SCHULMAN APPROVED
IRB #201407047
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Patient Information and Authorization for Use/Disclosure of Data Addendum

FOR PATIENTS ON HUMIRA® WITH OR WITHOUT IMM THERAPY AT ENROLLMENT

A Long-Term Non-Interventional Registry to Assess Safety and Effectiveness of HUMIRA® (Adalimumab) in Patients with Moderately to Severely Active Ulcerative Colitis (LEGACY)

Investigator:	Satinder Gill, MD
Investigator Address:	Emeritas Research Group 19455 Deerfield Ave., Suite 201 Leesburg, Virginia 20176
Telephone Number**:**	(703) 268-3542 - 24- hour number (703) 723-3670 - office number

Dear Study Subject,

You are currently a participant in the above non-interventional (observational) registry study which aims to collect information on approved medications for ulcerative colitis (UC) under real life conditions. Prior to enrolling in this study, you were informed about the study details and you signed a form entitled "*Patient Information and Authorization for Use/Disclosure of Data*." By signing that form, you agreed to participate for 10 years in this study.

This addendum is to inform you of the following new information:

- If you have any questions or notice anything different about your Humira® medication (if prescribed), contact your physician immediately for further instructions prior to taking your dose.

All other elements of your original consent form remain unchanged except as defined in this Patient Information and Consent Form Addendum.

CONTACT FOR FURTHER INFORMATION:

You will receive a copy of this Addendum.

If you have any questions or concerns about any aspect of this study, you may obtain additional information at any time during the study by contacting the doctor listed on page one of this authorization form.

If you have any questions about your rights as a patient participating in a registry study, and/or concerns or complaints regarding this registry study, you should write to Schulman Institutional Review Board, Inc. 4445 Lake Forest Drive - Suite 300, Cincinnati, Ohio 45242, or call toll-free 1-888-557-2472 during business hours Monday - Friday 8:00 a.m. to 6:00 p.m. EST.

_____	_____
Subject Printed Name	Doctor Printed Name
_____	_____
Signature and Date	Signature and Date