AUCKLAND REGENERATIVE CLINIC

CONSENT FOR INTRAVENOUS AUTOLOGOUS PURE EXPANDED STEM CELL THERAPY

This consent form is for the intravenous (IV) autologous (your own) Pure Expanded Stem Cells treatment offered by Auckland Regenerative Clinic (experimental therapy).

PATIENT NAME: …….....

Instructions: 2 days prior to therapy we recommend intermittent fasting 12-16 hours (if you can), good water hydration, avoid coffee/tea/alcohol to maximize the effects of the therapy

IMPORTANT (before you sign)

- If you are taking any blood thinning medication such as (Warfarin, Dabigatran, Rivaroxaban) we do not treat patients as there is danger of bleeding.
- If you are on Aspirin or Clopidogrel or Dipyridamole then inform me as it could lead to bleeding, so we need to stop them for a while.
- Those with any form of active cancer including skin and especially melanoma cannot be treated with Expanded Stem Cell treatment as might activate the cancer.
- Patients who are pregnant or trying to conceive, please inform us immediately before you sign this consented.

PLEASE READ CAREFULLY

I certify that Dr. Hassan Mubark explained to me, in terms I could understand, and answered my questions about:

1. The diagnosis and the nature of the illness or conditions.
2. The proposed treatment, which was described as an experimental treatment, including the option of no treatment or conventional treatment.
3. The IV infusion will be done under the specialist supervision on a one-to-one basis at a specialist accident and emergency clinic within a well-equipped medical center where the patient's vital signs will be closely monitored. This will include blood pressure, pulse, oxygen saturation and the respiratory rate.
4. International studies have found the IV treatment of autologous Mesenchymal cells to be safe.
5. Research studies have indicated the potential benefits of this treatment can relieve symptoms and might slow the progression of the illness.
6. **The risks of the experimental therapy and the outcomes could include complications of:**

- No benefit - just like any therapy it might not work despite our best practices and efforts
- Infection- the scientists sterilize the stem cells & we use sterile technique
- Pain flare-ups - transient
- Transient fever- likely to resolve
- Headache/fatigue - transient
- Increased heart rate/fast breathing – the cells can pass the lungs. We monitor that
- With any experimental therapy other side effects and reactions could happen including life threatening complications
- Long term safety data is unknown although the cells are your own

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Auckland Regenerative Clinic will not refund or pay any compensation in case any complications occur. I, as a patient (or legal guardian), will not complain to any lawyer or health authority or hold Auckland Regenerative Clinic responsible for not benefiting from the alternative cellular therapy. The company will make their best efforts to assist patients in exercising their freedom of choice in selecting stem cell therapy.

I acknowledge that stem cell medicine is not an exact science and that no guarantee or assurance has been given by anyone as to the results that may be obtained by my consent to treatment. No refund will be issued if no benefit is achieved despite our best efforts.

Practitioner's Affirmation of Discussion

I, Dr. Hassan Mubark acknowledge that I provided relevant information regarding the applicable points noted above, concerning the course of treatment I am recommending.

I confirm I gave the patient an opportunity to ask questions and I answered those questions in terms the patient could understand to his/her satisfaction. I confirm that I provided my contact details including mobile and email address, for patients to contact anytime needed after the procedure.

Patient signature: ……..... Date: ……

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