Informed Consent • Informed Notification Page

Dear participants:

We will invite you to participate in a clinical study on Alzheimer's disease to further evaluate the efficacy and safety of BSKQF in the treatment of Alzheimer's disease.

Before you decide to participate in the study, please read the following introduction as carefully as possible to help you understand the whole study and why it is being conducted, as well as procedure and duration of the study. And the benefits, possible risks and discomforts you may experience if you participate in the study. The following is an introduction to this study:

1. Background and purpose

Alzheimer's disease is a common degenerative disease of the nervous system. The occurrence and development of the disease seriously affect the quality of life of patients and their families. With aging aggravates, China and even the whole world face severe onset situation. AD has become a major public health problem worldwide. However, the physiological and pathological mechanisms of AD have not been fully elucidated, and there is a lack of effective prevention and treatment methods in clinical treatment. Many studies have found that TCM has a good therapeutic effect on improving the cognitive function of AD patients. BSKQF is a Chinese herbal preparation used in the treatment of AD. Good efficacy has been observed in clinical application, but there is no clear clinical scientific evidence. We designed a new real-world clinical study protocol of BSKQF combined with DH and sought to evaluate the efficacy and safety of this protocol in the treatment of AD patients.

This is a real-world, multicenter, prospective, observational cohort study. And this study will be conducted in four centers: Shanghai Hospital of Traditional Chinese Medicine, Shaanxi Hospital of Traditional Chinese Medicine, the First Affiliated Hospital of Guangzhou University of Traditional Chinese Medicine, and Chengdu University of Traditional Chinese Medicine.It is estimated 600 participants would be enrolled in the study.

The study was reviewed by the Ethics Committee as medically ethical in accordance with the *Declaration of Helsinki.*

2. Inclusion criteria and exclusion criteria 2.1

Inclusion criteria

（1）Meet the diagnostic criteria of traditional Chinese and western medicine for Alzheimer's disease dementia.（2）AD TCM dialectical for dementia with syndrome of marrow sea insufficiency;（3）between 50 and 80 years old, both sexes（4）According to a participant or caregiver's description, the memory loss of the participants has been at least 6 months, and the trend of gradual worsening;（5）Sign the informed consent (subject or caregiver) and be willing to perform all tests and evaluations at the time of the trial visit;（6）Participants should have primary school education or above, and have the

ability to complete cognitive ability measurement and other tests specified in the program;（7）Participants should have a stable caregiver(at least 4 d every week, every day at least 2 h), or at least a caregiver that researchers can contact frequently, caregivers will help patients to participate in the research process, must accompany the subjects to participate in the research visit, and must have sufficient interaction and communication with the subjects, so that the results of each evaluation scale can provide valuable information.

2.2 Exclusion criteria

（1）Do not meet the diagnostic criteria for senile dementia;（2）TCM differentiation of AD without syndrome of marrow sea insufficiency;（3）Younger than 50 or older than 80;（4）The participant did not sign the informed consent form (participant or caregiver), or the participant was unable to conduct various examinations and assessments according to the prescribed time of the trial, or the participant was unable to complete the cognitive ability measurement and other tests specified in the protocol;（5）With end-stage dementia;（6）With severe neurological deficits, such as aphasia, agnosia, etc（7）Patients with serious primary diseases such as cardiovascular disease, liver, kidney, hematopoietic system and malignant tumor, and psychiatric patients（8）Participated in other clinical studies within the past 2 months;（9）Suspected or confirmed allergy to the study drug.

3. What should you do if you participate in the study?

Before being enrolled in the study, you will undergo the following tests to determine your eligibility for study participation: 1. Your doctor will ask, take your history, and perform a physical examination. 2. You need to have blood routine, urine routine, renal function and other physical and chemical tests. After screening, if you are eligible for inclusion, You will be selected as The Exposed group (patients treated with BSKQF and DH) and The Non-exposed group (patients treated with DH) according to your according to your preference. You will also receive regular questionnaires, blood tests and MRI examinations from your doctor.

Other matters requiring your cooperation:

Please come to the hospital according to the follow-up time agreed by the investigators. Your follow-up is very important for this study, because the investigators will judge whether the treatment you received really works.

4. Possible benefits you may benefit from this research. Such benefits include: (1) Your cognitive abilities is likely to improve;

(2) You will receive good medical services during the study period; (3) Some drugs, physical and chemical tests may be exempted.

5. Possible adverse reactions, risks and inconveniences

All therapeutic drugs may have side effects. If you experience any discomfort during the study, or any unexpected physical conditions, whether related to drugs or not, you should inform investigators in a timely manner, and investigators will make judgments and medical treatments.

Investigators will do their best to prevent any harm that may result from this study. If an adverse event occurs during the clinical trial, a committee of medical experts will determine whether the event is related to the investigative drugs. The sponsors will provide treatment costs and corresponding economic compensation for trial-related damage, which has been stipulated in the *Quality Management Standard for Drug Clinical Trials in China*.

You need to visit the hospital on time during the study, which may cause trouble or inconvenience to you.

6. Confidentiality of your personal information

Your medical records (including research records, physical and chemical examination reports and CRFs) will be kept in the hospital according to regulations. Researchers, sponsor representatives, ethics committees, and drug regulatory authorities will be allowed access to your medical records. Your personal identity will not be disclosed in any public reports based on the results of this study. We will do everything we can to protect privacy of your personal medical information.

In addition to this study, it is possible that your medical records will be reused in future studies. You may also declare that you refuse to use your medical records for studies other than this one.

7. You can get more information

You may ask any questions about this study at any time. Investigators will give you the hospital's phone number and his/her own telephone number so he/she can answer your questions.

If there are any significant new information during the study that may affect your willingness to continue to participate, investigators will inform you promptly.

8. Whether you will participate in this study or not depends entirely on your own choice. You may refuse to participate in the study or withdraw from the study at any time during the study without prejudice to your relationship with investigators or loss of medical or other benefits.

Investigator may suspend your participation in this study at any time in your best interest.

If you do not want to continue participating in the study, or if you drop out, there are many alternative treatments available. You do not have to choose to participate in the study to treat the disease.

If you withdraw from the study for any reason, you may be asked about your use of the study drugs. You may also be required to undergo laboratory tests and physical examination if investigators deem it is necessary.

If you choose to participate in this study, we expect you to follow through with the entire study.

9. It is up to you to decide whether to participate in the study or not. You may discuss with your family or friends. Before you decide to participate in the study, please consult investigators as many questions as possible until you fully understand the study.

Thank you for reading the above material. If you decide to participate in the study, please let investigators know and he/she will make all the arrangements for you.

Please keep this document.

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Statement of Consent:

1. I have read the introduction of this study and had the opportunity to discuss with investigators and ask questions.

2. I know the benefits and possible risks of participating in this study. I acknowledge participation in the study is voluntary, and I'm sure there's plenty of time for me to consider and understand:

(1) I told the investigators my medical history in detail at the first visit, and took corresponding examinations and tests so that investigators could make an accurate judgment and decide whether to participate in this study or not.

(2) If I meet the requirements, I will receive systematic treatment; And during the treatment, I need to take corresponding examinations and tests; If I need to take other medications due to changes in my condition, I will ask investigators for advice in advance, or tell investigators truthfully afterwards.

(3) I also know that if I quit the study during the study, especially if I quit the study due to drug reasons, I need to tell investigators about the change of my physical condition and complete the corresponding examinations, which will be very beneficial to myself and the whole study.

(4) I have access to information related to the study at any time, and I have the right to withdraw from the study at any time without discrimination or retaliation at any stage of the study. My withdrawal from the study will not affect my acceptance of other effective treatments.

(5) I consent to have access to my research materials by the drug regulatory authority, ethics committee or sponsor delegation.

(6) I consent to the use of my medical records in studies other than this one.

I have understood the above situation and have decided to participate in this clinical study with my written consent.

Participant (or agent) signature：_____ Telephone number：_____

Signature date：_____

I confirm that the details of this study, including their rights, benefits, and possible risks, have been explained to participants.

Investigator signature：_____

Telephone number：_____

Signature date：_____