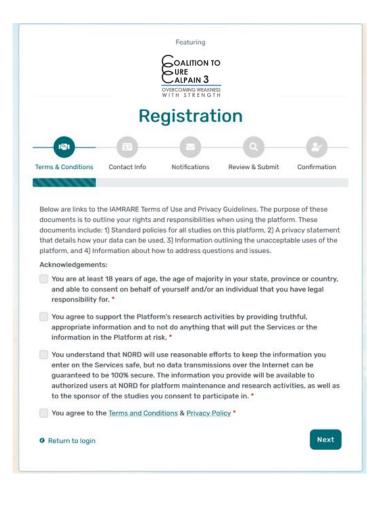


LGMD2A/Calpainopathy Registry Participant User Guide

Register for an Account

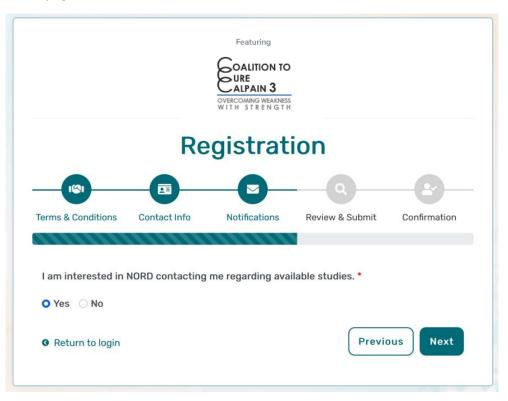
• Step 1: Read the Terms and Conditions and Privacy Policy and attest to the statements provided. When you are finished with this page, click "Next".



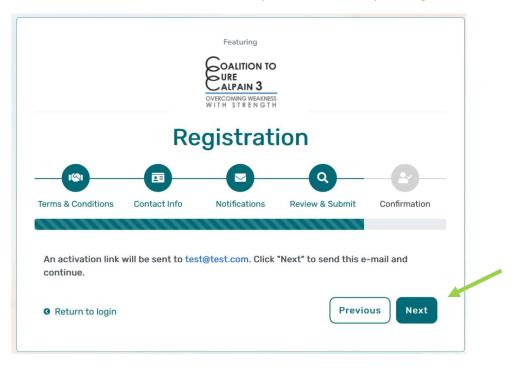
• Step 2: Enter your personal information in the spaces provided. When you are finished with this page, click "Next".

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		OVERCOMING WEAKNESS WITH STRENGTH		
	Re	gistrat	ion	
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	Contact Info	Notifications	Review & Submit	Confirmation
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	ence *	Last Na	me *	v
Country of Reside	ince *	Last Na Last		v
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Country of Reside	ince *			v

• Step 3: Select whether you are interested in being contacted by NORD regarding available studies. When you are finished with this page, click "Next".



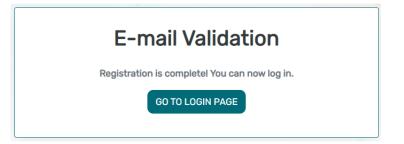
• Step 4: Select "Next" so that an activation link is sent to your e-mail to complete registration.



• Step 5: Click the link you are sent via e-mail. Please check your Spam folder if you do not see the e-mail. You will be taken to the following screen in a new tab within your browser. Set your password and click "Submit".

Your e-mail your.email@email.com Please create your		alidated.
assword		
Password		
A password must be at least 8 charact	ters long:	×
- contain 1 uppercase letter		×
- contain 1 lowercase letter		××
- contain 1 digit - not contain text from top 1000 comr	nonly used passwords	Ŷ
epeat Password		
Repeat Password		

• Step 6: Your validation is now complete. Select "Go to Login Page".



• Step 7: Log in using your new e-mail and password.

IAM	
e-mail	
password	
Keep me logged in	
	+) LOGIN
Forgot Password	+ Create an Account
By logging in, you agree to NORD's <u>P</u>	rivacy Policy & Terms and Conditions
	Featuring
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	CALPAIN 3 DVERCOMING WEAKNESS WITH STRENGTH

Add a Participant

• Step 1: To start, click Create New Profile.

English 🗸



Welcome, Jane!

Welcome to the IAMRARE® program, home of

LGMD2A/Calpainopathy Registry.

If you are a new user, click on the Create New Profile button below.

If you are transferring a record from another IAMRARE account, click

on the Transfer a Record button below.



• Step 2: Select who you will be providing information about.



• Step 3: Fill out the Participant's information.

Add Participant	×
Who Is Being Added as a Participant? ①	Self Other
Preferred First Name *	Current Last name *
Preferred First Name	Current Last Name
First Name on Birth Certificate *	Middle Name on Birth Certificate *
First Name on Birth Certificate	Type 'NA' if none
Last Name on Birth Certificate *	Date of Birth * ③
Last Name on Birth Certificate	mm/dd/yyyy
Sex Recorded on Birth Certificate * 🕥	
~	
Country of Residence * ③	State/Province/Region of Residence * 🕐
v	State/Province/Region
Country of Birth *	City/Municipality of Birth *
×	City/Municipality of Birth
What Is Your Relationship to ? * 🕐	
~	

Consent to the Study

• Step 1: Click on "Yes, complete consent for this participant."

OALITIO URE ALPAIN OVERCOMING WE WITH STREE	3 EAKNESS
Thank you for registering you would you like to consent to LGMD2A/Calpainopat	participate in the
Not right now Yes, complete cor	asent for this participant.

Step 2: Scroll down and read through the consent form thoroughly. Once you finish each page, click the "Next" button. Once you reach the Authorization form, read through the statements thoroughly. If you are comfortable consenting to participate in the study, please read each statement and authorize your consent. After checking the boxes, click "Next."

Consent to LGMD2A/Calpainopathy Registry

Consent for a Person with a Legally Authorized Representative (Caregiver)

Title: LGMD2A/Calpainopathy Registry

Principal Investigator: Jennifer Levy, PhD, Scientific Director, Coalition to Cure Calpain 3

Phone: (203) 293-8864

Email: Registry@CureCalpain3.

Key Information

You are invited to take part in a research study for individuals with Calpainopathy on behalf of the person in your care. We hope that this form will help you decide whether or not to participate, but you can also call or e-mail the study staff at the contacts above if you have any other gu

Things you should know:

- The purpose of the study is to improve the understanding of the symptoms of Calpainopathy and how they change over time. The study will also allow participants, if they choose, to be contacted about research studies and clinical trials.
- . If you choose to participate on behalf of the participant, you will be asked to complete web-based surveys when you enroll and at least once a year. This will take approximately 30 minutes to complete
- In you choose to participate on behaling the participate on behaling the participate on behaling to the participate
- legally authorized representative for the Study Participant, we encourage you to discuss the registry with the Study Participant to the extent compatible with their understanding. Detailed information about your participation in this study folk

Purpose of this Informed Consent Docum

This document will give you the information for you to decide if you want to join this study on behalf of the participant or not. This consent document is structured to follow the framework provided by federal regulations. While we hope the information we provide will answer most of your questions, it may not answer them all. If you have any remaining questions, please contact the Principal Investigator at the phone or email listed above.

Definitions

For the purpose of enrolling in this registry, a legal adult is defined as a person who is at least 18 years of age, the age of majority in their state, province or country, and able to consent for themselves or on behalf of a Study Participant. On this form, "Study Participant* refers to the person with Calpainopathy (including LGMD2A, LGMDR1 Calpain 3-related, LMGD1, and LGMDD4 Calpain 3-related) who is not of legal age or is an adult who requires someone to act on their behalf. Registry information will be collected on individuals who have Calpainopathy. "You" refers to the person reading this form and providing the information; in this case a family member or guardian who is legally responsible for the healthcare of the Study Participant. "We" refers to the organization, Coalition to Cure Calpain 3.

Institutional Review Board (IRB) is an independent group that reviews research proposals to make sure they properly protect participants.

Consent to LGMD2A/Calpainopathy Registry

Authorization

The following statements are intended to:

- · Make sure that you have had the time and opportunity to consider whether you and the Study Participant want to participate in this registry;
- Have had your questions answered; and Agree to participate in the study as described.
- You will be asked to acknowledge:
 - · That you have read the consent form and have no further questions about the registry and the Study Participant's participation;
- That you wish to provide the Study Participant's personal data to the registry for the purposes of the Study
 That you allow for this data to be used for future research;
 That you have explained the study to the Study Participant to the extent they are able to understand; and

That you are of legal age.

This is a web-based form. Your digital signature is the same as if you had signed your name to a paper document. By answering "Yes" to all of the following statements, you are giving your consent to participate in the LGMD2A/Calpainopathy Registry on behalf of the Study Participant. All four items must be checked "Yes" to participate in the LGMD2A/Calpainopathy Registry. After signing, a copy of the consent form will be emailed to you. If you cannot comfortably answer "Yes" to these statements, please do not check the conse boxes in the following section.

V I have read this Consent and Authorization Form to provide the Study Participant's personal and medical data to be shared for the purpose of research. All my questions about the LGMD2A/Calpainopathy Registry have been answered to my satisfaction, and I understand the purpose of the registry and the risks of participation.

V I wish to provide the Study Participant's research data to the LGMD2A/Calpainopathy Registry for the purposes described above under Study Aims.

V I wish to provide the Study Participant's research data to the LGMD2A/Calpainopathy Registry for future research within recognized ethical standards for scientific research, as described under How We Use Your Data

• Step 3: Once you click "Next" and reach the Thank You page, click "Continue to Opt-Ins".

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Previous Continue to Opt-Ins

Please continue to select your opt-ins. Once you have made your selections, please click Save and Review. You will then be ready to take surveys and participate in this study.

• Step 4: Once you click "Continue to Opt-Ins" read through the opt-ins thoroughly. If you would like to receive information about the topic, check the box, and click "Save and Review".

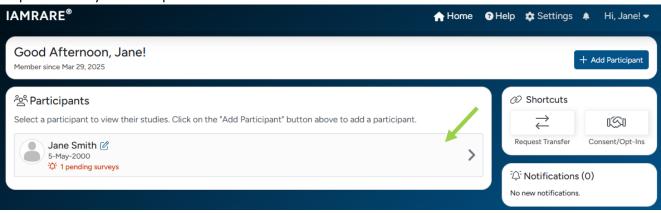
Select Opt-Ins for this study	
igta Interest in hearing about relevant clinical trials	
igta Interest in donating specimens or DNA (biobanking) for future research	
igta Interest in genetic testing	
igcarrow If eligible, I have interest in receiving Coalition to Cure Calpain 3 merchandis	e that
would be sent via electronic or postal mail	
igta Interest in hearing about news and other studies from Coalition to Cure Calp	ain 3.
igta Interest in learning about upcoming events such as webinars and conference	S

• Step 5: Once you've reviewed your consent, click "Close". You will then have access to start taking surveys.

Taking Surveys

Jane Smith

• Step 1: Click on your Participant.



• Step 2: Click on the appropriate study.

© Back to participant list	
Jane Smith V 🖄 5-May-2000	® Search Studies
Enrolled Studies Click a study to see the list of surveys. Click the 1 icon to see more information about the study. Click "Search Studies" above to find additional studies.	 𝔅 Shortcuts 𝔅 I 𝔅 I
English LGMD2A/Calpainopathy Registry ③ Coalition to Cure Calpain 3 Consented Ý 1 pending surveys	论 Notifications (0) No new notifications.

• Step 3: Click "Take Survey" for an available survey.

© Back to study list	
Jane Smith V 2 5-May-2000	
LGMD2A/Calpainopathy Registry	
Surveys 🏦 1 pending	All (1) Complete (0) Pending (1)
0% Getting Started Not Started	Take Survey

View Responses and Reports

• Step 1: Once you have submitted a survey, you are able to view your responses to that survey as well as the graphs for any questions that are programmed to show graphs. Click "View Responses" to see your completed survey. Click "Reports" to see any available graphs.

\odot Back to study list	
Jane Smith V C 5-May-2000	
LGMD2A/Calpainopathy Registry Surveys 🌲 6 pending	All (7) Complete (1) Pending (6)
Getting Started Completed on 28-Mar-2025	© View Responses ① └~ Reports

View Consent and Opt-Ins

• Step 1: Once you have consented to the study, you are able to view your consent at any time. Navigate to the Enrolled Studies page. Then, click "Consents/Opt-Ins" to see your consent and opt-ins

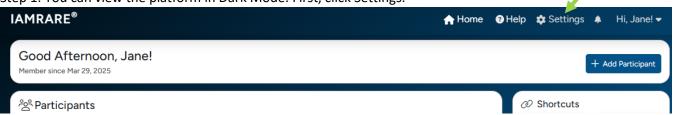
🕙 Back to participant list		
Jane Smith V 2 5-May-2000		® Search Studies
	@ Shortcuts	
Click a study to see the list of surveys. Click the 🚯 icon to see more information about the study. Click "Search Studies"	$\stackrel{\rightarrow}{\leftarrow}$	1©1
above to find additional studies.	Request Transfer	Consent/Opt-Ins

• Step 2: You may revoke your consent at any time by clicking "Revoke". You may also edit your Opt-ins by clicking "Opt-Ins".

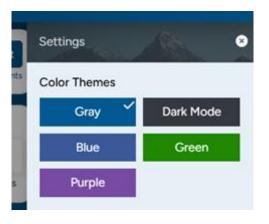
€ Back to study list			
Jane Smith V 🖉 5-May-2000			
쑫 Consents/Opt-Ins			
Study Name	Consent Status	eq Consented On	Actions
LGMD2A/Calpainopathy Registry	✓ Consented	28-Mar-2025	Ø View Consent S Revoke

Dark Mode Settings

• Step 1: You can view the platform in Dark Mode. First, click Settings.



• Step 2: Select Dark Mode.



• Step 3: Exit the Settings menu, and your selection will be saved.

	Settings	×
s	Color Themes	
	Gray	Dark Mode 🗸
	Blue	Green
J	Purple	

Display Settings

•

Step 1: You can change the platform display settings. First, click Settings.



• Step 2: Select a color theme, a font size, or language preference.

٦	Settings	i Na			*
nts	Color Theme	s			
	Gray	~	Da	ark Mode	
1	Blue			Green	
s	Purple				
	Font Size				
	Small	Med	lium	Large	
	Language Preference				
	English	Espa	añol	Françai	s

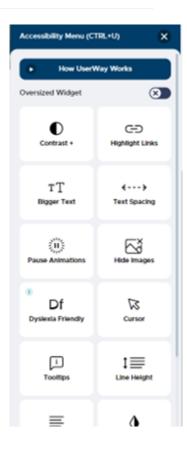
• Step 3: Exit the Settings menu, and your selection will be saved.

Microsite Visibility

• Step 1: You can change how you view the microsite (Igmd2a.iamrare.org) using an Accessibility menu. Click the icon of a person at the bottom of the screen. You are able to change the settings such as the contrast, text sizing, and text spacing.

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Need Assistance?

- Step 1: If you need help while using the platform, click Help.
- Step 2: Select an Inquiry Type and type a message.

Have a question? Hasse enter your message below and click submit. We will be in touch shortly. We cannot provide medical advice or answer specific medical questions - to find out about resources to support people with your rare disease, please visit the NORD website at <u>rarediseases org.</u> Inquiry Type * Select Inquiry Type Message * Your message		A Home	• Help
submit. We will be in touch shortly. We cannot provide medical advice or answer specific medical questions – to find out about resources to support people with your rare disease, please visit the NORD website at <u>rarediseases.org</u> . Inquiry Type • Select Inquiry Type • Message •	Have a question	1?	×
provide medical advice or answer specific medical questions – to find out about resources to support people with your rare disease, please visit the NORD website at <u>rarediseases.org</u> . Inquiry Type • Select Inquiry Type • Message •			
visit the NORD website at <u>rarediseases org.</u> Inquiry Type *Select Inquiry Type	provide medical advice or	answer specific	
- Select Inquiry Type v Message *			
Message *	Inquiry Type *		
	- Select Inquiry Type		
Your message	Message *		
	Your message		
Cancel Submit		1	

- Step 3: Click Submit.
- You may also contact the study sponsor directly by using the contact information shown on your dashboard or the study website.

© View Responses ① └── Reports	Coalition to Cure Calpain 3			
	Contact Phone Jennifer Levy 203-429-4383			
🖉 Take Survey	E-mail Registry@CureCalpain3.org			
🖉 Take Survey	IRB E-mail info@northstarreviewboard.org			
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