NTMW/CON/05

NUTECH MEDIWORLD

INFORMED CONSENT

Transplantation of Human Embryonic Stem Cells

Meeting Date .. 3/11/12 ...

Your decision to undertake this treatment is entirely voluntary.

The transplantation is simple injections of cells suspension under skin or via intramuscular, intravenous route or via lumbar puncture or directly into affected organ. All aseptic measures are taken and an anesthetist is at standby for any untoward effect. All the records are in the hospital and will be used for publications and conferences.

When you will be admitted to the hospital, the concerned specialist shall examine and do all the necessary tests. After the general physical condition is ascertained you have to sign this consent form, which indicates that you are informed about the treatment based on stem cell transplantation.

The cells are derived from human embryo after the consent had been signed by the donor You have no right to know the donor's name. The donor had to undergo various tests like Hbsag, HIV. The cells were tested prior to transplantation by PCR for CMV, HIV, TB, HBV, HCV. The dosage of the stem cells to be injected is decided after taking into account the particular case

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS

You may have moderate pain on injection side and feel tenderness. These are transient symptoms and do not create a serious discomfort. You should avoid applying water on place of injection for 2-3 hours and avoid significant changes in environmental temperature. Avoid close contact with persons, who may have any respiratory infection or fever. You may have a skin rash and pain on injection side. You should inform your physician if any such symptoms happen.

CONDITIONING PROTOCOL

To prevent cells transplant rejection you must strictly follow the protocol and follow up scheme as directed by your doctor.

2/11/12

NTMW/CON/06

NUTECH MEDIWORLD

INFORMED CONSENT

1. I have been explained thoroughly all the consequences and risk factors involved in this treatment.
2. I have no objection whatsoever in the modalities of treatment however diverse they might be.
3. I have no objection to the use of embryonic cells that forms the source of procurement of the stem cells.
4. Although treatment is successful in most of the cases, it might not give the expected anticipated results to which I have no objection.
5. The first few years have not seen any major side effects. I also am ready to understand that there could be very long term side effects. Transient untoward reaction may occur for which I have no objection.
6. I am also informed that:

a. The science and the art of treatment might differ from place to place. The method of preparing the cells that NMW follows is the best to our knowledge and nobody shall question the authenticity of the method/form/ laboratory facilities/ capabilities of the staff.

b. It is stressed that in no way any article or paper presented any where in the world by whosoever, however well known he or she might be shall be entertained or the material content of it shall influence the form and mode of treatment at NMW.

c. All modification, if any shall be at NMW's sole discretion based on NMW's research work.

d. All disputes arising shall be subject to Delhi jurisdiction.

e. NMW does not take any responsibility for any intercurrent illness, infection or worsening of condition of patients suffering from presently incurable and /or terminal conditions in any form and in no way shall be responsible for the treatment of any such event arising during the course of therapy.

f. It is advised that relatives/ patients browse the internet or get in contact with Organizations who are doing similar work for his/ her own knowledge.

g. Any complaints shall be referred to the Ethics Committee, which constitutes of several members from different walks of life and the decision of the Ethics Committee shall be binding on both the parties.

2/11/12

NTMW/CON/07

NU TECH MEDIWORLD

INFORMED CONSENT

Be it known to all those concerned with the treatment of Mr./~~Mrs.~~/~~Miss~~ ARNAV RAJSINGHANI..... that the procedure of stem cell transplantation is well acclaimed all over the world as the treatment offering the most hope for incurable conditions. The science of stem cell research is still in its infancy and extensive work is being carried in renowned centers/ Institutions, Universities & Medical Research facilities all over the world and the results of this research are extremely encouraging. Diseases, which were hitherto thought to be incurable and/or terminal are the ones on which attention is being focused. Stem cell therapy has proved to be a panacea for such patients and their families. Because of the immense and diverse capabilities of stem cells to cure whether fully or partially, extensive research is ongoing. As yet there is no uniformity or convention in the patterns and modalities of treatment, the therapy being offered is without any guarantees of success. Therefore, informed consent for the treatment from relatives is essential as this treatment, which involves the use of the embryonic cell, should be accepted without objection. You are undertaking this treatment in full understanding of the above and have not been given any guarantee whatsoever as far as improvement in your condition is concerned.

You also undertake that you will follow the protocol suggested for your benefit and will inform, the doctor about any change in your programme.

The doctor then will decide when to take you on for further treatment and whether a follow up is essential.

You also understand that if you have taken any kind of stem cell therapy elsewhere, this therapy of HESC Transplantation may not show the same beneficial effects and the side effects seen thereon would be attributed to the 'other' stem cell therapy.

You also understand that you have agreed not to smoke or drink alcohol or any other substance abuse while undergoing the treatment.

21/1/12

NTMW/CON/08

Transplantation of Human Embryonic Stem Cells

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION, THAT YOU HAVE DISCUSSED THE QUESTIONS RELATED TO TREATMENT FROM THE PERSON OBTAINING CONSENT, THAT YOU HAVE DECIDED TO UNDERTAKE THIS TREATMENT BASED ON THE INFORMATION PROVIDED, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.

Signature of participant — 2/11/12

2/11/12
Date

Person Obtaining Consent

I attest that the requirements for informed consent for the human embryonic stem cells transplantation described in this form have been satisfied - that I have discussed the treatment with the patient and explained to him or her in nontechnical terms all of the information contained in this informed consent form, including any risks and adverse reactions that might be expected to occur. I further certify that I encouraged the participant to ask questions and that all questions asked were answered.

Jyoti Dhanda Tulsi — 2 November 2012.

Signature of Person Obtaining Consent — Date

(If consent is to be obtained from a legally authorised representative (e.g. parent(s) legal guardian or conservator) signature line (s) for the representative must be included on the consent form, as well as a description of his/her authority to act for the subject.)

Signature of Person Obtaining Consent — Date

Description of Representative's Authority (legal guardian, Parent etc), to Act for Subject

- Approval Date: _____ Expiration Date: _____

(To be filled in by investigator)

2/11/12

NTMW/C/05

NUTECH MEDIWORLD

INFORMED CONSENT

Transplantation of Human Embryonic Stem Cells

Meeting Date ..... 20th June 2011

Your decision to undertake this treatment is entirely voluntary.

The transplantation is simple injections of cells suspension under skin or via intramuscular/ intravenous route or via lumbar puncture or directly into affected organ. All aseptic measures are taken and an anesthetist is at standby for any untoward effect. All the records are in the hospital and will be used for publications and conferences.

When you will be admitted to the hospital, the concerned specialist shall examine and do all the necessary tests. After the general physical condition is ascertained you have to sign this consent form, which indicates that you are informed about the treatment based on stem cell transplantation.

The cells are derived from human embryo after the consent had been signed by the donor. You have no right to know the donor's name. The donor had to undergo various tests like Hbsag, HIV. The cells were tested prior to transplantation by PCR for CMV, HIV, TB, HBV, HCV. The dosage of the stem cells to be injected is decided after taking into account the particular case.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS

You may have moderate pain on injection side and feel tenderness. These are transient symptoms and do not create a serious discomfort. You should avoid applying water on place of injection for 1-2 days and avoid significant changes in environmental temperature. Avoid close contact with persons, who may have any respiratory infection or fever. You may have a skin rash and pain on injection side. You should inform your physician if any such symptoms happen.

CONDITIONING PROTOCOL

To prevent cells transplant rejection you must strictly follow the protocol and follow up scheme as directed by your doctor.

Meenakshi

(mother)

NUTECH MEDIWORLD

INFORMED CONSENT

1. I have been explained thoroughly all the consequences and risk factors involved in this treatment.
2. I have no objection whatsoever in the modalities of treatment however diverse they might be.
3. I have no objection to the use of embryonic cells that forms the source of procurement of the stem cells.
4. Although treatment is successful in most of the cases, it might not give the expected anticipated results to which I have no objection.
5. The first few years have not seen any major side effects. I also am ready to understand that there could be very long term side effects. Transient untoward reaction may occur for which I have no objection.
6. I am also informed that:

a. The science and the art of treatment might differ from place to place. The method of preparing the cells that NMW follows is the best to our knowledge and nobody shall question the authenticity of the method/form/ laboratory facilities/ capabilities of the staff.

b. It is stressed that in no way any article or paper presented any where in the world by whosoever, however well known he or she might be shall be entertained or the material content of it shall influence the form and mode of treatment at NMW

c. All modification, if any shall be at NMW's sole discretion based on NMW's research work.

d. All disputes arising shall be subject to Delhi jurisdiction.

e. NMW does not take any responsibility for any intercurrent illness, infection or worsening of condition of patients suffering from presently incurable and /or terminal conditions in any form and in no way shall be responsible for the treatment of any such event arising during the course of therapy.

f. It is advised that relatives/ patients browse the internet or get in contact with Organizations who are doing similar work for his/ her own knowledge.

g. Any complaints shall be referred to the Ethics Committee. which constitutes of several members from different walks of life and the decision of the Ethics Committee shall be binding on both the parties.

Meenakshi
(mother)

NTMW/C/07

NU TECH MEDIWORLD

INFORMED CONSENT

Be it known to all those concerned with the treatment of Mr./Mrs./Miss.....Ishan.....Tayal.. that the procedure of stem cell transplantation is well acclaimed all over the world as the treatment offering the most hope for incurable conditions. The science of stem cell research is still in its infancy and extensive work is being carried in renowned centers/ Institutions, Universities & Medical Research facilities all over the world and the results of this research are extremely encouraging. Diseases, which were hitherto thought to be incurable and/or terminal are the ones on which attention is being focused. Stem cell therapy has proved to be a panacea for such patients and their families. Because of the immense and diverse capabilities of stem cells to cure whether fully or partially, extensive research is ongoing. As yet there is no uniformity or convention in the patterns and modalities of treatment, the therapy being offered is without any guarantees of success. Therefore, informed consent for the treatment from relatives is essential as this treatment, which involves the use of the embryonic cell, should be accepted without objection. You are undertaking this treatment in full understanding of the above and have not been given any guarantee whatsoever as far as improvement in your condition is concerned.

You also undertake that you will follow the protocol suggested for your benefit and will inform, the doctor about any change in your programme. The doctor then will decide when to take you on for further treatment and whether a follow up is essential.

You also understand that if you have taken any kind of stem cell therapy elsewhere, this therapy of HESC Transplantation may not show the same beneficial effects and the side effects seen thereon would be attributed to the 'other' stem cell therapy.

You also understand that you have agreed not to smoke or drink alcohol or any other substance abuse while undergoing the treatment.

Meenakshi
(mother)

NTMW/C/08

Transplantation of Human Embryonic Stem Cells

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION. THAT YOU HAVE DISCUSSED THE QUESTIONS RELATED TO TREATMENT FROM THE PERSON OBTAINING CONSENT. THAT YOU HAVE DECIDED TO UNDERTAKE THIS TREATMENT BASED ON THE INFORMATION PROVIDED, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.

Meenakshi (mother) — 20th June 2011

Signature of participant — Date

Person Obtaining Consent

I attest that the requirements for informed consent for the human embryonic stem cells transplantation described in this form have been satisfied - that I have discussed the treatment with the patient and explained to him or her in nontechnical terms all of the information contained in this informed consent form, including any risks and adverse reactions that might be expected to occur. I further certify that I encouraged the participant to ask questions and that all questions asked were answered.

Jyoti Dhande Titus — 20 June 2011

Signature of Person Obtaining Consent — Date

(If consent is to be obtained from a legally authorised representative (e.g. parent(s) legal guardian or conservator) signature line (s) for the representative must be included on the consent form, as well as a description of his/her authority to act for the subject.)

_____ — _____

Signature of Person Obtaining Consent — Date

_____

_____

Description of Representative's Authority (legal guardian, Parent etc). to Act for Subject

- Approval Date: _____ Expiration Date: _____

(To be filled in by investigator)

Meenakshi
(mother)

NTMW/CON/05

NUTECH MEDIWORLD

INFORMED CONSENT

Transplantation of Human Embryonic Stem Cells

Meeting Date ...27/3/12

Your decision to undertake this treatment is entirely voluntary.

The transplantation is simple injections of cells suspension under skin or via intramuscular/ intravenous route or via lumbar puncture or directly into affected organ. All aseptic measures are taken and an anesthetist is at standby for any untoward effect. All the records are in the hospital and will be used for publications and conferences.

When you will be admitted to the hospital, the concerned specialist shall examine and do all the necessary tests. After the general physical condition is ascertained you have to sign this consent form, which indicates that you are informed about the treatment based on stem cell transplantation.

The cells are derived from human embryo after the consent had been signed by the donor. You have no right to know the donor's name. The donor had to undergo various tests like Hbsag, HIV. The cells were tested prior to transplantation by PCR for CMV, HIV, TB, HBV, HCV. The dosage of the stem cells to be injected is decided after taking into account the particular case.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS

You may have moderate pain on injection side and feel tenderness. These are transient symptoms and do not create a serious discomfort. You should avoid applying water on place of injection for 2-3 hours and avoid significant changes in environmental temperature. Avoid close contact with persons, who may have any respiratory infection or fever. You may have a skin rash and pain on injection side. You should inform your physician if any such symptoms happen.

CONDITIONING PROTOCOL

To prevent cells transplant rejection you must strictly follow the protocol and follow up scheme as directed by your doctor.

MOTHER

NTMW/CON/06

NUTECH MEDIWORLD

INFORMED CONSENT

1. I have been explained thoroughly all the consequences and risk factors involved in this treatment.
2. I have no objection whatsoever in the modalities of treatment however diverse they might be.
3. I have no objection to the use of embryonic cells that forms the source of procurement of the stem cells.
4. Although treatment is successful in most of the cases, it might not give the expected anticipated results to which I have no objection.
5. The first few years have not seen any major side effects. I also am ready to understand that there could be very long term side effects. Transient untoward reaction may occur for which I have no objection.
6. I am also informed that:

a. The science and the art of treatment might differ from place to place. The method of preparing the cells that NMW follows is the best to our knowledge and nobody shall question the authenticity of the method/form/ laboratory facilities/ capabilities of the staff.

b. It is stressed that in no way any article or paper presented any where in the world by whosoever, however well known he or she might be shall be entertained or the material content of it shall influence the form and mode of treatment at NMW

c. All modification, if any shall be at NMW's sole discretion based on NMW's research work.

d. All disputes arising shall be subject to Delhi jurisdiction.

e. NMW does not take any responsibility for any intercurrent illness, infection or worsening of condition of patients suffering from presently incurable and /or terminal conditions in any form and in no way shall be responsible for the treatment of any such event arising during the course of therapy.

f. It is advised that relatives/ patients browse the internet or get in contact with Organizations who are doing similar work for his/ her own knowledge.

g. Any complaints shall be referred to the Ethics Committee. which constitutes of several members from different walks of life and the decision of the Ethics Committee shall be binding on both the parties.

MOTHER

NTMW/CON/07

NU TECH MEDIWORLD

INFORMED CONSENT

Be it known to all those concerned with the treatment of Mr./Mrs./Miss..Yuvraj. Bhanja..... that the procedure of stem cell transplantation is well acclaimed all over the world as the treatment offering the most hope for incurable conditions. The science of stem cell research is still in its infancy and extensive work is being carried in renowned centers/ Institutions, Universities & Medical Research facilities all over the world and the results of this research are extremely encouraging. Diseases, which were hitherto thought to be incurable and/or terminal are the ones on which attention is being focused. Stem cell therapy has proved to be a panacea for such patients and their families. Because of the immense and diverse capabilities of stem cells to cure whether fully or partially, extensive research is ongoing. As yet there is no uniformity or convention in the patterns and modalities of treatment, the therapy being offered is without any guarantees of success. Therefore, informed consent for the treatment from relatives is essential as this treatment, which involves the use of the embryonic cell, should be accepted without objection. You are undertaking this treatment in full understanding of the above and have not been given any guarantee whatsoever as far as improvement in your condition is concerned.

You also undertake that you will follow the protocol suggested for your benefit and will inform, the doctor about any change in your programme.

The doctor then will decide when to take you on for further treatment and whether a follow up is essential.

You also understand that if you have taken any kind of stem cell therapy elsewhere, this therapy of HESC Transplantation may not show the same beneficial effects and the side effects seen thereon would be attributed to the 'other' stem cell therapy.

You also understand that you have agreed not to smoke or drink alcohol or any other substance abuse while undergoing the treatment.

MOTHER

NTMW/CON/08

Transplantation of Human Embryonic Stem Cells

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION, THAT YOU HAVE DISCUSSED THE QUESTIONS RELATED TO TREATMENT FROM THE PERSON OBTAINING CONSENT. THAT YOU HAVE DECIDED TO UNDERTAKE THIS TREATMENT BASED ON THE INFORMATION PROVIDED, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.

Signature of participant

27/3/12
Date

Person Obtaining Consent

I attest that the requirements for informed consent for the human embryonic stem cells transplantation described in this form have been satisfied - that I have discussed the treatment with the patient and explained to him or her in nontechnical terms all of the information contained in this informed consent form, including any risks and adverse reactions that might be expected to occur. I further certify that I encouraged the participant to ask questions and that all questions asked were answered.

Tjoti Dhanda Titus
Signature of Person Obtaining Consent

27 March 2012
Date

(If consent is to be obtained from a legally authorised representative (e.g. parent(s) legal guardian or conservator) signature line (s) for the representative must be included on the consent form, as well as a description of his/her authority to act for the subject.)

Signature of Person Obtaining Consent

Date

Description of Representative's Authority (legal guardian, Parent etc). to Act for Subject

- Approval Date:_____ Expiration Date:_____

  (To be filled in by investigator)

MOTHER