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 are entering information for **someone else** who has Schaaf-Yang Syndrome, select **Caregiver Account**.
 - If you have a diagnosis of Schaaf-Yang Syndrome, select **Participant Account**.

R E	turing BAL F-YANG SYNDROME GISTRY COUNT Type	
l 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".

	I.	R E G I S		
	Caregiv	ver Regi	stration	
		-0-	-Q-	-8-
Terms & Conditions	Contact Info	Notifications	Review & Submit	Confirmation
platform, and 4) I Acknowledgemer You are at lea able to conse for. • You agree to s	nformation about ho hts: st 18 years of age, th nt on behalf of yours support the Platform	w to address ques ne age of majority i self and/or an indiv n's research activiti	utlining the unaccept tions and issues. In your state, province ridual that you have le ies by providing truth Services or the inform	or country, and gal responsibility ful, appropriate
Platform at ris	sk. •		ts to keep the informa	
the Services a 100% secure.	safe, but no data tra The information you stenance and resear	nsmissions over th provide will be ava	e Internet can be gua ailable to authorized u ell as to the sponsor of	ranteed to be sers at NORD for
You agree to t	he Terms and Condi	tions & Privacy Po	licy *	
				Next

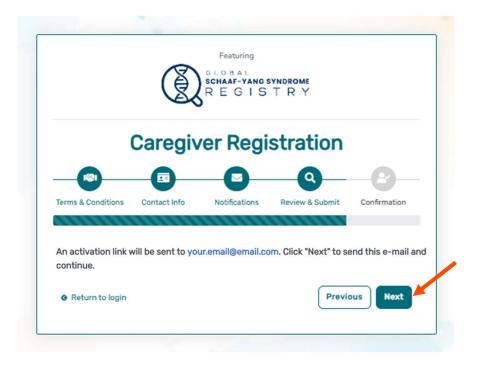
• Step 3: Enter your personal information in the spaces provided. When you are finished with this page, click "Next".

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Country of Residence • First Name •	Last	Name •	
Country of Residence • First Name • First Name	Last	Name •	

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

Registration
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ications Review & Submit Confirmation
ing available studies. *

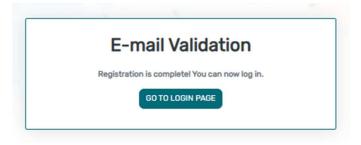
• Step 5: Select "Next" so that an activation link is sent to your e-mail to complete registration.



• 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 has been successfully validated.	
Please create your password below.	
Password	
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 passwords	×
Repeat Password	
Repeat Password	
SUBMIT	

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

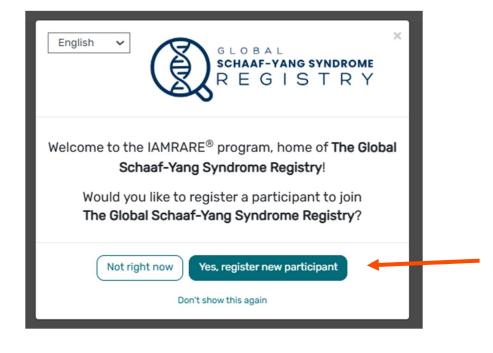


• Step 8: Log in using your new e-mail and password.

e-mail	
password	œ
+) I	LOGIN
→) L	LOGIN + Create an Accoun
	+ Create an Account
Forgot Password By logging in, you agree to the <u>Privacy Pol</u>	+ Create an Account

Add a Participant

• Step 1: To start, click Yes, register new participant. This will be the person with Schaaf-Yang Syndrome.



• Step 2: Fill out the Participant's information. This is the person with Scaaf-Yang Syndrome.

Add Participant

irst Name on Birth Certificate • First Name on Birth Certificate • Date of Bi Last Name on Birth Certificate • Date of Bi Last Name on Birth Certificate • ex Recorded on Birth Certificate • ⑦ country of Residence • ⑦ Choose country ountry of Birth • Choose country of birth * ountry of Birth • Choose country of birth * ountry of Birth • Choose country of birth * OR © Upload Your Own Image	Last Name ne on Birth Certificate * ' if none th * ③
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CANCEL	

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Consent to the Study

• Step 1: Click on "Yes, complete consent 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 The Global Schaaf-Yang Syndrome Registry Answered 0/7 questions Consent for a Person with a Legally Authorized Representative (Caregiver) Title: Global Schaaf-Yang Syndrome Registry Principal Investigator: Theresa Strong, PhD, Director of Research Programs Phone: (205) 936-4382 Email: info@sysregistry.org Sponsor: Foundation for Prader-Willi Research Key Information You are invited to take part in a research study for individuals with Schaaf-Yang syndrome (SYS) 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 questions. Things you should know: We are doing this research to: • better understand SYS including its progression and symptoms over time · develop a contact registry to be able to notify the SYS community about research studies and clinical trials develop best practices for SYS clinical care · identify research questions and areas of unmet need If you choose to participate on behalf of the participant, you will be asked to complete web-based surveys online. This will take approximately 1-2 hours to complete. There are no foreseeable risks of physical harm from participating in the study. The registry surveys may ask questions about the impact of SYS on life-experience, economic status, mood, and other topics that some participants may find unpleasant. Participating in our study may not help the Study Participant (the person with SYS) directly, but your time and information may help others with SYS in the future. Previous Next

Consent to The Global Schaaf-Yang Syndrome Registry	
Answered 2/7 qu	Jestions
Authorization	Ĩ
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.	
fou 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;	
The you wan option to the study reactions due to the tagent for the purposes of the study. That you wan option 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.	
his 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 Global SYS Registry on behalf of the Study	
articipant. After signing, a copy of the consent form will be e-mailed to you. If you cannot comfortably answer "Yes" to these statements, please do not check the consent boxes in the following section.	
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 Global SYS Registry have been answered my satisfaction, and I understand the purpose of the registry and the risks of participation.	to
V I wish to provide the Study Participant's research data to the Global SYS Registry for the purposes described above under Study Aims.	
Previous	xt

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

Consent to The Global Schaaf-Yang Syndrome Registry	×
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.	Answered 7/7 questions
	Previous Continue to Opt-Ins

• 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".

Opt-Ins for The Global Schaaf-Yang Syndrome Registry	×
Select Opt-Ins for this study	
Interest in hearing about other studies from SYS by Foundation for Prader Willi Research	I
Interest in hearing about relevant clinical trials	I
Interest in donating specimens or DNA (biobanking) for future research	
Interest in genetic testing	I
	Save and Review

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

ENROLLED STUDIES		
English	€ Search Studies	
Surveys 🎼 5 pending		All (5) Complete (0) Pending (5)
Welcome Survey 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.

ENROLLED STUDIES		
English English English English English The Global Schaaf-Yang Syndrome Registry Consented • You have 4 pending surveys.	€ Search Studies	
Surveys 4 pending		All (5) Complete (1) Pending (4)
Velcome Survey Completed on 14-Jan-2025	-	⊘ View Responses ●∠ Reports
Demographics and Contact Information Not Started		🖉 Take Survey

View Consent and Opt-Ins

• Step 1: Once you have consented to the study, you are able to view your consent at any time. Click "Consents/Opt-Ins" to see your consent and opt-ins. You may revoke your consent at any time by clicking "Revoke". You may also edit your Opt-Ins by clicking "Opt-Ins".

	YOUR PARTICIPANTS	CONSENTS/OPT-INS				
	Bob Smith ^	Study Name	Consent Status	Consented On	♦ Actions	K
	Reminders O	The Global Schaaf-Yang Syndrome Registry	✓ Consented	14-Jan-2025	Ø View Consent	⊗ Revoke
	E Reports					

Dark Mode Settings

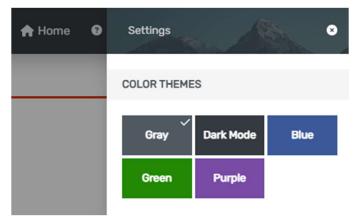
• Step 1: You can view the platform in Dark Mode. First, click Settings.



• Step 2: Select Dark Mode.

A Home 🛛 🥹	Settings		8
	COLOR THEMES	;	
	Gray	Dark Mode	Blue
	Green	Purple	

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



Display Settings

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

IAMRARE [®]		🔒 Home	Help	🌣 Settings	٠	Hi, Janel -
A Test User	ENROLLED STUDIES			(1	ne Smith 🕑
Jane Smith 🔨	English					
📋 Enrolled Studies						
A Reminders						

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

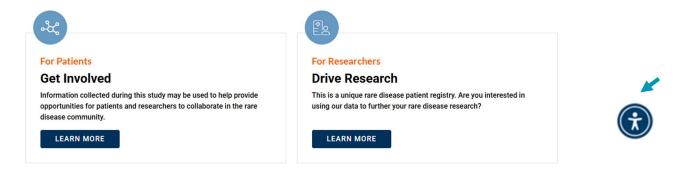
COLOR THEMES				
COLOR THEME	:5			
Gray	Dark Mode	Blue		
Green	Purple			
FONT SIZE				
Small	√ Medium	Large		
LANGUAGE PR	REFERENCE			
English	Español	Français		

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

COLOR THEMES				
Gray	Dark Mode	Blue		
Green	Purple			
FONT SIZE				
Small	Medium	Large		
LANGUAGE PR	REFERENCE			
English	Español	Français		

Microsite Visibility

• Step 1: You can change how you view the microsite: www.sysregistry.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.



Accessibility Menu (CTRL+U)		
How UserV	Vay Works	
Oversized Widget	8	
Contrast +	C	
T T Bigger Text	<→ Text Spacing	
Pause Animations	Hide Images	
i Df Dyslexla Friendly	Cursor	
ا Tooltips	↓ Line Height	
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Language Selection

• To change your platform language selection on the login/register page, select the dropdown that says "English", and choose your preferred language.

	English 🗸
Read The second second	Spece .
e-mail	
password	3

• To change your platform language selection after you've logged in, click "Settings", and choose your preferred language.



• This study is currently available in English and will be available in French and Spanish in the future.

Need Assistance?

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

	🔒 Home	Help	🌣 Settings
Have a question	?	×	
Alternatively, to send us a r it below and click submit shortly. We cannot provic answer specific medical q about resources to support disease, please visit the raredisease	t. We will be in to de medical advid uestions – to fir t people with yo e NORD website	ouch ce or nd out our rare	
Select Inquiry Type		~	
Message *			ntact
Your message			ntact
			onsor 12 Foundation
Cancel	Submit		ntact
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- 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.

