Participant Consent Form

Rigenera Protocol Study Patients

### Research Study: A Randomised Controlled Trial Assessing the Efficacy of Intra-operative Rigenera Therapy in FUT Hair Transplant Patients

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Participant Name:

Address:

I agree to take part in this research study. In giving my consent, I confirm that that:

* The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
* I understand the purpose of the study is to investigate the effect of Rigenera technology on improving hair transplant outcomes.
* I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
* I understand that in this study I will be required to undergo treatment with the Rigenera protocol OR similar placebo treatment as an addition to the FUT procedure.
* I understand that my participation will involve photographs being taken.
* I understand that my information may be used in future research.
* I understand that being in this study is completely voluntary.
* I am assured that my decision to participate will not have any impact on my relationship with the research team.
* I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).

HREC Approval No.:

* I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information identifying me will only be told to others with my permission, except as required by law.
* I understand that the results of this study may be published, and that

publications will not contain my name or any identifiable information about me.

Print name

Signed

Date