

## The Stem Cell Club

640 E. 700 S. STE 304 · St. George, UT 84790 · 435-281-2999 · [thestemcellclub.com](http://thestemcellclub.com)  
 9830 W. Tropicana Ave · Las Vegas, NV · 89147

## PATIENT RECORD & INFORMED CONSENT

*Human Cellular & Tissue-Based Product (HCT/P) Therapy*

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**PURPOSE OF THIS DOCUMENT.** This is a complete, sealed record of the patient intake, medical disclosure, informed consent, and electronic signature captured for the named patient on the date shown above. It is intended for use as (1) a clinical chart record, (2) a copy provided to the patient for their records, and (3) a legally-defensive record of consent suitable for production to legal counsel, regulators, investigators, or in court proceedings if required. Every initial, attestation, and signature shown below was captured from the patient through Stem Cell Club's electronic intake system.

### SECTION 1 · PATIENT INFORMATION

Full Legal Name	Test TestingV3
Date of Birth	
Phone	
Email	1111-11-11
Street Address	
City / State / Zip	,
Country	
Emergency Contact	1111111111

### SECTION 2 · CLINICAL INTAKE

Treatment Selected	Mother 1111111111
Pain Score (1–5)	11 street / 5
Medical Conditions	test city
Condition Detail	TT
Current Medications	11111
Medication Detail	United States

Recent Procedures (90 days)	APEX™ IV – Intravenous Infusion
History of Adverse Reactions	3
Previously Advised Against IVs/Stem Cells	♥ Heart conditions
Additional Medical Information Disclosed	
Additional Information Detail	heart conditions

**PATIENT'S DISCLOSURE CERTIFICATION.** By submitting this intake, the patient certified that the medical information disclosed above is complete, accurate, and truthful to the best of the patient's knowledge. The patient was advised that failure to disclose relevant medical information may increase risk and that responsibility for omitted disclosures rests with the patient.

**SECTION 3 · INFORMED CONSENT — INITIAL ACKNOWLEDGMENTS**

*The patient was presented with each of the following four acknowledgments individually within Stem Cell Club's electronic informed consent system. The patient read each acknowledgment in full and affirmatively initialed each one. The patient's initials and the precise time of capture are recorded below each acknowledgment.*

**ACKNOWLEDGMENT #1 · FDA STATUS & NO MEDICAL CLAIMS**

The Human Cellular and Tissue-Based Products (HCT/Ps) used in this procedure have not been approved, cleared, licensed, or evaluated by the U.S. Food and Drug Administration for the diagnosis, treatment, cure, mitigation, or prevention of any disease or medical condition.

The FDA has not approved any umbilical cord-derived tissue products for therapeutic use other than cord blood-derived hematopoietic progenitor cells for specific indications such as certain blood cancers and inherited blood disorders. No umbilical cord tissue product has been FDA-approved for regenerative medicine, joint health, anti-aging, or any of the uses discussed with the patient.

This procedure is considered experimental and investigational; it is not recognized as standard medical care. Stem Cell Club, its providers, and its affiliates make no representation, claim, or guarantee that this procedure will treat, cure, mitigate, prevent, or diagnose any medical condition.

All information provided to the patient — on Stem Cell Club's website, in advertising, in consultations, and in educational materials — is provided for informational and educational purposes only. Nothing constitutes medical advice, a diagnosis, or a promise of any specific outcome. The processing facility for these products is registered with the FDA and compliant with applicable CLIA and CMS regulations governing tissue banks.

✓ **PATIENT INITIAL CAPTURED: Blood thinners (Warfarin, Eliquis, Xarelto, etc.)**

**ACKNOWLEDGMENT #2 · RISKS & UNCERTAINTY**

The patient was informed that risks of this procedure include, but are not limited to: infection at the IV or injection site; bleeding, bruising, or hematoma formation; swelling, edema, or inflammation; nerve injury (temporary or permanent); pain or worsening of existing symptoms; immune or allergic reactions; transmission of communicable, infectious, or genetic disease (known or unknown); vasovagal reactions including fainting, dizziness, nausea, or vomiting; numbness, tingling, or unpleasant sensations in the treated area; injury to tendons, muscles, blood vessels, or adjacent structures; equipment malfunction including vial breakage or needle-related injury; fluid accumulation or recurrence of original symptoms; no improvement or dissatisfaction with outcome; delay of other potentially-effective or standard-of-care treatments; and risks that are unknown, unforeseeable, or not specifically itemized.

No specific benefit is guaranteed. Any improvement experienced may be temporary or non-existent. Individual outcomes vary significantly between patients and cannot be predicted. By electing this procedure, the patient may be delaying receipt of other more-accepted or less-costly treatments for the patient's condition.

✓ **PATIENT INITIAL CAPTURED: blood Thinners**

**ACKNOWLEDGMENT #3 · ALTERNATIVES & VOLUNTARY CHOICE**

The patient was informed of alternatives to this elective and investigational HCT/P procedure, including: (1) doing nothing, with the risk that the condition may continue or worsen; (2) continuation of conservative therapy such as physical therapy, chiropractic care, or rehabilitation, which may be less costly and more widely studied; (3) oral pain medications or anti-inflammatory agents, which carry their own risks of addiction, liver or kidney effects, gastrointestinal bleeding, or other adverse effects; (4) conventional injections including corticosteroid or other accepted joint injections; and (5) surgical options including arthroscopic or joint-replacement procedures, each carrying their own material risks.

The patient's decision to proceed with this procedure is strictly voluntary. The patient was not pressured, coerced, or required to proceed and was informed that the procedure could be declined at any time prior to administration. The patient elected this procedure of the patient's own free will after consideration of the alternatives described above and based on the clinical judgment of a licensed medical professional.

✓ PATIENT INITIAL CAPTURED:

**ACKNOWLEDGMENT #4 · FINANCIAL TERMS**

This procedure is elective and investigational. It is not covered by any insurance plan — commercial, Medicare, or otherwise. Stem Cell Club does not bill insurance and does not submit claims on the patient's behalf.

Payment for this procedure is due in full at the time of service. All payments made to Stem Cell Club for this procedure are NON-REFUNDABLE, regardless of outcome. This non-refund policy applies including, but not limited to: dissatisfaction with results, no improvement, change of mind, or any need for follow-up care. Any additional medical care that the patient elects to receive outside of Stem Cell Club, for any reason related or unrelated to this procedure, is the patient's sole financial responsibility.

✓ PATIENT INITIAL CAPTURED:  Surgery

**SECTION 4 · PATIENT ATTESTATIONS**

After completing the four initial acknowledgments above, the patient was presented with the following ten attestations and was required to affirmatively confirm each one before being permitted to electronically sign this document. The patient confirmed **no of 10** attestations.

✓	1.	The information I have provided on this form is complete, accurate, and truthful to the best of my knowledge.
✓	2.	I understand this is an elective, experimental, and investigational procedure involving Human Cellular and Tissue-Based Products (HCT/Ps) – not standard medical care.
✓	3.	I understand this treatment is NOT FDA-approved for the diagnosis, treatment, cure, mitigation, or prevention of any disease or medical condition.
✓	4.	I understand results are NOT guaranteed, individual outcomes vary significantly, and any improvement I may experience could be temporary or non-existent.
✓	5.	I understand Stem Cell Club makes no medical claims and that all information provided to me – on the website, in ads, in consultation, and in this form – is educational only and is not medical advice.
✓	6.	I understand that testimonials, reviews, or patient stories I may have seen reflect individual experiences only and do not predict or guarantee my results.
✓	7.	I understand alternative treatments exist (including doing nothing) and I am choosing this treatment voluntarily, of my own free will, without coercion.
✓	8.	I have had the opportunity to ask questions, and any questions I asked have been answered to my satisfaction.
✓	9.	I understand all payments are non-refundable, not covered by insurance, and that any follow-up care outside Stem Cell Club is my financial responsibility. I understand this form does not replace consultation with my primary care physician.
✓	10.	I understand failure to disclose relevant medical information may increase my risk and is my responsibility. I agree to report any adverse reactions or concerning symptoms to Stem Cell Club promptly. I also understand that viewing Stem Cell Club's website, ads, or marketing does not, by itself, establish a doctor-patient relationship.

**SECTION 5 · ELECTRONIC SIGNATURE**

**ELECTRONIC SIGNATURE DISCLOSURE.** The patient was advised, prior to signing, that by typing the patient's full name into the signature field, the patient was electronically signing this complete Patient Intake, Informed Consent, and Medical Disclosure document. The patient was further advised that this electronic signature has the same legal force and effect as a handwritten signature under the federal Electronic Signatures in Global and National Commerce Act (ESIGN Act, 15 U.S.C. § 7001 et seq.) and the applicable state Uniform Electronic Transactions Act (UETA). The patient certified having read this entire document, understanding its terms, and executing it voluntarily.

**PATIENT'S ELECTRONIC SIGNATURE**

Signed by:

Printed Name: **Test TestingV3**

Date & Time of Signature:

Signature Method: Electronic (typed name, ESIGN Act / UETA compliant)

**SECTION 6 · DOCUMENT INTEGRITY & AUDIT TRAIL**

*The metadata below records when and how this document was generated. It is provided to support the integrity of this record for clinical, legal, and regulatory purposes.*

<b>Form Name</b>	
<b>Consent Form Version</b>	v
<b>Submission Source</b>	
<b>Submitted At</b>	2026-04-18T18:31:15.913Z
<b>Signed At</b>	
<b>Initials Captured</b>	4 of 4 (FDA, Risks, Alternatives, Financial)
<b>Attestations Confirmed</b>	no of 10

**FINAL CERTIFICATION.** This document constitutes the complete and unedited record of the named patient's intake submission, informed consent acknowledgments, and electronic signature as captured by Stem Cell Club's electronic intake system on the date indicated. This document was generated automatically from the patient's submission and has not been altered. A copy of this document was provided to the patient and a copy is retained in the patient's clinical chart. This document supplements, but does not replace, in-person consultation and clinical judgment by a licensed medical professional.

**SAVINDER KAUR VIRK**

FNP · Medical Director

NPI: 1033735014

*Stem Cell Club*

<b>Utah License</b>	13276691-4405
<b>Nevada License</b>	889372
<b>NPI</b>	1033735014

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