

Thank you for considering the Cord Blood Bank of Canada as the care provider for your baby's cord blood. The Cord Blood Bank of Canada is a Health Canada inspected and registered cord blood bank.

In order to enroll in the Cord Blood Bank of Canada's cord blood banking service, the following forms must be completed, signed and returned to our office (by fax, mail or in person):

Please Note: It is advisable to enroll prior to 32 weeks of pregnancy to allow for sufficient time for your personalized collection kit to reach you and to avoid rush courier fees.

✓ **Form 1 Individual Account – Client Service Agreement.**

The Client Service Agreement outlines the services provided by CBBC as well as the responsibilities of CBBC and the client

✓ **Form 2 Individual Account – Informed Consent for Collection and Storage of Cord Blood and Collection and Infectious Disease Marker Testing of Maternal Blood Sample.**

The Informed Consent describes details regarding the collection, receipt, processing, storage, maintenance, and use of cord blood as well. It documents your understanding and consent to the services outlined as well as the collection of your baby's cord blood by your caregiver.

✓ **Form 3 Individual Account – Limitation of Liability and Release**

The Limitation of Liability and Release is provided for your caregiver and hospital.

✓ **Form 4 Authorization for Release of Information**

✓ **Form 5 Health History Questionnaire**

We have 3 methods of enrollment:

1. Call us (toll free) 1 -866-366-7057.
2. Fax your enrollment forms to us: (toll free) 1 -866-531-9162
3. Mail your enrollment forms to our customer care centre:
Cord Blood Bank of Canada Inc.
100 King Street West, suite 3700
Toronto, ON M5X 1C9

Once you are enrolled we will release and ship your personalized collection kit to you well in advance of your expected due date. You will take your collection kit with you to the hospital at delivery.

This package contains an overview of the CBBC's Cord Blood Banking Service and the enrollment forms. If you have any questions, please do not hesitate to contact us.

Best Wishes!

Cord Blood Bank of Canada Fee Schedule

Total first year: \$1100* + GST

This is the total fee payable by parents in the first year for cord blood banking.

- ✓ enrollment
- ✓ first year storage
- ✓ cord blood testing (microbiological, cell count, viability, ABO, Rh Factor)
- ✓ maternal blood sample infectious disease marker testing (Hepatitis B, Hepatitis C, syphilis, HIV, HTLV, CMV)
- ✓ birthing facility cord blood collection fee
- ✓ birthing facility maternal blood sample collection fee

Please note: *fee does not include the cost of shipping your personalized collection kit to you (collection kit courier fee) once your enrollment forms have been received, and the courier fee (cord blood courier fee) for secure shipment of your baby's cord blood from your birthing facility or Toronto airport (if required) to our laboratory. You will be advised of this fee by your care manager at the time of enrollment. Please contact your care manager for further details.

**Annual Storage Fee (payable yearly after the first year):
\$125 + GST**

Enrollment / Processing / Testing Fee

Enrollment & Collection Kit: \$100 + GST is the enrollment fee. This fee is non-refundable. This fee covers setting up your account.

Collection, Processing & Testing of Cord Blood: This fee includes all of your birthing facility fees: cord blood collection fee and maternal blood sample collection fee, the extensive and meticulous lab work conducted on your baby's cord blood in order to prepare it for storage. We perform a red cell depletion before the cells are banked, once your baby's cord blood meets all of our quality tests: (cell count, viability, microbiological/sterility testing) your baby's cord blood is stored in at least 2 vials for maximum future flexibility. ABO, Rh Factor testing is also performed on a cord blood sample once all quality tests have been passed.

Cell Count Determination: Medical evidence suggests that nucleated cell count is correlated with increased transplant survival. Even if your baby's cord blood sample exceeds the minimum 25ml volume, it could be found to contain inadequate numbers of nucleated and/or viable cells for transplantation. In the unlikely event your baby's cord blood is determined to have a low cell count, your baby's cord blood will be ineligible for storage.

Viability Testing: Medical evidence suggests that cells that are not viable are not suitable for transplantation. Cord Blood samples comprised of cells that are not viable are not eligible for storage.

Microbiological/Sterility Testing: In order to determine the suitability of your baby's cord blood for storage and subsequent transplantation, microbiological/sterility testing will be conducted on your baby's cord blood prior to storage.

Maternal Infectious Disease Marker Testing: Once your baby's cord blood is collected, your attending nurse will also be requested to collect a maternal blood sample which we will send to our contracted private licensed laboratory for the following infectious disease marker testing: (Hepatitis B, Hepatitis C, HIV 1&2, CMV, HTLV 1&2, syphilis)

Please Note: In the unlikely event that your baby's cord blood is not collected, \$1000+GST is refunded to your credit card. all fees minus (\$100 enrollment and the collection kit courier fee are refunded)

Cord Blood delivery to laboratory

The Cord Blood Bank of Canada knows how important your baby's cord blood is. We also know how special this time is for your family. The CBBC is committed to ensuring the best care for your baby's cord blood. Once your baby's cord blood is collected, a trained courier is dispatched to your birthing facility or Toronto airport for prompt delivery of your baby's cord blood to our laboratory for processing. Cord blood can only be accepted if handled by an approved courier. Please consult your care manager for further details.

Cord blood courier fee schedule:

Birthing facility located within GTA : \$25 + GST

Toronto airport pickup (for air canada cargo shipments-mandatory to avoid delays) : \$25 + GST

Outside GTA : \$50-\$300 + GST - Only available in Ontario.

Please consult your care manager for further details: availability and fee schedule.

Optional Services

(these optional services can be requested on page 3 of form 1)

HLA typing test

There may be a chance that your baby's cord blood stem cells are suitable for use by other family members. The suitability of stored cord blood for other family members can only be determined by an HLA-typing test. Once your baby's cord blood has been collected and processed, have us perform an HLA-typing test on your baby's cord blood, so that you know whether or not your stored cord blood stem cells can help someone else in your family.

FEE: \$819 + GST – this fee is charged to your account once your baby's cord blood has been processed by our laboratory.

15 year Storage Pre-Payment option

\$1375 + GST. Pre-pay 15 years of storage now for only \$1375 + GST

Fax

To: **Cord Blood Bank of Canada - Patient** From:

Services

Fax: **(Toll free)1- 866- 531- 9162**

Pages:

Phone: **(Toll free) 1-866-366-7057**

Date:

Re: **Enrollment Forms**

CC:

Urgent

CONFIDENTIAL

● Comments:



Individual Account – Client Service Agreement

Instructions: Client to complete and return to the CBBC.

This is a 3 page agreement between the Cord Blood Bank of Canada (“CBBC”) and expectant parent from here on referred to as (“client”) who wishes CBBC to provide processing, freezing, and cryogenic storage and maintenance services for the blood cells collected from their baby’s umbilical cord and placenta (cord blood) following delivery. Please sign agreement and initial each page in spaces provided.

I. CBBC WILL PROVIDE FOR THE CLIENT:

A. An Individual Account

The individual account will contain the information necessary for identification, account management and Client contact.

B. Cord Blood Collection Kit.

CBBC will provide the Client with a Collection Kit in advance of the expected due date. Please note: The CBBC suggests that patients are enrolled by 32 weeks so that a collection kit can be received in advance of the expected due date. If enrollment forms are received at or after 34 weeks of pregnancy, a collection kit will be FEDEXED to the client for overnight delivery. Forms must be received by 4pm for next day delivery.

C. Instruction and birthing facility fee(s).

CBBC will provide educational materials for the Client’s physician/midwife. The CBBC will also pay a cord blood collection and a maternal blood sample collection fee directly to your delivering physician or midwife and/or nursing staff as appropriate and as per contract.

D. Receiving, processing, and cryogenic storage and maintenance of the collected cord blood cells in accordance with Health Canada regulations.

If the cord blood sample is eligible for storage, as determined by infectious disease marker testing and/or sterility, cell-count determination, viability testing.

- ✓ CBBC will label it with your baby’s assigned unique identifier.
- ✓ CBBC will process, freeze, store, and maintain the stem cells at cryogenic temperatures.
- ✓ CBBC will test the collected cord blood for micro-organisms cell count and viability tests. If cord blood is determined unsuitable for transplantation and storage due to the presence of micro-organisms, inadequate cell count and/or viability, the client will be advised.
- ✓ CBBC will submit a maternal blood sample to a licensed laboratory for infectious disease marker testing. If cord blood is determined unsuitable for transplantation or storage due to the presence of infectious disease markers, the client will be notified.
- ✓ CBBC will submit a sample of your baby’s cord blood for ABO/ Rh typing.
- ✓ If the Client elects to have the cord blood HLA-typed, the CBBC will determine the HLA-type of the collected cord blood.

E. Retrieval of Sample for Use.

At any time during the maintenance period, only the Client, the child’s legal guardian, the child after their 18th birthday, or a proper court order can request CBBC, in writing, sent by certified mail, to retrieve and prepare the stored cells for transport to a designated location, in the event that the Client’s stem cell deposit becomes medically indicated. The deposit will only be released upon the signing and completion of an “authorization and direction agreement for release of stem cell deposit form”, which permits the release of a deposit to a specified intended recipient, and with a “stem cell deposit release from liability form”, executed on or behalf of the recipient, releasing the CBBC, and any involved physicians, hospital, directors, officers, employees, from any liability which may arise in connection with the use of the deposit. Client is responsible for costs of preparation and shipment of the cord blood cells. The sample may only be released to a physician upon consultation with and approval of the CBBC scientific director at a transplant-approved site.

II. THE CLIENT WILL BE RESPONSIBLE FOR

A. Review of materials.

All literature contained in the Cord Blood Bank of Canada information packet should be read and fully understood before signing any documents.

B. Enrollment forms completed accurately and returned in a timely manner.

Enrollment forms include: Client Service Agreement, Informed Consent, Limitation of Liability and Release, Medical Health History, and Authorization for release form.

C. Providing a Maternal blood sample at collection of cord blood.

Health Canada requires the screening of maternal blood for infectious disease markers. The following blood tests (1st set of blood tests) conducted on the mother (part of routine prenatal testing), must be forwarded to our office immediately: Hepatitis B Surface Antigen (HbsAg), Syphilis (VDRL), Blood Group and Type (ABO, Rh), HIV 1&2 Antibody (if done). The following additional blood tests will be conducted by CBBC’s contracted private licensed laboratory on a maternal blood sample taken within 48 hours of collection of cord blood: HIV 1&2 Antibody, HTLV 1 Antibody, HTLV 2 Antibody, Hepatitis C Antibody, Hepatitis B core Antibody, Anti-CMV. It is the responsibility of the client to ensure that the maternal blood is collected at birth. **It is the client’s responsibility to forward the original laboratory reports of all current (within 18 months) required tests to our laboratory in order for the cord blood to be eligible for storage. Mothers whose blood tests positive for any of the following infectious disease markers: HIV 1 antibody, HIV 2 antibody, HTLV 1 antibody, HTLV 2 antibody, HBsAg, VDRL, and/or hepatitis C antibody, will have cord blood ineligible for storage.**

D. Payment of Enrollment/processing /testing fee and collection kit courier fee.

Once your enrollment forms (forms 1-5) are received, this fee will be billed. to your credit card. Your Collection Kit will be released at this time. Please contact your care manager for collection kit courier fee details.

E. Communication to the delivering physician/midwife.

Notification to the Client’s physician/midwife of the desire to collect their baby’s cord blood.

F. Notification to CBBC of expected delivery date and any changes.

Any changes in status of delivery: ie. twins, caesarean section, or pre-term labor; and changes in due date, must be communicated to CBBC.

G. Signing, the Limitation from Liability and Release.

This form releases your physician/midwife and hospital from liability.

H. Providing CBBC with the Informed Consent for collection and testing of maternal blood sample and collection and storage of cord blood.

This form contains your authorization to have your maternal blood sample and your baby’s cord blood collected. This consent must be received prior to delivery and must be signed by you. Any questions should be asked of your physician. Your baby’s cord blood will also be ABO/Rh typed once it has been successfully processed and stored.

I. Bringing the Collection Kit to the hospital at delivery.

The Collection Kit MUST be taken to the hospital for the collection of the cord blood.

J. Making shipping arrangements.

The Client is responsible for notifying the CBBC of successful cord blood collection so that a courier can be dispatched to the birthing facility or Toronto airport. The client is responsible for the express shipment of the samples to CBBC's laboratory. The clients must elect to use the CBBC's transportation services (courier facilities) for transport from either: your birthing facility or Toronto Airport to the CBBC laboratory. The Client must contact the CBBC, immediately after the cord blood has been collected so that the courier can be dispatched to the birthing facility or Toronto Airport. The samples SHOULD BE SHIPPED IMMEDIATELY and should be received by the laboratory within 24-32 hours of collection using the packaging and kit provided by CBBC. The Client is responsible for shipping costs.

K. Notification to CBBC of the shipping arrangements.

The Client MUST CALL to notify CBBC of successful collection of cord blood, and tracking details if applicable.

L. Payment of cord blood courier fee.

Fee will be billed to Client when the cord blood is collected from the hospital, please contact care manager for further details.

M. Payment of annual banking fee.

Fee will be billed annually in the birth month of your child.

N. Notification to CBBC of any changes in address and billing information and payment of administration fees and or late fees if applicable.

The Client agrees to notify CBBC of all changes in telephone number, address, and payment information while this Agreement is in effect. The client agrees to pay any administration and or late fees incurred in maintaining the client's account on the day that they are billed.

III. TESTING SERVICES:

O. Sterility Testing

Despite the most rigorous collection procedures, due to the microorganism contamination risk inherent in the delivery process, current medical data suggest that 1-13% of collected cord blood may be contaminated with micro-organisms. Once your baby's cord blood reaches our laboratory, sterility testing of the cord blood will be performed. If the collected cord blood is determined to be contaminated and unsuitable for transplantation and therefore unsuitable for storage. The suitability of contaminated cord blood for storage and/or transplantation is at the discretion of the scientific director.

P. Cell Count Determination

Once your baby's cord blood reaches our laboratory the cell count will be determined. If the collected cord blood is determined to have a low cell count, the cord blood is unsuitable for transplantation and therefore unsuitable for storage. This will be communicated to the Client.

Q. Viability Testing

Once your baby's cord blood reaches our laboratory a viability test of the cord blood cells will be performed. If the cells contained in the cord blood are determined to be unviable, the cord blood will not be eligible for storage and the client will be advised immediately.

R. ABO/Rh Factor determination

Once your baby's cord blood has been successfully processed and stored a sample of it will be submitted for ABO/Rh typing.

S. HLA-typing

In order for cord blood derived stem cells to be used by other members of the baby's family, an HLA-typing must be conducted in order to determine the "compatibility"/suitability of the stored stem cells. In order to have this test conducted on my baby's cord blood, I must request it below.

T. Payment of HLA-typing fee.

If the client has elected to have the CBBC determine the cord blood sample's HLA-type (by ticking below), fee will be billed to Client when the cord blood is received by the CBBC laboratory.

U. Payment of Fees

All fees payable are due as indicated in contract (see above and page 3 of form 1). In the event that any fees that are due are not able to be billed: due to outdated credit card or invalid credit card information, or any other reason, late payments are subject to an administration fee of \$25 + GST. This administration fee may be applied to monthly payments and/or any other payment due to the CBBC as per contract. Each late payment is subject to a monthly \$25 + GST administration fee. In addition to the administration fee, all outstanding payments are subject to an annual interest rate of 19%.

IV. QUALITY SERVICE GUARANTEE

As a client of cbbc, your baby's sample is backed by our quality service guarantee. If you need to use your baby's cord blood stem cells for transplantation and the cells fail to engraft, you'll receive a refund of all fees paid to CBBC and an additional \$50,000 as per terms and conditions on reverse of Quality Service Guarantee.

V. GENERAL

CBBC cannot guarantee that the baby's cord blood will be collected. The health of the mother and baby will be your physician/midwife's first priority. Your physician/midwife in no way acts as an agent of CBBC. Although infrequent, complications may occur during birth which may preclude the collection of the cord blood. Eligibility for Individual Account storage cannot be fully assessed until the cord blood is processed at our laboratory. Should collection not occur, all fees paid minus (the non-refundable \$100 + GST enrollment fee and any collection kit courier fee) will be refunded. If the maternal blood sample tests positive for any of the following infectious disease markers:(HIV, HBsAg, VDRL, HTLV, Hepatitis C,), the sample is ineligible for storage and no fees will be refunded as the services have already been rendered. CMV positive maternal blood is eligible for storage. CBBC maintains the right to promptly discard any unprocessed sample in accordance with our standard operating procedures. CBBC maintains the right to reject any cord blood sample at any time.

This agreement is for a term of fifteen (15) years from the date of the collection of cord blood, and may be renewed upon payment of the required fee at that time. In the event that you wish to withdraw your child's deposit from the CBBC prior to the expiration of the term, you may do so by advising the CBBC in writing of your desire to do so. When the child becomes an adult, only he or she may cancel this Agreement. Cancellation must be by written notice to CBBC sent by certified mail. If you decline to continue CBBC's services beyond the initial 15 year period, this Agreement will expire. If this Agreement is cancelled, terminated, or expires, or if any payment is not made within 30 days of its due date, CBBC will make an effort to contact the Client regarding the stored cells and will need written instructions from the Client as to its disposition at Client's expense. If a response is not received, CBBC retains the right to use the specimen at its sole discretion. I understand that in the event that I wish to make any significant alterations to any terms of this agreement, it will be necessary to terminate this agreement and execute a new agreement. The fee for the unexpired portion of the term will be credited toward the fee for entering into a new agreement.

This Agreement will be governed by and construed in accordance with the laws of the Province of Ontario. This Agreement, together with the Informed Consent (FORM 2), the Limitation of Liability and Release Form (FORM 3), constitutes the entire Agreement between the parties and supersedes all previous Agreements or representation, oral or written, relating to the subject matter of this Agreement. This Agreement may only be modified or amended by a writing signed by each party. If the performance of this Agreement or any obligations arising under this Agreement is prevented, restricted, or interfered with by reason of fire, earthquake, or other casualty or accident, strikes or labour disputes, war or other violence, any law, order, proclamation, ordinance, demand, or requirement of any government agency, or any other act or conditions beyond the control of Cord Blood Bank of Canada Inc., CBBC, upon giving notice to the client, shall be excused from such performance. In the unlikely event that the CBBC closes its doors, clients will be give 6 months notice in advance so that the cord blood can be moved to another facility. Both parties acknowledge they have read this Agreement, understand its terms and conditions, and agree to be bound by it. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired, or invalidated in any way. CBBC assumes no liability for any defects or workmanship in the materials contained in the Collection Kit. CBBC is not responsible for procedures or services performed by third parties including, but not limited to, collection, lab tests, transport, improper handling, or use during transplantation.

I accept the terms of this agreement to be fair and reasonable. I am signing this agreement voluntarily. The terms of this agreement will be binding on me, my heirs, executors, administrators, guardians, attorneys and trustees.

Signed this _____ day of _____, _____
 Day Month Year

 Signature of Client(s) Signature of Client(s) Signature of Witness

 Name of Client(s) Name of Client(s) Name of Witness

Signing below indicates that I have received a copy of this agreement, date: _____ / _____ / _____
 dd mm yyyy

 Signature of Client(s) Signature of Client(s) Signature of Witness

 Name of Client(s) Name of Client(s) Name of Witness

PAYMENT AUTHORIZATION

PLEASE ENSURE THE PAYMENT INFORMATION BELOW IS FILLED OUT COMPLETELY. Incomplete information may delay processing your sample. I understand that all payments are **non-refundable**. I authorize CBBC to bill the following Credit Card:

____ VISA®	_____	_____	_____
	Card Number	Expiry Date	Billing Address (if different)
____ MASTERCARD®	_____	_____	_____
	Authorized Signature	Today's Date	
	_____	_____	_____
	Name on Card		E-mail address

- Once the enrollment forms have been received by the CBBC, \$1100+GST + collection kit courier fee (consult care manager for details) will be billed to the above credit card for your baby's account.
 If Enrolling TWINS, please check here _____
 Once enrollment forms are received by the CBBC, \$1600 + GST + collection kit courier fee will be billed to the above credit card for your babies' account.
 If enrolling a subsequent baby, once enrollment forms have been received by the CBBC, \$1000 + GST + collection kit courier fee will be billed to the above credit card for your baby's account.
 In the unlikely event that your baby's cord blood is not collected, all fees paid minus (\$100+GST-enrollment fee + collection kit courier fee) will be reimbursed to the above credit card.
- Your credit card will be billed a cord blood courier fee (or Toronto airport fee if applicable) once your baby's cord blood reaches our laboratory. Please consult fee schedule or care manager for further details.
- Your credit card will be billed \$125+GST in your child's birth month in the future.

Please enter discount code if any: _____

OPTIONAL SERVICES:

____ Once my baby's cord blood has been collected and processed by the CBBC, please bill the above credit card a 15 year storage pre-payment fee of \$1375 + GST. (credit card will not be billed \$125+GST in child's birth month)

____ Once my baby's cord blood has been collected and received by the CBBC laboratory, please conduct an HLA-typing test on my baby's cord blood prior to storing it. Please bill the above credit card an HLA-typing fee of \$819 +GST.

PAYMENT OPTIONS:

____ Please bill me \$100 + GST at enrollment and monthly thereafter until all fees are paid. (11 payments @\$100 +GST, 1 @ collection kit courier fee + cord blood courier fee)

____ Please bill me \$300 + GST at enrollment followed by 3 monthly payments: 1st, 2nd, 3rd months @\$300 +GST, (4th month @ \$200 + GST + collection kit courier fee + cord blood courier fee)



Individual Account – Informed Consent for Collection and Storage of Cord Blood and collection and testing of Maternal Blood Sample

Instructions: This is a 2 page form for the client to complete by reading, signing and initialing where indicated and returning it to the Cord Blood Bank of Canada (CBBC).

On behalf of myself and my unborn baby, I, the Client, wish to enroll in the Individual Account offered by the CBBC.

THIS CONSENT AGREEMENT CONVEYS THAT I, THE CLIENT, FULLY UNDERSTAND AND CONSENT TO THE FOLLOWING:

- 1) That the Individual Account offers storage for stem cells contained in cord blood. The sample will be uniquely identified, stored, and maintained at a cryogenic storage facility. CBBC will retrieve these cells at my request per the *Client Service Agreement*.
- 2) That it is not possible to determine whether my child will develop a disease in the future which can be treated by these cells.
- 3) That I must provide to CBBC the *results of maternal blood tests requested*. The cord blood sample may also be tested at some time in the future. I consent to the release of these test results and the release of my and my baby's medical records to CBBC and its subcontractors. The results will not be disclosed to any other party without my written consent, except to the extent disclosure is required by law.
- 4) That I must provide the CBBC with a maternal blood sample.
- 5) That if my blood tests positive for HIV, HTLV, Hepatitis B, Hepatitis C, syphilis, and/or , my baby's cord blood will be ineligible for storage.
- 6) **COLLECTION OF CORD BLOOD:**
 - a) That collecting and storing my baby's cord blood stem cells may potentially benefit my baby should he/she need them in the future to treat certain diseases.
 - b) That these stem cells are a perfect match with my baby and, while there is no guarantee my baby will ever need them, the fact that they are a perfect match can reduce serious complications should cell therapy ever be needed.
 - c) That there may be a chance that my baby's cord blood stem cells may be suitable for use by other family members and that this suitability can only be determined by an HLA-typing test.
 - d) That, although infrequent, complications may occur at birth and it may not be possible for my physician/midwife to collect the cord blood. Therefore, collection of cord blood cannot be guaranteed since its collection is arranged between me and my physician/midwife. My health and the health of my baby is my physician/midwife's first priority. I agree that my physician/midwife's judgment shall be absolute and final. I shall not hold my physician/midwife, nurses, the hospital and/or its staff responsible or liable for any arrangements, procedures, or handling of the cord blood.
- 7) **RECEIPT AND PROCESSING OF CORD BLOOD:**
 - a) By sending my baby's collected cord blood to CBBC's processing laboratory, I understand that the sample will be processed and fees will be incurred per the *Client Service Agreement*.
 - b) That volumes of less than 25ml of cord blood have been processed, obtaining a sufficient number of viable stem cells.
 - c) That there is no way of knowing if the cord blood sample can be stored until it is assessed at CBBC's laboratory. If the sample is questionable, or test results unavailable, an attempt will be made to contact me and find out my instructions as to the disposition of the sample. CBBC maintains the right to reject any cord blood sample. There is no guarantee that my baby's stem cells will survive the separation, cryopreservation (freezing), or thawing procedures.
- 7) **TESTING OF COLLECTED CORD BLOOD: Sterility Testing**
 - a) I understand that despite rigorously controlled collection procedures, due to the micro-organism contamination risk inherent in the birth process, current medical evidence suggests that 1-13% of collected cord blood may be contaminated.
 - b) I understand that contaminated cord blood may be unsuitable for transplantation.
 - c) I understand that if my baby's cord blood is determined to be unsuitable for transplantation it will be ineligible for storage.
 - d) I understand that by requesting the CBBC to test my baby's collected cord blood for the presence of micro-organisms, although the CBBC will do its best to determine the sterility of the cord blood, as with any test, false negatives and false positives may occur.
- 8) **TESTING OF COLLECTED CORD BLOOD: Cell Count Determination**
 - a) I understand that nucleated cell count is correlated with increased transplant survival.
 - b) I understand that my baby's cord blood could be found to contain inadequate numbers of nucleated and/or viable cells for transplantation.
 - c) I understand that if my baby's cord blood is determined to have a low cell count, I will be contacted immediately, and my baby's cord blood will be ineligible for storage.
 - d) I understand that by requesting the CBBC to test my baby's collected cord blood for a cell count determination, although the CBBC will do its best to determine the cell count of the cord blood, as with any test, false negatives and false positives may occur.
- 8) **TESTING OF COLLECTED CORD BLOOD: Viability Testing**
 - a) I understand that only viable cells are suitable for transplantation.
 - b) I understand that if my baby's cord blood is determined to consist of mostly unviable cells, I will be contacted immediately, and my baby's cord blood will be ineligible for storage.
 - c) I understand that by requesting the CBBC to test my baby's collected cord blood for viability, although the CBBC will do its best to determine the viability of the cells of the cord blood, as with any test, false negatives and false positives may occur.
- 9) **OPTIONAL TESTING OF COLLECTED CORD BLOOD: HLA-typing**
 - a) I understand that there is a chance that my baby's cord blood stem cells may be suitable for use by other family members.
 - b) I understand that the suitability of the stored cord blood for other family members can only be determined by an HLA-typing test.

10) COLLECTION and TESTING OF MATERNAL BLOOD: CBBC is required by Health Canada to only accept blood whose mother has been tested to determine if there are any health concerns associated with the use and storage of your child's cord blood. These tests include screening for human immunodeficiency virus (HIV), hepatitis B and hepatitis C virus, human T-lymphotrophic virus (HTLV), cytomegalovirus (CMV), syphilis. If the test results of your blood sample are confirmed positive for HIV, Hepatitis B, HTLV, hepatitis C, , and/or syphilis, the cord blood will not be eligible for storage. If your responses to the health questionnaire indicate a risk of one of these infections, your cord blood will be stored in quarantine. If you test positive for CMV your cord blood will be stored in the standard manner as negative units. I UNDERSTAND that if any of the test results are not determined, indeterminable, and/or questionable, by CBBC by the time the cord blood reaches the laboratory for processing, the cord blood will be processed and stored as a positive unit. I UNDERSTAND and I will authorize and instruct my physician to provide CBBC with the results of these tests if available and further authorize the CBBC to have my maternal blood sample tested for the above infectious disease markers by its contracted private licensed laboratory.

11) BENEFITS and RISKS: I UNDERSTAND that there are benefits and risks relating to the collection of cord blood samples. The benefits of cord blood collection include the long-term storage of stem cells that could be used as part of a treatment program for a variety of life threatening diseases and conditions, including heart and brain regeneration, leukemia, certain cancers, and blood disorders. A potential risk is that therapy using stem cells may not be effective.

12) OTHER ALTERNATIVES: I UNDERSTAND that other sources of stem cells exist, including bone marrow, peripheral blood, and embryo and they or may have not as of yet been tested in some applications. While bone marrow is currently the most common source of stem cells for application in blood disorders, heart and brain regeneration, collecting stem cells from bone marrow is costly, requires an invasive procedure, and carries the risk of infection and surgical complications. Should a stem cell donor be needed later, finding a suitable match can be expensive, may take a long time, or may not be successful. The collection of stem cells from peripheral blood involves the use of lengthy procedures in which your blood is pumped through a machine for several hours. In the future, other ways of treating these diseases may be found, so that the cord blood cells stored under the Individual Account may not be necessary.

13) STORAGE OF STEM CELLS: I UNDERSTAND that the freezing and storage process used to preserve stem cells harvested from cord and placental blood is similar to the process that is currently used for storing other human cells, and that although this freezing technique has been used for many years to successfully preserve bone marrow and other blood cells, it has been used to store cord blood stem cells only in the last fifteen years. Laboratory studies and transplants utilizing frozen stem cells suggest that this process can be used successfully with cord blood stem cells. I UNDERSTAND that there is no guarantee that my child's stem cells will survive the separation, cryopreservation (freezing), or thawing procedures. I UNDERSTAND that there is a possibility that the collection or storage system may fail with consequent loss of stem cell deposits.

14) USE OF STEM CELLS: Although the preservation and potential use of umbilical cord blood is expanding rapidly, the odds that a family without a defined risk will ever use their child's stem cells are low and may never be needed. There is no guarantee that the stem cells will be a match for any particular family member or that a stem cell transplant will provide a cure. As with any transplant therapy, therapeutic success depends upon many factors beyond the stem cells themselves including patient condition, type of disease, recipient-donor relationship and matching, and other factors. The decision to use stored stem cells for transplantation must be made in careful consideration with your treating physician. I UNDERSTAND that the use of stem cells collected from umbilical and placental blood is still considered to be "experimental". Possible current benefits from the use of stem cells may be limited to certain life-threatening diseases, including leukemia, certain cancers, and heart and brain regeneration. Potential risks include the possibility that this type of treatment may not be effective. I UNDERSTAND that stem cells are not the treatment of choice for all diseases or conditions and that should the need arise, the decision to use the stem cells stored under the Individual Account is strictly between me and the attending physician. It is possible that in the future better therapies may be developed. I UNDERSTAND that there is no guarantee that successful transplantation will occur using my child's stored stem cells.

I UNDERSTAND that my obstetrician or certified nurse midwife will make the final decision as to when and if my child's cord blood will be collected. I understand that, although infrequent, complications may occur at birth and it may not be possible for my obstetrician or certified nurse midwife to collect my child's cord blood. My health and the health of my baby are the first priorities. Accordingly,

I hereby consent to the following procedures:

- I consent to have my obstetrician or certified nurse midwife collect the cord blood after the birth of my child. I consent to the cell viability, total cell number, infectious disease markers, and/or microorganism tests that will be performed on my child's cord blood unit and/or my maternal blood sample to determine the nature and quality of the cord blood.

I understand that appropriate confidentiality will be maintained for all patient records concerning the Service but that the Department of Health or other government agencies may inspect records in accordance with applicable Local, Provincial, or Federal laws or regulations. I have read and understand this informed consent and know that I can refuse the Service without prejudice. I have signed this consent freely and voluntarily.

I certify that I have read the preceding or it has been read to me, that I understand its contents, and that any questions I have pertaining to this Informed Consent and the Service Agreement have been answered.

Signed this _____ day of _____, _____
 Day Month Year

_____ Signature of Client(s)	_____ Signature of Client(s)	_____ Signature of Witness
_____ Name of Client(s)	_____ Name of Client(s)	_____ Name of Witness

Signing below indicates that I have received a copy of this agreement, date: _____ / _____ / _____
 dd mm yyyy

_____ Signature of Client(s)	_____ Signature of Client(s)	_____ Signature of Witness
_____ Name of Client(s)	_____ Name of Client(s)	_____ Name of Witness



Individual Account – Limitation of Liability and Release

I desire to have my child’s cord blood collected at the time of delivery and stored through the Cord Blood Bank of Canada’s (CBBC) service. I understand that the Service involves new medical procedures and that, my health and the health of my baby are of primary concern. Therefore, the decision whether or not to perform the cord blood collection will be at the sole discretion of the attending obstetrician or certified nurse midwife.

In consideration of the opportunity to use CBBC’s Service:

1. I understand and agree that, I hereby release CBBC and its officers, directors, employees, physicians, agents, affiliates, successors and assigns from any and all liability, for any and all: loss, harm, damage or claim of any kind which may arise in connection with my child’s cord blood collection, processing, storage, and preservation (including associated record keeping), transportation, disposal or destruction (whether accidental or intentional), release, and/or any use to which it may be put, however such liability may arise. I further agree to release CBBC from any and all claims, actions, suits, complaints or demands whatsoever that may be asserted by any other person in connection with this agreement. I understand that by this release I am giving up any right I might otherwise have, now or in the future, to sue or otherwise seek money damages or other relief against CBBC for any reason relating to the Service.

2. In addition, I hereby release my obstetrician or certified nurse midwife, the hospital or birthing center, and all of their officers, directors, employees, agents, affiliates, successors and assigns from any and all liability for any and all loss, harm, damage or claim of any kind in connection with the collection of the cord blood unit. I understand that by this release I am giving up any right I might otherwise have, now or in the future, to sue or otherwise seek money damages or other relief against my obstetrician or certified nurse midwife, the hospital or birthing center, for any reason relating to the collection of the cord blood unit.

By signing this Limitation of Liability and Release Form, I hereby acknowledge that I am giving up legal rights I might otherwise have had, and that I have signed it knowingly and voluntarily.

Signed this _____ day of _____, _____
Day Month Year

Signature of Client(s) Signature of Client(s) Signature of Witness

Name of Client(s) Name of Client(s) Name of Witness

Signing below indicates that I have received a copy of this agreement, date: _____ / _____ / _____
dd mm yyyy

Signature of Client(s) Signature of Client(s) Signature of Witness

Name of Client(s) Name of Client(s) Name of Witness



Authorization for Release of Information

I _____, _____
Patient's Full Name Date of Birth (dd/mm/yyyy)

Address City/Postal Code Province

Tel (home) Tel (work)

hereby authorize _____
Institution or Practitioner

to forward any necessary maternal blood test results and/or any records to the Cord Blood Bank of Canada for the purpose of further medical treatment.

I understand the private and confidential nature of this information and consent to it being used only for the purpose of further medical treatment. I hereby release the information-releasing institution/practitioner of any liability that may result from the release of this information.

Signed this date of _____
Date (dd/mm/yyyy)

Patient's Name Witness Name

Patient's Signature Witness Signature



Individual Account – Medical Health History

(instructions – to be completed by client)

Mother's Full Name

No. of Weeks Pregnant Today Due Date

Address

Anticipated Birth: Planned C-section Natural birth

City/Postal Code Birth Date

Delivering Hospital/Birthing facility Phone No.

Home Phone No. Work Phone No.

Hospital/Birthing facility address Phone No.

Occupation Health Card NO.

Physician's/Midwife's Name Phone No.

Place of Birth

Partner's Full Name

- 1. Have you had any complications with this or any other pregnancies?
2. Have you ever been pregnant before?
3. How many times? # of C-sections # vaginal deliveries
4. Have you had any pre-mature deliveries? If so, at how many weeks?
5. In the past year have you taken any medicine?
6. How long were you in labour in prior deliveries?

Place of Birth Date of Birth

Occupation Work Phone No.

HAVE YOU OR YOUR PARTNER EVER?

Health Card NO.

- 7. had active encephalitis or meningitis?
8. had rabies or been bitten by animal and treated as if the animal was rabid
9. had hemophilia or blood or bleeding disorder and/or received human-derived clotting factor concentrates?
10. had seizures, convulsions, or fainting spells?
11. been refused as a blood donor?
12. had any infections, surgery or serious illness: cancer, diabetes, heart or lung disease, chest pains, asthma, leukemia, lymphoma, neurological disease, or any malignancy?
13. had hepatitis, yellow jaundice, tuberculosis, liver disease or a positive test for hepatitis?
14. had babesiosis, Chagas' or prion related disease?
15. been HLA tissue typed?
16. donated blood or a blood component transfused to a patient who later developed evidence of hepatitis, HIV or HTLV-1/2?
17. tested positive for HIV? HTLV1&2?
18. been or lived in Africa or Malaria endemic country?
19. had malaria or taken anti-malaria drugs?
20. received blood, blood products, derivatives, had a tissue or organ transplant, and/or received human derived pituitary growth hormone or dura mater and/or clotting factor concentrates?
21. taken a non-medical intravenous, intramuscular or subcutaneous injection of drugs in the preceding 5 years?
22. tested positive or had treatment for gonorrhea, syphilis or any other sexually transmitted disease?
23. been exposed in the preceding 12 months to known or suspected HIV-infected blood through percutaneous inoculation or through contact with an open wound, non-intact skin, or mucous membrane
24. had a history or drug abuse?

- 25. had sex in the preceding 12 months with any of the following persons: a man who has had sex with another man in the preceding 5 years, a person who reports non-medical intravenous, intramuscular or subcutaneous injection in the preceding 5 years, a person with hemophilia or related clotting disorder who have received human-derived clotting factor concentrates, a man or a woman who has engaged in sex for money or sex in the preceding 5 years, and/or with a person known or suspected to have HIV infection?
26. been an inmate of a correctional system?
27. had close personal or sexual contact with someone diagnosed with or who has been exposed to: hepatitis, HIV (Aids), HTLV1&2, Syphilis or any other transmittable disease?
28. received any shots or vaccinations?
29. suffered from unexplained weight loss, fever, night sweats, swollen lymph glands, persistent cough or purple spots on the skin?
30. had a history or drug abuse?
31. had a tattoo, ear or skin piercing, acupuncture or an accidental needle stick?

HAS ANYONE IN THE MATERNAL OR PATERNAL FAMILY:

- 32. a. had aplastic anemia, Fanconi's anemia sickle cell anemia or thelessemia?
b. had chronic granulomatosis?
c. Had Hurler syndrome?
d. Had retinoblastoma?
e. Had Severe Combined immunodeficiency Syndrome?
f. had Wiskott-Aldrich syndrome?
g. Had Wilms' tumor?
h. Had any specific genetic diseases?
i. Had Creutzfeld Jakob disease (CJD)?
j. Had a family history of CJD?
k. Had subacute sclerosing panencephalitis, rabies, progressive multifocal leukoencephalopathy?

PLEASE EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE, STATE #

I certify that I have answered the above answers truthfully and to the best of my knowledge.

Client signature Date

Partner signature Date