

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH REGISTRY

Peptide Pure Research Network | Template for Participating Sites

SITE INFORMATION (Complete for your practice)

Site Name / Clinic

Site Number

Address

Phone

Website

Principal Investigator / Supervising Physician

REGISTRY TITLE

A Prospective, Multi-Center, Observational Registry of Peptide-Based Therapeutic Protocols for Metabolic Optimization, Musculoskeletal Recovery, and Age-Related Functional Decline in Adults
Protocol: PPRN-001-2025 | IRB Approval: IRCM-2025-467 | Approved: December 3, 2025 | Continuing Review: December 2, 2026

1. PURPOSE

The purpose is to collect real-world information from patients who are already choosing to use therapeutic peptides as part of their regular medical care. We want to learn more about dosing, safety, and outcomes for wellness, metabolism, recovery, energy, libido, skin/hair, and overall quality of life.

2. WHAT WILL HAPPEN IF I JOIN?

- You will receive peptide therapy only if you and your doctor decide it is right for you.
- The registry does not provide, require, or pay for any peptides or treatments.
- At regular visits, we will record basic health information and ask simple questions about energy, pain, appetite, sleep, libido, and overall well-being.
- Data is collected at follow-up visits (typically 4-8 weeks, 16 weeks, 6 months, and 12 months).

3. DURATION

You will be followed for up to 12 months unless you choose to leave earlier.

4. RISKS

Risks are the same as receiving peptide therapy outside the registry and may include: injection-site redness, swelling, or pain; temporary nausea, headache, fatigue, or appetite changes; rare allergic reactions; extremely rare drops in blood pressure or fainting. These risks are considered minimal.

5. BENEFITS

You may or may not experience personal benefit. Possible benefits reported by other patients include improved energy, faster recovery, better body composition, skin/hair improvements, and overall well-being.

6. PRIVACY

Your name will be replaced with a study code. All data will be stored in a secure, encrypted, Part-11-compliant system. Only clinic staff and the IRB may see identifiable records.

INFORMED CONSENT (continued)

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7. ALTERNATIVES

You can choose not to use peptides at all or to use different wellness treatments (diet, exercise, hormones, supplements, FDA-approved medications, etc.). Not joining the registry will not affect your care.

8. COST / PAYMENT

There is no payment for joining and no cost for research activities. You will pay your usual fees for office visits, labs, and peptides exactly as you would outside the registry.

9. VOLUNTARY PARTICIPATION

Participation is completely voluntary. You can leave at any time for any reason with no penalty and no change in your medical care.

10. PREGNANCY

Many peptides can affect an unborn baby. If you are female and able to become pregnant, you must have a negative pregnancy test before starting any peptide and must use effective birth control while on treatment.

11. QUESTIONS

For questions about the registry, contact your clinic. For questions about your rights as a participant:

JP Faber, Institute of Regenerative and Cellular Medicine IRB

Email: jpfaber@ircm.org | Phone: (786) 271-2157

STATEMENT OF VOLUNTARY CONSENT

I have read this consent form (or it has been read to me). All my questions have been answered. I understand that joining this registry is voluntary and that I can withdraw at any time without penalty.

I agree to participate in this research registry.

Participant Name (printed)

Participant Signature

Date

Person Obtaining Consent (printed)

Signature

Date
