Participant Name: _____ Date:_____

Title of Study: Precision Medicine In Mental Health Care- (PRIME-CARE) - Veteran Form (DNA Addendum)

Principal Investigator: _____ VA Facility: _____

Principal Investigator for Multisite Study David Oslin, MD

INFORMATION ABOUT PRIME CARE DNA BLOOD COLLECTION

WHAT IS THE PURPOSE OF THIS PART OF THE STUDY?

By conducting this part of the research project, we hope to learn more about the genes of those already in the PRIME Care study. For this part of the study, we would like to take blood or saliva samples to further study your genes. We will compare the results with others in the study and to the results from the cheek swab collected when you agreed to be in the study.

HOW LONG WILL I BE IN THE STUDY?

The PRIME Care research study is expected to take approximately 5 years. As we discussed during the verbal consent process, your individual participation in the study will last about 9 months total. This part of the study will take less than one hour.

WHAT WILL HAPPEN IF I PARTICIPATE IN THIS PART OF THE STUDY?

You will either come to the VA for a visit to provide the sample or you will collect a saliva sample at home. We will discuss these options together to see which is best for you.

Blood samples:
A trained phlebotomist will draw blood for a DNA sample. We will draw two vials of blood. The phlebotomist will either be a member of the research team or VA lab staff. All standard clinical blood draw procedures will be followed. There will be no charge to you for this procedure.

Saliva samples:
Saliva samples will be self-collected by spitting into a funnel attached to a plastic collection tube. It is expected to take between 2-5 minutes to collect the amount of saliva needed. You should not eat, drink, smoke or chew gum for 30 minutes before providing the sample.

If you collect this sample at home: we will send you two saliva kits by UPS with instructions on how to complete. We can also walk you through the steps over the phone. When complete, you will mail the completed samples back using an enclosed prepaid UPS box.

There will be no charge to you for these procedures.

WHAT IS EXPECTED OF ME?

For this part of the study, you will provide blood samples or saliva samples. All other PRIME Care study procedures were described in the **Information Sheet** provided at the time you consented over the phone.

WHAT POSSIBLE RISKS OR DISCOMFORTS MIGHT I HAVE IF I TAKE PART IN THIS STUDY?

Blood Samples: There are some standard risks when blood is taken. They include fainting, pain, bruising, bleeding, and rarely, infection, at the site from which the blood is taken. These risks will be minimized by having only experienced staff perform this study procedure.

Saliva Samples: When used correctly, there are no risks associated with saliva collection for adult participants. We will provide you clear written instructions inside the kit and review this information with you on a phone call.

WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING?

You will not get any personal benefits from providing these samples. However, you may help others in the community by helping us understand how differences in genes impact the body's use of antidepressant medications.

WHAT OTHER CHOICES DO I HAVE IF I DO NOT WANT TO PROVIDE A DNA SAMPLE?

You can choose not to do the blood draw or provide saliva samples. This will not affect your participation in the rest of the PRIME Care study.

HOW WILL MY PRIVATE INFORMATION BE PROTECTED?

Your sample will only be labeled with a study ID number and the date the sample was collected. This sample will not be labeled with your name. Only research staff will have access to the code that links your personal identity to your study ID number.

The information collected for this study will be kept confidential. There are times when we might have to show your records to other people. For example, someone from the Office of Human Research Protections, the Government Accountability Office, the Office of the Inspector General, the VA Office of Research Oversight, the VA Central IRB, our local Research and Development Committee, and other study monitors may look at or copy portions of records that identify you.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

WHAT ARE THE COSTS TO ME IF I TAKE PART IN THIS STUDY?

You will not be charged for any treatments or procedures that are part of this study. If you usually pay co-payments for VA care and medications, you will still pay these co-payments for VA care and medications that are not part of this study.

Will I be compensated for participating?

You will be compensated $25 for completing a one-time blood draw or saliva sample collection as part of the PRIME Care study. You will be compensated using direct deposit to your bank account or a designee's bank account.

WHAT WILL HAPPEN IF I AM INJURED BECAUSE OF MY BEING IN THE STUDY?

If you are injured as a result of taking part in this study, the VA will provide necessary medical treatment at no cost to you unless the injury is due to non-compliance by a study participant with study procedures or if the research is conducted for VA under contract with an individual or non-VA institution.

If you should have a medical concern or get hurt or sick as a result of taking part in this study, call:

DURING THE DAY:

Dr./Mr./Ms. _____ at _____ and

AFTER HOURS:

Dr. /Mr./Ms._____ at _____.

DO I HAVE TO TAKE PART IN THE STUDY?

If you decide to participate in this part of the study, it should be because you really want to volunteer. You will not lose any services, benefits or rights you would normally have if you choose not to volunteer. This will not affect your participation in the rest of the PRIME Care study.

WHO DO I CONTACT ABOUT THIS STUDY IF I HAVE QUESTIONS?

If you should have questions, complaints or concerns about this study, call:

Dr./Mr./Ms. _____ at _____.

Or you can contact the local research office

Dr./Mr./Ms._____ at _____.

If you have questions about your rights as a study participant, or you want to make sure this is a valid VA study, you may contact the VA Central Institutional Review Board (IRB). This is the Board that is responsible for overseeing the safety of human participants in this study. You may call the VA Central IRB toll free at 1-877-254-3130 if you have questions, complaints or concerns about the study or if you would like to obtain information or offer input.

DOES THIS STUDY INVOLVE GENETIC RESEARCH AND HOW WILL MY GENETIC INFORMATION BE PROTECTED?

In this part of the study, you will be supplying genetic samples: DNA blood or saliva samples. These samples will not be labeled with your name. The samples will be labelled with a study ID number and the date the sample was collected. Only research staff will have access to the code that links your personal identity to your study ID number. The samples will be sent to the Crescenz VA Medical Center for storage and then to the West Haven VAMC for additional genetic testing. Once testing is complete, the West Haven VAMC will return the sample to the Crescenz VA Medical Center.

Federal laws and policies provide you with protection from discrimination by health insurance companies, group health plans, and most employers based on your genetic information. A federal law called the Genetic Information Nondiscrimination Act (GINA) generally will protect you in the following ways:

- Health insurance companies and group health plans may not request your genetic information obtained from this study.
- Health insurance companies and group health plans may not use your genetic information obtained from this study when making decisions regarding your eligibility or premiums.

- Employers with 15 or more employees may not use your genetic information obtained from this study when making a decision to hire, promote, or fire you or when setting the terms of your employment.

Be aware that this Federal law does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance. It also does not prohibit discrimination on the basis of already known genetic disease.

FUTURE USE OF DATA AND RE-CONTACT

Data collected during your participation will be stored at the Crescenz VA Medical Center (Philadelphia) and will be retained after the study is complete. This includes all survey data and the remaining biological samples. Dr. Oslin or his representatives are the only authorized users of this data.

TISSUE BANKING

This section is asking for your permission to store one of your DNA samples at the Crescenz VA Medical Center in Philadelphia to be used for future research. For each future research study, an Institutional Review Board will review and approve the study before your specimen can be used. The samples will be stored without a link to your name. You will not be able to withdraw your specimen later because it cannot be linked back to you.

May the Crescenz VA Medical Center under the direction of Dr. Oslin retain your blood specimen(s) after the end of the study for use in future research?

Think about your choice and mark “YES” or “NO”. No matter what you decide to do, your decision will not affect your medical care or your participation in the study already described.

☐ YES My specimen(s) may be saved for any future research under the direction of Dr. Oslin or his designee.

☐ NO My specimen(s) must be destroyed at the end of this research study.

AGREEMENT TO PARTICIPATE IN THE RESEARCH STUDY

The local research staff has explained the research study to you. You have been told of the risks or discomforts and possible benefits of the study. You have been told of other choices of treatment available to you. You have been given the chance to ask questions and obtain answers.

FOR VA CENTRAL IRB USE ONLY

PI/SC Approval Date: 10/21/2020

LSI Approval Date: N/A

LSI Verification Date: N/A

Participant Name: _____ Date:_____

Title of Study: Precision Medicine In Mental Health Care- (PRIME-CARE) - Veteran Form (DNA Addendum)

Principal Investigator: _____ VA Facility: _____

Principal Investigator for Multisite Study David Oslin, MD

By signing this document below, you voluntarily consent to participate in this study. You also confirm that you have read this consent, or it has been read to you. You will receive a copy of this consent after you sign it. A copy of this signed consent will also be put in your medical record.

I agree to participate in this research study as has been explained in this document.		
_____ Participant's Name	_____ Participant's Signature	_____ Date

FOR VA CENTRAL IRB USE ONLY

PI/SC Approval Date: 10/21/2020

LSI Approval Date: N/A

LSI Verification Date: N/A

Participant Name: _____ Date:_____

Title of Study: Precision Medicine In Mental Health Care- (PRIME-Care) – Provider/Staff Form

Principal Investigator: _____ VA Facility: _____

Principal Investigator for Multisite Study: David Oslin, MD

INTRODUCTION

You are being invited to take part in a research study that is being funded by the Department of Veterans Affairs. Before you decide to take part, it is important for you to know why the research is being done and what it will involve. This includes any potential risks to you, as well as any potential benefits you might receive.

Read the information below closely. Ask one of the study staff if there is anything that is not clear or if you would like more details. Take your time to decide. If you do decide to take part in this study, your signature on this consent form will show that you received all of the information below, and that you were able to discuss any questions and concerns you had with a member of the study team.

BACKGROUND AND PURPOSE

There are many antidepressant medications available to treat depression. Often patients and providers need to try multiple medications before they find one that provides relief of depression symptoms and is tolerable to the patient. A person's genes may play a role in how they respond to a particular medication. Genetic testing might help predict which medication will work best or produce fewer side effects. With this study we hope to learn: 1) if and how Veterans and their providers use genetic test results at the time an antidepressant medication is started for the treatment of depression, and 2) whether use of the genetic test results improves outcomes from the treatment of depression.

The Principal Investigator for the entire study is David Oslin, MD from the VA Medical Center in Philadelphia. Each participating site will also have a Principal Investigator who works with Dr. Oslin and his research study team. The Principal Investigator for your site can be found at the top of each page of this consent form.

You are being asked to participate in this study because you are a VA prescribing healthcare provider who treats patients with depression.

A total of 2000 provider/veteran dyads will be recruited into the study from up to 22 VA Medical Centers across the country. Each individual study site may enroll up to 250 provider/veteran dyads.

SUBJECT'S IDENTIFICATION

FOR VA CENTRAL IRB USE ONLY

PI/SC Approval Date: **05/14/2020**

LSI Approval Date: **N/A**

LSI Verification Date: **N/A**

DURATION OF THE RESEARCH

This research study is expected to take approximately 5 years to complete. Your individual participation in the project will end after you receive the genetic results for all of your patients enrolled in the study, which could be up to six months after your last patient was entered into the study.

STUDY PROCEDURES

If you decide to take part in this study, this is what will happen:

As you provide clinical care for your patients, you will be asked to identify potentially eligible patients for study referral, briefly explain the study, and obtain verbal permission from the patient to notify the research coordinator of the patient's interest and the treatment plan. You will also confirm some of the inclusion and exclusion criteria for each subject based on your knowledge of the Veteran. For interested patients, you will contact the research coordinator by phone or encrypted email. The coordinator will meet with the patient to initiate the consent process. If you are unable to reach the coordinator you may also contact the principal investigator at your site. This may take up to 3 minutes of your time.

If your referred patient consents and is found to be eligible for the study, you will be informed of the patient's assignment to one of two study groups. Veteran participants in this study are randomized (similar to the flip of a coin) to one of two groups: the "immediate results" (intervention) group or the "delayed results" (control condition) group. For patients assigned to the delayed results group, you will proceed with prescribing an antidepressant medication of your choice as part of usual care. You will receive the patient's genetic testing results in six months. The entire consent and baseline process should take less than 1 hour of the patient's time. It is expected this will allow you to prescribe an antidepressant medication on the same day as the referral for patients assigned to the delayed results group, as well as those found not to be eligible for study participation. For patients assigned to the immediate results group, the genetic testing results will be returned to you in 2 – 3 business days. Once the test results are available, you will proceed with prescribing the antidepressant medication of your choice as part of usual care. This can be accomplished by calling the patient to negotiate the prescription or you may have developed a plan with the patient to send the prescription by mail or a return visit. All methods of starting treatment are acceptable. Genetic testing results will be provided to you by the study research staff. You will also have the option to access the results from the commercial lab's secure website (described below). Once available, you are encouraged to share the results of the genetic testing with your patient.

FOR VA CENTRAL IRB USE ONLY

PI/SC Approval Date: **05/14/2020**

LSI Approval Date: **N/A**

LSI Verification Date: **N/A**

It is important to remember that the aim of this study is to study the utility of the genetic test. The study team will only provide results of the genetic test. You are responsible for all other aspects of care including the choice of medication and dose of medication regardless of which arm that the patient has been randomized.

The genetic testing of patient participants will be done by the commercial laboratory Assurex from a cheek sample swab. You will be registered with the Assurex site. Registration information includes your name, email address, and NPI number in order for you to be the ordering provider. You will be given a logon and password to the Assurex site where you can access any report for tests you ordered. The timing of access to the results is based on randomization. The patient-specific pharmacogenetics report you receive will provide information on the genetic variations that may affect the metabolism and effects of psychotropic medication, with detailed reference to antidepressant and other psychotropic medications. We will provide several educational opportunities to better understand the test results. These will include access to the company's website, access to a grand rounds presentation on pharmacogenetics, and brochure material about the test. In addition, each provider has the opportunity to call Assurex to have a test result explained to them.

Your study participation does not restrict the treatment choices available to you or your participating patient. You will continue to provide usual care, including the prescribing of the antidepressant and other medications that you think appropriate to the patient's care. For instance, the testing does not consider factors like age, pregnancy/lactation and/or concomitant psychiatric and medical conditions.

We will also ask you to complete surveys as part of your study participation. At or before the time that your first patient is enrolled into the study, you will complete a one-time background survey. This will ask questions regarding your age, sex, specialty, years of practice, years of work in the VA, and the fraction of the workweek that you dedicate to clinical care. The questionnaire also assesses your existing opinions and knowledge of pharmacogenetic testing. This should take less than 5 minutes of your time. Please note, your individual responses will not be available to you. You may or may not be asked to retake the opinion and knowledge questions later during the study.

At the time each subject is recruited, you will be asked to record the antidepressant medication that you would prescribe if no genetic test information were available, rate the degree of potential success of the antidepressant you selected for this patient, rate your expectation of the patient's likely adherence to the prescribed antidepressant, and rate how helpful you anticipate receiving pharmacogenetic testing results would be in prescribing an antidepressant for this

patient. You will also be asked to confirm some inclusion/exclusion criteria based on your knowledge of the Veteran. Specifically, you'll be asked to confirm that the patient's primary diagnosis is major depression and that you intend to start treatment with one antidepressant. In addition, you will confirm that to the best of your knowledge the patient does not have other severe mental health/substance use disorder diagnoses and has had some form of depression treatment in the past. These items will all be included on a referral form. Completing the referral form should take less than 2 minutes of your time.

If, at the time of your first study referral, you have worked in the VA for at least 6 months, we will also collect information from the centralized VA database about your usual antidepressant prescribing practices.

In addition to the above study procedures, some provider participants may be asked to participate in a virtual, telephone-based focus group interview to be conducted at the beginning of the study. The interview will be conducted by study staff and include up to eight prescribing providers. After a brief presentation about pharmacogenetic testing, including review of a sample Assurex results report, the group will discuss the current state of knowledge and their perceptions of pharmacogenetic testing and provide input about anticipated barriers and facilitators that may impact implementing the study at local sites. Study staff will also be present to take notes on the discussion and to observe the group interactions.

Following participation in the trial, some participating providers may be asked to participate in one or two 30-45 minute telephone interviews to discuss their perceptions of factors related to the clinical utility of pharmacogenetic testing. Each individual interview will take 30-45 minutes and will be recorded and professionally transcribed.

For both the group and individual interviews, the recordings are transcribed by a professional transcription service. This will either be done at the VA Salt Lake City or by an approved VA vendor. You will not be identified on the transcripts or recordings. Transcripts will be labeled with a date and your ID number and may leave the VA secure serve for transcribing and analysis.

POSSIBLE RISKS OR DISCOMFORTS

Participation in research has possible risks and discomforts.

Confidentiality: Risks related to loss of confidentiality or privacy are thought to be minimal. All surveys completed by you as part of study participation will be identified by a unique study ID# that is not linked to personal identifiers.

SUBJECT'S IDENTIFICATION

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LSI Approval Date: N/A

LSI Verification Date: N/A

Inconveniences: For your patients assigned to the immediate results group, the required delay in prescribing of antidepressant medication until the genetic results are available may be inconvenient. The study staff will minimize the inconvenience by ensuring that the genetic sample is promptly sent to Assurex, and will make every effort to inform you of the results within 2-3 business days of sample collection.

Unknown or unexpected risks also may occur.

POTENTIAL BENEFITS

There is no guarantee of benefit to you from participating in this study. However, possible benefits may result from the availability to you of patient-specific information about genetic variation, which may benefit medication selection. Benefits to society include an improved understanding of the pharmacogenetics and other moderators of response to these medications that will enhance their clinical utility.

CONFIDENTIALITY

Taking part in this study will involve collecting private information about you. This information will be protected in the following ways:

- All data will be stored without direct identifiable information, but will be identifiable via a linking code that is only available to research staff. Any hard copy records associated with the study, including your signed study consent form, will be kept in locked offices at the local clinical site.
- Your study data will be identified with a unique study ID number.
- No identifiable provider participant data will be shared among the 20 participating sites.

The data collected during the study, including the completed questionnaires and surveys, prescribing practice information, and information collected during study-related interviews and focus groups will not be made available to individual sites and only aggregate data will be published. No identifiable information will be shared with supervisors or other administrators at individual sites. Information about you will be combined with information from other people taking part in the study. We will only publicize the combined data that we have gathered. Any talks or papers about this study will not identify you.

Audio recordings of participants will be sent for professional transcription without personal identifiers. They will be labelled with your study ID number and the date of the interview.

Participant Name: _____ Date:_____

Title of Study: Precision Medicine In Mental Health Care- (PRIME-Care) – Provider/Staff Form

Principal Investigator: _____ VA Facility: _____

Principal Investigator for Multisite Study: David Oslin, MD

The information collected for this study will be kept confidential. There are times when we might have to show research records to other people. For example, someone from the Office of Human Research Protections, the Government Accountability Office, the Office of the Inspector General, the VA Office of Research Oversight, the VA Central IRB, the local site Research and Development Committee, and other study monitors may look at or copy portions of records that identify you.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

PAYMENT OFFERED FOR PARTICIPATION: You will not be paid for study participation.

MEDICAL TREATMENT AND COMPENSATION FOR INJURY

Every reasonable safety measure will be used to protect your well-being. If you are injured as a result of taking part in this study, the VA will provide necessary medical treatment at no cost to you unless the injury was due to your not following the study procedures. If you should have a medical concern or get hurt or sick as a result of taking part in this study, call:

DURING THE DAY:

Dr./Mr./Ms. _____ at _____ and

AFTER HOURS:

Dr./Mr./Ms._____ at _____.

Emergency and ongoing medical treatment will be provided as needed.

You do not give up any of your legal rights and you do not release the VA from any liability by signing this form.

PARTICIPATION IS VOLUNTARY

It is up to you to decide whether or not to take part in this study. If you decide to take part you may still withdraw at any time. Refusal to take part in the study will in no way influence your employment, ratings, subsequent recommendations, or academic progress.

SUBJECT'S IDENTIFICATION

FOR VA CENTRAL IRB USE ONLY

PI/SC Approval Date: **05/14/2020**

LSI Approval Date: **N/A**

LSI Verification Date: **N/A**

Participant Name: _____ Date:_____

Title of Study: Precision Medicine In Mental Health Care- (PRIME-Care) – Provider/Staff Form

Principal Investigator: _____ VA Facility: _____

Principal Investigator for Multisite Study: _David Oslin, MD_____

PERSONS TO CONTACT ABOUT THIS STUDY

If you should have questions, complaints or concerns about this study, call:

Dr./Mr./Ms. _____ at

Or you can contact the local research office

Dr./Mr./Ms. _____ at _____.

If you have questions about your rights as a study participant, or you want to make sure this is a valid VA study, you may contact the VA Central Institutional Review Board (IRB). This is the Board that is responsible for overseeing the safety of human participants in this study. You may call the VA Central IRB toll free at 1-877-254-3130 if you have questions, complaints or concerns about the study, or if you would like to obtain information or offer input.

AGREEMENT TO PARTICIPATE IN THE RESEARCH STUDY

Dr._____ or his designee has explained the research study to you. You have been told of the risks or discomforts and possible benefits of the study. You have been given the chance to ask questions and obtain answers.

By signing this document below, you voluntarily consent to participate in this study. You also confirm that you have read this consent, or it has been read to you. You will receive a copy of this consent after you sign it.

I agree to participate in this research study as has been explained in this document.		
_____ Participant's Name	_____ Participant's Signature	_____ Date
_____ Name of person obtaining consent	_____ Signature of person obtaining consent	_____ Date

SUBJECT'S IDENTIFICATION

FOR VA CENTRAL IRB USE ONLY

PI/SC Approval Date: 05/14/2020

LSI Approval Date: N/A

LSI Verification Date: N/A

Participant Name: _____ Date:_____

Title of Study: Precision Medicine In Mental Health Care- (PRIME-Care) – Veteran Form

Principal Investigator: _____ VA Facility: _____

Principal Investigator for Multisite Study: David Oslin, MD

INTRODUCTION

You are being invited to take part in a research study that is being funded by the Department of Veterans Affairs. Before you decide to take part, it is important for you to know why the research is being done and what it will involve. This includes any potential risks to you, as well as any potential benefits you might receive.

Read the information below closely, and discuss it with family and friends if you wish. Ask one of the study staff if there is anything that is not clear or if you would like more details. Take your time to decide. If you do decide to take part in this study, your signature on this consent form will show that you received all of the information below, and that you were able to discuss any questions and concerns you had with a member of the study team.

BACKGROUND AND PURPOSE

There are many antidepressant medications available to treat depression. Often patients and providers need to try a few medications before they find one that provides relief of depression symptoms without distressing side effects. A person's genes may play a role in how they respond to a particular medication. Genetic testing is available that provides information about how the person's body will process antidepressant medication. This information might help predict which medication will work best. With this study we hope to learn: 1) if and how Veterans and their providers use genetic test results at the time an antidepressant medication is started for the treatment of depression, and 2) if using the genetic test results in the treatment of depression improves depression symptoms.

The study is sponsored by the Department of Veterans Affairs. The Principal Investigator for the entire study is David Oslin, MD from the VA Medical Center in Philadelphia. Each participating site will also have a Principal Investigator who works with Dr. Oslin and his research study team. The name of the Principal Investigator for your site can be found at the top of each page of this consent form.

You are being asked to participate in this study because your healthcare provider plans to start you on a new antidepressant for the treatment of depression.

A total of 2000 Veterans will be enrolled into the study from up to 22 VA Medical Centers across the country. Each individual study site may enroll up to 250 Veterans.

DURATION OF THE RESEARCH

This research study is expected to take approximately 5 years. Your individual participation in the project will take up to 36 weeks.

SUBJECT'S IDENTIFICATION

FOR VA CENTRAL IRB USE ONLY

PI/SC Approval Date: 05/14/2020

LSI Approval Date: N/A

LSI Verification Date: N/A

STUDY PROCEDURES

If you decide to take part in this study, this is what will happen:

Visit 1 (Baseline assessment). At the first visit, the study procedures will be explained to you. You will be given the opportunity to ask questions. You will be asked to provide written consent by signing this consent form.

If you consent to participate, a baseline assessment will be done to see if you are eligible to be in the study. The baseline assessment will take up to one hour of your time. Research staff will collect basic information from you, such as your date of birth, sex, and past treatments for depression. You will be asked to complete questionnaires about depression, anxiety, and other psychiatric symptoms, about alcohol and other substance use, and about your general health and wellbeing. The responses you give will be added to your VA computerized health record.

If you are found to be eligible to be in the study, a cheek sample will be taken with a cotton swab for the commercial genetic test and a blood sample of about 2.5 tablespoons will be collected from your arm to examine specific genes and other laboratory markers of depression.

Eligible Veterans will be randomized (similar to the flip of a coin) to one of two groups: the "immediate results" group or the "delayed results" group. If you are assigned to the delayed results group, you will provide the cheek swab sample for genetic testing but will not get the results for six months. Your healthcare provider will be told that you are assigned to the delayed results group and that the genetic test results will be made available to him or her in six months. You and your healthcare provider will decide which antidepressant medication to start.

If you are assigned to the immediate results group, your provider will be told and your cheek swab sample will be shipped for genetic testing to Assurex, a commercial genetic laboratory. The genetic testing results are most often returned to your healthcare provider within 3 business days. However, sometimes shipping delays or the need for further testing may delay the results for a few more days. Once the test results are available to your healthcare provider, she or he will then prescribe an antidepressant medication for you by phone or at your next visit. Your healthcare provider is encouraged to share the results of the genetic testing with you. There is also a toll free contact number listed on the report of your test results that you can call to ask questions about the test. This is a free service provided by Assurex that is available to all persons who have been tested. It is completely voluntary. If you would like the company to explain the results to you, you will need to call Assurex. They will ask for the ID number listed on the report, and the name of your VA facility so that they can identify you. We will monitor the

number of Veterans who call and what types of questions come up during the calls to help understand how useful these services are to you.

Visits 2-6 (Weeks 4, 8, 12, 18, and 24). At weeks 4, 8, 12, 18, and 24 you will be contacted by telephone by research staff to complete a follow-up interview. The follow-up telephone assessments will be done by Dr. Oslin's study staff, which is located at the Crescenz VAMC in Philadelphia, PA. The follow-up interview data will not be added to your chart or given to your providers. The telephone interview will take up to 30 minutes of your time. At each follow-up telephone interview, you will be asked about symptoms of depression and anxiety, alcohol use, general wellbeing, antidepressant medication adherence, and side effects. If you have been assigned to the delayed results group, you will have an additional telephone assessment at week 36, similar to the previous telephone assessments.

Of note, you should not use either the Assurex call center or the Philadelphia call center for questions about your treatment plan. Those questions should always go back to your provider who is responsible for your care. You may also call the national crisis hotline at 1-800-273-8255 if you need immediate clinical assistance.

You will be asked to return to the local research office 4 weeks after starting in the study for the collection of an additional study blood sample and some additional questions about nutrition and past history of mental health symptoms. Approximately 1.5 tablespoons of blood will be collected from your arm. This blood sample will be used to measure your antidepressant drug level and to discover new genetic associations with major depression and treatment for depression. This sample will be labelled with the date and an ID number. After the testing is completed, the four week samples will be destroyed.

We will also look at your medical chart covering the year before you entered the study through one year after you complete your last study assessment. We will record what medications you were prescribed and the types and number of appointments you attended during that period.

The procedures described above are all being done for research purposes. You may skip any questions that you would prefer not to answer. While you are in the study, your healthcare provider will continue to provide your usual care, including prescribing medications for you. Your study participation does not restrict the treatment choices available to you or your healthcare provider. The study procedures are designed to monitor how you are doing over the study period while you are under the care of your healthcare provider.

SUBJECT'S IDENTIFICATION

FOR VA CENTRAL IRB USE ONLY

PI/SC Approval Date: 05/14/2020

LSI Approval Date: N/A

LSI Verification Date: N/A

POSSIBLE RISKS OR DISCOMFORTS

Any procedure has possible risks and discomforts. The procedures in this study may cause all, some, or none of the risks listed. Rare, unknown, or unexpected risks also may occur.

Psychological Risks: The study assessment involves questions of a sensitive nature regarding your mental health. Some people may experience distress or discomfort when answering these questions. High levels of distress during these assessments are uncommon and the research staff is trained to help you deal with these feelings should they arise during a study assessment.

Collection of Blood Samples: The risks associated with blood sample collection are well known. They include pain, bruising, bleeding, and rarely, infection, at the site from which the blood is taken. These risks will be minimized by having only experienced staff perform this study procedure.

Confidentiality: Every attempt will be made by the investigators to maintain all information collected in this study strictly confidential. The data are kept in secure, locked areas and access to these areas is possible only through the investigator or research team. In addition to study staff, authorized representatives of the VA will have access to and may copy both your medical records and records from your participation in this study. This access is necessary to ensure the accuracy of the findings. If any publication or presentations result from this research, you will not be identified by name.

Risks of the usual care you receive are not risks of the research. Those risks are not included in this consent form. You should talk with your health care providers if you have any questions about the risks of usual care.

POTENTIAL BENEFITS

We can't promise that you will get any benefits from taking part in this research study. However, the possible benefits are described below:

To you: The potential benefit of not exposing you to medications that are more difficult for your body to use effectively because of your genes.

To Society: Potential benefits to society include an improved understanding of: how genetic differences impact the body's use of antidepressant medications; how knowing information about a person's genetic profile may influence the choice of depression treatment; and whether using known genetic factors in the selection of antidepressant medication treatment leads to better outcomes.

ALTERNATIVES TO PARTICIPATING IN THIS RESEARCH

You may choose not to participate in this study. The genetic testing is commercially available and you do not have to participate in this study to have the genetic testing done.

You may discuss this option with your healthcare provider.

CONFIDENTIALITY

Information about you will be combined with information from other people taking part in the study. We will write about the combined data we have gathered. Any presentations or papers about this study will not identify you.

The information collected for this study will be kept confidential. We will include information about your study participation in your medical record including the results from the genetic testing and your baseline questionnaire responses. There are times when we might have to show your records to other people. For example, someone from the Office of Human Research Protections, the Government Accountability Office, the Office of the Inspector General, the VA Office of Research Oversight, the VA Central IRB, our local Research and Development Committee, and other study monitors may look at or copy portions of records that identify you. In addition, if you report suicidal thoughts we will respond by contacting your local clinical team to facilitate your care.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

COSTS TO PARTICIPANTS AND PAYMENT

Costs to Participants*:*

You will not be charged for any procedures that are part of this study. If you usually pay co-payments for VA care and medications, you will still pay these co-payments for VA care and medications as these are not part of this study.

Payment Offered for Participation:

You will be compensated for your time with $20 for each of the 4 telephone follow-up assessments (weeks 4, 8, 12, and 18), $25 for the week 4 blood sample collection, and $50 for the week-24 telephone assessment. If you are assigned to the delayed results group, you will also receive $25 for the additional week-36 telephone assessment. You will be compensated using direct deposit to your bank account or a designee's bank account. Compensation will be

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provided to you from the coordinating center after each completed visit as listed above. If you do not have access to a bank account we will not be able have you participate.

MEDICAL TREATMENT AND COMPENSATION FOR INJURY

Every reasonable safety measure will be used to protect your well-being. If you are injured as a result of taking part in this study, the VA will provide necessary medical treatment at no cost to you unless the injury was due to your not following the study procedures. If you should have a medical concern or get hurt or sick as a result of taking part in this study, call:

DURING THE DAY:

Dr./Mr./Ms. _____ at _____ and

AFTER HOURS:

Dr./Mr./Ms._____ at _____.

Emergency and ongoing medical treatment will be provided as needed.

You do not give up any of your legal rights and you do not release the VA from any liability by signing this form.

PARTICIPATION IS VOLUNTARY

It is up to you to decide whether or not to take part in this study. If you decide to take part you may still withdraw at any time. If you do not wish to be in this study or leave the study early, you will not lose any benefits to which you are entitled. If you don't take part, you can still receive all usual care that is available to you. Your decision not to take part will not affect the relationship you have with your provider or other staff, and it will not affect the usual care that you receive as a patient.

If you decide to stop participating in the study, you need only let the local research coordinator know or call the coordinating center. Alternatively, you can let the coordinator know at the next scheduled assessment. Your treatment will continue as prescribed by your healthcare providers. If you withdraw from the study, all collected data and your study samples will remain as part of the study and used for study outcomes.

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Participant Name: _____ Date:_____

Title of Study: Precision Medicine In Mental Health Care- (PRIME-Care) – Veteran Form

Principal Investigator: _____ VA Facility: _____

Principal Investigator for Multisite Study: David Oslin, MD

PERSONS TO CONTACT ABOUT THIS STUDY

If you should have questions, complaints or concerns about this study, call:

Dr./Mr./Ms. _____ at _____.

Or you can contact the local research office

Dr./Mr./Ms._____ at _____.

If you have questions about your rights as a study participant, or you want to make sure this is a valid VA study, you may contact the VA Central Institutional Review Board (IRB). This is the Board that is responsible for overseeing the safety of human participants in this study. You may call the VA Central IRB toll free at 1-877-254-3130 if you have questions, complaints or concerns about the study, or if you would like to obtain information or offer input.

SIGNIFICANT NEW FINDINGS

Sometimes during the course of a research study, new information may become available about the testing being studied, in this study genetic testing, that might change a person's decision to stay in the study. If this happens, the research team will tell you about it and discuss with you whether you want to continue in the study. If you decide to withdraw from the study, you will continue to get care from your local healthcare provider. If you decide to continue in the study, you might be asked to sign an updated informed consent form.

GENETIC RESEARCH

As part of this study, you will be supplying two genetic samples: a cheek swab and a blood sample. The cheek swab results will be used to provide clinical information to your health care provider to assist in choosing an antidepressant. Neither of these samples will be labelled with your name. The samples will be labelled with an ID number, your initials and date of birth, the date the sample was collected, and the name of your VA facility. Only research staff will have access to the code that links your personal identity to your study ID code. The cheek swab sample will be sent to Assurex, a commercial lab, for genetic testing. Assurex will destroy their samples after completing the genetic testing. The blood sample will be sent to the Crescenz VA Medical Center for storage and then West Haven VAMC for additional genetic testing. Once testing is complete, the West Haven VAMC will return the sample to the **Crescenz VA Medical Center**.

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Principal Investigator for Multisite Study: David Oslin, MD

Federal laws and policies provide you with protection from discrimination by health insurance companies, group health plans, and most employers based on your genetic information. A new federal law, the Genetic Information Nondiscrimination Act (GINA) generally will protect you in the following ways:

- Health insurance companies and group health plans may not request your genetic information obtained from this research.
- Health insurance companies and group health plans may not use your genetic information obtained from this research when making decisions regarding your eligibility or premiums.
- Employers with 15 or more employees may not use your genetic information obtained from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment.

Be aware that this new Federal law does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

FUTURE USE OF DATA AND RE-CONTACT

Data collected during your participation will be stored at the Crescenz VA Medical Center (Philadelphia) and will be retained after the study is complete. This includes all survey data and the remaining biological samples. Dr. Oslin or his representatives are the only authorized users of this data.

TISSUE BANKING

This section is asking for your permission to store one of your blood specimens at the Crescenz VA Medical Center in Philadelphia to be used for future research. For each future research study, an Institutional Review Board will review and approve the study before your specimen can be used. The specimen is stored without a link to your name. You will not be able to withdraw your specimen later because it cannot be linked back to you.

May the Crescenz VA Medical Center under the direction of Dr. Oslin retain your blood specimen(s) after the end of the study for use in future research?

Think about your choice and mark “YES” or “NO”. No matter what you decide to do, your decision will not affect your medical care or your participation in the study already described.

☐ YES My specimen(s) may be saved for any future research under the direction of Dr. Oslin or his designee.

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Principal Investigator: _____ VA Facility: _____

Principal Investigator for Multisite Study: _David Oslin, MD_____

☐ NO My specimen(s) must be destroyed at the end of this research study.

AGREEMENT TO PARTICIPATE IN THE RESEARCH STUDY

The local research staff has explained the research study to you. You have been told of the risks or discomforts and possible benefits of the study. You have been told of other choices of treatment available to you. You have been given the chance to ask questions and obtain answers.

By signing this document below, you voluntarily consent to participate in this study. You also confirm that you have read this consent, or it has been read to you. You will receive a copy of this consent after you sign it. A copy of this signed consent will also be put in your medical record.

I agree to participate in this research study as has been explained in this document.		
_____ Participant's Name	_____ Participant's Signature	_____ Date
_____ Name of person obtaining consent	_____ Signature of person obtaining consent	_____ Date

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