INFORMED CONSENT FORM

Exosome-Based Treatment – Product/Regulatory Verification Required

DRAFT: Not valid for clinical use before product verification, individualized planning and clinician counseling.

PATIENT DETAILS

Hasta adı soyadı / Patient full name: _____

Doğum tarihi / Date of birth: _____

Hasta dosya no / Patient file no: _____

Tarih ve saat / Date and time: _____

Klinik / Facility: _____

Procedure and method

“Exosome” may refer to materially different products and origins. Topical cosmetic use, use after microneedling and injection are different routes. This form is NOT authorization to proceed unless provenance, composition, legal classification, authorization and route are verified. Clinical effectiveness and long-term safety evidence may be limited.

Potential risks and complications

Depending on product and route, risks may include allergy, redness, infection, contamination, inflammation, unexpected immune responses and unknown delayed/long-term harms. Legal eligibility of injection or other invasive use must be separately established. Skin rejuvenation claims cannot be guaranteed.

Alternatives

Decline the product; discuss skin care and alternatives with better-established evidence where appropriate.

Aftercare and emergency signs

Seek prompt care for fever, increasing inflammation, pus, rash or respiratory symptoms. Establish follow-up and adverse-event reporting.

Mandatory procedure-specific verification

MANDATORY: Verify complete product/manufacturer, human/animal/plant origin, ingredients, Turkish regulatory classification/authorization, intended route, sterility, lot and indication before proceeding.

CLINICIAN MUST COMPLETE BEFORE TREATMENT

Exact product/device, manufacturer, batch and authorization: _____

Ingredients / concentration / dose / volume and route: _____

Anatomical sites, treatment plan and sessions: _____

Patient-specific risks, allergies and relevant conditions: _____

Procedure-specific emergency response and follow-up: _____

General safety information

Disclose medical history, allergies, infection, herpes, abnormal scarring, immune conditions, bleeding risks, medications, pregnancy/breastfeeding and previous aesthetic procedures. Do not discontinue prescribed medicines without medical advice.

Expectations, further sessions and emergencies

Results vary and symmetry, a specific outcome or durability cannot be guaranteed. Extra sessions, correction or treatment may be required and their benefits, risks and costs should be discussed separately. Severe allergy, breathing difficulty, vision change or unexpected intense pain needs urgent assessment.

Counseling and privacy

This document does not replace clinical examination and verbal counseling. Clinical photos are sensitive health information. Consent for advertising or social media use is separate and is NOT granted here.

PATIENT DECISION AND SIGNATURES

The actual planned treatment/product/device, potential benefits, uncertainties, material risks, alternatives and my right to decline have been explained in a language I understand. My questions were answered. I understand that outcomes are not guaranteed and that I may withdraw consent before treatment.

[ ] I consent [ ] I decline / defer

Patient printed name and signature: _____

Counseling physician: Op. Dr. Mert Sandıkcı / signature: _____

Legal representative if required / signature: _____

Interpreter and language if required / signature: _____

Signature date and time: _____

DRAFT • Not a final patient consent form until reviewed by the treating physician and legal counsel.