

Participant User Guide

Register for an Account

- Step 1: Select the appropriate Account Type. If you need more information to help you choose, click "Not sure? Help me choose".
 - If you have a diagnosis of ocular melanoma, select **Participant Account**.
 - If you are entering information for someone else who has ocular melanoma or you have ocular melanoma and are also entering information for yourself), select Caregiver Account.
 - If you are entering information for an ocular melanoma patient who has passed away, select **Caregiver Account**.



Select Account Type

I have a rare disease, condition, and/or diagnosis.

Participant Account

I am a family member or guardian of someone with a rare disease.

Caregiver Account

Return to login

Not sure? Help me choose.

• Step 2: Read the Terms and Conditions and Privacy Policy and attest to the statements provided. When you are finished with this page, click "Next".

1779 MASSACHUSETTS AVENUE NW, SUITE 500 WASHINGTON, DC 20036 T 202-588-5700 • F 202-588-5701 55 KENOSIA AVENUE DANBURY, CT 06810 T 203-744-0100 = F 203-263-9938 1900 CROWN COLONY DRIVE, SUITE 310 QUINCY, MA 02169 T 617-249-7300 ■ F 617-249-7301

rarediseases.org • orphan@rarediseases.org

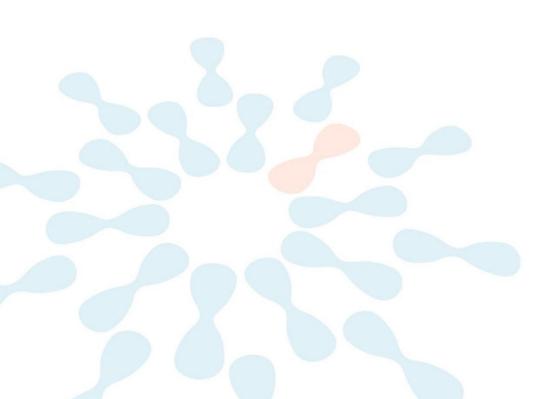


- You agree to support the Platform's research activities by providing truthful, appropriate information and to not do anything that will put the Services or the information in the Platform at risk. *
- You understand that NORD will use reasonable efforts to keep the information you enter on the Services safe, but no data transmissions over the Internet can be guaranteed to be 100% secure. The information you provide will be available to authorized users at NORD for platform maintenance and research activities, as well as to the sponsor of the studies you consent to participate in. *

Vou agree to the Terms and Conditions & Privacy Policy *

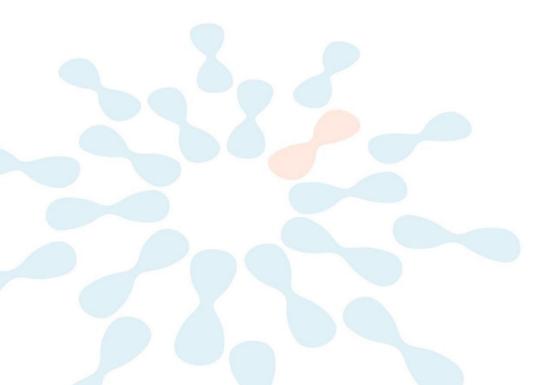
Return to login





• Step 3: Enter your personal information in the spaces provided. When you are finished with this page, click "Next".

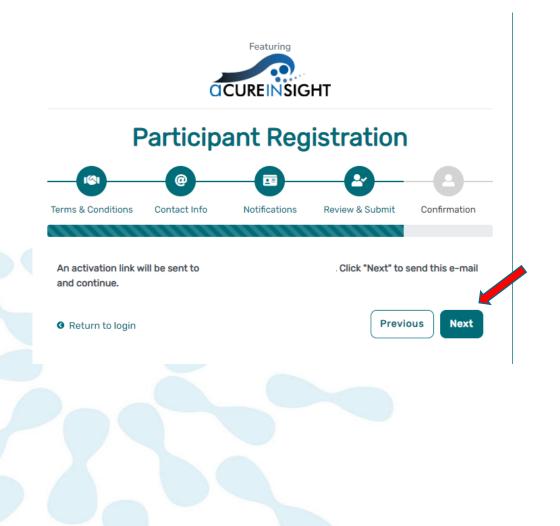
Participant Registration						
				0		
Terms & Conditions	Contact Info	Notifications	Review & Submit	Confirmation		
Country of Resider United States First Name *	nce *	Last Na	me *	~		
Jane		Doe				
E-mail *						
jane@email.co	m					
• Return to login			Previ	ous		



• Step 4: Select whether you are interested in being contacted by NORD regarding available studies. When you are finished with this page, click "Next".

Featuring						
Participant Registration						
	@			-0-		
Terms & Conditions	Contact Info	Notifications	Review & Submit	Confirmation		
I am interested in N • Yes • No	IORD contacting m	ne regarding availab	ole studies. *			
8 Return to login			Previe	Next		

• Step 5: Select "Next" so that an activation link is sent to your e-mail to complete registration.



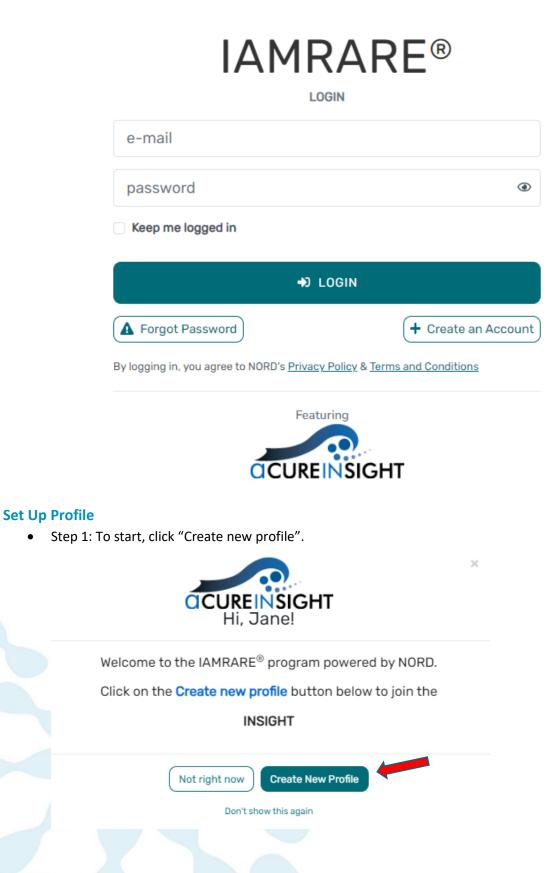
• Step 6: Click the link you are sent via e-mail. Please check your Spam folder if you do not see the e-mail. You will be taken to the following screen in a new tab within your browser. Set your password and click "Submit".

E-mail Validation	
Your e-mail your.email@email.com has been success Please create your password below.	sfully validated.
assword	
Password	
A password must be at least 8 characters long:	×
- contain 1 uppercase letter	×
- contain 1 lowercase letter	×
- contain 1 digit - not contain text from top 1000 commonly used passwo	ords ×
apeat Password	
Repeat Password	
SUBMIT	

• Step 7: Your validation is now complete. Select "Go to Login Page".

	E-mail Validation	
7	Registration is complete! You can now log in.	
	GO TO LOGIN PAGE	Con S
		-

• Step 8: Log in using your new e-mail and password.



• Step 2: Fill out the Participant Profile.

Preferred First Name *	Current Last Name *
Jane	Doe
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 *
Last Name on Birth Certificate	mm/dd/yyyy
Country of Residence • United States v Country of Birth •	State/Province/Region of Residence • City/Municipality of Birth •
	City/Municipality of Birth
Choose country of birth •	
Choose country of birth	

Consent to the Study

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



Would you like to consent to participate in the **INSIGHT**?

Not right now

Yes, complete consent for this study.

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• Step 2: Scroll down and read through the consent form thoroughly. Once you finish reading and 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 "Continue to Opt Ins."

Consent to INSIGHT

An institutional inverse board (ind) rais inversed this registry to instance that it mens athreating registry standards for protecting your rights. An into is an independent group that reviews heard they project participants. For questions about those protections and your rights as 30x0/ Participant in this Registry, and discuss other study related concerns or complaints with someone who is not part of this Registry team, please contact North Star Review Board at 877-673-6439 (bit fine) or infogenorthstarreviewboard.org. You may want to contact the Bit :	
You have questions, concerns, or compaints that are not being answered by the research team. You are not getting answerer form the research team. You cannot reach the research team. You want to talk to someone elies about the research. You want to talk to someone elies about the research subject.	
Please do not sign this form unless you have had all your questions answered.	
Authorization	
This is a web-based form, and Lunderstand that, by answering Yes to all of the following questions. I will be giving my consent on the Study Participant's behalf to participate in INSIGHT: A Global Ocular Melanoma Registry, just as if I had signed my name to a paper document. I also understand that after signing, a copy of the consent form will be emailed to me and i will be able to download a signed copy.	
I have read (or someone has read to me) 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 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 INSIGHT: A Global Ocular Melanoma Registry for the purposes described above under Study Aims.	
Visible to provide the Study Participant's research data that has been pseudonymized to the INSIGHT: A Global Ocular Melanoma Registry for future research within recognized ethical standards for scientific research, as described under How We Use Your Data.	
I have explained the study to the Study Participant to the extent they are able to understand, and the Study Participant has given their assent to participate in this study.	
Continue to Opt-ins	

• Step 3: Click the boxes to select opt-ins and then click Save and Review.

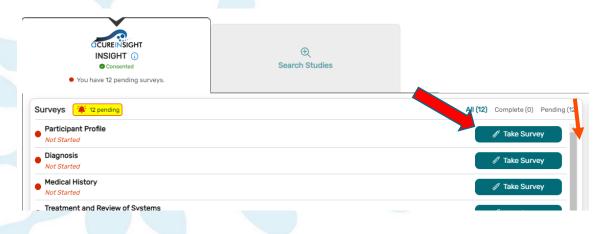
Opt-Ins for INSIGHT

Select Opt-Ins for this study

- Interest in hearing about other studies from A Cure In Sight
- Interest in hearing about clinical trials you may be eligible for
- Interest in donating specimens or DNA (biobanking) for future research



• You will now have access to take surveys.



View Responses and Reports

• 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.

