



International Cellular Medicine Society

Investigational Procedure Acknowledgement, Mandatory ICMS Registry Participation, and No Guarantee

Dear Patient,

Investigational Procedure and ICMS Registry

By signing this form you will agree that you are electing to have an “investigational procedure” involving the use of your own stem cells. This means that this procedure is not currently the standard of care in the medical community. As a result, there is the requirement that you enter into a non-profit “Re-implantation Registry” through the International Society for Cellular Medicine (ICMS). The ICMS registry requires a one-time \$350 donation in exchange for tracking the outcome and any potential complications of your procedure. While we believe the risk of complications with this procedure to be very low, the ICMS Re-implantation Registry allows many medical practices using adult stem cells to share data.

You will receive periodic communications from ICMS and be required to fill out tracking forms that detail the status of your medical condition and any new medical conditions or diagnoses since your stem cell procedure. If you report a potential complication, this will be tracked through ICMS and reviewed both by your treating physician and the medical director of the ICMS registry.

No Guarantee

While we strive to provide patients candidacy forms that rank them as “GOOD”, “FAIR, and “POOR” candidates, like any medical or surgical procedure, any individual patient may or may not respond to this procedure. By signing this form you also acknowledge that there is no guarantee being provided that this procedure will be effective for your medical condition.

Patient Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Close Relative Phone: _____

E-mail Address _____