## User Manual

**InCircle Review Application Tool** 

## Version 3.0

Prepared by: InCircle, LLC

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## Revisions

Version	Primary Author(s)	Description of Version	Date Completed
1.0	Olivia McIntosh; Sara Sakson; Laura Weiss	First release of InCircle Application webapp for Immunovant: Site, CRA, CRO, Sponsor, Extractor, Adjudicator	28 November 2022
2.0	Olivia McIntosh	New software release, Document Upload section updated for Site User	14 December 2022
3.0	Olivia McIntosh; Sara Sakson; Laura Weiss	New software release, Document Upload section updated for Site User following IMVT requests/feedback	19 April 2023

## **Review & Approval**

#### **Requirements Document Approval History**

Approving Party	Version Approved	Signature	Date
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#### **Requirements Document Review History**

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# Site Users

PO	rtal Navigation
<ol> <li>Log into the Immunovant portal using your unique username and password.</li> </ol>	<section-header></section-header>
<ol> <li>Once logged in, the home page will prompt users to select the <b>Prescreen</b> to access educational materials, the <b>File Upload</b> page to submit patient documents for adjudication, and the <b>Dashboard</b> to view statuses of previously submitted patients.</li> </ol>	Welcome         Prescreen       File Upload       Dashboard         Image: State of the image: State of t
3. The hamburger menu bar allows users to change their password, see contact information for help if needed, sign out, or access training material documents such as the protocol(s) and user manual. This menu bar will only appear once users advance from their home page.	Return to Home Page Change Password Contact Us Sign Out Training  InCircle Portal Training IMVT-1401-2401 Protocol User Manual

	Prescreen	
1. Log into the Immunovant portal using your unique username and password.	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><image/></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	
2. To access the prescreen and educational materials, click <b>Prescreen.</b>	Welcome         Prescreen       File Upload       Dashboard         Image: State of the state of th	
3. To continue, <b>Confirm</b> the terms and conditions.	<section-header></section-header>	
4. The prescreen includes different calculators to aid in determining whether a patient meets study criteria. Select a section to expand and access the material included.	Immunovant Study for CIDP Criteria   STE PRESCREEN   Phenotype Calculator   Nerve Conduction Study IMVT-1401-2401Criteria Calculator   Nerve Conduction Study IMVT-1401-2401Criteria Calculator   Supplemental evidence to upgrade weakly supportive of Demyelination   Previously Evaluated Data   Ist of Exclusion Criteria   List of Exclusion Criteria	



8. To navigate from one calculator to the next, scroll to the next section of interest and expand the section by clicking on the blue bar.	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>
9. Sections can be closed by clicking the blue bar at the top of a completed section. Data will be saved regardless of whether the section is opened or closed. Closing a section will not cause data entered to be lost.	Phenotype Calculator     Core   Core
	Nerve Conduction Study IMVT-1401-2401Criteria Calculator Supplemental evidence to upgrade weakly supportive of Demyelination



Click on	Supplemental evidence to upgrade weakly supportive of Demyelination
Supplemental evidence to upgrade weakly supportive of Demyelination.	Objective improvement to IG, Plex, or Steroids?
Answer applicable questions using the drop-down menus	Objective improvement to IG, Plex, or Steroids?
drop-down menus.	Objective improvement and still on therapy ~
	Elevated CSF Protein?
	Yes 🗸
	Ultrasound or MRI supporting CIDP diagnosis?
	No 🕞 👻
	Nerve biopsy supporting CIDP diagnosis?
	Unknown 🗸
Click the Evaluate	Evaluate Current Data
Current Data button. This will	Objective improvement to IG, Plex, or Steroids?
evaluate all entered	Objective improvement and still on therapy $\checkmark$
advise whether this	Elevated CSF Protein?
patient is Likely a	Yes 🗸
Likely a Candidate	Ultrasound or MRI supporting CIDP diagnosis?
for the study.	No 🗸
	Nerve biopsy supporting CIDP diagnosis?

16. Press <b>OK</b> on the outcome pop-up box.	a.imvtstudy.com says     The entered data is Likely a Candidate     Calculate
17. The page will reset for users to enter the next set of	Immunovant Study for CIDP Criteria SITE PRESCREEN
patient information for preliminary evaluation.	Image: production     Image: production
Previously Evaluated Data	
<ul> <li>18. Previously entered information will be available to view at a later time under the <b>Previously</b></li> <li>Evaluated Data section.</li> </ul>	#         Phenotype         NCS Outcome         Additional Diagnostic Criteria         Prescreen Outcome         Performed By         Date           5         Typical Phenotype         Not Supportive of Demyelination         0         Not Likely a Candidate         Sara Sakson         11/30/2022 7:46:25 PM           4         Typical Phenotype         Not Supportive of Demyelination         1         Likely Candidate         Sara Sakson         11/30/2022 7:46:25 PM           5         Motor Phenotype         Not Supportive of Demyelination         0         Likely Candidate         1           2         Motor Phenotype         Strongly Supportive of Demyelination         0         Likely Candidate         1           1         Typical Phenotype         Strongly Supportive of Demyelination         1         Likely Candidate         1



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### **Document** Upload

#### **Document Preparation**

All site users will be asked to perform document preparation prior to uploading information into the Immunovant study portal. Please adhere to the following steps to ensure all documentation is legible:

- 1. Redact all patient documents by removing patient identifiers.
- 2. Save all redacted documents as PDF files.
- 3. If any written notes are not in English or are non-legible, they should be transcribed by typing them in English in a separate document.
- 4. The typed notes document should be attached to the patient during the upload process.
- 5. If scans of foreign, non-English documents are blurry or not legible, they will need to be transcribed electronically. This can be done by typing the content into a separate document.
- 6. The typed document should then be attached to the patient during the upload process.

By following these steps, the site can ensure that all documentation uploaded to the portal is legible and easily readable.

#### **Patient Preparation Worksheet – OPTIONAL**

A worksheet is available for download as an aid for users to print and provide to the PI in preparation for participant submission. This file is not necessary for patient submission and should only be used to gather additional information about the patient from the PI if needed.

<ol> <li>Log into the Immunovant portal using your unique username and password.</li> </ol>	SiteUser 	NT
	InCircleReview	Version: 1.0.18

2. Choose <b>File Upload</b> to add patient documents for trial screening.	Prescreen       File Upload       Dashboard         Immunovant       Immunovant
3. If it is helpful to print the questionnaire for the PI to complete, click on the <b>Participant</b> <b>Worksheet</b> link to download and print. After the PI completes the worksheet, the answers should be entered into the prompted questions on the participant's file upload page.	Intervention Patient Information New Patient Participant Worksheet >> Original CIDP Diagnostic Information - Initial Presentation Evidence of Response to Therapy Current Status Supplemental Information
<ol> <li>The Participant Worksheet will contain the same prompted information that displays on the File Upload page.</li> </ol>	IMVT-1401-2401 Study Participant Submission         Participant ID         Participant Cohort       A (patients currently on Ic or PLEX)       B (patients currently on Preditione)       C (patients currently not on therapy)         Original CIDP Diagnostic Information – Initial Presentation       Original CiDP Diagnostic Information – Initial Presentation         Ime of progression       > 8 weeks       > 3 weeks       Sevence         Choose phenotype at time of presentation       Distal       Distal legs       Outleteral         Outscher       Focal       If medical records are not available, please provide a written summary and attach on second page. All documents will have the document [con. Additional notes plan be provided if medical records are not sufficiently detailed.         Outscher       Oproximal legs       Oundateral         Oproximal legs       Oundateral       Provide History of Present Illness (incl. time of pregression)         Oproximal arms       Oymmetric       Provide History of Present Illness (incl. time of pregression)         Oproximal legs       Oundateral       Oprovide all available motor and sensory nerve conduction studies         Provide legs       Oundateral       Original arms       Oprovide all available motor and sensory nerve conduction studies

5.	Answer the questions	IMVT-1401-2401 Study Participant Submission	
	such as the	Participant ID	
	Participant ID,	Participant Cohort O A (patients currently on PG or PLEX) O B (patients currently on Prednisone) O C (patients currently not on therapy)	
	Cohort, Time of	Original CIDP Diagnostic Information – Initial Presentation	
	Progression, and	Choose phenotype at time of presentation Documents to Upload	
	Phenotype.	O Typical O Multifocal If medical records are not available, please provide a	
	Ouestions requiring	Motor     Motor     General     Gener	
	answers will be	O         rocal         notes jan be provided if medical records are not           O         Unknown - Complete section below         sufficiently detailed.	
	prompted with an	Motor weakness location Motor weakness symmetry O Distal arms O Symmetric Provide History of Present Illness (incl. time of	
	icon. Fill in the $O$	O Proximal arms     O Asymmetric     Distal legs     Unilateral     Distal legs	
	icon to track the	Proximal legs     Drowing wakeness	
	appropriate answer.	Sensory symptom location Sensory symmetry	
	uppropriate answer.	O Distal arms O Symmetric O Proximal arms O Asymmetric	
6	If the answers are	O Unitateral O Proximal legs	
0.	unknown, provide	O No sensory symptoms	
	your PI with the		
	Participant		
	Worksheet and		
	appropriate patient		
	documents to answer		
	the unknown		
	questions.		
7.	Gather all documents		
, <b>.</b>	with the information	by Participant Submission	
	listed in the		
	document checklist.		
	Documents. listed on	patients currently on Prednisone) OC (patients currently not on therapy)	
	the right, will have a	-	
	paper <b>I</b> icon.	n	
	Information may		
	appear within the	Documents to Upload	
	same document. If		
	information appears	If medical records are not available, please provide a	
	in the same	written summary and attach on second page. All	
	document, upload the	notes can be provided if medical records are not	
	document with all	sufficiently detailed.	
	requested		
	information once.	Provide History of Present Illness (incl. time of	
		progression)	
		Provide physical even at time of procentation	
		Frovide physical exam at time of presentation	
		Provide all available motor and sensory nerve conduction	
		studies	

<ul> <li>8. If any of the documents listed are unavailable or unclear, provide the Participant Worksheet to your PI so they can write a summary in the prompted sections on the second page.</li> </ul>	Participant ID If any of the medical records from the previous page are unavailable or not sufficiently detailed to support the CIDP diagnosis, provide a written summary in the corresponding section below History of Present Illness (including time of progression) Physical exam at time of initial presentation Physical exam at time of initial presentation Most recent history and physical exam
9. If the prompted sections are not large enough to capture the appropriate information, your PI can write their summary on a separate sheet of paper. For any additional papers, include the participant ID and document title.	Evidence to support response to therapy or worsening with taper          Evidence to support response to therapy or worsening with taper         Enter any additional comments for adjudicator (optional)
Physical Exam Summary Exa	nple:
Patient was seen by another neu the patient had proximal and di unable to walk without a walker.	rologist at the time they presented so notes are not available. By history stal weakness in both the upper and lower extremities that made them They needed assistance with showering due to arm weakness.
Response to Therapy Summar	y Example:
Prior to therapy patient req independently.	uired a cane to walk and after 6 months of IVIG they walked
Worsening with Taper Examp	les:
Example 1: Patient had return patient was reduced to 20mg an increase to 30mg.	ned to normal function. A taper of steroids was instituted after they a day they had an increase in lower extremity weakness requiring
Example 2: Patient showed	a significant improvement in strength after IVIG and no longer

Example 2: Patient showed a significant improvement in strength after IVIG and no longer needed an assistance with walking. The IVIG interval was every four weeks and the patient had a clear worsening by day 21-22 requiring us to decrease the interval to every 21 days.

10. Scan and save all	
pages of the	Name
Participant	, and
Worksheets and	✓ Today (1)
additional summary	
pages as PDF	🔤 Cover Sheet Participant 1234567
documents.	

<ul> <li>11. Redact and save all gathered documents. Information to be redacted includes the participant's name, birth month and day, address, phone number, email address, SSN, insurance information, and emergency contacts' information. The participant's birth year cannot be redacted.</li> <li>12. Save all redacted documents as PDF documents and begin portal entry for the participant.</li> </ul>	Image:
Portal Entry	
<ol> <li>Log into the Immunovant portal using your unique username and password.</li> </ol>	<image/> <section-header><section-header><image/><image/><image/><image/><image/><image/><image/><image/><image/><image/><image/><image/></section-header></section-header>
2. Choose <b>File Upload</b> to add patient documents for trial screening.	Prescreen       File Upload       Dashboard         Virtual

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	🚯 Upload Patient Files	
<ol> <li>To start a new patient, select New Patient from the dropdown list and anter the neme/ID#</li> </ol>	Patient Information     New Patient     Patient ID	
<ol> <li>To add documents to a previously existing</li> </ol>	Upload Patient Files     Patient Information     New Patient	
patient, select the patient from the <b>Patient Information</b> dropdown list.	New Patient           Sara Laura (01/01/1970)           Laura Sara (01/01/1950)           Mike Oilvia (01/01/1980)           Olivia Mike (01/01/1972)	
NOTE: Patients will not show up automatically in the drop down list after documents have been uploaded. Please allow one or more business days for a previously entered patient to appear.	Test Test5 (02/01/1955) Test Test6 (03/01/1980) alues)	
<ol> <li>To select a cohort, click Select a Cohort and choose from the drop-down list.</li> </ol>	Upload Patient Files      Patient ID     Select a Cohort	
NOTE: The application will not allow documents to be uploaded without selecting a Cohort.		
<ol> <li>Open and view each section by clicking on the expandable headers.</li> </ol>	Patient Information     New Patient     Very Patient	• • •
	Patient Information     New Patient     V     Patient ID     Select a Cohort     v	
	Choese Phenotype at presentation: Upload medical records to support the physical exam and time of progression at time of presentation: Upload medical records to support the physical exam and time of progression at time of presentation: History of present illness (including time of progression) Hodical Record Not Available Select disease time progressed if not clear in medical record: Physical Exam at time of presentation before therapy	
	Medical Record Not Available     BAll Motor and Sensory Nerve Conduction Studies completed  Evidence of Response to Therapy	
	Current Status +	1

7. Open Original CIDP Diagnostic Information – Initial Presentation to answer questions related to the participant's initial presentation of CIDP and view the required documents associated with the section.	Patient Information     New Patient     Patient IID     Select a Cohort      Original CIOP Diagnostic Information - Initial Presentation      Choose Phenotype at presentation:         Upload medical records to support the physical exam and time of progression)         Medical Record Not Available     Select disease time progressed if not clear in medical record:         Physical Exam at time of presentation      Evidence of Response to Therapy      Current Status	ession at
8. If the phenotype at presentation is known, click the drop down to select a phenotype.	Original CIDP Diagnostic Information - Initial Presentation Choose Phenotype at presentation: Typical Phenotype I Need Help Determining Phenotype	
9. Select the box for I Need Help Determining Phenotype for help if the phenotype is unknown. A list of questions will be revealed to aid in determining the participant's phenotype at the time of initial presentation.	Original CIDP Diagnostic Information - Initial Presentation Choose Phenotype at presentation: Choose Phenotype at presentation: Need Help Determining Phenotype Motor Weakness?: Distal Arms Distal Arms Distal Legs Proximal Legs No Motor Weakness	
10. Answer the questions and the calculator will calculate a phenotype that matches the participant. Some questions may prompt additional questions to be revealed. Please answer all present questions.	Choose Phenotype at presentation:   Choose Phenotype at presentation:  I Need Help Determining Phenotype  Motor Weakness?:  Distal Arms Distal Legs Distal Legs No Motor Weakness Motor Weakness Motor Weakness Motor Weakness Symmetric Sensory Symptoms Yes Is Sensory Presentation Also Symmetric? Yes Phenotype Calculator Outcome Typical Phenotype	

<ul> <li>11. All information requested will have a document icon next to them. Check the boxes off next to the information as documents are uploaded.</li> <li>NOTE: The required document checklist is not 1:1 with the number of documents being uploaded. All the required information may show up in only one or two documents. Use the required document list as a checklist to ensure all information is attached to the patient being submitted for adjudication.</li> </ul>	Upload medical records to support the physical exam and time of progression at time of presentation: History of present illness (including time of progression) Medical Record Not Avaliable Select disease time progressed if not clear in medical record: Medical Exam at time of presentation before therapy Medical Record Not Avaliable Medical Record Not Avaliable All Motor and Sensory Nerve Conduction Studies completed
<ul> <li>12. If a document with the requested information is not available, select Medical Record Not Available. A text box will appear where a free-text summary can be typed to support the requested information.</li> </ul>	Upload medical records to support the physical exam and time of progression at time of presentation:         □       I History of present illness (including time of progression)         Image: Medical Record Not Avaliable         Supplemental Notes to support above if medical record not sufficiently detailed         Image: Select disease time progressed if not clear in medical record:         Image: Image: Physical Exam at time of presentation before therapy         □       Medical Record Not Avaliable         Image: Physical Exam at time of presentation before therapy         □       Medical Record Not Avaliable         Image: Physical Exam at time of presentation before therapy         □       Medical Record Not Avaliable         Image: Physical Exam at time of presentation Studies completed
13. Add supplemental information for the disease progression by selecting the dropdown when the medical record is not clear.	Upload medical records to support the physical exam and time of progression at time of presentation: B History of present illness (including time of progression) Medical Record Not Avaliable Supplemental Notes to support above if medical record not sufficiently detailed Select disease time progressed if not clear in medical record: > 8 weeks B Physical Exam at time of presentation before therapy Medical Record Not Avaliable C B All Motor and Sensory Nerve Conduction Studies completed

14. Move on to the next section when complete by clicking on the expandable header.	<ul> <li>Evidence of Response to Therapy</li> <li>Has had documented response to therapy</li> <li>Has had documented response to therapy</li> <li>Medical records to support one of the following responses</li> <li>Medical Record Not Avaliable</li> <li>Type of response</li> <li>Have had a trial of treatment withdrawal (or a reduction in dose or frequency of) with subsequent documented worsening of symptoms</li> <li>Have required an increase in therapy (i.e., an increase in dose or frequency of therapy) in the 12 months prior to the Screening Visit with documented improvement in signs and symptoms.</li> <li>Have maintained an INCAT score of 0 or 1 with no need for an increase in therapy after commencement of treatment and initial titration.</li> <li>Naive to treatment</li> </ul>
15. Provide the participant's response to therapy by selecting an answer in the drop- down.	<ul> <li>Evidence of Response to Therapy</li> <li>Has had documented response to therapy</li> <li>Yes, IG</li> <li>Image: Medical records to support one of the following responses</li> <li>Medical Record Not Avaliable</li> <li>Type of response</li> <li>Have had a trial of treatment withdrawal (or a reduction in dose or frequency of) with subsequent documented worsening of symptoms</li> <li>Have required an increase in therapy (i.e., an increase in dose or frequency of therapy) in the 12 months prior to the Screening Visit with documented improvement in signs and symptoms.</li> <li>Have maintained an INCAT score of 0 or 1 with no need for an increase in therapy after commencement of treatment and initial titration.</li> <li>Naive to treatment</li> </ul>
16. Upload supporting medical records and check off the medical record once uploaded.	<ul> <li>Evidence of Response to Therapy</li> <li>Has had documented response to therapy</li> <li>Yes, IG</li> <li>Medical records to support one of the following responses</li> <li>Medical Record Not Avaliable</li> <li>Type of response</li> <li>Have had a trial of treatment withdrawal (or a reduction in dose or frequency of) with subsequent documented worsening of symptoms</li> <li>Have required an increase in therapy (i.e., an increase in dose or frequency of therapy) in the 12 months prior to the Screening Visit with documented improvement in signs and symptoms.</li> <li>Have maintained an INCAT score of 0 or 1 with no need for an increase in therapy after commencement of treatment and initial titration.</li> <li>Naive to treatment</li> </ul>

<ul> <li>17. If a medical record is not available to support the evidence of response to therapy, select Medical Record Not Available and complete the prompted note section.</li> </ul>	<ul> <li>Evidence of Response to Therapy</li> <li>Has had documented response to therapy</li> <li>Yes, IG</li> <li>Medical records to support one of the following responses</li> <li>Medical Record Not Avaliable</li> <li>Type offersponse</li> <li>Have had a trial of treatment withdrawal (or a reduction in dose or frequency of) with subsequent documented worsening of symptoms</li> <li>Have required an increase in therapy (i.e., an increase in dose or frequency of therapy) in the 12 months prior to the Screeening Visit with documented improvement in signs and symptoms.</li> <li>Have maintained an INCAT score of 0 or 1 with no need for an increase in therapy after commencement of treatment and initial titration.</li> <li>Naive to treatment</li> </ul>
18. Once the section is complete, move onto the Current Status section by clicking on the expandable header.	Current Status
19. Upload the most recent history and physical exam and click the checkbox once uploaded.	Current Status Most recent history and physical exam including current CIDP therapies Other Notes to support CIDP Diagnosis
20. If there are additional notes that the PI has that would support the participant's diagnosis of CIDP, write them in the comment box.	Current Status  Image: Most recent history and physical exam including current CIDP therapies  Other Notes to support CIDP Diagnosis
<ul> <li>21. Additional documentation listed in the Supplemental Information section can be provided if the participant requires additional evidence to confirm their CIDP diagnosis.</li> <li>22. Click the check boxes for the</li> </ul>	Current Status Supplemental Information   □  CSF Protein and CSF WBC (if performed)  □  MRI of Nerve  □  Nerve Ultrasound  □  Nerve Biopsy

documentation that is uploaded. If no supplemental information is being uploaded, do not click the check boxes. NOTE: Ancillary testing included under supplemental information can be submitted as needed to confirm the diagnosis of a patient.	
23. To upload documents, click <b>Browse</b> to locate documents on your computer.	
NOTE: Ensure documents are redacted and saved as a PDF before uploading. The application only supports PDF files.	
24. Click <b>Upload</b> to upload the documents selected. Files will save automatically once they are uploaded. Uploaded documents will show up in the Files section of the page.	Dathetic status CSF Protein value Nerve Biopsy Comments Please enter any comments for each file uploaded Upload Browse IRD -KL-22912-1.3.14 pdf Uploa CF Files Fi
25. To upload multiple documents, repeat the process of selecting <b>Browse</b> , then <b>Upload</b> .	Luplead Brows NEXT PATIENT CLOSE
26. Add comments and pertinent, de- identified information as needed.	Pease enter any comments for each file uploaded

27. To continue uploading documents for another patient, select <b>Next Patient</b> .		Select a Cohort
28. A pop-up box may appear when selecting next patient or returning home. Select <b>OK</b> to acknowledge documents uploaded have been sufficiently redacted, and a blank screen to upload another patient will appear.	Patient Information New Patient	m-insights1 says cknowledge that all documents being uploaded are completely lacted and do not contain identified or participant identifiable ormation. Cancel Set
<ul> <li>29. To exit the upload page and return to the landing page, select Return to Home Page. Information that has been inputted into the document upload page will save automatically.</li> <li>NOTE: Recently uploaded information will not appear in the dashboard immediately. Please allow one or more business days for the patient to appear.</li> </ul>	Patient Information     New Patient     Very Patient	Select a Cohort

30. A pop-up box may appear when closing the page. Select <b>OK</b> .	Patient Information      New Patient      Provide the provided of the pro	qa.imvtstudy.com says         Additional documents may be required. Are you sure you want to exit?         Image: Cancel
	Dashboar	d
<ol> <li>Log into the Immunovant portal using your unique username and password.</li> </ol>	SiteUser SiteUser	UNOVANT
2. Click <b>Dashboard</b> to view participant statuses.	Prescreen File	Upload Dashboard
3. The dashboard includes a report of prescreen and adjudication outcomes. The adjudication statuses display patient ID numbers, site affiliation, creation	#     Site     Phanotype       5     Cape Cod MA     Typical Phenotype       4     Cape Cod MA     Typical Phenotype       3     Cape Cod MA     Sensory Phenotype       2     Cape Cod MA     Motor Phenotype       1     Cape Cod MA     Typical Phenotype	Prescreen Patient         L Export         Image: Constraint of the second secon
date, Cohort, Status, and Missing Documents.	Site         Site Pt ID         C           Cape Cod MA         Test CB in Adjud         2/           Cape Cod MA         PreAdjudication Details Test         2/           Cape Cod MA         Multiple NCS Testing         1//           Cape Cod MA         Multiple NCS Testing         1//	Cohort         Status         Missing Documents           8/2023         C         In Process         No           1/2023         B         In Process         Yes           1/2023         B         In Process         Yes           1/2023         B         In Process         No           1/2023         B         In Process         No           9/2029         R         Annmuet         Mo

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7. To jump to the prescreen, click the <b>Prescreen Patient</b>						Prescreen Patient	ᆂ Export	Menu
butto	on.		NCS	Outcome	Additional Diagnostic Criteria	Prescreen Outcome	Performed By	Date / Time
		ре	Strongly S	Supportive of	1	Likely Candidate		
		/pe	Not Su Demy	pportive of /elination	0	Not a Likely Candidate	e	
		эе	Strongly Strongly	Supportive of elination	0	Likely Candidate		
		ре	Strongly S Demy	Supportive of elination	1	Likely Candidate		
8. To view a patient in Adjudication press		1.0						
8. To v Adju	idication press	Ad	judicat	tion Status	5			
8. To v Adju on th	iew a patient in idication press ie link in the Pt ID column	Ad	ljudicat s	iion Status iite	Site Pt	ID	Created	
8. To v Adju on th Site I	the a patient in adjustion press the link in the Pt ID column.	Ad	ijudicat s Cape	tion Status iite Cod MA	S Site Pt <u>8081-0</u>	1D	Created 2/10/2023	3
8. To v Adju on th Site I Click will	iew a patient in idication press he link in the Pt ID column. king on the link open the	Ad	judicat s Cape Cape	tion Status itte Cod MA Cod MA	Site Pt <u>8081-0</u> Test CB in	DO1	Created 2/10/2023 2/8/2023	3
8. To v Adju on th Site I Click will o Adju	The a patient in adication press the link in the Pt ID column. king on the link open the adjustion Details	Ad	judicat S Cape Cape Cape	iton Status ite Cod MA Cod MA Cod MA	Site Pt 8081-00 Test CB in PreAdjudication	Details Test	Created 2/10/2023 2/8/2023 2/1/2023	3
8. To v Adju on th Site I Click will o Adju	The a patient in adjustion press the link in the Pt ID column. King on the link open the adjustion Details	Ad	judicat S Cape Cape Cape	tion Status The Cod MA Cod MA Cod MA Cod MA	Site Pt <u>8081-0</u> Test CB in PreAdjudication Multiple NCS	Details Test	Created 2/10/2023 2/8/2023 2/1/2023 1/31/2023	3
8. To v Adju on th Site I Click will Adju page sum	The way patient in adjustion press the link in the Pt ID column. King on the link open the adjustion Details where a mary of the	Ad	judicat S Cape Cape Cape Cape	tion Status The Cod MA Cod MA Cod MA Cod MA Cod MA	Site Pt <u>8081-0</u> Test CB in PreAdjudication Multiple NCS Motor and Ser Test	Details Test S Testing Isory NCS	Created 2/10/2023 2/8/2023 2/1/2023 1/31/2023 1/31/2023	3 5 3 3
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