



Cord Blood Solutions CORD BLOOD SOLUTIONS ENROLLMENT CHECKLIST

- | | Please
check here |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Complete the <i>Client Information Form</i> ----- | <input type="checkbox"/> |
| 2. Read and sign the <i>Collection & Storage Agreement</i> ----- | <input type="checkbox"/> |
| 3. Read and sign the <i>Informed Consent Form</i> for family storage of cord blood ----- | <input type="checkbox"/> |
| 4. Complete the <i>Release of Liability Form</i> ----- | <input type="checkbox"/> |
| 5. Read <i>Summary of Services</i> ----- | <input type="checkbox"/> |
| 6. Complete the <i>Medical Health History Form</i> ----- | <input type="checkbox"/> |
| 7. Review the <i>Fee Schedules and Payment Options Forms</i> , then select and complete the <i>Payment Election and Authorization Form</i> ----- | <input type="checkbox"/> |
| 8. Mail in all <i>original forms/documents</i> , as required by law. | |

Cord Blood Solutions, Inc.
5400 Laurel Springs Parkway
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).

Cord Blood Solutions
CLIENT INFORMATION FORM
All information provided is considered confidential.

MOTHER'S DEMOGRAPHICS

_____	_____
Mother's Legal Name	Mother's Date of Birth

Street Address /Apt. #	
_____	_____
City/State	Zip Code
() _____ - _____	() _____ - _____
Home Phone Number	Cell Phone Number
_____	_____
Email Address	Expected Due Date

FATHER'S DEMOGRAPHICS

_____	_____
Father's Legal Name	Father's Date of Birth

Street Address /Apt. #	
_____	_____
City/State	Zip Code
() _____ - _____	() _____ - _____
Home Phone Number	Cell Phone Number

Email Address	

Cord Blood Solutions
CLIENT INFORMATION FORM
All information provided is considered confidential.

HEALTHCARE PROFESSIONAL

DELIVERY HOSPITAL

Name of Healthcare Provider

Delivery Hospital Name

Street Address of Provider

Hospital Address

Suite #

City/State/Zip Code

City/State/Zip Code

() _____ - _____
Provider's Telephone Number

() _____ - _____
Hospital Telephone #

() _____ - _____
Provider's Fax Number

() _____ - _____
Hospital Fax #

CONSENT FOR RELEASE OF INFORMATION

I/We hereby agree to the release of any and all information listed above with regard to the Client, 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.

Signature of Mother

Signature of Father

Date

Date

Cord Blood Solutions

CORD BLOOD STEM CELL COLLECTION & STORAGE AGREEMENT

This is an agreement between Cord Blood Solutions (“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 sample, 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 sample 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 sample will be tested for eligibility. The maternal blood sample 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 sample. 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 AABB 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 sample 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 sample 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 pre-paid 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 a sample 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 sample 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 sample 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 to be not 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 sample 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 sample 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 sample 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 for 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 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 sample 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 majority, 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 sample 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 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.

VII. 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. Fulton 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 of Signature

Signature of CBS Representative

Printed Name of CBS Representative

Date of Signature

Cord Blood Solutions

INFORMED CONSENT FOR COLLECTION OF CORD BLOOD AND TESTING BLOOD SAMPLES

I, _____ (insert name of 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 Solution ("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 at 5400 Laurel Springs Parkway, Suite 1401, Suwanee, GA 30024 or by calling (678) 584-5755.

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.

Printed Name of Mother

Printed Name of Father (optional)

Signature of Mother

Signature of Father (optional)

Date

Date

Witness

Witness

Date

Date

Cord Blood Solutions RELEASE OF LIABILITY

_____ (“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 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

Print Name of Mother

Date

Witness Signature

Print Name of Witness

Date

Cord Blood Solutions 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, 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+ 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 access the private ‘Members Only’ section on our website www.cordbloodsolutions.com. This will provide you with exclusive information and updates, as well as the ability to easily update your personal information.

HAS ANYONE IN YOUR FAMILY (MATERNAL OR PATERNAL):

<u>MOM</u>	<u>DAD</u>
<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>

Q28.	Had aplastic anemia, Fanconi's anemia, Thalassemia, sickle cell anemia, Hunter's or Hurler's syndrome or any other Storage disorder?				
Q29.	Had chronic granulomatosis, leukemia, Wiskott-Aldrich syndrome or Severe Combined immunodeficiency syndrome?				
Q30.	Do you have more than one blood relative with the same disease or disorder?				

Please explain any YES answers below: _____

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

Mother's Signature and Date

Father's Signature and Date

Cord Blood Solutions FEE SCHEDULE

ANNUAL FEES: ANNUAL STORAGE, REBATE AND DISCOUNT PROGRAMS

SINGLE BIRTH FEES: \$1,895

Storage and maintenance preservation fee included the first year.

ANNUAL STORAGE AND MAINTENANCE PRESERVATION FEE

- \$125 ANNUALLY:**
- This will be billed annually during the Child's birth month starting the second year of storage.
 - This fee is payable within thirty days of receipt of invoice, to Cord Blood Solutions.
 - This fee is fixed as long as you choose to store your sample.

REBATE AND DISCOUNT PROGRAMS

MULTIPLE BIRTH DISCOUNTS: \$1,595 for each additional child.

FAMILY DISCOUNT AVAILABLE: Each additional child is also \$1,595

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 your sample is collected and unable to be processed or stored by Cord Blood Solutions, we will refund all monies.

Cord Blood Solutions PAYMENT ELECTION AND AUTHORIZATION FORM

Select a Payment Option*: (Check your selection)

- OPTION 1.** Payment in full of \$1,895.00 is due at time of enrollment.
*(Receive 2nd year of storage free)****

- OPTION 2-4.** Monthly Payment Plans- payments begin when baby is born.

- OPTION 2.** Three (3) Monthly Payments of \$637.00.
Payments must be billed directly to credit card or bank draft.

- OPTION 3.** Six (6) Monthly payments of \$312.00.
Payments must be billed directly to credit card or bank draft.

- OPTION 5.** **Process & 18 Years!** Payment in full of \$3,845.00 is due at time of enrollment.
Includes **ALL** fees thru the Child's 18th Birthday.
(Saves \$300.00)

Please note that payment options 6 through 8 all require approved credit through Enhanced Patient Financing. Independent financing is available. Rates subject to change.

- *OPTION 6.** 48 Months with a minimum payment of approximately \$50/month based on approved credit.
Payments begin approximately 30 days after blood is received at the lab.

- *OPTION 7.** Twelve (12) Months deferred interest plan.
Paying \$160.00/Month in twelve (12) equal monthly payments.
Payments begin approximately 30 days after blood is received at the lab.

- *OPTION 8.** Eighteen (18) Months deferred interest plan.
Paying \$110.00/Month in eighteen (18) equal monthly payments.
Payments begin approximately 30 days after blood is received at the lab.

* Payment Plan Options 6, 7, and 8 are a deferred interest offer. Interest does accrue from the first payment if not paid in full during the chosen time frame.

* All Payment plans include \$150 non-refundable deposit charged at time of enrollment.

*** Cannot be combined with any other offers or coupons

Payment Estimator (Fixed Pay) Disclosure

The minimum monthly payment is the approximate amount required to be paid each month for the corresponding initial purchase (includes amount and applicable taxes) and assumes that no additional purchases or charges (i.e. late fee, credit insurance, etc.) are incurred nor the interest rate changes. Monthly payment amounts are principal and interest charges. The payment schedule assumes only the required minimum payments are made each month when due. The customer is permitted to pay more than the minimum amount due each month, and by doing so, the balance will be more quickly repaid and less finance charges will be incurred. For full description of terms governing this account, refer to the Financing Agreement with Enhanced Patient Financing.

To apply for any of our extended payment plan options please click on the [Enhanced Patient Financing](#) link found on the Payment Options page.

Select a Payment Method: (Check your selection)

_____ **Check or Money Order:** Please make check payable to Cord Blood Solutions Inc., and then mail to:

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

Toll Free – 1-866-584-STEM (7836)

_____ ***Credit or Debit Card:** I hereby authorize Cord Blood Solutions, to charge the following credit/debit card in accordance with the plan selected above 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.

CREDIT/DEBIT CARD: (Check your selection)

_____ Visa _____ Mastercard _____ American Express _____ Discover

Card # : _____ Exp. Date : _____

Card Holder Name: _____ Today's Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____

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