Date: Tuesday, December 08, 2009

Doctor: _____ (print name)

Patient: _____ (print name)

Device: An EM4102 family passive RFID tag encased in a 3mm by 13mm cylindrical glass ampoule casing.

- The ***doctor*** provides no warranty or guarantee of any kind for the ***device's*** function, medical compatibility, or sterility.

_____ I, the ***patient***, understand I am requesting the ***doctor*** perform the insertion of a non-medical ***device*** which was provided by me that was not manufactured or sold to me as a medical device.

_____ I, the ***patient***, assume all responsibility for the ***device***, it's suitability for insertion under my skin, it's function, and any physical, medical, or mental effects the insertion procedure or ***device*** may have.

_____ I, the ***patient***, accept any and all risk to my physical, mental, and emotional health and assume full responsibility for any and all possible effects the device or the procedure may create. I do not hold liable the ***doctor*** for any medical or social complications that may arise during or after the insertion of the ***device***. This includes but is not limited to infection, gangrene, migration of the ***device*** from the insertion site, breakage of the ***device's*** glass capsule, nerve damage, internal or external lacerations, internal or external bleeding, paranoia, privacy invasion, and compromise of personal security.

_____ I, the ***patient***, fully understand the doctor assumes no liability or responsibility for ensuring the device is medically suitable for insertion under my skin. I am providing the ***device*** and am asking the doctor to perform the procedure with the understanding I am taking full responsibility for the device's function, medical compatibility, and sterility. Even if the doctor performs any sterilization processes on or to the the device, I am taking responsibility for the device's sterility.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____