

## Informed Consent Form

### Donation of leftover tissue for research

You are being asked to donate your liposuction waste tissue (called lipoaspirate or fat tissue), that is removed from your body during surgery for medical research. This medical research may help understand the biological functions of fat tissue and may help future patients. You will not be identified in the research and your tissue will be anonymized so no one can know if the tissue came from you. By signing this form, you understand that you will not receive any financial benefits from donating your tissue.

Donating your lipoaspirate for this research is completely voluntary. You have the right to agree or to refuse to provide your lipoaspirate for this research. The quality of your current or future medical care and your relationship with the physician treating you will not change in any way whether you agree or refuse to provide any lipoaspirate for this research project. If you decide to no donate, your tissue will be trashed as medical waste.

**Do you agree to donate the tissue waste from your liposuction surgery for medical research?**

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Signature of lipoaspirate Donor:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Person Obtaining Consent:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_