**FECAL MATTER TRANSPLANT**

**DONOR-RECIPIENT AGREEMENT**

**Name of Donor**:

**Name of Recipient**:

The Donor has agreed to supply the Recipient with fecal microbiota for medical purposes.

The Recipient confirms:

* I have sought medical advice about use of fecal microbiota transplant (FMT) for my condition
* I am aware that FMT is an experimental therapy
* I have discussed the risks with my doctor
* I will not hold the Donor responsible for any unexpected outcomes I experience from FMT
* I am aware that the arrangement can be terminated by either of us without notice
* I will act in good faith in my dealings with the Donor
* I acknowledge that this agreement has not been drafted by a lawyer but may be used in a court of law

The Donor confirms:

* I am in good health
* I have not taken anti-biotics in the last 6 months
* I will stop donating if I become unwell
* I will practice safe or monogamous sex while donating
* I will not inject, inhale or consume illicit drugs while donating
* I will not take any prescription medications while donating, without discussion with the Recipient
* I am aware that the arrangement can be terminated by either of us without notice
* I will act in good faith in my dealings with the Recipient
* I acknowledge that this agreement has not been drafted by a lawyer but may be used in a court of law

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Recipient Date

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Donor Date