

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 (TRIllogy-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 Site Name and address: Tata Medical Center, 14, MAR (E-W), New-town, Rajarhat, Kolkata - 700160 Contact number of Principal Investigator: +91-9007016755 24-hour telephone (if applicable): NA	

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

You may withdraw your consent or change your decision about participating in this study at any time. This means that you can either stop taking JNJ-79635322 or teclistamab, but you can continue with the study assessments or you can stop taking JNJ-79635322 or teclistamab and stop coming to any further study visits. If you withdraw from the study, the data, tests or test results and samples, videos, or photographs of physical findings related to adverse events have already been collected will continue to be shared and used for the study purposes to protect the scientific validity and integrity of the study. If you stop coming to study visits, no further study-related tests will be performed.

Clinical staff will discuss with you how your health will be managed and your decision to withdraw will not affect your standard of care. The clinical staff may also discuss how they will follow up on your health status, as described in the table below.

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

The Withdrawal of Consent form is optional but can help you understand the different withdrawal options and how your follow-up may be managed. It is not necessary for you to sign this form and you can only verbally inform the clinical staff that you want to stop the 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 the following details were outlined in the Main Informed Consent Form you signed when you joined the study. These provide information regarding health status follow-up after you stop coming to study visits. Your choices will be added to your medical record.

It is very important to collect long-term results of JNJ-79635322 or teclistamab. These results can help regulatory agencies or health authorities evaluate how well a new study drug or treatment could benefit other patients. Therefore, it is important to monitor or 'follow-up' on your health status until the end of the study and this can be done according to the procedure described below. Please discuss these options with the clinical

staff and ask any questions. You don't have to do this and can just let the clinical staff know that you want to stop study participation.

Clinical staff can contact you directly through the methods described below.	If you do not wish to be contacted directly, clinical staff may use the following sources or methods:	If you don't agree to direct or indirect contact as described previously, if allowed in your country, the clinical staff can use the following:
[Telephone/video calls; Text/email messages; Standard mail]	[Family members; Other doctors/medical professionals involved in your standard care; Medical records (including standard care results); Insurance data]	<u>Publicly available</u> registries/sources

If you wish to withdraw your consent, please check/mark the specific boxes below. Note: If you do not withdraw any consent from the options below, you can leave the box empty. If you do not want any further follow-up or monitoring on your health status, please let the clinical staff know.

Withdrawal of:	What will happen to YOU	
JNJ-79635322 or teclistamab only	If you want to stop taking JNJ-79635322 or teclistamab, please tick the box. You can withdraw from JNJ-79635322 or teclistamab but still attend visits; please discuss this with the clinical staff.	☐ I withdraw consent from JNJ-79635322 or teclistamab only
JNJ-79635322 or Teclistamab and Visits	If you stop taking JNJ-79635322 or Teclistamab and no longer want to visit the further site visits, please tick 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 types of follow-up you agree to.	☐ I am withdrawing my consent from JNJ-79635322 or Teclistamab and from the further study visits.
Use of Study Samples	If you no longer agree to the use and storage of your coded study samples for compatible scientific research, as described in the main consent you signed, please check the box. If samples cannot be linked directly to you (see the 'Anonymous Data and Samples' paragraph in the main Informed Consent Form) they may not be destroyed.	☐ I withdraw consent to use & store my samples for compatible research
Independent Locator Company	If you have consented to the sharing of your personal details with this organization in the main ICF, but have now changed your mind, please tick the box. Please note: This company will not contact you directly and will only review publicly available sources.	☐ I withdraw my consent to share my personal details with Independent Locator Company
Market Research Company	If you have consented to contact you about your clinical trial experience during or after the study, but now wish to withdraw that consent, please tick the box.	☐ I withdraw consent to be contacted by Market Research company

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

- I have read the whole Withdrawal Consent and I understand the information provided and voluntarily withdraw to participate in this study.
 - I am satisfied with the answers to all my questions regarding the withdrawal.
 - I confirm that I have withdrawn my consent from various aspects of the study as described in the checkboxes above.
 - I have discussed and agreed my health status follow-up choices with the clinical staff.
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Signature (or Thumb impression) of
the Participant/ Legally Acceptable
Representative: _____

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

Name of the Signatory: _____

Signature of the Investigator _____

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

Name of the Study Investigator: _____

Impartial Witness Statement I confirm that the information in the consent form was accurately explained to, and apparently understood by, the patient and/or the patient's legally acceptable representative, and that consent was freely given by the patient and/or the patient's legally acceptable representative.

Signature of the Witness _____

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

Name of the Witness: _____

(Copy of the Patient Information Sheet and duly filled Clinical Informed Consent Form shall be handed over to the Participant or his / her attendant)