Peptide consent form

Informed consent for peptide therapy, with FDA-status and compounding disclosures

TEMPLATE BY PABAU.COM

Please read each section. Tick each box to confirm you understand it, and ask your provider about any line that is unclear. This form names each peptide you may receive. It does not set a dose; your provider's prescription does.

1. Patient and provider details

Patient name: _____ Date of birth: _____

Patient ID: _____ Phone: _____

Email: _____

Prescribing provider: _____ Credentials: _____

Practice name: _____ Consultation date: _____

Supervising physician or medical director: _____

2. Health information I have shared

Your provider uses these answers to decide whether a peptide is suitable. Answer each one.

I am pregnant, breastfeeding or planning a pregnancy. ☐ Yes ☐ No

I have, or have had, cancer. ☐ Yes ☐ No

I have diabetes or another blood-sugar condition. ☐ Yes ☐ No

I have had an allergic reaction to an injection, medicine or preservative. ☐ Yes ☐ No

Other conditions, medicines and supplements discussed: _____

☐ I have told my provider about my full medical history, current medicines, supplements and allergies. I will tell the practice if any of them change.

3. FDA approval and compounding status

☐ Peptides on this form may be prepared by a licensed compounding pharmacy. Compounded drugs are not FDA-approved. The FDA does not verify their safety, effectiveness or quality before they are marketed.

Source: FDA, Compounding and the FDA: questions and answers (content current as of 09/16/2025). Checked November 24, 2026.

☐ Some peptides on this form are not approved by the FDA for any use. Where a peptide is part of an FDA-approved drug, using it for a different purpose is called off-label use. Section 5 states which applies to each peptide.

Source: FDA, Understanding unapproved use of approved drugs "off label" (content current as of 02/05/2018). Checked November 24, 2026.

☐ The FDA's rules on which substances pharmacies may use for compounding can change. Each peptide section shows the date its FDA status was last checked.

Source: FDA, Bulk drug substances used in compounding under section 503A (content current as of 05/14/2026). Checked November 24, 2026.

☐ This practice does not supply products labeled "research use only" or "not for human consumption." I will not ask the practice to give me any such product.

Source: FDA warning letter to Peak Performance Peptides, August 24, 2026. Checked November 24, 2026.

Compounding pharmacy name and license number: _____

4. Risks

- [ ] The FDA has said some compounded peptides may carry a risk of immune reactions, and may contain peptide-related impurities from manufacturing.
  Source: FDA, Certain bulk drug substances for use in compounding that may present significant safety risks (content current as of 04/22/2026). Checked November 24, 2026.
- [ ] For several peptides, the FDA has said it lacks enough information to know whether they would cause harm in humans. Long-term effects may be unknown.
  Source: same FDA page as above. Checked November 24, 2026.
- [ ] My provider has explained the risks of each peptide and route named in section 5, and I have had the chance to ask questions.
- [ ] I will report any reaction, side effect or new symptom to the practice promptly. In an emergency, I will call 911.

5. The peptides I may receive

Your provider completes one block for each peptide before you sign. Doses and schedules are not written here. They follow the provider's prescription, recorded in your patient record.

Peptide A: Sermorelin

> **FDA status, checked November 24, 2026:** Sermorelin was FDA-approved as GEREF. Approval was withdrawn in 2009, and the FDA later determined this was not for reasons of safety or effectiveness. Drugs@FDA lists both GEREF applications as discontinued. Sermorelin is not in any category on the FDA's 503A list updated May 14, 2026.
> Sources: Federal Register 78 FR 14095 (March 4, 2013); Drugs@FDA (data updated November 20, 2026); FDA 503A categories list, updated May 14, 2026.

Route: _____ Start date: _____

Purpose discussed: _____

Monitoring agreed (visits, labs): _____

Patient initials: _____ Provider initials: _____

Peptide B: BPC-157

> **FDA status, checked November 24, 2026:** BPC-157 is not FDA-approved for any use. It was placed in category 2 (significant safety risks), and its nomination for 503A compounding was then withdrawn. The FDA states it lacks sufficient information to know whether BPC-157 would cause harm in humans. FDA staff proposed that it not be added to the 503A bulks list, but on July 23—24, 2026 the Pharmacy Compounding Advisory Committee voted 8—6—1 to recommend adding it. On October 30, 2026, HHS published a draft enforcement discretion policy that lets state-licensed pharmacies compound BPC-157 under set conditions while final rulemaking continues. Until a final rule is published, BPC-157 is not on the 503A bulks list.
> Sources: FDA significant safety risks page (04/22/2026); FDA briefing document, Pharmacy Compounding Advisory Committee, July 23—24, 2026; AJMC report of the committee vote (July 31, 2026); Federal Register notice 2026-22192, HHS (October 30, 2026).

Route: _____ Start date: _____

Purpose discussed: _____

Monitoring agreed (visits, labs): _____

Patient initials: _____ Provider initials: _____

Peptide C: _____

FDA status, checked on _____ **at fda.gov:** ☐ FDA-approved drug, used off-label ☐ Not FDA-approved for any use
☐ FDA 503A category: _____
Status note: _____

Route: _____ Start date: _____

Purpose discussed: _____

Monitoring agreed (visits, labs): _____

Patient initials: _____ Provider initials: _____

Peptide D: _____

FDA status, checked on _____ **at fda.gov:** ☐ FDA-approved drug, used off-label ☐ Not FDA-approved for any use
☐ FDA 503A category: _____
Status note: _____

Route: _____ Start date: _____

Purpose discussed: _____

Monitoring agreed (visits, labs): _____

Patient initials: _____ Provider initials: _____

Prescribing a peptide not listed above needs a new block, completed and initialed before the first injection.

6. Alternatives, results and my rights

☐ My provider has discussed alternatives with me, including no treatment and any FDA-approved options that exist.

Alternatives discussed: _____

☐ No result has been promised or guaranteed to me.

☐ I may withdraw my consent and stop treatment at any time, and I will tell my provider before stopping.

☐ I will be asked to sign this form again when a new peptide or route is added, or when a peptide's FDA status changes.

☐ I have received the practice's fees and refund policy. Treatment is billed to my insurance where it is covered, or paid directly.

☐ My information is handled under the practice's notice of privacy practices.

7. Signatures

I have read this form, or had it read to me. My questions have been answered. I consent to treatment with the peptides initialed in section 5.

Patient signature: _____ Date: _____

Patient printed name: _____

Legally authorized representative (if any): _____ Relationship: _____

I have explained the information on this form, including each peptide's FDA status, and answered the patient's questions.

Provider signature: _____ Date: _____

Provider printed name and credentials: _____

Witness signature and printed name (optional): _____ Date: _____

Form version: _____ Last reviewed on: _____

For the practice: This is a template, not legal or medical advice. Review it with your medical director and legal counsel before use. Recheck each peptide's FDA status at fda.gov and update the date in section 5. Do not add doses, benefit claims or results to this form.

Source addresses (all checked November 24, 2026)

1. FDA, Compounding and the FDA: questions and answers: https://www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-questions-and-answers
2. FDA, Understanding unapproved use of approved drugs "off label": https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label
3. FDA, Bulk drug substances used in compounding under section 503A: https://www.fda.gov/drugs/human-drug-compounding/bulk-drug-substances-used-compounding-under-section-503a-fdc-act
4. FDA, 503A categories list, updated May 14, 2026: https://www.fda.gov/media/94155/download
5. FDA, Certain bulk drug substances that may present significant safety risks: https://www.fda.gov/drugs/human-drug-compounding/certain-bulk-drug-substances-use-compounding-may-present-significant-safety-risks
6. FDA briefing document, Pharmacy Compounding Advisory Committee, July 23—24, 2026: https://www.fda.gov/media/193342/download
7. Federal Register, 78 FR 14095, GEREF (sermorelin acetate) determination, March 4, 2013: https://www.govinfo.gov/content/pkg/FR-2013-03-04/html/2013-04827.htm
8. Drugs@FDA via openFDA, sermorelin applications (data updated November 20, 2026): https://api.fda.gov/drug/drugsfda.json?search=products.active_ingredients.name:SERMORELIN
9. FDA warning letter, Peak Performance Peptides, August 24, 2026: https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/peak-performance-peptides-735127-08242026
10. AJMC, FDA panel backs 6 peptides for compounding, July 31, 2026: https://www.ajmc.com/view/fda-panel-backs-6-peptides-for-compounding
11. Federal Register, HHS enforcement discretion policy for 503A compounding using certain peptide bulk drug substances, October 30, 2026: https://www.federalregister.gov/d/2026-22192