





# Enrollment Form

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

## Family Information:

Mothers Name: \_\_\_\_\_

Mother's SS#: \_\_\_\_\_ Mother's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fathers / Support Persons Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Obstetrician/Midwife Information:

\_\_\_\_\_ Group Name

Caregivers Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax (if known) \_\_\_\_\_

## Hospital Information:

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Is there someone we can thank for referring you to Securacell?

\_\_\_\_\_

If you have banked cord blood in the past, we waive your enrollment fee.

- I am a client of Securacell
- Past Client of \_\_\_\_\_

Name of cord blood bank: please submit past annual storage bill as proof of prior banking.

Securacell use: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Acct # \_\_\_\_\_

Cord Blood # \_\_\_\_\_



## **Cord Blood Stem Cell Collection and Storage Agreement and Informed Consent and Release**

I/We, \_\_\_\_\_  
the Parent(s)/Legal Guardian(s), on behalf of myself/ourselves and my/our/ unborn child ("Child"), hereby grant permission to Securacell, Inc., ("Securacell") to process, test, and store Umbilical and/or Placental Cord Blood ("Cord Blood") after delivery of my/our/the Child. This document constitutes a legally binding Agreement between Securacell and the undersigned Parent(s) or Legal Guardian(s), the ("Client").

This Agreement outlines the rights and obligations of the parties as set forth in this document.

I/We, the undersigned Client, agree and acknowledge understanding of the following:

- 1) The term Cord Blood also indicates the Stem Cells in the Umbilical Cord Blood that are extracted, processed, cryopreserved, and stored for future use.
- 2) The Client understands that the Client is the custodian of the Cord Blood until the Child reaches (18) years of age. At that time, Securacell shall recognize any claims made by the Child for the Cord Blood.
- 3) The Client understands 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 blood and genetic disorders. The Client understands that Cord Blood offers a source of stem cells, and the Client acknowledges that they have been informed of alternative sources of stem cells such as bone marrow and circulatory blood. The Client understands that cryopreservation of Cord Blood is a relatively new procedure and some laboratory tests and studies thus far have indicated it is 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 there from. The Client also understands the Child or another family member may never need to use the Cord Blood and the Cord Blood may not be utilized.
- 4) We advise the Client to discuss stem cell storage with a competent medical professional, such as your Obstetrician-Gynecologist and/or your Family Physician and/or your Oncologist. This discussion should include the potential benefits of collection, preservation and possible future use of Cord Blood stem cells, and the current diseases stem cell transplants may have benefited. This discussion should also include the possible risks and benefits. Securacell is in no way providing medical advice, care or treatment to you.
- 5) The Client understands that he/she must request a qualified Provider to collect the Cord Blood using the collection kit provided by Securacell. In the event the Client-Indicated Provider is unfamiliar with the procedure, SecuraCell will make a reasonable attempt to supply the Client-Indicated Provider with educational materials. The Client acknowledges that the Cord Blood will be sent to an independent laboratory ("Laboratory") for testing and storage during the term of this contract. Securacell's duties are limited to providing educational materials and the collection kit, and SecuraCell is not responsible for any medical procedure or advice.
- 6) The Client understands that there are risks with any medical procedure, that there may be additional considerations or unforeseeable circumstances during the period of delivery and that the safety and care of the baby and mother are of primary concern. Therefore, in the event the Cord Blood cannot be collected, Client releases from liability and waives all claims against the Provider, Hospital, Hospital Staff, and Securacell, and its shareholders, directors, officers, employees, representatives, agents and consultants, and the Client enters into this agreement with this understanding.
- 7) The Client understands that Cord Blood is normally discarded after delivery, appropriated for medical research or stored in a public banking facility and that the decision to collect, process, and store the child's Cord Blood is a voluntary act on the part of the Client that may allow them to protect their personal rights to the Cord Blood.
- 8) The Client understands there is a risk of contamination when collecting Cord Blood; therefore the Cord Blood will be tested for fungus and bacteria by Securacell's laboratory. If the Cord Blood is deemed unsuitable for storage, Securacell will reimburse the Client the Collection Fee. Client will not incur a cancellation fee.
- 9) The Client agrees to be responsible for delivery of the Child's Cord Blood to the Laboratory within 72 hours of collection. Upon request of Client, Securacell may, at its sole discretion, facilitate the delivery of the Cord Blood on the Client's behalf.

- 10) The Client understands Cord Blood collection is voluntary and that the Client has the right to stop the collection at any time. In the event the decision to stop the Cord Blood collection is made prior to collecting the Cord Blood, Securacell will reimburse the Collection Fee paid by the Client, upon receipt of the unused/ undamaged collection kit.
- 11) **Fees-** (See Payment Options) Client agrees to pay to Securacell the fees set forth on the Payment Options attached hereto.
- 12) **Term-** The Client understands the initial term of this Agreement shall commence on the date Securacell sends to the Laboratory the Cord Blood ("Storage Date") and shall continue for a one (1) year period thereafter. This contract will automatically renew at the end of each one (1) year period, unless either party provides written notice to the other of its intent not to renew at least sixty (60) days prior to the anniversary date of the Storage Date.
- 13) **Termination and Release-** This Agreement shall terminate upon the occurrence of any one of the following:
- A. With Cancellation Penalty
    - i. Failure of the Client to pay the annual storage fee on the specified due date. Upon termination, the Client releases all rights and waives all claims to the stored Cord Blood and its disposition is at Securacell's sole discretion. Client agrees to pay a cancellation fee of \$85.00 for appropriate disposal of stored Cord Blood.
    - ii. Client delivers sixty (60) days written notice to Securacell terminating this Agreement. Upon termination of this Agreement by Client, Client shall pay to Securacell a cancellation fee of \$85.00 for appropriate disposal of stored Cord Blood.
  - B. Without Cancellation Penalty
    - i. Securacell delivers sixty (60) days written notice to the Client terminating this Agreement. Securacell will attempt to assign, offer options, or make arrangements for the continued storage of the Cord Blood.
    - ii. Client determines they do not want to proceed with the collection process prior to collection. The kit is to be returned to Securacell and Securacell, upon receipt of the collection kit, will reimburse the Client for any monies paid for the Collection and Processing Fee.
  - C. Upon termination of this Contract, Client agrees to release all rights and waive all claims against Securacell, and its shareholders, directors, officers, employees, agents, representatives and consultants with regard to this Contract, the services hereunder and the Cord Blood, and agrees that Securacell shall have no further liability to the Client or with regard to the Cord Blood after termination.
- 14) **No Warranty or Guarantee; Limitation of Liability-**The Client acknowledges that neither Securacell nor any of its officers, directors, shareholders, executives, employees, agents, or consultants have made any representations, guarantees or warranties, express or implied, to the Client of any kind or nature, including, without limiting the generality of the foregoing, nor have there been any representations, warranties or guarantees with respect to (i) suitability of Cord Blood for the future treatment of diseases; (ii) successful treatment of diseases through Cord Blood transplantation; (iii) advantages of Cord Blood transplantation over other types of treatment using stem cells; and (iv) the merchantability or fitness for a particular purpose or use of any product or service hereunder;. Client agrees that should he or she make any claim against Securacell, such claim shall be limited in total to the amount of Fees paid by the Client to Securacell under this Contract.
- 15) **Withdraw (Preparation, Transfer, and Shipment)** – In the event that these cells are needed for treatment, the Client shall provide written notification to Securacell. The notice shall include the name and address of the physician and hospital receiving the Cord Blood. The decision of how many and which vials are required will be made by the Client's physician. The Client shall bear all other costs related to the preparation and shipment of the Cord Blood.
- 16) **Indemnify and Hold Harmless-** The Client agrees to indemnify, defend and hold harmless Securacell, the Processing Laboratory, and any of its agents, shareholders, directors, officers, employees, consultants and other representatives from and against any and all liability, loss, expense, attorney's fees, or claims from injury or damages, arising out of the services provided under this agreement. The Client further acknowledges that Securacell is not responsible for the actions of others including but not limited to the Client's Physician or provider, the Hospital or its staff, Laboratory staff, and transporters of the Cord Blood.
- 17) **Assignment-** This Agreement is assignable by Securacell Inc. to any individual, association, partnership, or other corporation, which is either providing a similar service or intends subsequent to such assignment to provide similar

service. This agreement is not assignable by the Client without the written notification to and written consent by Securacell.

- 18) **Miscellaneous-** This Agreement represents the entire Agreement between the parties concerning the subject matter hereof and there are no understandings, agreements, or representations other than as herein set forth. This Agreement shall be binding upon the parties and their respective heirs, spouses, executors, administrators, agents, representatives, successors, and assigns. The Agreement shall be construed in accordance with the laws of the State of Ohio, and any dispute or controversy hereunder shall be resolved in the local courts sitting in Stark County, Ohio. If any provision of this Agreement is deemed unenforceable, the remaining provisions hereof shall nevertheless be fully enforceable in accordance with their terms.
- 19) **Change in Fees-** Any fees set forth in this Contract, including the Payment Option form, is subject to adjustment such as those that may reflect industry standards and governmental regulations. Securacell will provide Client with written notice of any change in fees at least thirty (30) days prior to the date the payment is due. The annual fee stated in the Payment Option is fixed for a period of 20 years.
- 20) **Client Consent to Release of Information-** Client hereby agrees to the release of any and all information with regard to the Client, or the Child, or anything related to the services performed hereunder, to the Hospital, Laboratory, and any physician, 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 Securacell.

THE CLIENT UNDERSTANDS, ACCEPTS AND AGREES WITH THE ABOVE:

Mother’s Information

\_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 Mother’s Signature

Mother’s name printed \_\_\_\_\_ SS# \_\_\_\_\_

Mother's address \_\_\_\_\_  
 Street City, State Zip

Phone number \_\_\_\_\_ Mother agrees to notify Securacell of all changes. Mother’s Date of Birth \_\_\_\_\_

Father’s Information

\_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 Father’s Signature

Father’s name printed \_\_\_\_\_ SS# \_\_\_\_\_

Father's address \_\_\_\_\_  
 Street City, State Zip

Father's phone number \_\_\_\_\_ Father agrees to notify Securacell of all changes

Next of Kin names are kept on file as person(s) Securacell may contact in the event we can not reach the above parties.

Next of kin (1): Name address (street, city, state) phone number

Next of kin (2): Name address (street, city, state) phone number



For Laboratory Use Only

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

## Medical Health History

(Must be completed and returned with your contract to Securacell)

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 recipient's physician. For this reason, you must inform Securacell of any behaviors which may put you "at risk" of being infected or a carrier of any diseases which might be transmitted by cord blood.

Medical Health History		Mom		Dad	
<b>IN THE PAST 12 MONTHS, HAVE YOU OR THE BABY'S FATHER:</b>					
1.	Had any body piercing, a tattoo, or an accidental needle stick?	Yes	No	Yes	No
2.	Been exposed to anyone who has been diagnosed with Hepatitis?	Yes	No	Yes	No
3.	Been incarcerated in a correctional facility for longer than 72 hours?	Yes	No	Yes	No
4.	Been bitten by an animal suspected of having rabies?	Yes	No	Yes	No
5.	Been diagnosed with or exposed to tuberculosis?	Yes	No	Yes	No
6.	Been in a country where Malaria is very common?	Yes	No	Yes	No
7.	Had sexual contact with someone who is HIV positive or at high risk for HIV?	Yes	No	Yes	No
8.	Been diagnosed with a sexually transmitted infection?	Yes	No	Yes	No
9.	Had a blood transfusion?	Yes	No	Yes	No
10.	Undergone an organ or tissue transplantation?	Yes	No	Yes	No
11.	Been an intravenous drug user?	Yes	No	Yes	No
12.	Had sexual relations with a prostitute or member of the same sex?	Yes	No	Yes	No
<b>HEALTH OF THE MOTHER</b>					
13.	Are you in good health?	Yes	No		
14.	Are you currently taking any prescription medications? If yes, list below.	Yes	No		
15.	Are you currently having complications with this pregnancy?	Yes	No		
16.	Are you having a planned Caesarean delivery?	Yes	No		
17.	Have you been diagnosed with or treated for Lyme's disease or West Nile Virus?	Yes	No		
<b>HAVE YOU OR THE BABY'S FATHER EVER:</b>					
18.	Tested positive for hepatitis?	Yes	No	Yes	No
19.	Tested positive for HIV/AIDS?	Yes	No	Yes	No
20.	Tested positive for HTLV-I or II?	Yes	No	Yes	No
21.	Been turned down as a blood donor?	Yes	No	Yes	No
22.	Had anti-malaria medication?	Yes	No	Yes	No
23.	Had Malaria, Chagas disease or any other parasitic disease?	Yes	No	Yes	No
24.	Taken clotting factors for treatment of a bleeding disorder?	Yes	No	Yes	No
25.	Had an unexplained fever, night sweats, weight loss, swollen lymph nodes, persistent cough, or purple spots on your skin?	Yes	No	Yes	No
26.	Received human pituitary growth hormone?	Yes	No	Yes	No
27.	Been diagnosed with Creutzfeldt-Jacob disease?	Yes	No	Yes	No
<b>HAS ANYONE IN THE MOTHER'S OR FATHER'S FAMILY HAD:</b>					
28.	Aplastic anemia, thalassemia, Fanconi's anemia, sickle cell anemia?	Yes	No	Yes	No
29.	Chronic granulomatosis?	Yes	No	Yes	No
30.	Hurler syndrome?	Yes	No	Yes	No
31.	Leukemia?	Yes	No	Yes	No
32.	Wiskott-Aldrich syndrome?	Yes	No	Yes	No
33.	Severe Combined Immunodeficiency Syndrome?	Yes	No	Yes	No

Please explain any 'yes' answers \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

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