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### Iboga Information Document for First Responders

**Section I contains basic facts about iboga and its known effects.** The purpose of this section is to provide first responders with information about iboga in an emergency situation.

**Section II contains space for you to fill in your personal information.** The purpose of this section is to provide first responders access to some of the medical information they may need to effectively respond to your call for help.

The following document provides harm reduction information in the event of an iboga-related emergency. The content provided herein may save time and facilitate expedient, informed action by first responders.

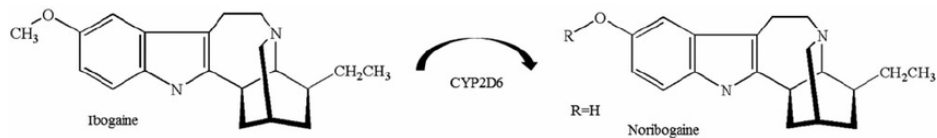
### How To Use This Document

- Print and fill out this document prior to iboga ingestion.
- In the event of an iboga-related emergency, give the filled-out document to attending medical responders.

### Section I: Iboga Information

**Message to Emergency Medical Responders: This patient has ingested iboga and may be experiencing an adverse response. This document contains facts about iboga, and its principal compound, ibogaine. It also contains information about the patient.**

- **Main alkaloid:** IBOGAINE (tryptamine class, psychedelic).
  - Half-life: Approximately 7.5 hours.
  - Additional minor alkaloids present but not limited to ibogaline, ibogamine, coronaridine, tabernanthine, voacangine.
- **Metabolite** of ibogaine: NORIBOGAINE.
  - Half-life: Approximately 28-49 hours.
- **Receptor site affinity:**  $\kappa$ -opioid,  $\mu$ -opioid,  $\delta$ -opioid, NMDA, sigma-1, sigma-2, nicotinic, dopamine transporter, serotonin transporter.
- **Adverse effects:** QT prolongation, torsades de pointes (TdP), bradycardia, ventricular fibrillation, arrhythmias, pulmonary embolism, ataxia, tremors, seizures, vomiting, sleep deprivation, (sleep deprivation-induced) psychosis, visual tracers, hallucinogen persisting perception disorder (HPPD), eyes sensitive to light, paranoid and/or delusional thinking.
- **Visionary effects** can persist up to 72 hours post-ingestion (depending on dosage, metabolism speed).
- Iboga primarily affects the cytochrome P450 2D6 enzyme in the liver. Foods also metabolized by this enzyme should not be mixed with iboga.
- Ibogaine is lipophilic, congregating primarily in fat tissue and secondarily in brain tissue.



More information available at <https://pubchem.ncbi.nlm.nih.gov/compound/Ibogaine>

## Section II: Patient Information

- **Day and time of drug ingestion:**
- **Type of iboga you ingested:**
  - Root bark
  - Total alkaloid (TA) extract
  - Ibogaine hydrochloride (HCl)
- **Method of ingestion:**
  - Loose powder
  - Powder in capsules
  - Wood chip
  - Injection
  - Other: \_\_\_\_\_
- **Total dosage:**
- Consumed all at once:
  - Yes
  - No
    - If you did not consume all at once, indicate how often and at what times you staggered doses, and indicate the amount/weight of each dose:
- List **other medications/drugs present** in your body at the time of ingestion if at all:
- Do you take **prescription** or any other medication: Yes / No (circle one)
  - If Yes, describe which kind of medication and for what condition:
- Do you have physical or mental **preexisting conditions**: Yes / No (circle one)
  - If Yes, describe your conditions and for how long you have had them:
- Day and time of **last meal**:
- **Content of last meal**:
- **Mood** weeks/days before and just prior to ingesting iboga:
- **Full name**:
- **Sex**:
  - Male
  - Female
  - Other: \_\_\_\_\_
- **Date of birth (mm/dd/yyyy)**:
- **Height**:
- **Weight**:
- **Body mass index (BMI)**:
- **Organ donor**: Yes / No (circle one)
- **Blood type**: A / B / AB / O (circle one)
- **Nationality**:
- **Passport / Driver's license** (circle one)

- Write identification number:
- **Home address:**
  
- **Reason for ingesting iboga:**
  - \_\_\_ Addiction interruption
    - Which **substance(s) you're addicted to:**
  - \_\_\_ Religious
  - \_\_\_ Psycho-spiritual
  - \_\_\_ Recreation
  - \_\_\_ Exploration
  - \_\_\_ Other: \_\_\_\_\_
  
- Is this your **first time taking iboga**: Yes / No (circle one)
  - If No, write how many times and at what dosages you have previously taken:
  
- Who should be **contacted in case of an emergency?**
  - Name:
  - Relationship:
  - Phone:
  - Email:
  - Does your contact know you are taking iboga at this time? Yes / No (circle one)
- Contact details for the **hospital** nearest you:
  - Hospital name:
  - Hospital address:
  - Hospital phone number:
- Contact details for your **insurance provider**:
  - Insurance provider's name:
  - Insurance provider's phone number:
  - Your policy number:
- Contact details for **primary care physician**:
  - Name:
  - Address:
  - Phone number:
- Contact details for **psychedelic hotline** near you:
  - Website:
  - Phone number: