A CLINICAL STUDY IN 22 HEALTHY MALE AND FEMALE VOLUNTEERS TO ASSESS THE HYDRATION EFFICACY OF AN INGESTIBLE SKINCARE PRODUCT.

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Draft Report v1: 24th August 2022
Draft Report v2: 26th August 2022
Final Report v1: 26th August 2022
Final Report v2: 29th August 2022

A CLINICAL STUDY IN 22 HEALTHY MALE AND FEMALE VOLUNTEERS TO ASSESS THE HYDRATION EFFICACY OF AN INGESTIBLE SKINCARE PRODUCT.

PCR CORP Report No: IMACLI1T

I declare that the following report constitutes a true and faithful account of the procedures adopted and the results obtained in the performance of this study. The aspects of the study conducted by PCR Corp were performed, where relevant, in accordance with the principles of Good Clinical Research Practice.

Barrie Drewitt .....
(Principal Investigator)

Date .....

Alice Kendzulak .....
(Project Manager)

Date .....

Quality Assurance Statement:

This report has been audited and is considered to be an accurate description of the methods used and an accurate presentation of the data obtained during the conduct of the study.

Laura Walsh .....
(Quality Assurance)

Date .....

CONTENTS

INTRODUCTION AND OBJECTIVE 6
MATERIALS AND METHODS 6
1 STUDY DESIGN 6
2 STUDY FLOW CHART 6
3 SELECTION OF SUBJECTS 6
4 METHOD 7
5 STUDY METHODS 8
6 STUDY ETHICS 9
7 QUALITY ASSURANCE 9
8 RETENTION OF DATA 10
9 REFERENCES 10
RESULTS 11
1 LOCATION AND DATES OF THE STUDY 11
2 SUBJECTS 11
3 ADVERSE EVENTS, ADVERSE REACTIONS AND SUBJECTS NOT COMPLETING THE STUDY 11
4 ASSESSMENTS 12
APPENDIX 1: INFORMED CONSENT 14
APPENDIX 2: PRE-TREATMENT QUESTIONNAIRE 19
APPENDIX 3: INCI LIST 21
APPENDIX 4: SUBJECT INFORMATION SHEET 22
APPENDIX 5: SELF-PERCEPTION QUESTIONNAIRE 23
APPENDIX 6: CORNEOMETER DATA 24

Summary

Title:	A clinical study in 22 healthy male and female volunteers to assess the hydration efficacy of an ingestible skincare product.
Study design:	Single centre, clinical study design.
Product Name:	Imaraïs Beauty GLOW (Plant Based Ingestible Skincare)
Study Method:	Subjects will undergo a Corneometer reading on their face at baseline (prior to application of the test article). Subjects returned to the testing facility on Day 60 for a final Corneometer reading and to complete a self-perception questionnaire. Group 1
Duration of study:	60 Days
Number of subjects:	25 subjects were recruited, and 22 subjects completed.
Types of subjects:	Healthy male and female volunteers (any ethnicity); with any skin type; aged 18-65 years of age.
Conclusions:	Under the conditions of the study, the test article performed statistically significantly at improving the hydration after 60 days of use. Therefore, under the conditions of the study the claims "skin hydration" can be substantiated. Data from self-perception questionnaires show the test article performed highly favourable (>80%) for questions 1, 2, 3, 4, 5, and 10. Questions 6, 7, 8, and 9 showed a majority preference (>50% - <80%). Therefore, under the conditions of the study, the claim "86.36% of users said Skin felt more hydrated after using this product for 60 days", and all other claims can be substantiated.
Study Start:	13th June 2022
Study end Date:	15th August 2022
Study location:	PCR Corp 310 S MacDill Ave Suite 100 Tampa, FL 33609 USA

Key Study Personnel and Responsibilities

Key personnel	General responsibilities
Principal Investigator (PI) Barrie Drewitt PCR Corp 310 S MacDill Ave Suite 100 Tampa, FL 33609 Tel: 813-864-7364	The Principal Investigator (PI) is responsible for ensuring sufficient resources are available to conduct the study and is responsible for the study design, review of the study protocol and report, and ensuring that they concur with the study findings report.
Project Supervisor (PS) Ashley Flores PCR Corp 310 S MacDill Ave Suite 100 Tampa, FL 33609 Tel: 813-864-7364	The Project Supervisor (PS) will be responsible for the conduct of the study on a daily basis.
Project Manager (PM) Alice Kendzulak PCR Corp 177 High Street Maldon Essex CM9 5BS UK Tel: +44 01621 736138	The Project Manager (PM) will be involved with the study design, compilation of study results, and writing the study protocol and report.
Project Coordinator (PC) Aaron Hefter IMARAIS BEAUTY 2 Meadown Bank Rd, Etobicoke, ON, M9B 5C5 Email: aaron@imaraisbeauty.com Tel: 647-970-6887	The Project Coordinator (PC) will be the primary point of contact on behalf of the Sponsor of this study and will represent the Sponsor of this study.

Introduction and Objective

The objective of this study was to assess the skin hydration efficacy of one test article via corneometer assessments and a Self-Perception questionnaire.

Please note that it is the responsibility of the sponsor to determine the testing and study designs required for submission to entities such as the Home Shopping Network, QVC, etc.

Materials and Methods

1 Study Design

Single centre, clinical study design.

2 STUDY FLOW CHART

Study Time Point	Baseline	Day 60
Visit	1	2
Informed Consent & eligibility	✓	
Corneometer reading	✓	✓
Self-perception Questionnaire		✓
Adverse Event Review		✓
Issue product and instructions	✓	
Return product & compensation		✓

3 Selection of Subjects

3.1 Screening

A sufficient number of subjects were recruited into the study to allow for 20 subjects to enter the active phase. Subjects satisfied the following inclusion and exclusion criteria, were prepared to accept the prohibitions and restrictions and gave written informed consent (Appendix 1).

The suitability of each potential subject was confirmed before their acceptance by review of a study specific pre-treatment questionnaire (Appendix 2).

3.2 Inclusion Criteria

a) Healthy volunteers (any ethnicity) with any skin type; aged at least 18-65 years.

b) Subject agrees to attend all study visits.

c) Subject has signed a written Informed Consent.

3.3 Exclusion Criteria

a. Subject is pregnant, nursing, or planning to become pregnant.
b. Subject is currently using concurrent medication likely to affect the response to the test article or confuse the results of the study including anti-depressants, and Botox/collagen fillers.
c. Heavy alcohol consumption in the opinion of the investigator.
d. A fever in the last 12 hours, prior to start of the study.
e. Significant past medical history of hepatic, cancerous, multiple sclerosis, high blood pressure, renal, Thrombosis/Phlebitis, cardiac, pulmonary, digestive, haematological, neurological, locomotor or psychiatric disease, which in the opinion of the Investigator would compromise the safety of the subject.
f. Insulin-dependent diabetes.
g. Concurrent medication likely to affect the response to the test article or confuse the results of the study including Botox/collagen fillers.
h. Subject is not currently participating, at PCR or other clinical testing facility, in a study utilizing the same test site (face area) or product or with conflicting inclusion/exclusion criteria.
i. Photo Epilepsy for Light Therapy.

3.4 Prohibitions and Restrictions for the Duration of the Study

a. Avoid Area: Metal pins/plates or silicone implants in face, open cuts and abrasions, skin and eye infections, severe sunburn, conjunctivitis, styes, and in-flare eczema/psoriasis on face.
b. Subject agrees to attend for all visits with clean face, free of makeup.
c. Subject agrees to not use any other products in the testing area throughout the duration of the study.

4 Method

4.1 Test articles

The following test articles were supplied by the Sponsor labelled as follows:

1. Imaraïs Beauty GLOW (Plant Based Ingestible Skincare)

The test article was used as supplied by the Sponsor, following their usage instructions, detailed in the Subject Information Sheet.

The Sponsor provided the ingredient listings and certified that the products supplied to PCR Corp for the clinical trial had been manufactured/formulated with ingredients that are safe and suitable for the product's stated purpose.

It was the responsibility of the Sponsor to determine, for each batch of test article, the identity, strength, purity, composition and other characteristics that appropriately defined the test article, before their use in the study. The determination of their stability and documentation of methods of synthesis or derivation were also the Sponsor's responsibility.

It was the responsibility of the Sponsor that the test article met all necessary transport regulations, particularly those regulations involving the carriage of hazardous goods and the import/export of goods, and that any costs including tax/duty were fully met by the Sponsor prior to receipt of the test article at PCR Corp. No liability with regard to safe receipt or costs involved in the carriage of goods to any PCR Corp site was accepted.

On study completion, any remaining unused test article were disposed of, unless otherwise requested by the Sponsor, after issuance of the final report or 28 days after study completion, whichever came first. Sponsors requesting the return of products were liable for any costs incurred.

5 Study Methods

Visit 1 –

Subjects attended the testing facility where informed consent was obtained, and eligibility was verified. Once accepted, subjects acclimatized in a temperature-controlled environment for 30 minutes. Once acclimated, subjects underwent baseline Corneometer readings. Once taken, the subjects were given the test article and instructions on usage for the next 60 days. Subjects were then given a time slot for their next visit.

Visit 2 –

Subjects returned to the testing facility and were asked if there had been any changes to their health or medication since their previous visit. Subjects acclimatized for at least 30 minutes and then underwent final Corneometer assessments. Once completed, subjects were given a self-perception questionnaire to complete on how they found using the product.

5.1 Assessment

Hydration via Corneometer®

Skin surface hydration is measured with the Corneometer® CM825 (Courage + Khazaka; Germany) probe. This instrument probe works on the principle that water has a higher dielectric constant than most other substances which affects capacitance. The measuring capacitor of the probe shows changes of capacitance according to the moisture content of the samples. The capacitance charge penetrates the very first layer of the skin during the measurement (the depth is about 10-20 um of the Stratum corneum). Any change in the dielectric constant due to skin moisture variations will alter the capacitance of the precision capacitor in the instrument probe. These variations are detected electronically and are displayed on the instrument readout as an arbitrary unit. Triplicate readings will be taken at adjacent skin areas within the test site to avoid occlusion.

If the triplicate readings are not within +/- 10 of each other, then a 4th reading should be taken.

Self-Perception Questionnaire (SPQ)

Subjects were asked to complete a self-perception questionnaire on how they found using the product following 60 days.

6 Study Ethics

6.1 Declaration of Helsinki

The study conformed to the requirements of the Declaration of Helsinki and its subsequent amendments (*World Medical Association; 2013)*.

6.2 Subject Consent

Subjects were informed of the nature, purpose and known risk of the study both orally and in writing and gave their written informed consent before participating in the study. Subjects were advised that they were free to withdraw from the study at any time without being obliged to give a reason. They were compensated for their time and inconvenience.

6.3 Indemnity provision

The Sponsor was responsible, without regard to legal liability, and indemnified PCR Corp or any of their respective officers or employees in the event of claims for compensation from subjects suffering injury or other deterioration in health or well-being as a result of participation in this study, except and insofar as such claims arose as a result of any negligent act or omission on the part of PCR Corp employees or any persons undertaking or involved in the study by arrangement with PCR Corp.

7 Quality Assurance

The study was carried out in the spirit of the ICH Guidelines on Good Clinical Practice, 1996 (1) and other recognised guidelines. The draft report was peer-reviewed for accuracy and completeness of presentation. Additionally, the study may also have been subject to the following Quality Assurance procedures:

- Review of protocol and protocol amendments for completeness, clarity and adequacy.
- Inspection and/or audit of critical phases of study conduct for compliance with protocol and PCR Corp procedures.

PCR Corp Quality Assurance would have informed PCR Corp management of any findings that may have affected the integrity of the study.

8 Retention of Data

All raw data generated by PCR Corp during the course of the study, and including the protocol and final report, will be retained in the PCR Corp Archive for a minimum period of five years from study completion. In the event of original data being transferred to the Sponsor at their request, exact copies will be so retained. At no time will archived data be destroyed without prior written approval of the Sponsor. All study data will be available at any time, by appointment, for inspection by the Sponsor or their authorised representative.

9 References

1. International Conference on Harmonisation of Technical Requirements for the Registration of Pharmaceuticals for Human Use. Note for Guidance on Good Clinical Practice, Consolidated Guideline. Step 4, Consolidated Guideline, 1/5/96. CPMP/ICH/135/95.
2. *World Medical Association (2013). "Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects". JAMA 310 (20): 2191–2194. doi:10.1001/jama.2013.281053*

RESULTS

1 Location and Dates of the Study

The study was performed at PCR Corp, in Manchester between 13th June 2022 and 15th August 2022.

2 Subjects

25 subjects were recruited into the study and 22 subjects completed.

Subject	Age	Gender
1	63	Female
2	57	Male
3	55	Male
4	25	Female
5	38	Male
6	34	Female
7	32	Female
8	35	Female
9	63	Male
10	29	Female
11	41	Female
12	60	Female
13	47	Female
14	42	Female
15	58	Female
16	50	Female
17	47	Female
18	46	Female
19	54	Female
20	51	Female
21	36	Male
22	46	Female
23	28	Female
24	56	Female
25	33	Female

3 Adverse events, Adverse Reactions and Subjects not Completing the Study

No adverse events or reactions were reported.

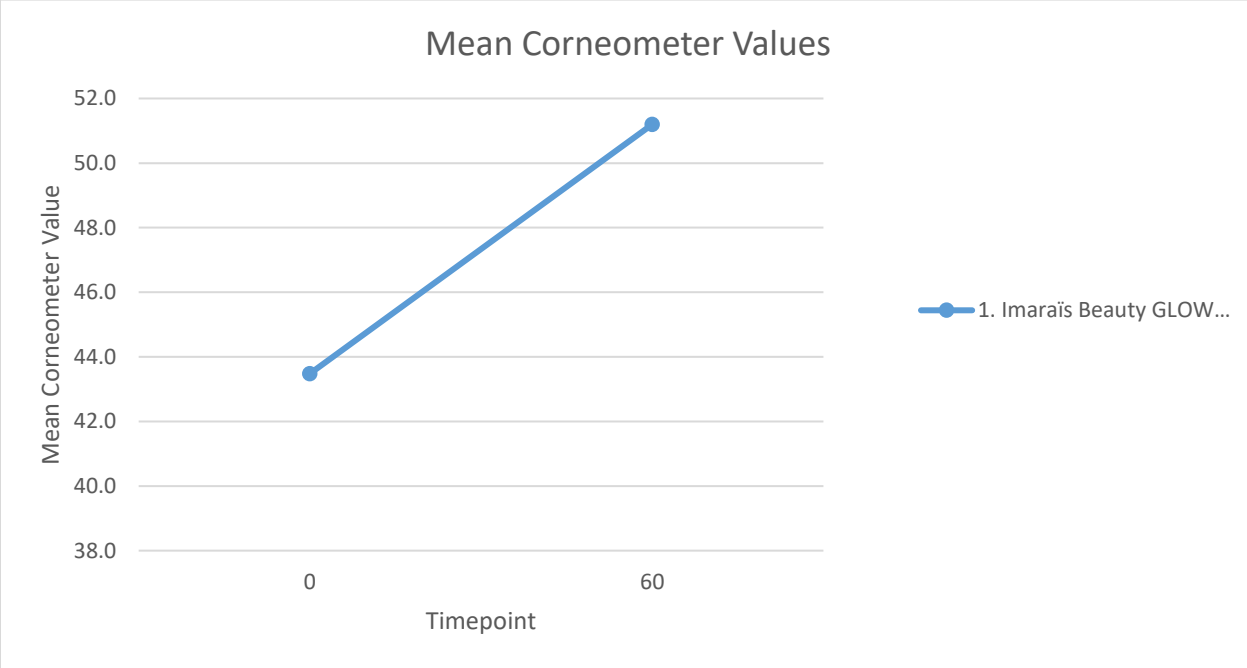
4 ASSESSMENTS

Corneometer

Mean Data	Timepoint (days)	
	0	60
1. Imaraïs Beauty GLOW (Plant Based Ingestible Skincare)	43.5	51.2

Statistical Analyses (versus BASELINE)	Timepoint (days)	
	0	60
1. Imaraïs Beauty GLOW (Plant Based Ingestible Skincare)		9.59E-12

Significant if p<0.05



Self-Perception Questionnaire – TopBox Analysis Strongly Agree + Agree

Questions	Day 60
1. My skin feels hydrated.	86.36%
2. My skin looks brighter.	86.36%
3. My skin feels a natural plump.	81.82%
4. My skin feels healthier.	81.82%
5. My skin feels and looks moisturized.	90.91%
6. My skin feels more firm.	77.27%
7. The product has improved my skin texture.	72.73%
8. This product has helped repair my skin barrier.	77.27%
9. This product has helped diminish my blemishes.	72.73%
10. Would you recommend this product to others?	86.36%

Conclusion

Under the conditions of the study, the test article performed statistically significantly at improving hydration of the face after 60 days. Therefore, under the conditions of the study the claims "Skin Hydration" can be substantiated.

Data from self-perception questionnaires show the test article performed highly favourable (>80%) on questions 1, 2, 3, 4, 5, and 10. Questions 6, 7, 8, and 9 showed majority preference (<50% - >80%). Therefore, under the conditions of the study, the claim "86.36% of users said Skin felt more hydrated after using this product for 60 days", and all other claims can be substantiated.

APPENDIX 1: INFORMED CONSENT

Study Code: IMACLI1T Subject #: _____

INTRODUCTION
You are being asked to participate in a research study. Prior to giving your consent to be a subject, it is important that you take the time to read and understand what your participation would involve. This consent form may contain technical language which you may not understand. If you do not understand any of this consent form, please ask the clinical staff any questions you may have.

You will be provided with a signed copy of this consent form and any other necessary written information prior to the start of the study.

OBJECTIVE
The objective of this study is to assess skin hydration efficacy of one test article via corneometer assessments and a Self-Perception questionnaire.

TEST ARTICLES
The test article will be supplied for you to use at home as directed for the duration of the study.

STUDY PROCEDURES
You will be one of approximately 25 subjects enrolled onto this study. Your participation in this study will last approximately 60 days and will include two visits to the testing facility.

Acclimatization at each visit

You will sit resting for a period of at least 30 minutes in a controlled environment at a temperature of 22°C ± 2°C and at a relative humidity of 45% ± 5%.

Visit 1- Baseline (Day 0):
You will attend the testing facility where informed consent will be obtained, and eligibility will be verified. If accepted, you will acclimatize in a temperature-controlled environment for 30 minutes. Once acclimatized, you will undergo baseline Corneometer readings. Once taken, you will be given the test article and instructions on usage for the next 60 days. You will then be given a time slot for your next visit.

Visit 2 Day 60:
You will return to the testing facility and be asked if there have been any changes to your health or medication since your previous visit. If there have been this will be documented in the report. You will acclimatize for at least 30 minutes and then undergo final Corneometer assessments. Once completed, YOU will be given a self-perception questionnaire to complete on how you found using the product. Once completed, you will be compensated for your time.

RISKS
To the best of our knowledge, these products are not expected to induce an allergic reaction. While the potential for irritation or other reactions during this study are minimal, it is possible for a reaction to occur.
No significant adverse reactions are expected to occur. However, if you develop an adverse reaction or complication as a result of your participation in this study, medical treatment will be provided by clinical staff nurses at PCR Corp or you will be referred for appropriate treatment at no cost to you, as long as you have followed the study instructions.

Provisions of such medical care is not an admission of legal responsibility. You will be followed by PCR Corp until the adverse reaction has resolved. No additional compensation will be available to you. Neither the sponsoring company nor the investigating company will be held responsible for any future medical expenses.

BENEFITS

While it is likely that you will not receive any direct benefit from your participation in the study, the study results may have the potential to increase scientific knowledge about skincare products and may allow for new and improved products to be marketed.

CONFIDENTIALITY

Information concerning you that is obtained in connection with this study will be kept confidential by Princeton Consumer Research, except that the sponsoring company whose products are being tested will receive a copy of the study records. The data will be uniquely coded to protect your identity. In addition, the study investigator, third party regulatory authorities, including the U.S. Food and Drug Administration (FDA), IRB/IEC or the sponsor (including monitors and auditors), may inspect the records of the study. Therefore, total privacy cannot be guaranteed.
Your signature on the Informed Consent provides your permission for these agencies to view your personal information and the study data.

IN CASE OF STUDY RELATED INJURY

If you are injured while participating in this study, Princeton Consumer Research will provide you with treatment. If your illness or injury is the result of the study products or any procedure required by the study that you would not have undergone, were it not for your participation in the study, the sponsor will pay usual and customary medical fees for reasonable and necessary treatment, provided you have not already otherwise been properly reimbursed by your insurance, a government program, or other third party coverage for such medical expenses. The sponsor is not responsible for expenses that are due to pre-existing medical conditions, underlying disease, procedures which would have been performed even if you were not participating in the study, your negligence or willful misconduct, or the negligence or willful misconduct of institution, principal investigators, or third parties. No funds have been set aside by the sponsor to compensate you for lost wages, disability, or discomfort due to your participation in this study. You do not give up any legal rights as a research participant by signing this consent form.

COMPENSATION FOR INJURY

No significant adverse reactions are expected to occur. However, if you develop an adverse reaction or complication as a result of your participation in this study, medical treatment will be provided by clinical study staff at Princeton Consumer Research, or you will be referred for appropriate treatment at no cost to you. Provisions of such medical care are not an admission of legal responsibility. You will be followed by Princeton Consumer Research until the adverse reaction has resolved. No additional compensation will be available to you. Neither the sponsoring company nor the investigating company will be held responsible for any future medical expenses.

In no way does signing this consent form waive your legal rights nor does it relieve the investigators, Sponsor or involved institutions from their legal and professional responsibilities.

To pay these medical expenses, the sponsor will need to know some information about you like your name, date of birth, and social security number or Medicare Health Insurance Claim Number. We will get this information from you in the event this becomes necessary. This is because the sponsor has to check to see if you receive Medicare and if you do, report the payment it makes to Medicare. The sponsor will not use this information for any other purpose.

FEMALES OF CHILDBEARING POTENTIAL
Pregnant and/or nursing women may not take part in this study. Signing and dating this consent form means that you are stating that you are not pregnant, planning a pregnancy, or nursing at the start of the study.
The test products may involve unknown risks to you, your nursing infant, or your unborn child if you become pregnant while on the study. By signing this form, you agree to practice an acceptable method of birth control for the duration of the study.

NEW FINDINGS
Any new information that is discovered during the study and which may influence your willingness to continue in the study will be made available to you.

MEDICAL TREATMENT
In the event of an emergency, dial 999. If you receive any medical care during the course of the study, inform medical personnel that you are participating in a research study. Please contact PCR Corp staff as soon as possible to inform them of your condition.

WHO TO CONTACT
If you have any questions about this study or in the case of an emergency, contact **Ashley Flores** on **813-864-7364** during normal business hours.

VOLUNTARY PARTICIPATION/WITHDRAWAL
Your participation in this research study is strictly voluntary. You may refuse to participate or may discontinue participation at any time during the study without penalty or loss of benefits to which you are otherwise entitled. However, you must contact the test facility and inform a clinical staff member of your decision to withdraw from the study.

If you agree to participate in the study, you are also agreeing to provide PCR Corp with accurate information and to follow study instructions as given to you. If you fail to follow study instructions, you may be asked to discontinue participation.

Your participation in the study may be discontinued at any time without your consent by PCR Corp, regulatory agencies, or the sponsoring company for reasons of but not limited to a severe side effect and accompanying illness, or if you do not follow study instructions.

NON-DISCLOSURE
As a condition to your participation in the study you are asked not to discuss any information regarding the products that you are testing, your experiences with the products, or your opinion of the products with anyone outside of the testing facility. By your signature on the Consent, you are agreeing to abide by this condition of participation.

COMPENSATION
If you agree to participate in this study, you will be paid £XX upon completion of the study.

HIPAA AUTHORIZATION

Federal regulations give you certain rights related to your health information. These include the right to know who will receive the information and how it will be used. The study investigator must obtain your authorization (permission) to use or release any health information that might identify you.

What information may be used and shared?

The study investigator and study staff may use and share your personally identifiable information as part of this research study. This may include your name, address, telephone number or other facts that could identify the health information as yours.

Examples of the information that may be used are:

- Medical records (from any doctor, hospital or other healthcare provider) related to side effects associated with study products or procedures.
- Information created or collected during the research. This could include your medical history, and dates or results from any physical exams, laboratory tests or other tests.

Who will receive information about you?

The study investigator and study staff may share your personal health information with:

- the sponsor, including persons or companies working for or with the sponsor
- the U.S. Food and Drug Administration (FDA)
- Department of Health and Human Services (DHHS) agencies
- other regulatory agencies of the US or other countries.
- IntegReview IRB

In all cases, your confidentiality will be maintained, and your identity will remain private.

Why will this information be used and/or given to others?

The sponsor and the groups above will use your health information:

- to complete this research
- to evaluate the results of the study
- to check that the study is being done properly
- to obtain marketing approval for new products resulting from this research

Is my health information protected after it has been given to others?

Your health information may be further shared by the groups above. If shared by them, the information will no longer be covered by this Authorization. These groups are committed to keeping your health information confidential.

What if I decide not to allow the use of my health information?

You do not have to sign this form. If you do not sign this form, you cannot take part in this research study.

May I withdraw or revoke (cancel) my permission?

YES. You may withdraw your permission to use and disclose your health information at any time. You can do this by sending written notice to the study investigator. If you withdraw your permission, you will not be able to continue being in the research study.

What happens if I want to withdraw my HIPAA authorization?

Information that has already been gathered may still be used and given to others. If you withdraw your permission to be in the study, no new health information will be gathered unless you have a side effect related to study products or procedures.

If you withdraw from the study but do not withdraw your HIPAA Authorization, new health information may be collected until this study ends.

Will my HIPAA authorization expire?

If you do not withdraw this Authorization, it will remain in effect.

The Investigator will keep this Authorization for at least 6 years.

May I review or copy the information obtained or created about me?
YES. You have the right to review and copy your health information. However, your access to this information may be delayed until the study is complete.
Your decision to withdraw your Authorization or not have you participate will not involve any penalty or loss of access to treatment or other benefits to which you are entitled.

CONSENT TO PARTICIPATE
I know that my participation in this study is voluntary and that I have the right to refuse to participate. I know that I may withdraw from the study at any time without penalty or loss of benefits to which I am otherwise entitled. If, at the discretion of the Investigator, it is best to discontinue my participation for reasons other than a failure to obey the directions of the study, I will be paid in full or for the portion of the study I have completed once the study is over.

CONSENT
I have read all of the pages of this consent form and have been given an opportunity to ask questions about this study. Answers to such questions (if any) were satisfactory. I am at least eighteen years old and without reservation give my consent to serve as a subject in this study. By signing this form, I have not given up any of my legal rights as a research subject. I will receive a copy of this signed consent document.

You are making a decision whether or not to participate. Your signature indicates that you have decided to participate, having read the information provided above.

Subject's Name Printed: First	**Middle Initial**	**Last**
Subject's Signature		**Date**
Signature of Person Conducting Consent Discussion		**Date**
Subject Number		

APPENDIX 2: PRE-TREATMENT QUESTIONNAIRE

Study Code: IMACLI1T

FOR OFFICE USE ONLY		
Subject No.		
Subject's Initials		
Age		
Race		
Fitz		
MALE / FEMALE		

STRICTLY CONFIDENTIAL

Inclusion Criteria		Yes	No
1.	Healthy volunteers (any ethnicity) with any skin type aged at least 18-65 years of age.	☐	☐
2.	Subject agrees to attend all study visits.	☐	☐
3.	Subject has signed a written informed consent.	☐	☐
Exclusion Criteria		**Yes**	**No**
1.	Subject is pregnant, nursing, or planning to become pregnant. Male N/A ☐	☐	☐
2.	Subject is currently using concurrent medication likely to affect the response to the test article or confuse the results of the study including anti-depressants, and Botox/collagen fillers.	☐	☐
3.	Heavy alcohol consumption in the opinion of the investigator.	☐	☐
4.	A fever in the last 12 hours, prior to start of the study.	☐	☐
5.	Significant past medical history of hepatic, cancerous, multiple sclerosis, high blood pressure, renal, Thrombosis/Phlebitis, cardiac, pulmonary, digestive, haematological, neurological, locomotor or psychiatric disease, which in the opinion of the Investigator would compromise the safety of the subject.	☐	☐
6.	Insulin-dependent diabetes.	☐	☐
7.	Concurrent medication likely to affect the response to the test article or confuse the results of the study including Botox/collagen fillers.	☐	☐
8.	Subject is not currently participating, at PCR or other clinical testing facility, in a study utilizing a supplement product or with conflicting inclusion/exclusion criteria.	☐	☐
9.	Pacemaker	☐	☐
10.	Photo Epilepsy for Light Therapy	☐	☐

Prohibitions & Restrictions		Yes	No
1.	Avoid Area: Metal pins/plates or silicone implants in face, open cuts and abrasions, skin and eye infections, severe sunburn, conjunctivitis, styes, and in-flare eczema/psoriasis on face	☐	☐
2.	Subject agrees to attend for all visits with clean face, free of makeup.	☐	☐
3.	Subject agrees to not use any other products in the testing area throughout the duration of the study.	☐	☐

Have you ever had any skin problems related to the use of any of the following types of material?

Material	Yes	No	When? – Which products? – What happens?
Skincare Supplement			
Other Personal Care Products – please specify			

Questionnaire checked and confirmed by:

_____ _____

Signature Date

APPENDIX 3: INCI LIST

TEST ARTICLE 1 – Imaraïs Beauty GLOW (Plant Based Ingestible Skincare)

Supplement Facts

Serving Size: 2 Gummies — Servings Per Container: 30

	Amount Per Serving	%DV*
Calories	10	‡
Total Carbohydrates	4 g	1%
Dietary Fiber	4 g	4%
Imaraïs Propietary Complex	187 mg	‡
Schizochytrium spp., Schizochytrium oil (Whole) (Marine Algae) providing 50mg of Docosahexaenoic Acid (DHA)		
Vitamin C, Vitamin C (Ascorbic Acid)		
Squalane Oil (from Olive)		

* Percent Daily Values (DV) are based on a 2,000 calorie diet.
‡ Daily Value Not Established

Other Ingredients: Non-GMO Soluble Corn Fiber, Purified Water, Natural Lemon Flavor, Agar, Sodium Citrate, Citric Acid, Lecithin, Black Carrot Juice, Stevia Leaf Extract, Coconut Oil, Carnauba Wax.

Distributed by: Adli Gummies Inc. 88 Blue Jays Way, Toronto, Ontario, Canada M5V 0L7.
Manufactured from domestic and imported ingredients.

‡These statements have not been evaluated by the Food and Drug Administration.

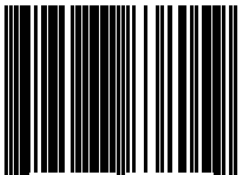
Recommended Dose: 2 Gummies, up to 3x daily.

Recommended Route of Administration: Oral.

Caution: If you are pregnant or breast feeding, consult a health care practitioner prior to use.

After product is opened, it should be used as directed within one month.
Always store your gummies in a cool, dry place.
Keep freshness pack in bottle after opening; always keep lid tightly closed.

crueltyfree



APPENDIX 4: SUBJECT INFORMATION SHEET

Study Code: IMACLI1T Subject No. _____

You have agreed to participate in a research study. By agreeing to participate, you are also agreeing to the following prohibitions and restrictions:

- Avoid Area: Metal pins/plates or silicone implants in face, open cuts and abrasions, skin and eye infections, severe sunburn, conjunctivitis, styes, and in-flare eczema/psoriasis on face
- Subject agrees to attend for all visits with clean face, free of makeup.
- Subject agrees to not use any other products in the testing area throughout the duration of the study.

The study schedule is as follows:

Visit 1 (Study timepoint - baseline): 13th June 2022 – Duration approx. 1 ½ hours

Visit 2 (Study timepoint – 60 Days): 15th August 2022 – Duration approx. 1 1/2 hours

Please attend all visits with clean face, free of make-up. If you come in for your visit and you are wearing make-up, you will be asked to wash your face on site and will be required to acclimate for a period of 30 minutes. This will extend your expected visit time by at least 30 minutes.

You must come in for all visits; no misses will be allowed. If you are unable to come in for a visit, your participation will be discontinued.

Upon completion of this study on w/e 15th August 2022 you will receive £XX for your participation.

If you have any questions about this study or in the case of a suspected allergic reaction, call **Ashley Flores** on **813-864-7364** during normal business hours.

USAGE INSTRUCTIONS:

2 gummies, up to 3x daily.

APPENDIX 5: SELF-PERCEPTION QUESTIONNAIRE

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. My skin feels hydrated.					
2. My skin looks brighter.					
3. My skin feels a natural plump.					
4. My skin feels healthier.					
5. My skin feels and looks moisturized.					
6. My skin feels more firm.					
7. The product has improved my skin texture.					
8. This product has helped repair my skin barrier.					
9. This product has helped diminish my blemishes.					
10. Would you recommend this product to others.					

***FOR INDIVIDUAL RESPONSES PLEASE REFER TO THE EXCEL SPREADSHEETS PROVIDED TO THE SPONSOR.**

APPENDIX 6: CORNEOMETER DATA

SUB NO	SITE	BASELINE				DAY 60			
		REPLICATE 1	REPLICATE 2	REPLICATE 3	MEAN	REPLICATE 1	REPLICATE 2	REPLICATE 3	MEAN
1	TREATED	33	32	36	33.7	38	41	40	39.7
2	TREATED	45	47	40	44.0	48	48	52	49.3
3	TREATED	55	51	57	54.3	64	59	64	62.3
4	TREATED	41	43	40	41.3	45	49	47	47.0
5	TREATED	50	48	50	49.3	63	53	58	58.0
6	TREATED	47	50	47	48.0	57	53	56	55.3
7	TREATED	53	53	53	53.0	D/O	D/O	D/O	D/O
8	TREATED	30	32	27	29.7	D/O	D/O	D/O	D/O
9	TREATED	48	47	52	49.0	56	59	57	57.3
10	TREATED	38	41	43	40.7	49	44	44	45.7
11	TREATED	55	55	56	55.3	64	63	65	64.0
12	TREATED	43	47	42	44.0	50	53	51	51.3
13	TREATED	38	41	42	40.3	44	41	45	43.3
14	TREATED	37	37	39	37.7	45	40	44	43.0
15	TREATED	46	41	45	44.0	52	60	55	55.7
16	TREATED	52	51	55	52.7	64	65	62	63.7
17	TREATED	34	39	36	36.3	34	38	39	37.0
18	TREATED	44	40	48	44.0	D/O	D/O	D/O	D/O
19	TREATED	36	31	31	32.7	47	39	43	43.0
20	TREATED	49	44	53	48.7	55	63	58	58.7
21	TREATED	45	48	46	46.3	58	58	53	56.3
22	TREATED	44	43	43	43.3	49	53	51	51.0
23	TREATED	47	49	45	47.0	60	52	55	55.7
24	TREATED	37	37	32	35.3	45	45	44	44.7
25	TREATED	38	38	33	36.3	44	45	44	44.3
MEAN		43.4	43.4	43.6	43.5	51.4	51.0	51.2	51.2
STDEV		7.0	6.7	8.3	7.1	8.6	8.5	7.7	8.0