAFLD)*. Today we can measure the amount of fat in the liver using magnetic resonance imaging (MRI) and can then make a diagnosis. Both overweight/obesity and type 2 diabetes are risk factors for developing NAFLD. Studies have shown that patients with NAFLD have a greater risk of developing liver and cardiovascular diseases.

The purpose of this study is to evaluate whether the drug Epanova®, dapagliflozin and a combined treatment with these drugs can reduce the amount of fat in the liver. Epanova® contains three different omega-3-fatty acids. It is registered n the USA as a drug for treatment of high levels of fat in the blood. Other studies have shown that the amount of fat in the liver can be reduced when the patients are treated with omega-3 fatty acids. Dapagliflozin is a drug that is registered in Europe and is used to treat type 2 diabetes. It works by increasing the amount of blood sugar that is excreted in the urine. This results in lower blood sugar levels and a certain amount of weight loss. Both drugs have been thoroughly tested. This study is the first with the primary purpose of evaluating whether either of the drugs or the combined treatment can reduce the amount of fat in the liver. Within this study, a separate sub-study will be held. This sub-study aims to develop calculation models for diagnosing increased amounts of fat in the liver in ways other than using magnetic resonance imaging (MRI). This is an expensive method and is not available everywhere. Data from the investigations at Visits 1 and 2 will form the basis for developing the new calculation method.

If you agree to take part in the study, a pre-defined list will be used to allocate you to one of four different treatment regimens. This is known as randomisation, and your doctor cannot influence which treatment you are allocated to. You will receive either:

1) only Epanova®, 2) only dapagliflozin, 3) combined Epanova® and dapagliflozin or 4) placebo. Epanova® will be given at a dose of 4 g/day and dapagliflozin at a dose of 10 mg/day. All patients will take four capsules plus one tablet once a day in the morning. This treatment will last for 12 weeks.

The study is being held in Sweden and a total of 100 patients will be treated.

What will happen to me if I take part?

You will have to attend six visits or contact appointments during the study. The study will start with a so-called screening visit that is used to decide if you are suitable to take part. The visit will include a health check and measurement of your pulse, blood pressure, weight, waist and

percentage of body fat. In addition, you will have an ECG to check your heart. Blood and urine samples will be collected and you will have a MRI to measure whether you have increased fat in the liver. You will also answer questions about previous illnesses, how you feel today and which medicines you take.

If the investigations show that you can take part in the study, you will return to the clinic within two weeks. Then you will be given the medication and you will start the treatment. You will also have a glucose load test. This means that you will first give a blood sample; then you drink a sugar solution; and then the level of fatty acids, glucose and insulin in your blood are measured four times over 2 hours. During the study you will need to measure your blood sugar at home. At this visit, study personnel will give you the study material and information on when and how you should do these measurements. On a few occasions, you will take seven blood sugar measurements in 24 hours (before and 90 minutes after your main meal, and before going to bed at night).

About two weeks after you have started your treatment, a nurse or doctor from the study team will call you to hear how you are and to check the blood sugar levels you have noted.
At the next visit four weeks later, we will follow up any side effects, take blood and urine samples and give you the medication for the next six weeks. You will have a final visit at the clinic 12 weeks after you started treatment. At this visit, your pulse, blood pressure, weight, waist, and percentage of body fat will again be measured. Any side effects will be followed up, blood and urine samples will be taken and you will have a glucose load test. You will also have a MRI. About one week later, your part in the study will be concluded with a follow-up telephone call to find out how you feel now that you have finished your treatment.

The screening visit and the visit with the glucose load test will take some time (about 3 to 4 hours), while the other visits are shorter (about 30-60 min). You must fast for at least 10 hours before each visit, and you must not take the study drug in the morning on the days that you attend the clinic. It is important that you bring your study drugs, including the empty containers and packaging, with you to the clinic.

Laboratory analyses
A number of different laboratory analyses will be performed on the urine and blood samples that are taken during the study. Blood sugar, blood fats, and liver and kidney function will be checked. In order to increase knowledge on NAFLD, the composition of fatty acids, proteins and other metabolites that can act as so-called biomarkers related to diabetes and fatty liver will be analysed. Biomarkers can be used to help disease diagnosis and prognosis as well as evaluation of how effective is treatment. In order to measure potential biomarkers in blood, an extra blood sample will be taken at visits 1 and 5 which will be saved for up to two years after the study has ended. A decision on these measurements will be taken at the end of the study.

At some visits, blood will be taken using a cannula in a blood vessel.
The total amount of blood taken during the study is about 250 ml. For comparison, about 450 ml is taken when donating blood.

Discomfort, risks and obligations
The most common, known side effects of Epanova® treatment are upset stomach, diarrhoea, nausea, stomach pains and headache. Please note that the Epanova®/placebo contains a substance that is derived from pork (gelatine). If you cannot consume pork products for personal or religious beliefs, please inform the study doctor.

The most common, known side effects of dapagliflozin treatment are infection in the female genitals (can cause irritation, itching, abnormal discharge or smell), back ache, dizziness, and larger urine volume or greater need to urinate. Dapagliflozin can cause changes in blood fats and

in the number of red blood cells. Dapagliflozin can also cause low blood sugar levels (hypoglycaemia) particularly if you are taking sulfonyl urea agents for your diabetes. Symptoms of low blood sugar include shaking, sweating, being very restless, rapid heart beat, feelings of hunger, headache, effects on vision, mood swings or feelings of confusion. If you have serious, repeated or prolonged episodes with these symptoms and/or have low blood sugar levels during the study, you must let the study personnel know. We will also want you to let us know if your blood sugar levels are repeatedly high. If your blood sugar levels are high, we will ask you to measure the ketone bodies in your urine using a urine stick.
In addition to the known side effects, new, unexpected side effects can occur even though nothing in previous experiences indicate this.
The needle stick when taking blood samples may be associated with a little pain.
The MRI can cause some discomfort for some people as the machine makes a banging noise. You will therefore be given earphones so you can listen to music while the scan is taking place. The scan will take about 30-40 min each time.
It is important that you follow the instructions you are given, follow the visits schedule and take the blood sugar measurements that are required. In connection with the contacts with the doctor or nurse, you will be asked for information on any symptoms, changes in lifestyle habits (food, drink and exercise) and whether you have changed your medicines or used any new medicines.

Possible benefits of taking part in the study
If you receive the active treatment, the amount of fat in your liver may be lowered. The active treatment may also lower the fats in your blood, and improve control of your blood sugar. The treatment could also mean that you lose weight. We do not know with certainty whether you will benefit from the treatment, but your participation can provide valuable information for developing new treatment options.

Insurance and compensation
You are insured through the Patient Insurance and the Pharmaceutical Insurance.
You will not receive remuneration for taking part in the study. However, you will be reimbursed for all expenses such as travel costs, meals and lost work income (net income), if applicable. Copies of receipts or other proof must be submitted to receive compensation.

Voluntary participation
Participation in the study is voluntary. You can decide not to take part, and you can at any time and without giving any reason tell your study doctor that you wish to withdraw from the study. This will not affect your care or treatment. Data that have already been collected will be used, but you have the right to demand that collected samples are destroyed or labelled so that they can no longer be traced back to you. You will be informed immediately of any new information on the study drug should it become available during the study, and which could affect your decision to take part in the study. We or AstraZeneca can also decide to terminate your participation in the study if it is thought this is necessary for you. If you do not wish to take part in the study, the study doctor will discuss alternative treatment with you.

Responsible bodies
The study is financed by AstraZeneca AB. The Research Principle for the study is the County Council in Uppsala County.

If you have any questions about the study, please contact us:	Study doctor: *name, direct line* Study nurse: *name, direct line* *(Email addresses, telephone hours, etc. can also be listed here)*

OTHER INFORMATION

Biobank

All samples taken in the study will belong to a so-called biobank on our premises. Samples that are sent to a central laboratory for analysis will be handed over to AstraZeneca's biobank. All of the samples listed above, except for the samples that are analysed by the hospital's routine laboratory, will be coded. This means that they cannot be traced directly to you. The code key will be stored as described under "Handling personal data". The samples will only be used for the purposes described above. Any additional analyses will only be possible after you sign a separate consent form and/or the Ethical Review Board give their approval. You have the right, without giving any explanation, to demand your samples destroyed. In order to be able to trace samples if the consent is changed, certain data on stored samples (biobank data) could be stored in the Swedish Biobank Register.

Analyses will be performed by the local hospital laboratories, as well as by central laboratories in Sweden and abroad. As a rule, the samples will be destroyed after analysis. However, samples that are taken for analysis of biomarkers will be stored for 6-12 months after analysis before they are destroyed (they will be stored in case there is a need for re-analysis). During the study, two additional tubes will be taken that will be stored for up to two years after the end of the study. These will be used for possible supplementary biomarker analyses.

Handling personal data

During the study, we will collect your personal data (this is collectively called "study data"). Study data includes your date of birth, gender, ethnicity, medical data (such as previous illnesses) and the results of the investigations in this study. Your consent to handling the study data applies indefinitely unless you withdraw it.

Study data will be handed over to AstraZeneca without your name or personal identification number, but with a code that is specific for you. The study doctor is responsible for the "code key" which can be used to link the data to you. No unauthorised person will have access to your data.

The study doctor will use the study data to complete the study. AstraZeneca could use the study data to complete the study, to apply for registration of the drug, and for research and development of the drug, diagnostics, and medical aids. Study personnel at AstraZeneca can retrieve and use personal data necessary to pay compensation. The institute where the study doctor works and AstraZeneca are each responsible for their handling of the study data in accordance with the Personal Data Act.

A representative for AstraZeneca or a regulatory authority may need to compare the collected study data and your medical records. These persons must be approved by the doctor in charge of the medical records and sign a duty of confidentiality before being allowed access to your medical records. Authorised representatives from the Swedish Medical Products Agency, which is the Swedish regulatory authority for pharmaceuticals, has the right to read your medical records to ensure that the study is being conducted correctly.

For certain purposes, study data that AstraZeneca obtains can be transferred to another company within the AstraZeneca Group or to external co-operation partners. Your study data could be transferred to people in countries outside Sweden and the European Union (EU). These laws of these countries may not be as strict with regard to protecting personal details. All study data that is transferred will be coded. The results may be published in a medical journal but your identity will not be revealed.

You have the right to request to know what study data have been registered on you. Contact the study doctor who will help you contact AstraZeneca. You can also ask for any incorrect data to be corrected.
If you withdraw your consent, the study doctor will not continue to collect or process new study data. However, any study data that have been collected before you withdraw your consent will be used and processed by AstraZeneca.

Pregnancy
There is no data available on the use of either Epanova® or dapagliflozin in pregnant women. Animal studies with dapagliflozin using rats have shown that the fetus could be affected. Women of child-bearing age must therefore use contraceptives to prevent becoming pregnant during the study. A pregnancy test will be performed routinely for all women of child-bearing age who attend the screening visit. You must let us know if you nevertheless become pregnant.

The same applies to sperm. Therefore, if you are a man, it is important that you and your partner (if of child-bearing age) use an approved method of contraception during the study. You must let us know if your partner nevertheless becomes pregnant.

CONSENT TO TAKE PART IN THE STUDY

I confirm that I have been informed verbally about the study*" A placebo-controlled, double-blind, randomised study on patients with type 2 diabetes to evaluate whether the drugs Epanova® and dapagliflozin can reduce the fat content in the liver"* and that I have studied the written information above. I confirm that I have had opportunity to put questions, have had them answered and have had sufficient time to consider my decision.

By signing this form, I confirm the following:

I confirm that I agree to the collection, storage, processing and publication of data. **I confirm that my data can be transferred to countries that are not member countries in the EU** conditional on a duty of confidentiality and that my identity will not be disclosed.

I confirm that all samples can be stored in a biobank and analysed as described in this Patient Information. I know that I can at any time request that my samples are destroyed or de-identified**.** However, any results already obtained cannot be withdrawn.
I confirm that I grant access to my medical records, so that representatives from AstraZeneca AB, UCR (Uppsala Clinical Research Center), the Swedish Medical Products Agency and any foreign authorities have the opportunity to compare collected data with my medical records conditional on a duty of confidentiality.

I confirm that I agree to take part in this study. I know that my participation is voluntary and that I can at any time without explanation leave the study without this affecting my continued treatment or care at the clinic. However, data already collected cannot be withdrawn.

Date (to be completed by the patient)	Patient's signature:

Physician

I have informed the patient about the study and have given her/him opportunity to ask questions. The patient has given their consent to take part.

Patient's name

Date	Physician's signature:
	Physician's name in block letters

The consent form must be archived by the Study doctor in the Investigators File. One copy is to be given to the patient.