REBEL MED NW · Naturopathic & Integrative Medicine

Informed Consent for Peptide Therapy

5401 Leary Ave NW, Suite 202, Seattle, WA 98107 · 206-297-6013

Patient name: _____ Date of birth: _____

Date: _____

This form describes peptide therapy so you can make an informed decision. It explains the nature of the treatment, its anticipated benefits, its material risks and complications, and the recognized alternatives — including no treatment — as required by Washington law (RCW 7.70). Please read it carefully, ask every question you have, and initial each section to confirm you have read and understood it. Do not sign until all of your questions have been answered to your satisfaction.

1. What peptide therapy is (nature and character of the treatment)

Peptides are short chains of amino acids — the building blocks of proteins. Some occur naturally in your body as signaling molecules; others are synthetic copies or modified versions designed to imitate or extend a biological signal. Depending on the specific peptide and your care plan, peptide therapy may involve self-administered subcutaneous (under-the-skin) injections, oral capsules, nasal sprays, or topical preparations, typically over a course of weeks to months, alongside monitoring visits and laboratory work.

The specific peptide(s), dose, route, schedule, and duration prescribed for me are:

Peptide	Route	Dose & schedule	Dispensing pharmacy

A peptide-specific patient guide has been provided for each peptide prescribed. Peptide-specific disclosures are summarized in Appendix A of this form.

Patient initials: _____

2. Regulatory status — what you must understand

- **Compounded drugs are not FDA-approved.** The U.S. Food & Drug Administration does not verify the safety, effectiveness, or quality of compounded drugs before they are marketed.
- **Most peptides offered in this program have never been approved by FDA for any use,** and their benefits are not established by controlled human trials. A small number (for example, tesamorelin and elamipretide) are FDA-approved for one narrow condition and are being used off-label for a different purpose; off-label prescribing by a licensed physician is legal but means FDA has not evaluated that use.
- **The regulatory landscape is changing.** In July 2026, an FDA advisory committee recommended several peptides for the list of substances pharmacies may compound. Those were advisory votes — not drug approvals and not final FDA decisions. My provider and the dispensing pharmacy will confirm the current status of any peptide I am prescribed, and availability may change.
- **Product source matters.** This clinic sources peptides only through licensed compounding pharmacies or FDA-registered outsourcing facilities. I agree not to substitute products purchased from online “research chemical” sellers — such products are not made for human use, and their identity, sterility, and purity are unverified.

Patient initials: _____

3. Anticipated benefits — and no guarantee

Depending on the peptide and my goals, hoped-for benefits may include support for tissue and soft-tissue recovery, gut health, metabolic and body-composition measures, sleep, skin quality, or cognitive function. These are proposed benefits, based on limited human research, animal studies, and clinical experience — for many peptides they have not been proven in controlled human trials. I understand that no outcome has been promised or guaranteed to me, that individual results vary widely, and that some patients experience no benefit at all. Anything told to me about expected results is an estimate, not a promise.

Patient initials: _____

4. Material risks and complications

Known and reported risks of peptide therapy include, but are not limited to:

- Injection-related: pain, redness, swelling, itching, bruising, or lumps at the injection site; skin infection; injury to superficial nerves or vessels from self-injection.
- Allergic reactions: rash, hives, and itching; rarely, serious hypersensitivity including anaphylaxis, which can be life-threatening and requires emergency care (call 911).
- Immune reactions (immunogenicity): the body may develop antibodies against a peptide; the consequences of this are not fully known.
- Compounded-product risks: contamination, incorrect potency (too much or too little active ingredient), or synthesis-related impurities — FDA has specifically cited impurity and immunogenicity concerns for several compounded peptides.
- Hormonal and metabolic effects (growth-hormone-axis peptides such as sermorelin, tesamorelin, ipamorelin blends): fluid retention, joint or muscle aches, tingling or carpal-tunnel symptoms, elevated blood sugar or new glucose intolerance/diabetes, and elevated IGF-1 requiring lab monitoring.
- Blood-sugar effects (metabolic peptides such as MOTS-c): theoretical risk of low blood sugar, particularly with insulin or other glucose-lowering medications.
- Nervous-system effects (neuroactive peptides such as Semax): restlessness, anxiety, insomnia, headache, or mood changes.
- Theoretical cancer-related risk: several peptides promote cell growth, blood-vessel formation, or growth-hormone/IGF-1 signaling. Whether this can promote the growth of an existing or undetected tumor in humans is unknown. Peptide therapy is generally avoided with active cancer, and any cancer history requires specific discussion with my provider.
- Unknown risks: for many peptides there are no controlled human safety studies and no long-term human safety data. Risks not yet identified by medical science may exist, including effects on fertility, pregnancy, and long-term health.

Peptide-specific risks are described in Appendix A and in the patient guide(s) I have received.

Patient initials: _____

5. Alternatives, including no treatment

I understand that recognized alternatives exist and have been discussed with me, including: FDA-approved prescription medications relevant to my goals (for example, approved therapies for metabolic disease, weight management, hormone deficiency, or pain); physical therapy, structured exercise, and rehabilitation; nutrition, sleep, and lifestyle interventions; other conventional medical or surgical treatments where

applicable; and declining treatment or choosing watchful waiting. Each alternative — including doing nothing — has its own benefits and risks, and I have had the opportunity to discuss them. I understand FDA-approved options, where they exist for my situation, have been evaluated for safety and effectiveness in ways compounded peptides have not.

Patient initials: _____

6. Special populations and exclusions

- **Pregnancy and breastfeeding:** Peptide therapy must not be used during pregnancy or while breastfeeding — safety is unknown. I confirm I am not pregnant or breastfeeding, will use reliable contraception if pregnancy is possible for me, and will stop therapy and notify the clinic immediately if I become pregnant.
- **Cancer:** I have disclosed any history of cancer. I understand active malignancy generally excludes peptide therapy at this clinic.
- **Athletes and service members:** Many peptides — including BPC-157, TB-500/thymosin beta-4, MOTS-c, sermorelin, tesamorelin, and ipamorelin — are prohibited at all times by the World Anti-Doping Agency, and some are prohibited for U.S. military service members. If I am subject to drug testing, I am responsible for checking my substances (GlobalDRO.com; my athletic organization; my command) and I accept all eligibility and career consequences of my decision to use peptide therapy.
- **Minors:** Peptide therapy in this program is for adults 18 and older.

Patient initials: _____

7. Monitoring and my responsibilities

- Attend scheduled follow-up visits and complete recommended laboratory work (which may include IGF-1, glucose or HbA1c, and other labs depending on the peptide).
- Use the medication only as prescribed — for me alone; never share, sell, or transfer it; never change my dose without talking to the clinic.
- Store products as directed, use sterile technique, never reuse needles, and dispose of sharps in an approved container.
- Report side effects promptly to the clinic. I can also report suspected side effects of any drug product to FDA MedWatch (1-800-FDA-1088; fda.gov/medwatch). For emergencies, call 911.
- Inform the clinic of all medications, supplements, and health changes, and inform my other healthcare providers that I am using peptide therapy.

Patient initials: _____

8. Financial disclosure

Peptide therapy is elective and is provided on a cash/self-pay basis. It is not billed to insurance, and I understand it is unlikely to be covered or reimbursed by insurance, Medicare, or Medicaid. I am responsible for the cost of the medication, supplies, visits, and laboratory monitoring. Refunds for dispensed medication are generally not possible; the clinic's standard financial policies apply. I have had the opportunity to ask about all costs before starting.

Patient initials: _____

9. Voluntary participation and right to withdraw

My participation is completely voluntary. I may decline peptide therapy, and I may stop at any time, for any reason, without penalty and without affecting my other care at this clinic. My provider may also stop the

therapy at any time if it appears unsafe, ineffective, or no longer appropriate — or if its regulatory status changes.

Patient initials: _____

10. Telehealth (if applicable)

If any part of my peptide care is delivered by telehealth, I consent to that mode of care and understand its limits (no hands-on examination; technology and privacy risks; the option to request an in-person visit at any time).

Patient initials: _____

11. Acknowledgment and consent

I have read this form (or had it read to me) in language I understand. The nature of peptide therapy, its anticipated benefits, its material risks and complications, and the alternatives — including no treatment — have been explained to me. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I have received the peptide-specific patient guide(s) for the products prescribed to me. I do not have to sign this form, and I know I can change my mind at any time.

Knowing all of this, I voluntarily consent to peptide therapy as prescribed by my Rebel Med NW provider.

_____

Patient signature Date: _____

_____

Legal representative (if applicable) — authority: _____ Date: _____

_____

Witness (clinic staff) Date: _____

Provider attestation: I have discussed the nature of this treatment, its anticipated benefits, material risks, and alternatives (including no treatment) with this patient, answered the patient's questions, and provided the peptide-specific guide(s). In my judgment the patient understands this information.

_____

Provider signature Date: _____

Appendix A — Peptide-Specific Disclosures

Status current as of August 2026; regulatory status of compounded peptides is in transition and is confirmed at the time of prescribing. “Not FDA-approved” means the substance has never been approved as a drug in the United States for any use.

Peptide	FDA / regulatory status	Human evidence	Key specific risks	WADA (athletes)
BPC-157	Not FDA-approved; July 2026 advisory-committee recommendation only	No controlled trials; one small uncontrolled case series	Unknown long-term safety; theoretical tumor-vessel growth; avoid with cancer history	Prohibited at all times (S0); also DoD-prohibited
TB-500 / Thymosin β-4	Not FDA-approved; July 2026 advisory-committee recommendation only	Trials only of full-length Tβ4 eye drops/IV; none for injected TB-500	Unknown long-term safety; theoretical tumor promotion (Tβ4 elevated in some cancers)	Prohibited at all times (S2.3, named)
MOTS-c	Not FDA-approved; July 2026 advisory-committee recommendation only	No published human trials of MOTS-c; analog Phase 1 only	Unknown long-term safety; possible low blood sugar with diabetes medications	Prohibited at all times (S4.4, named)
GHK-Cu (injectable)	Not FDA-approved as a drug; injectable not yet reviewed by FDA advisory committee (topical cosmetic use is separate)	Topical: modest studies. Injectable: no human trials	No injectable human safety data; copper handling (avoid in Wilson's disease); possible lightheadedness	Not named; catch-all category may apply — verify
Semax	Never evaluated by FDA (approved drug in Russia only); July 2026 advisory-committee recommendation only	Small Russian studies, mostly intranasal; injected route unstudied	Overstimulation, insomnia, anxiety; transient glucose elevation; limited safety database	Not named; status ambiguous — verify
Tesamorelin	FDA-approved (EGRIFTA) only for HIV-associated lipodystrophy; other uses off-label; compounded versions not FDA-approved	Strong trials in HIV populations; extrapolated elsewhere	Elevated blood sugar/diabetes risk; joint aches; swelling; carpal tunnel; IGF-1 elevation; contraindicated with pituitary disruption, active cancer, pregnancy	Prohibited at all times (S2.2, named)
Sermorelin	Formerly FDA-approved (Geref; withdrawn for commercial, not safety, reasons); compounded product not FDA-approved; adult use off-label	Small GHRH-class trials in older adults	GH-axis effects (fluid retention, joint aches, glucose changes); avoid with active cancer, pregnancy	Prohibited at all times (S2.2, named)
SS-31 (elamipretide)	FDA-approved (FORZINITY, 2025) only for Barth syndrome; compounded SS-31 is not the approved	Trials in rare mitochondrial disease; Long COVID data very limited	Injection-site reactions; limited long-term data outside trials	Not named — verify current list

Peptide	FDA / regulatory status	Human evidence	Key specific risks	WADA (athletes)
	product; other uses off-label/investigational			

Template prepared August 2026 for Rebel Med NW (Seattle, WA). For clinical use after review by a Washington-licensed healthcare attorney. This form is paired with the "Peptide Therapy — Assumption of Risk, Release & Agreement" and peptide-specific patient guides. RCW 7.70.050/.060-informed.