Dear Volunteer,

This document has been prepared to provide information required for your participation in a bioavailability/bioequivalence study. Please read this information and clarify if you have any queries before you decide to participate in the study.

- This is a research based study. You are being asked to participate in this research study.
- Take all the time you need to read and understand the information, before agreeing to participate in this study.
- If you are not able to understand any part of this document, please feel free to get your doubts clarified. An oral presentation of this document will also be held in the language you understand.
- Please sign the informed consent forms (A and B) and submit it for our records. You will be provided a copy of the same for your reference and record.
- During your participation in the clinical study, you will act as an independent individual, and not as an agent, partner or an employee of Ranbaxy Laboratories Limited.

PURPOSE OF THE STUDY

Bioavailability is the amount of a drug that becomes available in the body (eg: blood, urine) after consuming the drug. Two drugs are said to be bioequivalent if the amount of drug in the body (eg: blood, urine) are similar after consuming the drugs.

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Bioequivalence has to be proven between the marketed drug named reference and the generic drug (to be marketed) named test. Government agencies check the details of the results from the bioequivalence studies. When they are convinced that the two drugs are similar (bioequivalent), the test drug may be approved for marketing.

**GENERAL PROCEDURE OF A BIOAVAILABILITY/BIOEQUIVALENCE STUDY**

Given below is a general explanation of how a bioavailability/bioequivalence study is conducted.

You will be admitted to the study if you pass the screening tests and provide a written informed consent. On day of admission, breath test for alcohol, drug of abuse in urine and or other tests if required by the protocol will be done in each period. Baggage and pocket(s) will be checked prior to admission and you are not allowed to carry alcohol, xanthine, tobacco, cigarette, illicit drug, medicine in any form, any eatables (solid and liquid) and any electrical or battery operated appliances other than wrist watch and mobile phone without camera. You will be provided with Ranbaxy volunteer uniform(s) during your in-house stay. During your participation in this study, you will be provided lockers to keep your belongings and an identity card which will be required to be displayed during in-house stay. You may be monitored (e.g. through Close Circuit TV-camera) during your stay at CPU.

During the stay in the unit you will be provided standardized meal. (For detailed meal plan refer to study summary in INFORMED CONSENT FORM - B).

You will be required to consume one of the study drugs (either the test or reference) in each period.

As per protocol, blood samples will be collected at pre-determined time intervals in vacutainers (tubes) through a disposable needle and cannula which will be inserted into a blood vessel and kept fixed at the site. To prevent the needle from getting blocked, solution of heparin (which is a normal body constituent) will be added. Half milliliter of heparinised blood will be discarded before sample collection. Alternatively, blood

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samples may also be collected, directly with a sterile disposable needle and syringe. The collected samples will be processed and stored appropriately for further analysis. (Please refer to INFORMED CONSENT FORM - B for Sample collection time points.)

As per the study requirement other biological specimen (e.g.: Urine, Stool, Sputum samples etc) may be collected at predetermined time intervals.

Pain, swelling and/or numbness of the arm may occasionally result from the blood collections during the study. This procedure may also occasionally cause light headedness or fainting. These reactions are usually of short duration and are reversible.

After the completion of in-house stay, you will be discharged, with information to return on a specific date at a specific time for the subsequent period(s) of the study or for walk-in samples (ambulatory samples or for end of study safety sample), vital signs measurement and adverse event monitoring, if required.

Similar procedures will be followed in the subsequent period(s) except for the informed consent procedure.

RESTRICTIONS TO BE FOLLOWED

If you participate in this study as a subject, you will be required to follow certain restrictions:

You will not be allowed to have tea, coffee, chocolates and cola during your stay in the unit. For 48 hours prior to admission and during the course of the study till last sample collection for pharmacokinetic analysis, you must not consume any alcohol or any products that contain alcohol (beverages, marinades, medicines, etc), grapefruit juice and / or grapefruit supplements. You must not have taken any medication including over the counter (OTC) medications 30 days before and throughout the study. Drinking water will be restricted before and after consuming the drug. Posture restriction will also be enforced after dosing. (For specific details of restrictions related to drinking water and posture, refer ICF - B).

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BENEFITS

Since you do not require treatment with the study drug(s), you will receive no medical benefit from this study, other than the benefit of a free health check-up and the satisfaction of serving the interests of human beings in poor health.

NEW FINDINGS

Any new and important information which may be discovered during the study which may influence your willingness to continue in the study will be made available to you as soon as possible.

ALTERNATIVE TREATMENT

Since this study is for research only and the alternative would be not to participate.

INSURANCE POLICY

You are insured under the insurance policy no. OG-11-1113-3306-00000009 of Bajaj Allianz and you will be compensated in case of a trial related injury.

MAINTENANCE OF DISCIPLINE

You are expected to follow certain rules of the CPU and maintain discipline during your stay in the unit. In case you do not behave properly in the CPU you will be withdrawn from the study without any payment and/or excluded from participating in all future studies.

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DETERMINATION OF FINANCIAL COMPENSATION DUE IN CASES NOT COMPLETING THE STUDY

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Compensation</th>
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<tbody>
<tr>
<td>1</td>
<td>Withdrawn from the study by the Investigator on objective medical grounds to</td>
<td>On pro-rata basis</td>
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<tr>
<td></td>
<td>safeguard your health, before administration of study drug</td>
<td></td>
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<tr>
<td>2</td>
<td>Withdrawn from the study by the Investigator on objective medical grounds to</td>
<td>Full payment on completion of study/</td>
</tr>
<tr>
<td></td>
<td>safeguard your health, after administration of study drug</td>
<td>follow-up visits</td>
</tr>
<tr>
<td>3</td>
<td>Dropped-out of the study, on your own accord, after administration of study</td>
<td>On pro-rata basis</td>
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<tr>
<td></td>
<td>drug</td>
<td></td>
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<tr>
<td>4</td>
<td>Dropped from the study on compassionate grounds, with the permission of</td>
<td>On pro-rata basis</td>
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<td>Investigator</td>
<td></td>
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<tr>
<td>5</td>
<td>Withdrawn from the study by the Investigator due to your failure to comply</td>
<td>On pro-rata basis</td>
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<td>with the requirements of the study</td>
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<tr>
<td>6</td>
<td>Withdrawn from the study by the Investigator because of your wilful withholding</td>
<td>No payment</td>
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<td>of information regarding your past or present medical illness(es) relevant to</td>
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<td>the study and your misbehaviour during the study</td>
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<td>7</td>
<td>Non-compliance with the prescribed time-schedule for the follow-up visit</td>
<td>50% of the payment due for that visit</td>
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<td>(where applicable)</td>
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CONFIDENTIALITY

Records of your participation in this study will be confidential so far as permitted by law. However, the confidential data which identifies you by name will be available to the study personnel, Corporate Quality Assurance Auditor during audits and to the

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Institutional Review Board (IRB) & various regulatory agencies, as it becomes necessary. Any publication of the data will not identify you by name. Investigator’s representatives/designates shall act as data custodian for this study till it is sent for archiving.

MEDICAL TREATMENT FOR INJURY

In case of study related side effect(s), medical care will be offered at the Clinical Pharmacology Unit and treatment of side effect or event requiring hospitalization will be carried out at a nearby hospital and the expenses will be borne by Ranbaxy Laboratories Limited

VOLUNTARY NATURE OF PARTICIPATION

Your participation in this study is entirely your choice. Whether you choose to participate or not will not involve any penalty or affect your selection for any future studies. You may also stop participating in the research at any time you wish. It is your choice and all your rights will be respected.

Note: The Investigator can stop your participation in the study if the following are known- it appears to be harmful to your health; you fail to fulfill study requirements; you have withheld information related to your health record; the study is cancelled.

In case of emergency you can also call the study personnel by pressing the emergency bell which is available in the ward and toilet areas.

CONTACT DETAILS

At any time before, during or after the study, you can obtain further information about this study. In case of medical emergencies during the study, or if you have any urgent questions or queries concerning discomfort or injury associated with the study, please contact, Investigator at Ranbaxy Clinical Pharmacology Unit, Majeedia Hospital 2nd Floor, Hamdard Nagar, New Delhi 110 062, Telephone: 2995-6721.

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If you have questions regarding your rights as a research subject, you may call Dr. Farhan Jalees Ahmad, Convener/Member Secretary, Jamia Hamdard Institutional Review Board (Telephone number 9810720387).

Note: You may also consult your family doctor at any time during the study.

Signature of Volunteer____________________
Single dose three-way crossover bioavailability study on Amoxicillin extended release tablets 775 mg in healthy adult human subjects under fed condition

This document provides information regarding this bioavailability study. Please read this information and clarify if you have any queries before you decide to participate in this study. If you agree to participate please sign the document and submit for our records.

INTRODUCTION

Amoxicillin is a semi-synthetic antibiotic, an analog of ampicillin, with bactericidal activity against gram-positive and gram-negative microorganisms. Amoxicillin exerts its bactericidal action against susceptible organisms during the stage of multiplication. It acts through the inhibition of biosynthesis of cell wall mucopeptide. Amoxicillin is a penicillin-class antibacterial indicated for the treatment of tonsillitis and/or pharyngitis secondary to Streptococcus pyogenes (S. pyogenes) in adults and pediatric patients 12 yrs and older.

In this three period study two batches of Amoxicillin extended release tablets 775 mg of Ranbaxy Laboratories Limited, India will be compared with MOXATAG™ (Amoxicillin extended release tablets) 775 mg of MiddleBrook Pharmaceuticals, Inc., Germantown, Maryland 20876 USA in 15 healthy, adult, human subjects under fed condition.

Dosage

The recommended dose of amoxicillin extended release tablets is 775 mg once daily taken within 1 hour of finishing a meal for 10 days. The full 10-day course of therapy
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should be completed for effective treatment of tonsillitis and/or pharyngitis secondary to S. pyogenes.

ADVERSE EVENTS

The most frequently reported adverse reactions (≥ 1%) which were suspected or probably related to amoxicillin extended release tablets in patients are diarrhea, nausea, vomiting, abdominal pain and headache.

In a single and multiple dose pharmacokinetics study conducted on 20 healthy male and female subjects with amoxicillin extended release tablet 775 mg, the most common adverse event was headache, reported by 6 (30%) of subjects. The majority of adverse events were mild in severity. There were no clinically significant laboratory abnormalities.

In a Phase I bioequivalence study conducted on 26 healthy male and female subjects with single dose of amoxicillin extended release tablet 775 mg, the adverse events reported were pain, diarrhea, nausea, headache and dizziness.

Note:

You can participate in this study if you:

- Have hemoglobin level ≥13.0 g/dL (for males) and ≥12.0 g/dL (for females).

You cannot participate in this study if you:

- Have history of hypersensitivity to Amoxicillin or related group of drugs.
- Have history of recurrent headache.
- Have history of nausea, vomiting, abdominal pain and/or diarrhea in the week preceding the study.
- Have history of drug-induced rash and/or pruritis.

Note: (For female volunteer only):

You can participate in this study if you are

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- Of childbearing potential, is practicing or willing to practice an acceptable method of birth control for the duration of the study as judged by the investigator(s), such as condoms, foams, jellies, diaphragm, intrauterine device (IUD), or abstinence; or
- Are postmenopausal for at least 1 year; or
- Are surgically sterile (bilateral tubal ligation, bilateral oophorectomy / hysterectomy).

You cannot participate in this study if you are
- Demonstrating a positive urine pregnancy test prior to admission of period I.
- Currently breast-feeding mother.

Caution:
- Avoid operating machines or driving vehicles during the entire conduct of the study.
- If you feel unwell or experience any uneasiness, please bring to the notice of the Medical Officer/Nurse/staff on duty immediately.
- Female volunteers are advised to use acceptable method of birth control for the duration of the study, such as condoms, foams, jellies, diaphragm, intrauterine device (IUD), or abstinence.

NUMBER OF SUBJECTS: Fifteen (15)

INSURANCE POLICY

You are insured under the insurance policy no. OG-11-1113-3306-00000009 of Bajaj Allianz and you will be compensated in case of a trial related injury.

CONTACT DETAILS

At any time before, during or after the study, you can obtain further information about this study. In case of medical emergencies during the study, or if you have any urgent questions or queries concerning discomfort or injury associated with the study, please contact Principal Investigator/medical officer at Clinical Pharmacology Unit, Ranbaxy

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Laboratories Limited, Majeedia Hospital 2nd Floor, Hamdard Nagar, Delhi, India. Telephone no.: (011-2995-6721) (office).

If you have questions regarding your rights as a research subject, you may call Dr. Farhan Jalees Ahmad, Convener/Member Secretary, Jamia Hamdard Institutional Review Board (JHIRB), Telephone number 9810720387

**Note:** You may also consult your family doctor at any time during the study.

**FINANCIAL COMPENSATION**

You shall be adequately compensated on account of your participation in the study as per the guidelines issued by the JHIRB. The compensation in this study will be Rs. 4500/- (Rupees four thousand five hundred) per subject, which will be paid proportionately for participation at the end of each period of the study. This is to compensate you for your discomfort and inconvenience. From the period I payment, a sum of Rs. 500/- will be deducted and given to you after satisfactory resolution of the end of the study safety assessment.

In addition, as a token of appreciation- a sum of Rs 1800/- (Rupees one thousand eight hundred only) will be paid to only those subjects who complete the study successfully or are withdrawn from the study by the Investigator for reasons other than protocol violation by the subject.

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STUDY SCHEDULE

| Sampling schedule | : Each blood sample of 4 ml Predose (duplicate) and at 0.500, 1.000, 1.333, 1.667, 2.000, 2.250, 2.500, 2.750, 3.000, 3.250, 3.500, 3.750, 4.000, 4.333, 4.667, 5.000, 5.500, 6.000, 8.000, 10.000, 12.000, 16.000, 20.000 and 24.000 hours post-dose in each period. |
| Total blood volume | : Total of 372 ml (Note: extra blood sample may be collected if required for safety). The volume of blood collected from pre-dose blood sample till first 24 hours post-dose in each period shall be 116 mL. | : Ambulatory Visit | : None |
| Housing | : Approximately 11 hours prior to dose until 24 hours post-dose. | Washout Period | : At least seven (07) days |
| Meal schedule | : You will be served dinner on admission night at approximately -10.5 hours of dosing. You will be served high-fat breakfast [consisting of White Bread 84 gms with butter 10 gms, Paneer Bhurji (Paneer 100 gms, Onion 20 gms, Tomato 20 gms and Oil 5 gms), Salted Peanut 15 gms and 200 mL of whole milk with 5 gms of sugar; Total 930 K calories] 45 minutes before dosing in each period. Lunch, snacks and dinner will be provided at 4, 9 and 13 hours post dose respectively. | Restrictions | : You shall be required to fast at least 10 hr before starting the high-fat breakfast. You will be dosed while seated and will be remain seated or ambulatory for the first 2 hours following each drug administration. Drinking water will not be allowed from 1 hour before dosing until 2 hours post dose except 240 ml of water given during administration of the dose. Thereafter, drinking water will be allowed at all times. |
| Clinical Safety Measurements | : Vital signs – Vital signs (oral temperature, sitting BP and radial pulse) measurement will be performed after admission, prior to dosing (within 2.0 hours) and at 2, 6 and 24 hours post dose (within ±2.0 hours) in each period. Adverse event monitoring will be done after admission, prior to dosing and at approximately 2, 6, and 24 hours post dose in each period. Brief Clinical examination: will be done after admission and before discharge in each period. Laboratory parameters of biochemistry and hematology will be repeated at the end of the study at 24 hours post dose of Period III in case you have been administered study drug. Additionally, urine pregnancy test (for female volunteers only) will be carried out at this time point. However, in case the subject does not report at the scheduled visit or if it is deemed necessary to delay the assessment of lab parameters for medical reasons, the laboratory parameters will be repeated at any subsequent visit. In case laboratory | Signature of Volunteer_______________________ |
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| Treatments | Reference (R): MOXATAG™ (Amoxicillin extended release tablets) 775 mg of MiddleBrook Pharmaceuticals, Inc., Germantown, Maryland 20876 USA. Test (A and B): Amoxicillin extended release tablets 775 mg of Ranbaxy Laboratories Limited, India. |
| Dose | Either of test (A or B) or reference (R) products containing Amoxicillin extended release tablets 775 mg will be administered with 240 mL of drinking water, 45 minutes after the start of a high fat breakfast, at an ambient temperature under supervision of trained study personnel in each period. |

DECLARATION

I hereby declare that:

- My participation in this study is voluntary.
- This study is a research project and provides me no medical benefits.
- I have the right to be provided with answers to questions arising during the course of the study.
- I will be provided any significant new findings coming to light during the research investigation.
- I can withdraw from the study at any time without prejudice to future medical care or selection for future studies.
- I can be withdrawn from the study at any time if I violate the study protocols or to protect my health.
- I have read and understood the Informed consent form and have no problem(s) in complying with the study protocol.
- My reference number with respect to volunteer enrolment of Ranbaxy Laboratories Ltd. is RLL_MAJ_______________________________
- I currently require no medical treatment or care.
- I have withheld no information regarding my past medical history and current drug intake.

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- I have read the consent form and any questions I had about the study, possible side effects or the consent form, have been answered to my satisfaction.

- I voluntarily give my consent for my personal data related to any information relating to me, as I have provided in the enrollment form, or as it is generated during screening and study procedures, including identification number, or factors specific to my physical, physiological, mental, economic, cultural or social identity, to be processed as required for the study requirements. I also voluntarily give my consent for the processing of data.

- I am aware that my biological samples shall be anonymized or destroyed as per the requirements of the procedures of the study.

- It is my right to obtain information at reasonable intervals and without excessive delay regarding whether or not data relating to me are being processed.

- It is my right that, unless required by law, or while fulfilling a contract, with suitable measures to safeguard my legitimate interests: “No automated processing of my personal data shall be done which makes me subject to a automated decision, produces legal effects concerning me or significantly affects me.”

- “No automated processing of my personal data shall be done to evaluate certain personal aspects relating to me, such as my performance at work, creditworthiness, reliability, conduct, etc.”

- During the past 90 days I have not participated in any experimental studies conducted here or elsewhere.

- I will maintain discipline during my stay at the Jamia Hamdard campus.

- If I have any further questions regarding this research study or in the event of research related injury, I may contact Investigator (011-2995-6721) or Dr. Tausif Monif, Study Director (91-124- 4231001). I may contact Dr. Farhan Jalees Ahmad, Convener/Member Secretary, Jamia Hamdard Institutional Review Board (Telephone number 9810720387), if I have any questions regarding my rights as a volunteer.

- My signature confirms that consent is based on information provided and that I had freely chosen to participate without prejudice.

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Volunteer’s Signature & Date/ Thumb impression*

Impartial witness’s Signature & Date*

Impartial witness’s Name and his/her relation with Volunteer

I hereby declare that I have no relation with Ranbaxy

Signature of Person Obtaining Consent & Date

Investigator’s Signature & Date

* In case of illiterate volunteer

Declaration: I have received the signed copy of this ICF (FORM A and FORM B)

Volunteer’s signature & Date ………………………………………