INFORMED CONSENT TO PARTICIPATE IN A RESEARCH REGISTRY

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
Principal Investigator: Dr. M. Scott Mortensen, MD, MPAS, MLT
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You are being asked to join a research registry.

This form explains what the registry is about, what will happen if you join, the possible risks and benefits, and your rights as a participant. Please read this carefully and ask any questions before you sign.

1. What is the purpose of this registry?

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 how well these treatments work for wellness, metabolism, recovery from injury, energy, libido, skin/hair health, and overall quality of life. This is a large national registry that may eventually include up to 1,000,000 adults across the United States.

2. What will happen if I join?

- You will receive peptide therapy only if you and your doctor decide it is right for you — exactly the same way you would if you were not in the registry.
- The registry does not provide, require, or pay for any peptides or treatments.
- At your regular office visits, we will record basic health information (weight, blood pressure, lab results if you get them, how you feel, etc.) and ask you simple questions about energy, pain, appetite, sleep, libido, and overall well-being.

- You can expect to have this information collected at your usual follow-up visits (often around 4–8 weeks, 16 weeks, 6 months, and 12 months, but the timing is flexible).

3. How long will I be in the registry?

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

4. What are the possible risks or discomforts?

The 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 or stomach upset
- Extremely rare drops in blood pressure or fainting

These risks are considered **minimal** and are similar to or lower than risks from many FDA-approved injectable medications (for example, testosterone, semaglutide, or vitamin injections).

5. What are the possible benefits?

You may or may not experience personal benefit. Possible benefits reported by other patients include improved energy, faster recovery from injuries, better body composition, skin/hair improvements, libido, and overall sense of well-being. The main benefit of the registry is to help doctors and future patients by creating organized safety and outcome information.

6. Are there other treatment choices?

Yes. 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 in any way.

7. Will my information be kept private?

Yes. Your name will be replaced with a study code. All data will be stored in a secure, encrypted, Part-11-compliant electronic system. Only the clinic staff and the IRB may see your identifiable records. The FDA or the Institute of Regenerative and Cellular Medicine IRB may inspect the records, but your name will not be shared outside the

research team.

8. Will I be paid or charged for being in the registry?

No. There is no payment for joining and no cost for the research activities. You will pay your usual fees for office visits, labs, and peptides (if you decide to get them) exactly as you would outside the registry.

9. Can I stop or leave the registry?

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

10. What if I am or might become pregnant?

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. Tell your doctor immediately if you think you might be pregnant — treatment will be stopped right away.

11. Who can answer my questions?

- For questions about the registry: call your doctor or clinic staff at [phone number].
- For questions about your rights as a research participant, or if you feel you have been harmed, you may contact an impartial third party not associated with this study:

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:_____