

AUTHORIZATION & CONSENT FOR USE OF BODY TISSUE FOR RESEARCH

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by Dr. Gutowski or his representatives.

INTRODUCTION

Dr. Gutowski is working with a research team at the University of Chicago to study fat tissue. This research may help people with fat disorders such as lipedema. A small amount of your removed fat may be given to the research team for scientific study. Dr. Gutowski would like your permission to donate a small amount of the fat that will be removed during your procedure. This tissue would otherwise be disposed as routine medical waste. If you choose not to donate the fat, your treatment will not be affected.

FAT TISSUE REMOVAL

The fat is removed using liposuction as part of the treatment you are already having.

AMOUNT OF FAT USED

The research team only needs a few ounces of fat to study. The rest of the removed fat is disposed as medical waste.

PERSONAL INFORMATION

Absolutely NO personal information will be given to the research team. Only a tube of fat is given without any information about you.

RISKS

There are no risks to donating a sample of your fat.

BENEFITS

There are no direct benefits to you for donating a sample of your fat. However, others may benefit from it in the future.

All of my questions have been answered and I agree to allow my fat tissue to be donated for research purposes as described above.

Patient Name _____

Patient Signature _____

Date _____

Witness _____

Date _____