Harmony Community Clinic
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Informed Consent: Peptide Therapy

Patient name (print) _____ Date of birth _____ Date _____

1. Treatment description

Peptides are short chains of amino acids that act as signals in the body. They are usually given as small injections under the skin, prepared by a licensed compounding pharmacy. The peptide(s) recommended for me:

- ☐ BPC-157
- ☐ GHK-Cu (injectable)
- ☐ Epitalon
- ☐ TB-500
- ☐ PT-141 (bremelanotide)
- ☐ Semax
- ☐ MOTS-c
- ☐ Ipamorelin / sermorelin
- ☐ Methylene blue
- ☐ Other: _____

2. Important disclosures

- **Most of these peptides are not FDA-approved for any medical use.** Their use is considered off-label or investigational.
- Much of the evidence comes from laboratory and animal studies, with few or small human studies. Long-term safety in humans is not known.
- Compounded peptides are not reviewed by the FDA for safety, effectiveness, or quality (see form HCC-10).
- The federal rules about which peptides compounding pharmacies may prepare are under active review and changing. A peptide may become unavailable without notice.
- Many peptides, including BPC-157, TB-500, and growth-hormone-releasing peptides such as ipamorelin and sermorelin, are banned in competitive sports (WADA) and by the military. Athletes and service members may test positive.

I understand these peptides are not FDA-approved and that their long-term safety is unknown. _____ Initials

3. Possible side effects

- All peptides: pain, redness, itching, or swelling at the injection site; allergic reaction; headache; dizziness; fatigue; nausea; flushing; infection at the injection site; unknown long-term effects.
- Peptides that promote tissue growth, healing, or blood vessel formation (such as BPC-157, TB-500, ipamorelin, sermorelin): theoretical risk of stimulating the growth of existing tumors. They are not used in people with active cancer or a recent history of cancer.
- Ipamorelin / sermorelin: water retention, joint pain, numbness or tingling in the hands, increased hunger, higher blood sugar.
- PT-141: nausea (common), flushing, headache, a temporary rise in blood pressure, and darkening of the skin with repeated use. Not used with uncontrolled high blood pressure or heart disease.
- GHK-Cu: injection pain; not used in people with copper sensitivity or Wilson's disease.
- MOTS-c and Semax: changes in blood sugar, irritability, headache, or sleep changes; limited human data.
- **Methylene blue:** can cause a dangerous reaction called serotonin syndrome when combined with antidepressants (SSRIs, SNRIs, MAOIs, tricyclics) and some other medications such as tramadol. It can cause severe anemia in people with G6PD deficiency. It turns urine blue-green and is not used in pregnancy.

I have read and understand the possible side effects listed above. _____ Initials

4. Screening questions

	Yes	No
Do you have active cancer or a history of cancer?	☐	☐

	Yes	No
Do you take antidepressants or other mood medications?	☐	☐
Do you have G6PD deficiency?	☐	☐
Do you have uncontrolled high blood pressure or heart disease?	☐	☐
Do you have diabetes or problems with blood sugar?	☐	☐
Are you a competitive athlete, in the military, or subject to drug testing?	☐	☐
Are you pregnant, breastfeeding, or planning a pregnancy?	☐	☐

5. Alternatives

Alternatives include FDA-approved medications where available, physical therapy, nutrition and exercise programs, referral to a specialist, or no treatment.

For patients who can become pregnant: I confirm that, to the best of my knowledge, I am not pregnant and not breastfeeding, and I will tell the provider right away if I become pregnant, plan to become pregnant, or begin breastfeeding.

No guarantee: I understand that medicine is not an exact science. Results vary from person to person, and no promise or guarantee has been made to me about the results of this treatment.

Right to refuse or stop: I may refuse this treatment or stop it at any time. Stopping will not affect my right to receive other care at Harmony Community Clinic. Charges for services already provided or medications already dispensed still apply.

If I have a severe reaction, such as trouble breathing, swelling of the face or throat, chest pain, fainting, sudden vision changes, or severe pain, I will call 911 or go to the nearest emergency room right away, and then notify the clinic.

I voluntarily choose peptide therapy after discussing the risks, benefits, and alternatives. _____ Initials

Signatures

By signing below, I confirm that I have read this form (or had it read to me) in a language I understand, that I had the opportunity to ask questions and all of my questions were answered, and that I agree to its terms voluntarily.

_____ Patient name (print)

_____ Patient signature

_____ Date

_____ Parent / guardian / legal representative (print, if applicable)

_____ Relationship to patient

_____ Representative signature

_____ Date

_____ Provider name and credentials

_____ Provider signature

_____ Date



Tell us about your visit

Your opinion helps other families find quality care. After your visit, scan this code with your phone camera to leave Harmony Community Clinic a review on Google.

Thank you for trusting us with your health.