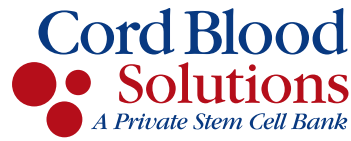


# Client/Patient Enrollment Checklist



Please  
Check Here

1. Complete the form for *Client/Patient Information*
2. Read and sign the *Stem Cell Collection & Storage Agreement*
3. Read and sign the *Informed Consent for Collection of Cord Blood and Testing Blood Samples*
4. Read and sign the *Release of Liability*
5. Read the *Summary of Services*
6. Complete the form for *Medical Health History*
7. Review the *Fees, Storage, Rebates and Discounts* and complete the form for *Payment Options and Authorization*
8. **Mail in all original forms/documents, as required by law.**

Cord Blood Solutions, Inc.  
5400 Laurel Springs Pkwy  
Suite 1401  
Suwanee, GA 30024

To expedite the process you may fax the forms to us at 404-745-8692.  
Please confirm receipt of your fax by calling us at 1-866-584-STEM (7836).

# Client/Patient Information



**All information provided is considered confidential. Complete and return to Cord Blood Solutions.**

## MOTHER'S DEMOGRAPHICS

\_\_\_\_\_  
Mother's Legal Name

\_\_\_\_\_  
Mother's Date of Birth

\_\_\_\_\_  
Street Address /Apt. #

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Expected Due Date

## FATHER'S DEMOGRAPHICS

\_\_\_\_\_  
Father's Legal Name

\_\_\_\_\_  
Father's Date of Birth

\_\_\_\_\_  
Street Address /Apt. #

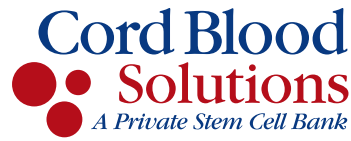
\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email

# Client/Patient Information



## HEALTHCARE PROVIDER

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Practice Name

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Physician's Name

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Street Address

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Suite #

---

City/State/Zip Code

---

Provider's Phone Number

---

Provider's Fax Number

---

Provider's Email

## DELIVERY HOSPITAL

---

Delivery Hospital Name

---

Street Address

---

City/State/Zip Code

---

Hospital Phone Number

---

Hospital Fax Number

## CONSENT FOR RELEASE OF INFORMATION

I/We hereby agree to the release of any and all information listed above with regard to the Client, biological mother, or the Child, or anything related to the services performed here under, to the Hospital, Laboratory, and any Physician or Provider, Hospital Staff or representative, Nurse, or other provider of services to the Client. Client's right to privacy and confidence is protected by current regulations. Client information will not be distributed or sold to any third party by Cord Blood Solutions, Inc.

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Signature of Mother (Client)

---

Signature of Father

---

Date

---

Date

# Stem Cell Collection and Storage Agreement



## **Complete and return to Cord Blood Solutions.**

This is an agreement between Cord Blood Solutions, Inc. (“CBS”) and the biological mother (the “Client”) of an unborn child (the “Child”) to process, test and store the Umbilical Cord Blood (“Cord Blood”) following delivery of the Child. The Client certifies that she is legally authorized to sign this Agreement and that she is doing so on behalf of herself, the Child, the Child’s biological father and any legal guardians of the Child. The Client acknowledges that CBS is not a provider of medical or healthcare services, but rather is a facilitator of cord blood collection, processing and storage services. This document constitutes a legally binding agreement between CBS and the Client.

CBS and the Client agree to, and acknowledge their understanding of, the following:

### **I. CBS WILL PROVIDE THE FOLLOWING SERVICES TO THE CLIENT:**

- a. CBS will establish an Individual CBS Account for the Client that will contain all information necessary for account management. All information included in the account will be kept confidential and will not be disclosed by CBS without written authorization by the Client, except as otherwise required by law or court order.
- b. CBS will provide to the Client all necessary Instructional Materials, for delivery by the Client to the healthcare professional who will deliver the Child (the “healthcare professional”), relating to collection of the cord blood sample and the maternal blood sample.
- c. CBS will provide to the Client a CBS Collection Kit for the collection of the cord blood and the maternal blood samples, as well as a Unique Identification Number identifying the Child. This Collection Kit will be provided in advance of the estimated due date of the Child, after the receipt by CBS of the completed enrollment forms and the enrollment fee from the Client.
- d. CBS will arrange for, and make payment to, a courier service, which will be available to transport the cord blood and maternal blood samples from the site where the Child is born to the independent, fully licensed and accredited laboratory (the “Laboratory”) that will test such items. CBS will not own or control the courier service and will have no obligations or liability related to anything done by such courier service.
- e. Once received by the Laboratory, the cord blood samples will be tested for eligibility. The maternal blood samples will also be tested for various abnormalities. CBS and/or the Laboratory will make arrangements to appropriately notify the Client of any adverse or abnormal test results relating to the cord blood or the maternal blood samples. CBS will arrange for, and make payment to, the Laboratory. CBS will not own or control the Laboratory and will have no obligations or liability related to anything done by the Laboratory.
- f. If the Laboratory determines that the cord blood sample is eligible, CBS will arrange for the cord blood sample to be processed and stored cryogenically by an American Association of Blood Banks accredited and fully licensed processing and storage facility (“Dedicated Storage Location”). CBS will make arrangements for, and make payment to, the Designated Storage Location, but will not own or control such location and will have no obligations or liability related to the storage of the cord blood by the Dedicated Storage Location. CBS also reserves the right to arrange for transfer of the cord blood, without cost to the Client, from the Designated Storage Location to another storage facility upon notice to the Client.

- g. At any time during the storage maintenance period, the Client can request, by notarized written request sent to CBS by certified mail, that the stored cord blood samples be retrieved and prepared for transport to a location chosen by the Client. CBS will make such arrangements and, upon delivery of the cord blood samples to the Client chosen location, CBS will be released of any and all liabilities.
- h. The Client shall be solely responsible for all costs of any elective DNA testing at such time and for the costs of the shipment of the cord blood sample. CBS will not be obligated to refund any portion of any prepaid storage fees if the Client requests a transfer of the sample.

## **II. THE CLIENT IS RESPONSIBLE FOR:**

- a. Understanding and acknowledging that the term cord blood refers to the stem cells in the umbilical cord blood that are extracted, processed, cryopreserved and stored for future use.
- b. Reading and fully understanding all literature provided by CBS before signing and mailing to CBS any documents. The Client, by signing this Agreement, specifically agrees to and acknowledges the following:
  - i. The Client understands that cord blood stem cell transplantation is relatively new and may offer possible future benefits to the Child and other potential beneficiaries in treating diseases such as leukemia, certain cancers, and certain blood and genetic disorders.
  - ii. The Client understands that cord blood cryopreservation is a relatively new procedure and some laboratory tests and studies to date have indicated it as a successful method of preservation of cord blood; however, no assurance or guarantee can be made about the effectiveness of preservation nor the benefits or utility derived therefrom.
  - iii. The Client understands that samples of her own blood must be drawn and tested in connection with the testing of the cord blood and that abnormalities in such maternal blood samples may prevent the cord blood from being processed and stored.
  - iv. The Client understands that CBS advises the Client to discuss with her personal healthcare professional the cord blood collection procedure and any possible risks and/or benefits associated with such procedure and any possible risks and/or benefits associated with the maternal blood samples collection and testing.
  - v. The Client understands that the Child or another family member may never need to use the cord blood and that, even if needed, the cord blood may ultimately prove not to be useful or not able to be utilized for a variety of reasons.
  - vi. The Client understands that CBS is not responsible for any medical procedure nor that the cord blood will be collected. The health of the mother and the Child will be the healthcare professional's first priority and complications sometimes occur during birth which may preclude the collection of the cord blood. In the event that the cord blood cannot be collected, the Client releases from liability and waives all claims against the delivering healthcare professional, the site where the Child is delivered and CBS, its shareholders, representatives and officers, directors and employees.
  - vii. The Client understands that she must request the healthcare professional who delivers the Child to draw an appropriate maternal blood samples and to collect the cord blood using the Collection Kit provided by CBS. In the event that the healthcare professional notifies CBS, in advance of the birth of the Child, that he/she is unfamiliar with the collection procedure, CBS will make a reasonable attempt to supply the healthcare professional with appropriate additional education and/or educational materials.
  - viii. The Client understands that she is personally responsible for delivering the CBS Collection Kit (provided by CBS) to the healthcare professional who will deliver the Child so that the cord blood and maternal blood sample may be appropriately collected.

- ix. The Client understands and agrees that she is personally responsible for promptly notifying CBS and the courier service after the cord blood and maternal blood samples are collected, so that the samples can be picked up and delivered to the Laboratory by the courier service.
- x. The Client understands that the collected cord blood and maternal blood samples must be delivered to the Laboratory within 48 hours following collection. While CBS is responsible for arranging for payment of the courier service, the Client understands that the courier service acts as an agent of the Client and not as an agent of CBS and that CBS does not own or control the courier service.
- xi. The Client understands that the cord blood and the maternal blood samples will be sent to the independent Laboratory for testing and that CBS does not own or control the Laboratory.
- xii. The Client understands that cord blood is normally discarded after delivery, appropriated for medical research or stored in a public banking facility. The decision to collect, process and store the Child's cord blood through CBS is a voluntary act on the part of the Client. The Client has the right to stop the process at any time prior to birth of the Child and that, in such event, CBS will refund all fees paid to CBS upon written request of the Client.
- xiii. The Client understands there is a risk of contamination when collecting cord blood and that the cord blood may be deemed unsuitable for storage by the Laboratory and/or Designated Storage Facility. If such a determination is made, CBS will refund all fees paid to CBS.
- xiv. The Client understands that she is responsible for notifying CBS promptly of any changes in contact information of the Client and/or the Child (for example, current address and telephone numbers) throughout the entire storage period.

### **III. TRANSFER OF CORD BLOOD CUSTODY TO THE CHILD:**

- a. The Client shall be the custodian of, and shall have full control over, the cord blood until the Child reaches the age of maturity (which, in most cases, is 18 years of age), at which time the Child shall automatically assume sole ownership of, and control over, the cord blood. At that time, the Child will automatically become the "Client" for all purposes of this Agreement and will have the option
  - i. to continue this Agreement and store the cord blood samples upon payment of the annual fee or
  - ii. to cancel this Agreement. The mother and/or other legal guardians of the Child will have no further rights or obligations under this Agreement after the Child reaches the age of maturity, except as such rights and obligations may be legally assigned and consented to by the Child or as otherwise provided by law. It is the responsibility of the Client or the Child to notify CBS, in writing by certified U.S. Mail return receipt requested, on or before the Child's eighteenth birthday, of the Child's contact information and the Child's intent to either continue or terminate this Agreement.

### **IV. FEE SCHEDULE RESPONSIBILITIES OF THE CLIENT:**

- a. The Total Enrollment Fee will be based upon the Plan selected by the Client [see attached FEE SCHEDULE] and will be immediately due upon notice from CBS that the cord blood has been received and accepted for storage.
- b. Client is also responsible for payment each year of the annual storage maintenance fee. This fee will be billed annually to the Client in the birth month of the Child. The amount of the annual fee is listed in the attached FEE SCHEDULE and will be due within thirty days of the date of each annual invoice from CBS. This fee is fixed as long as you choose to store your sample.

## **V. TERM:**

- a. The initial term of this Agreement shall commence on the date of collection of the cord blood samples and shall continue for a one year period. This Agreement will automatically renew, for an additional one year period, at the end of each annual period, unless this Agreement is otherwise terminated as set forth in agreement below.
- b. This Agreement will automatically terminate if:
  - i. The Client fails to pay the initial Enrollment Fee or any subsequent annual storage fee by the specified due date. In such event, the Client automatically releases all rights and waives all claims to the stored cord blood and the Client agrees that the disposition of such cord blood will be at the sole discretion of CBS.
  - ii. The Client delivers at least 60 days prior written notice to CBS, via certified U.S. Mail, return receipt requested, terminating this Agreement. In such event, the Client automatically releases all rights and waives all claims to the stored cord blood and the Client agrees that the disposition of such cord blood will be at the sole discretion of CBS.
  - iii. CBS delivers at least 60 days prior written notice to the Client, via certified U.S. Mail, return receipt requested, terminating this Agreement. In such event, CBS will attempt to assign or make other arrangements for the continued storage of the Cord Blood, if so requested in writing by the Client within 20 days following the date of the termination notice from CBS. Also, if requested in writing by the Client at least 10 days prior to the termination date, CBS will arrange for delivery of the cord blood to a location designated by the Client, at the Client's sole cost. If CBS does not receive a written transfer request from the Client at least 10 days prior to the termination date, the Client automatically releases all rights and waives all claims to the stored cord blood and the Client agrees that the disposition of the cord blood will be at the sole discretion of CBS.
- c. Upon termination of this Agreement for any reason, Client automatically releases all rights and waives all claims against CBS, and its shareholders, directors, officers, employees, agents, representatives and consultants with regards to this Agreement, the services hereunder and the cord blood, and agrees that CBS shall have no further liability to the Client or the Child or with regard to the cord blood.

## **VI. LIMITATION OF LIABILITY**

The Client agrees that if CBS is found liable, by a court of competent jurisdiction, to the Client or the Child for damages of any kind, then the amount of the damages that the Client or the Child may recover from CBS shall not be greater than, and shall be limited to, the amount of money paid by the Client to CBS under this Agreement. CBS will not be liable for any other damages, fees or assessments of any kind. CBS will not be responsible for any damage caused by any other person, including but not limited to the courier service, the Laboratory or the Designated Storage Location. Upon surrender of the cord blood by the Client pursuant to the terms of this Agreement, all liability of CBS will automatically terminate. The Client acknowledges and understands that CBS is not making any warranty with respect to the services performed, or arranged for, by CBS under this Agreement. CBS assumes no responsibility for any defects or workmanship in the materials contained within the Cord Blood Collection Kit. CBS is not responsible for any procedures or services performed by third parties including, but not limited to, collection, laboratory tests, transport, improper handling or use, or loss of the Cord Blood during transportation. CBS shall not be liable to the Client or the Child for any loss or damage of any kind arising out of the delay or failure in performance of any obligation that is beyond the reasonable control of CBS, including but not limited to any delay or failure caused by the failure, unavailability or shortage of power, materials or supplies; flood; fire; natural disasters; abnormally inclement weather; act of God; act of war or terror; riot; act or omission of government or governmental agency (including FDA withdrawal and recall recommendations); strike, work stoppage or other labor unrest; other act or omission in the process of manufacture, production or supply under the control of third parties; or any other emergency (all of the above being collectively, an "Emergency").



If the performance by CBS of this Agreement is prevented, restricted or interfered with by reason of any Emergency or any law, order, proclamation, ordinance, demand, or requirement of any government agency, or any other act or condition beyond the control of CBS, upon giving notice of same to the Client, CBS shall be excused from such performance.

**V. ENTIRE AGREEMENT**

This Agreement constitutes the entire Agreement between the parties with respect to its subject matter and supersedes all previous understandings, negotiations and agreements, oral or written, relating to the subject matter of this Agreement. There are no oral agreements or understandings in connection with this Agreement. Any waiver of a breach of any provision of this Agreement will not be construed to be a waiver of any subsequent breach of such provision or a waiver of any breach of any other provision. This Agreement may not be amended orally or by any course of action and may be amended only by a signed, written agreement by each party. Both parties acknowledge they have read this Agreement, understand its terms and conditions, and agree to be bound by it. CBS may assign its rights and obligations hereunder to any other entity or individual. This Agreement shall be binding upon and inure to the benefit of the legal representatives, successors and assigns of the parties. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, then the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way. All headings and captions are for convenience only and are not of any substantive effect. This Agreement shall be construed, interpreted, and governed in accordance with the laws of the State of Georgia without any reference to conflict of laws principles. Forsyth County, Georgia, shall be the proper venue for any litigation arising out of this Agreement.

I/WE accept the terms and conditions of this Agreement.

\_\_\_\_\_  
Signature of Biological Mother (Client)

\_\_\_\_\_  
Printed Name of Biological Mother (Client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CBS Representative

\_\_\_\_\_  
Printed Name of CBS Representative

\_\_\_\_\_  
Date



# Informed Consent for Collection of Cord Blood and Testing Blood Samples

## Complete and return to Cord Blood Solutions.

I, \_\_\_\_\_ (insert name of client/mother), have requested that my healthcare provider collect the umbilical cord blood (“Cord Blood”) following the upcoming birth of my child (“Child”), to enable the cord blood to be stored pursuant to the Cord Blood Stem Cell Collection and Storage Agreement that I have signed with Cord Blood Solutions, Inc. (“CBS”). I am of legal age and have legal authority to sign this consent.

I consent to have samples of my blood drawn at the time of delivery of my Child and consent to have these samples sent to a laboratory selected by CBS to be tested for various infectious diseases. These tests include screening for human immunodeficiency virus (HIV), hepatitis B and C virus, human T-lymphotrophic virus (HTLV), cytomegalovirus (CMV) and syphilis. I consent to have my healthcare provider notified in the event that the test results of my blood are abnormal. I have been informed that the cord blood collected may be considered unsuitable for processing and storage in the event that the test results of my blood are abnormal.

I also consent to have tests performed on my child’s cord blood, including but not limited to: total nucleated cell count, total mononucleated cells, bacterial and fungal cultures, NAT, ABO/Rh Typing, and CD34+ Pre and Post processing cell viability count. I consent to have my healthcare provider notified in the event that the test results of the cord blood are abnormal. I have been informed that the cord blood collected may be considered unsuitable for processing and storage in the event that the test results of the cord blood are abnormal.

I have been informed through a CBS representative, my healthcare provider and/or an interactive webcast as to the potential risks, benefits and alternatives regarding the collecting, testing, processing, storage and use of cord blood. I have been given the opportunity to ask questions, and all of my questions have been answered fully and to my satisfaction. I understand that if I have additional questions, I may contact CBS in writing at Cord Blood Solutions, Inc. at 5400 Laurel Springs Pkwy, Suite 1401, Suwanee, GA 30024 or by calling 678-584-5755 or 1-866-584-STEM (7836).

**Potential Benefits:** I understand that the cord blood collected may be able to be used in the future to treat certain blood disorders, cancers, or other conditions of my Child. I understand that the cryogenic storage and use of cord blood for disease treatment in the future may involve new and/or experimental medical, scientific and technical procedures in addition to currently accepted standards of care.

**Potential Risks:** I understand that complications may occur during delivery which may preclude collection of the cord blood by my healthcare provider. I understand that cord blood will be collected only if my healthcare provider has determined in his or her medical judgment that the collection will not pose a threat to my health or to the health of my Child. I accept that my healthcare provider has absolute discretion to decide whether or not to proceed with the collection of the cord blood at the time of delivery. I understand that there is no assurance that (i) the cord blood will be successfully collected, processed or stored, or (ii) if successfully collected, processed and stored, it will result in successful treatment in the future. For example, I understand that the collection and processing of the cord blood may fail to yield a usable sample suitable for storage and/or subsequent use if there is an inadequate sample volume or contamination of the cord blood.



**Alternatives:** I understand that other sources of stem cells exist, including peripheral (circulating) blood and bone marrow from my Child or a family member. However, at the present time, to obtain stem cells from these sources requires a costly, invasive procedure which may lead to other significant potential complications. I also understand that there are public banks of cord blood and bone marrow.

**Confidentiality:** I understand that CBS and its agents and subcontractors will keep confidential all information they obtain in connection with the collection and testing of the cord blood and the testing of my blood, except that they may disclose such information:

- where required or allowed by law,
- to my healthcare provider in the event that the test results of my blood are abnormal, or
- as I have otherwise authorized in writing.

I acknowledge that I have read this Consent Form in its entirety (or it has been read to me) and any questions I have about the form have been asked and answered satisfactorily and I sign it with full knowledge of its contents. All blank spaces have been completed and any paragraphs or words which do not pertain to me or to which I do not consent have been crossed out and initialed by me.

\_\_\_\_\_  
Signature of Mother (Client)

\_\_\_\_\_  
Signature of Father (Optional)

\_\_\_\_\_  
Printed Name of Mother (Client)

\_\_\_\_\_  
Printed Name of Father (Optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

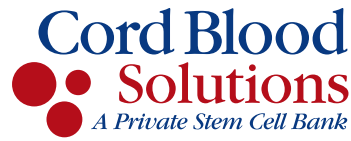
\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Release of Liability



## Complete and return to Cord Blood Solutions.

\_\_\_\_\_ (“Client/Mother”), for herself and on behalf of her unborn child (“Child”), Child’s legal representatives and guardians, and her own legal representatives and heirs and in consideration for the healthcare professional who delivers my Child (“Professional”) agreeing to collect the cord blood of Child in accordance with the Cord Blood Solutions, Inc. Collection Kit, to the fullest extent of the law irrevocably and unconditionally releases and discharges Professional and the hospital or other facility where the birth of the Child will take place (“Facility”), its directors, officers, employees, agents, representatives and affiliates from and against all actions, causes of action, demands, liabilities, and any and all other claims of every kind, nature and description, whether in law or equity, which may arise relating to the performance of the Professional or Facility in connection with the collection of the cord blood. Mother acknowledges that by agreeing to this Release of Liability she is giving up rights, now or in the future, to seek money damages or other remedies or relief from Professional or Facility. Mother intends this Release of Liability to be effective in all 50 States.

\_\_\_\_\_  
Signature of Mother (Client)

\_\_\_\_\_  
Printed Name of Mother (Client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

# Summary of Services



## **1. INDIVIDUAL ACCOUNT SET-UP**

## **2. CORD BLOOD SOLUTIONS HEALTHCARE PROVIDER SUPPORT:**

- As a Physician Inspired company, Cord Blood Solutions offers professional education and resources to train and/or assist your healthcare provider(s) and birthing facility on the best collection method(s) that yield the highest quality and highest volume umbilical cord blood sample.

## **3. COLLECTION KIT WITH CBS UNIQUE IDENTIFIER NUMBER:**

- Each collection kit is custom labeled in seven different areas with this UNIQUE number to ensure privacy and verification of your important sample.

## **4. COLLECTION KIT TRANSPORT:**

- All fees associated with shipping are included in your initial first year fees.
- Cord Blood Solutions coordinates the pick-up and delivery of your Umbilical Cord Blood Sample by using a secure, chain-of-custody medical courier.

## **5. CORD BLOOD SOLUTIONS TESTING INCLUDES:**

- Maternal blood sample is tested for: HBc, HCV, NAT, HBsAg, CMV, HIV 1& 2, HTLV, HIV-NAT, RPR, and Antibody screen.
- Umbilical cord blood sample is tested for: Total nucleated cell count, total mono-nucleated cells, bacterial and fungal cultures, NAT, ABO/Rh Typing, CD34+ and Pre- and Post processing cell viability count.

## **6. PROCESSING OF UMBILICAL CORD BLOOD SAMPLE:**

- The Lab processes the umbilical cord blood sample in a manner to achieve 'Maximum Yield' and to determine cell sterility, viability, and volume.

## **7. CRYOGENIC STORAGE/PRESERVATION:**

- Upon successful completion of the testing process, your sample is then stored in state-of-the-art freezers containing liquid nitrogen. These freezers are temperature controlled, and continuously monitored by technicians, as well as an independent monitoring company for verification.
- Electrical and battery back-up systems are also in place to allow the lab's freezers to continue operating uninterrupted in the event of a power outage.

## **8. PRESERVATION COMPLETION PROCESS:**

- A Cord Blood Solutions "Certificate of Preservation" and a copy of the "Lab Results" will be sent for your records upon successful preservation of your sample.
- Included will be your personal Cord Blood Solutions Identification Number and password to the login section on our website, [www.cordbloodsolutions.com](http://www.cordbloodsolutions.com). This will provide you with exclusive information and updates, as well as the ability to easily update your personal information.

# Medical Health History



**Must be returned with your Cord Blood Solutions agreement. All information is confidential.**

HIV/AIDS, Hepatitis, Syphilis, and other diseases may be transmitted by contaminated blood products including infected cord blood samples. Laboratory testing may detect contamination before blood is released for transplantation, but many laboratory tests, like that for HIV/AIDS virus, do not identify recently infected blood products. Therefore, a medical history is also necessary to evaluate potential “at risk” blood samples. This information can be useful for future management of the cord blood stem cells transplantation by the recipient and the recipient’s physician. For this reason, you must inform Cord Blood Solutions, Inc. of any behaviors that may put you at “risk” of being infected or a carrier of any diseases which might be transmitted by the cord blood.

IN THE PAST 12 MONTHS, HAVE YOU OR THE BIOLOGICAL FATHER:		Mother		Father	
		YES	NO	YES	No
1.	Had any body piercing, tattoo, needle stick, or acupuncture?				
2.	Been exposed to anyone who has been diagnosed with hepatitis?				
3.	Been incarcerated in a correctional facility for longer than 72 hours?				
4.	Been bitten by an animal suspected of having Rabies?				
5.	Been diagnosed with or exposed to Tuberculosis?				
6.	Been in a malaria endemic country?				
7.	Had sexual contact with an HIV+ individual or one at “High” risk of HIV?				
8.	Been diagnosed with a sexually transmitted infection?				
9.	Had a blood transfusion, blood products or tissue/organ transplant?				
10.	Been an intravenous drug user?				
11.	Had sexual relations with a prostitute or members of the same sex?				
12.	Are you in good overall health?				
13.	Are you currently taking ANY prescription medications? (If YES, please list all medication names on next page)				
14.	Are you currently having complications with this pregnancy?				
15.	Are you having a planned caesarean delivery?				
16.	Have you been diagnosed with or treated for Lyme disease or West Nile virus?				
17.	Tested positive for any form of hepatitis?				
18.	Tested positive for HTLV I or II?				
19.	Been turned down as a blood donor?				
20.	Taken anti-malaria medication?				
21.	Had malaria, Chagas disease or any other parasitic disease?				

IN THE PAST 12 MONTHS, HAVE YOU OR THE BIOLOGICAL FATHER:		Mother		Father	
		YES	NO	YES	NO
22.	Taken clotting factors for treatment of a bleeding disorder?				
23.	Had an unexplained fever, night sweats, weight loss, swollen lymph nodes, persistent cough, or purple spots on your skin?				
24.	Received Human Pituitary Growth Hormone, Accutane, or Tegison?				
25.	Been diagnosed with Creutzfeldt-Jacob disease (Mad Cow Disease)?				
26.	Received shots, vaccinations including Rh immune globulin?				
27.	Treated for Epstein Barr Virus (or Mononucleosis)?				
28.	Had aplastic anemia, Fanconi's anemia, Thalassemia, sickle cell anemia, Hunter's or Hurler's syndrome or any other Storage disorder?				
29.	Had chronic granulomatosis, leukemia, Wiskott-Aldrich syndrome or Severe Combined immunodeficiency syndrome?				
30.	Do you have more than one blood relative with the same disease or disorder?				

Please explain any YES answers below:

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I certify that I have answered these questions truthfully and to the best of my knowledge.

\_\_\_\_\_  
 Signature of Mother (Client)

\_\_\_\_\_  
 Signature of Father

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

# Fees, Storage, Rebates and Discounts



## Single Birth Fees

\$1,795:

- Storage and maintenance preservation fee included in the first year.

## Annual Storage And Maintenance Preservation Fee

**\$125 ANNUAL, first year of storage is included.**

- This will be billed beginning year two.
- This fee is payable within thirty days of receipt of invoice, to Cord Blood Solutions, Inc.
- This fee is fixed as long as you choose to store your sample.

## Rebate And Discount Programs

Multiple Birth Discounts: Please call 1-866-584-STEM (7836) for pricing.

### Family Discount:

When your new baby's cord blood is stored with Cord Blood Solutions, you will receive one year of storage free for all of your other children who's cord blood is being stored with Cord Blood Solutions.

### Patient Referral Bonus:

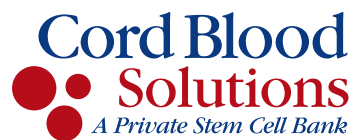
For each referral who processes and successfully stores with Cord Blood Solutions, we will provide you with one FREE year of storage.

## Collection Guarantee

If for any reason the cord blood is collected and is unable to be processed or stored by Cord Blood Solutions, we will refund all monies.

**Discounts cannot be combined with other referral codes, offers or coupons.**

# Payment Options and Authorization



## Select a Payment Option\*:

**OPTION 1**                  Payment in full of \$1,795 is due at the time of enrollment.

## Monthly Payment Plans:

**OPTION 2**                  Three (3) monthly payments of \$604.  
Payments must be charged directly to a credit or debit card.

**OPTION 3**                  Six (6) monthly payments of \$304.  
Payments must be charged directly to a credit or debit card.

**OPTION 4**                  Process and 18 years.  
Payment in full of \$3,520 via credit or debit card is due at time of enrollment.  
Includes ALL fees thru the child's 18th birthday.  
Saves \$400.

\* The Kit purchase includes a \$150 deposit. If for some reason, you do not use your Kit, your payment will be refunded minus \$150.

Discounts cannot be combined with other referral codes, offers or coupons.



# Payment Options and Authorization



**Complete and return to Cord Blood Solutions.**

## Select a Payment Method:

### Check or Money Order

Make checks payable to Cord Blood Solutions, Inc and mail to:

Cord Blood Solutions, Inc.  
5400 Laurel Springs Pkwy  
Suite 1401  
Suwanee, GA 30024

### Credit

I hereby authorize Cord Blood Solutions, Inc. to charge the following credit card in accordance with the plan selected and apply said charge toward the payment of charges owed. I understand I will remain responsible for any recurring charges if applicable, and in the event my cord blood sample is collected and deemed unstorable by Cord Blood Solutions, I will be credited all fees subsequently charged.

- |                                            |                                                  |
|--------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> <b>Visa</b>       | <input type="checkbox"/> <b>American Express</b> |
| <input type="checkbox"/> <b>MasterCard</b> | <input type="checkbox"/> <b>Discover</b>         |

Card # Exp. Date

Cardholder Name Today's Date

Billing Address

City State Zip

Authorized Signature

**\*PLEASE NOTE:** When paying by credit card, no additional invoices will be sent and your provided card will be charged automatically based upon the payment option selected.

Call 1-866-584-STEM (7836) for any questions.