

WITHDRAWAL INFORMED CONSENT FORM**A Phase 3 Randomized Study Comparing JNJ-79635322 versus Teclistamab in Participants with Relapsed or Refractory Multiple Myeloma after 1 to 3 Prior Lines of Therapy, Including an Anti-CD38 Antibody and Lenalidomide (TRIlogy-5)****Study Number:** Protocol 79635322MMY3002**YOUR CONTACTS**

Study Sponsor Janssen Research & Development, LLC	Represented by: JOHNSON & JOHNSON PRIVATE LIMITED HIGI House, LBS Marg, Mulund (West), Mumbai – 400080
Name of Principal Investigator: Dr. Jeevan Kumar Name and Address of the Site: Tata Medical Center, 14-MAR (E-W), New-town, Rajarhat, Kolkata - 700160 Contact number of the Principal Investigator: +91-9007016755 24-hour telephone (if applicable): NA	

If you decide to withdraw your consent, please read this form, then complete it and sign below.

You may withdraw your consent or change your mind about participating in the study at any time. This means that you may either stop taking JNJ-79635322 or Teclistamab but continue with the study assessments; or you may stop taking JNJ-79635322 or Teclistamab and stop attending any further study visits. If you withdraw from this study, in order to maintain the scientific validity and integrity of the study, data already collected, including test or test results, samples, videos, or images of physical findings related to adverse events, will continue to be shared and used for the purposes of the study. If you stop attending study visits, no further tests related to the study will be conducted.

The clinical staff will discuss with you how your health will be managed, and your decision to withdraw from the study will have no impact on your standard care. The clinical staff may also discuss how they will follow up on your health status, as described in the table below.

You may also withdraw your consent for your samples to be used for the compatible uses outlined in the section below. This is described in the “Use of Study Record and Samples” section of the Main Clinical ICF that you have signed.

The Withdrawal of Consent form is optional, but it can help you understand the different withdrawal options and how your follow-up can be managed. You do not have to sign this form; you can simply inform the clinical staff that you wish to stop taking JNJ-79635322 or Teclistamab and/or attending further visits.

We encourage you to discuss this with the clinical staff before making your decision.

Please remember that the following details were outlined in the Main Informed Consent form that you signed when you joined the study. These provide you with information regarding the follow-up of your health status after you stop attending the study visits. Your choices will be added to your medical records.

It is necessary to collect long-term outcomes for JNJ-79635322 or Teclistamab. These results can assist Regulatory or Health authorities in evaluating how well a new study drug/ treatment could benefit other patients. Therefore, it is important to follow-up on your health status until the end of the study, and this can

be conducted as described below. Please discuss these options with the clinical staff and ask any questions you may have. It is not necessary for you to do this; you can simply inform the clinical staff that you wish to discontinue your participation in the study.

The clinical staff may contact you directly in the ways described below.	If you do not wish to be contacted directly, clinical staff may use the sources listed below:	If you do not consent to the previously mentioned direct or indirect contact, if it is permitted in your country, the clinical staff may use the following:
[Telephone/Video Calls; Text/Email Message; Standard Mail]	[Family Members; Other doctors/medical professionals involved in your standard care; medical records (including the results of standard care); insurance data]	<u>Publicly available</u> registries/sources

If you wish to withdraw your consent, please check/mark the box below. Note: If you are not withdrawing your consent from the options below, you may leave the box blank. If you do not wish to have any further follow-up on your health status, please inform the clinical staff.

Withdrawal of:	What Happens to YOU	
JNJ-79635322 or Teclistamab only	If you stop taking JNJ-79635322 or Teclistamab, please check the box. You may withdraw your consent for JNJ-79635322 or Teclistamab, but still attend visits; please discuss this with the clinical staff.	☐ I withdraw my consent from JNJ-79635322 or Teclistamab only.
JNJ-79635322 or Teclistamab and visits	If you stop taking JNJ-79635322 or Teclistamab and do not wish to attend further site visits, please check the box. The clinical staff will continue to follow up on your health status as described above and in the Main ICF section on Withdrawal. You can decide on what type of follow-up you agree to.	☐ I withdraw my consent from JNJ-79635322 or teclistamab and further study visits.
Use of Study Samples	If you no longer consent to the use and storage of your coded study samples for compatible scientific research, as described in the main consent form you signed, please check the box. If the samples cannot be directly linked to you (refer to the paragraph titled 'Anonymous Data and Samples' in the main Informed Consent Form), they may not be destroyed.	☐ I withdraw my consent for the use and storage of my samples for compatible research.
Independent Locator Company	If you consented to share your personal details with this company in the main ICF, and have now changed your mind, please check the box. Please note: This company will not contact you directly and will review only publicly available sources.	☐ I withdraw my consent for my details to be shared with an Independent Locator Company.
Market Research Company	If you agreed to be contacted during or after the study about your clinical trial experience, but now wish to withdraw consent, please check the box.	☐ I withdraw my consent to be contacted by a Market Research Company.

If you agree to all the statements below and decide to withdraw from this study, please sign below. You will receive a copy of the signed Informed Consent Form.

- I have read the whole Withdrawal Consent form, and I understand the information provided therein; I voluntarily withdraw my consent to participate in this study.
- I am satisfied with the answers to all my questions about the withdrawal.
- I confirm that I have withdrawn my consent for the aspects of the study as indicated in the checkbox above.
- I have discussed and agreed my health status follow-up options with the clinical staff.

Signature (or Thumb Impression) of
the Participant/ Legally Acceptable
Representative: _____

Date: ____/____/____
dd-MON-YYYY

Name of Signatory: _____

Signature of the Investigator: _____

Date: ____/____/____
dd-MON-YYYY

Name of Study Investigator: _____

Statement of Impartial Witness: I confirm that the information provided in the consent form was accurately explained to the patient and/or the patient's legally acceptable representative and was clearly understood by them, and that consent was given voluntarily by the patient and/or their legally acceptable representative.

Signature of the Witness: _____

Date: ____/____/____
dd-MON-YYYY

Name of the Witness: _____

(A copy of the Patient Information Sheet and the duly filled Clinical Informed Consent Form shall be provided to the Participant or his/her attendant)