25 questions to ask a stem cell clinic before you travel

Send these questions, unedited, to every clinic on your shortlist — including us. Ask for written answers before paying anything. You are not looking for perfect answers; you are looking for specific ones, supported by documents, with the unknowns admitted. Use the boxes to record what each clinic actually replied.

#	Question and what a good answer contains	Clinic's answer	OK
1	**Who is the treating physician?** Ask for a full name, specialty, registration number and the hospital they practise at. 'Our medical team' is not an answer. You should be able to look the person up independently before you fly.		
2	**Where exactly is treatment administered?** A named, accredited hospital or licensed day-surgery unit, with the address. Administration in an office, hotel or clinic without emergency support is a hard stop for intravenous or intrathecal procedures.		
3	**What is the exact cell source?** The tissue, not the category: Wharton's jelly from umbilical cord, bone marrow aspirate, adipose tissue. 'Stem cells' on its own tells you nothing about what is being administered.		
4	**Is the product autologous or allogeneic?** Yours or a donor's. This changes the harvest procedure, the screening obligations, the regulatory pathway and the documentation you should expect to see.		
5	**Which laboratory processes the cells?** A named facility with an address. If processing is outsourced, that is normal — but you need the name so the licence and GMP scope can be checked against the right entity.		
6	**What licence does that laboratory hold?** The authority, the licence number and the validity dates. Ask which body inspects the facility and when the last inspection was.		
7	**What does the GMP certificate actually cover?** Scope is everything. A certificate must name the site, the activities and the product class, and it must be in date. Read the scope line before the logo.		
8	**What tests are performed on the product?** Identity, count, viability, sterility, mycoplasma, endotoxin, and potency where a potency assay exists. Ask for the list, then ask to see the results for your batch.		
9	**What is the cell dose?** Viable cells of the named type, per administration, and per kilogram for systemic routes. Ask which published protocol the dose follows.		

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10	**What is the viability at administration?** Not at harvest — at the bedside, or at release with the transport time stated. Ask for the method and the release specification alongside the number.		
11	**How is sterility confirmed?** Which method, what is known at the time you are treated, and what is still incubating. Ask for the written procedure if a result turns positive after you have gone home.		
12	**Is mycoplasma tested?** Mandatory for any culture-expanded product, with its own assay. It is not covered by the sterility test.		
13	**Is endotoxin tested?** Yes or no, with a numeric limit. The test is fast, so the result should always exist before administration.		
14	**What is the delivery route?** Intravenous, intra-articular, intrathecal, intramuscular or a combination. Each has a different risk profile and a different evidence base.		
15	**What evidence supports that route in my condition?** Ask for the studies, then check the condition, the route, the dose and whether there was a control group. Route evidence and product evidence are different questions.		
16	**What are the alternatives, including doing nothing?** Standard care, physiotherapy, surgery, watchful waiting. A clinic that cannot describe the alternatives honestly is not in a position to advise you on this one.		
17	**What happens if I am found unsuitable?** The answer should be a refund of anything paid beyond assessment, a written explanation and a redirection. Being declined is a normal outcome of a real assessment.		
18	**Which complications are covered, and by whom?** Ask what happens clinically and financially if you develop a complication during your stay, and who pays for readmission. Get the answer in writing.		
19	**What is the follow-up plan?** Named timepoints, named measures, named contact. 'We stay in touch' is not a plan. Ask at three, six and twelve months specifically.		
20	**What documentation will I be given?** Discharge summary, product documentation for your batch, the administered dose, medications given, and the follow-up schedule — ideally in a language your own doctor reads.		

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21	**What happens after I return home?** Who reviews you, how, and how your own physician is kept informed. Ask whether reports will be sent to your doctor and in what format.		
22	**What exactly is included in the price?** An itemised list: consultation, imaging, product, administration, hospital, accommodation, transfers, follow-up. Ask for it before any deposit.		
23	**What is excluded?** The more important half of the question. Extra nights, additional doses, complications, repeat imaging, companion costs and flights are the usual gaps.		
24	**Which regulatory framework applies to this treatment?** The legal status of the product in the country of treatment, and who supervises it. A clinic that avoids this question is avoiding the one that determines your protections.		
25	**Can you provide documentary evidence for all of the above?** The final and most useful question. Ask for the whole set by email. The speed and completeness of the reply is itself the most informative data point you will get.		

Scoring the replies

Pattern in the reply	What it usually means	Suggested action
Documents attached without being chased	Verification is routine for them	Proceed to clinical questions
Specific answers, some 'not yet known'	Honest and evidence-aware	Proceed, keep the written record
Confident answers, no documents	Sales-led rather than clinic-led	Ask once more, in writing, and wait
Answers change between calls	No single source of truth internally	Stop and reconsider
Deposit requested before assessment	Commercial process ahead of clinical	Do not pay
Guarantees of outcome	Claim beyond any published evidence	Remove from the shortlist

Before you book the flight

☐ Written answers to the 25 questions, from every clinic on the shortlist
☐ A written treatment plan naming product, dose, route, dates and the treating physician
☐ The itemised quotation, with exclusions and the refund policy if you are declined
☐ Confirmation of the hospital where administration takes place
☐ Your own physician's view on the plan
☐ Travel and medical insurance that does not exclude planned treatment abroad
☐ The earliest safe date to fly home after your specific procedure

This checklist is educational and is not medical advice. Medically reviewed by the Prof. Dr. Erdal Karaöz Team. Full guide, with the reasoning behind every question: stemcelllongevita.com/how-to-choose-a-stem-cell-clinic-in-turkey