**Informed Consent for Blood Sampling & Testing**

**Platelet-Rich Plasma Characterization and Quality Control of Protocols**

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator/Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have been asked to participate in product testing for the characterization of our PRP protocols under the direction of [PROVIDER NAME]. Please read the below instructions and ask questions about anything you do not understand. The duration of your participation is limited to reviewing and completing this form, and providing a minimal sample of the whole blood and PRP used for today’s treatment.

Consent is voluntary and not mandatory to receive treatment today.

**Purpose**

Results of this testing enable your provider’s facility to characterize and evaluate current orthobiologic protocols.

**Procedure**

If you consent to participate, we will proceed with a routine blood draw and PRP processing. We will collect a small sample from the whole blood and PRP (about 2-10 drops each) aliquots, and send them to an off-site lab for testing. Testing will include a Complete Blood Count of both samples. The testing facility will have no identifying information about you, your condition, or your treatment plan. Sample data is communicated using randomly generated sample IDs. Upon analysis of samples, your sample will be destroyed.

**Potential Risks & Benefits**

There are no associated risks as you will have blood drawn and processed for PRP, as was previously scheduled and discussed. The amount of sample required for testing is negligible and will have no overall impact on your treatment plan.

You will not derive any direct benefit from consenting to analysis, but the potential benefit to the community includes an increased understanding of autologous orthobiologic formulations and their impact on various conditions.

**Findings**

Any clinical findings developed during testing of your samples will not be relayed to you as this testing is done only for research purposes.

**Privacy and Confidentiality**

No samples will be sent for testing without your consent. If you agree, no information which identifies you will be provided to the testing facility.

Signature of Participant/Patient/Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Provider

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**