



A Biological Insurance Protecting Your Future

Dear Parent(s),

At this time we would like to thank you for your interest in LifeSource Cryobank, LLC. You, like many other expectant parents, are choosing to store your baby's umbilical cord blood (UCB) stem cells. Banking these stem cells guarantees an immediately available, 100% match for your baby should they need it for future transplant. These unique stem cells also improve the odds of having a proper match for another family member if needed.

UCB contains high concentrations of stem cells, which after transplantation can grow healthy new bone marrow. In addition, UCB also contains other stem cells that have the potential to originate bone, cartilage, heart muscle, neuron and blood vessels. New medical research using these stem cells are occurring rapidly and the number of diseases that can be treated with this technology is constantly increasing. This is why UCB stem cells are considered one of the most promising medical treatments of the future.

Lifesource Cryobank samples are processed in a State-of-the-Art GMP laboratory, which is registered with the FDA, and has been specifically designed to ensure the safety and integrity of the stem cell samples we collect. Our Scientific Director is a cellular biologist who is well published and recognized for his contributions to research in the field of bone marrow and UCB stem cells. LifeSource is directly linked and co-owned by a research and development company initiating ground breaking, innovative new stem cell therapies.

To enroll with Lifesource Cryobank, the following documents are needed and available for download:

- Client Information and Contact
- Health History Profile
- Client Service Agreement/Informed Consent
- Fees & Payment Authorization
- What You Should Know

Please read, complete and return the above mentioned forms in the enclosed envelope or you may fax them to us at (985) 867-8259. Should you have any questions or require assistance in the completion of your forms, please call us at (985) 867-8902 or toll free at 1-866-400-7333.

Sincerely,

LifeSource Cryobank, LLC

Client Information & Contact

➤ **WHERE DID YOU HEAR ABOUT US?** _____

MOTHER'S INFORMATION (Please print clearly when completing the following information)

Name: _____ Due Date: _____
First Middle Last

Street: _____ Apt: _____

City/St/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Social Security #: _____ Date of Birth: _____

Emergency Contact: _____
Name Relationship

Emergency Contact Numbers: _____
Home Phone Work Phone Cell Phone

FATHER'S INFORMATION

Name: _____
First Middle Last

Street: _____ Apt: _____

City/St/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Social Security #: _____ Date of Birth: _____

PRIMARY OBSTETRICIAN INFORMATION

Full Name: _____

Address: _____

City/St/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

DELIVERING HOSPITAL

Hospital Name: _____

Address: _____

City/St/Zip: _____

Phone: (_____) _____

LIFESOURCE ENROLLMENT AGREEMENT

PART 1- SERVICE AGREEMENT

This is an Agreement between LifeSource Cryobank, LLC (“LifeSource”) and the expectant parent(s) (“Client”), who enter into this contractual relationship for the collection materials, testing, processing, freezing, cryogenic storage and future maintenance of umbilical cord blood (“UCB”) collected from your child following delivery.

RESPONSIBILITIES OF PARTIES

LifeSource will:

- Provide Client with all forms necessary to set up and maintain Client’s account.
- Provide Client with a UCB kit including Client instructions as well as UCB instructions for your physician/midwife. If UCB kit is lost/misplaced prior to delivery, a replacement kit will be provided, if possible, to the Client at an additional charge.
- Upon notification from Client that your UCB and maternal samples have been collected, dispatch a courier to retrieve samples and deliver them back to the LifeSource laboratory.
- Conduct appropriate testing on UCB and maternal samples.
- Test, process, freeze, cryogenically store and maintain, if eligible, your UCB sample.
- Notify Client in the event the UCB sample is not eligible for processing and/or storage. Eligibility is determined by, but not limited to low volume, improper collection procedures, cell count, cell viability, CD 34 stem cell content and positive maternal blood test results for viral contamination or infectious diseases.
- Keep confidential all Client records/results and will not disclose information contained therein without prior written authorization from Client unless required to do so by law.
- Provide Client with a Certificate of Deposit once the UCB sample has been successfully processed and stored.
- Guarantee Client’s yearly storage fee, at the time of enrollment, will not change for 25 years.
- Retrieve from long-term storage, prepare and ship UCB sample, in the event it is needed for transplant, to a designated location/facility upon a certified written request from the qualified physician performing the stem cell transplant. The client will also be required to sign an Authorized Release From Storage Document prior to the transfer.

Client will:

- Be responsible for reading, signing and returning Enrollment Agreement.
- Complete and return Health History Profile, Client Information & Contact Form and Fee & Payment Form.
- Abide by the payment plan option chosen.
- Be responsible for notifying your physician/midwife regarding your decision to collect your child’s UCB.
- Be responsible for bringing the UCB collection kit to the place of delivery and to let each nursing shift know of your desire to collect your child’s UCB.
- Understand that if any complications occur during birth your physician/midwife may not be able to collect your child’s UCB.
- Be responsible for immediately notifying LifeSource of the birth and collection of your UCB sample so the courier can be dispatched. Follow instructions in UCB kit for AirNet or other air courier chosen if next-day air delivery service is required.
- Authorize Lifesource to test maternal/UCB samples and agree to the release of these test results to your physician or baby’s physician if said test results show abnormalities.
- Agree to notify Lifesource of any changes in Client’s contact or payment information for the term of this Agreement.
- Be responsible for all costs associated with shipment of stored UCB sample released to qualified physician for stem cell transplant.

GENERAL

Both parties are required to sign in writing any modifications or amendments to the Agreement. This Agreement may be cancelled at any time by the Client until the child (whose cells are stored) turns eighteen. When the child becomes eighteen years of age, only he/she may cancel this Agreement. Cancellation of the Agreement must be by

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written notice, sent by certified mail, to LifeSource. If for any reason, Client fails/declines to pay any obligatory fees within sixty (60) days of the payment due date every effort will be made by LifeSource to contact the Client for payment. If no response is received from Client, LifeSource will consider the Agreement terminated. Upon termination, LifeSource retains all rights to the UCB sample. At this point, Client and LifeSource bear no continuing responsibilities to one another.

LifeSource provides no guarantee of successful collection, transportation, testing, processing, cryopreservation or the storage process. LifeSource is not responsible for third party courier transport of the UCB collection kit to the LifeSource facility. LifeSource reserves the right to transfer the UCB, without cost to Client, to another storage facility owned or leased by LifeSource. Client releases LifeSource and its affiliates, board of directors, officers, and/or employees from liability for any collection/loss, action/process or procedures taken with regard to the UCB and maternal blood samples, with the exception of all acts committed by LifeSource that are deemed willful and/or with conscious disregard for the rights/safety of others. In this case Client understands and agrees that by signing this document Client is giving up the right, now or in the future, to sue or otherwise seek money damages or other relief against LifeSource and that LifeSource's liability shall not exceed and is limited to the total amount paid to LifeSource under the terms of this Agreement. Client also releases their physician/midwife, nurses, hospital/birthing center and its affiliates, board of directors, officers, and/or employees from liability for any collection/loss, action/process or procedures taken with regard to the UCB and maternal blood samples. Client's physician/midwife does not act as an agent of Lifesource. I understand that I am giving up any right I might have, now or in the future, to sue or seek money damages or other relief against my physician/midwife (health care professional collecting UCB), the hospital or birthing center, for any reason relating to the collection of the UCB and maternal blood samples.

PART 2 - INFORMED CONSENT

I, the Client, consent to have my physician/midwife collect my baby's UCB and my maternal blood at the birth of my baby. I understand that complications may occur at birth, and although arranged, collection of my baby's cord blood cannot be guaranteed due to the fact that my health and the health of my baby will be the first consideration. I understand that Lifesource conducts tests regarding total cell count, cell viability, bacterial/fungal testing, and CD34 stem cell content to determine the quality of the UCB. I also understand and fully consent to providing maternal blood samples which will be tested for infectious diseases including human immunodeficiency virus (HIV), hepatitis B and hepatitis C viruses, and various other tests as required by regulatory and accreditation associations for blood banks. I understand that if my maternal blood sample tests positive for infectious disease, my baby's UCB will not be stored. LifeSource maintains the right to reject any UCB sample with full explanation to Client of the cause. I understand that a small aliquot (1-2 ml sample) will be retained at LifeSource Cryobank in the event Client's sample is retrieved for relocation or transplant for verification of sample quality.

I understand that my stored UCB sample could possibly be used to treat certain life-threatening diseases including leukemia, certain other cancers and blood disorders. I understand that my stored UCB sample provides a perfect match for my baby should cell therapy ever be needed. The fact that they are a perfect match can reduce serious complications. Family members could potentially benefit from use of my baby's cord blood stem cells. I also understand that future benefits for UCB usage are being developed that may have the capabilities to potentially treat other diseases, including but not limited to, diabetes, strokes, Alzheimer's, Parkinson's, as well as the treatment of certain neural disorders due to disease or trauma. While these areas hold potential in terms of disease treatment and cure, the clinical use has not been established.

I understand that it is not possible to predict whether my child will develop a disease in the future that may require use of these stored UCB cells. Odds of using my stored UCB are low and I understand that they may never be used. I understand that if I request my stored UCB sample to be retrieved for transplant I will abide by the conditions listed in the Service Agreement. I understand transplantation of stored UCB cells may be ineffective. There is no guarantee that my UCB sample will be a match for a family member. Stem cell treatments are not applicable to all diseases or disorders, and should transplantation be required, the decision to utilize your stored UCB sample is strictly between you and your treating physician.

I realize the risks of maternal blood phlebotomy may include bruising, redness, pain or discomforts, or inflammation around the site of the needle insertion. I agree to provide LifeSource with maternal blood samples at

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the birth of my child. If for any reason maternal samples are inadequate for processing, I agree to provide LifeSource with additional maternal samples within seven (7) days of the birth of my child.

I understand that should LifeSource be unable to fulfill its contractual obligations due to fire, earthquake, catastrophic accidents, war/violence, legislation/requirement of any governmental agency or any other act/condition beyond LifeSource's control, upon notification to Client, Client will release LifeSource from such obligations. If any portion of the 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.

I have read and understand the terms of this Enrollment Agreement. I acknowledge that I am at least 18 years of age or that I have the permission of my parent or legal guardian if I am less than 18 years of age to enter into this agreement. I have been given the opportunity to ask and have had all my questions answered regarding the collection and storage of my child's UCB. I have been given time to speak with my physician and understand the risks and benefits. By signing below, I agree to all terms and conditions of this Service Agreement and Informed Consent.

_____	_____	_____
Full Legal Signature of Mother	Full Legal Signature of Father	Date
_____	_____	_____
Full Legal Printed Name of Mother	Full Legal Printed Name of Father	Date
_____		_____
Full Legal Signature of Parent/ Legal Guardian if Applicable		Date

WHAT YOU SHOULD KNOW

WHAT MIGHT EXCLUDE MY BABY'S SAMPLE FROM BEING STORED?

Medical Reason

- Low volume collected (less than 40mL), and/or
- Recovered nucleated cell count is equal to or less than 450 million cells.

The Client will be informed if the UCB sample meets the above exclusion criteria. However, the Client may still elect to store the sample based on:

- Use of this stored UCB sample in combination with an additional compatible UCB unit obtained from a public cord blood bank.
- Future advances in methods to ex-vivo expand (multiply) stem cells.
- Future innovations involving the use of fewer stem cells in cell therapy.

Safety Reasons

- Unlabeled/Unidentified samples.
- Integrity of UCB sample is compromised during collection/packaging.
- Any laboratory testing of UCB showing positive results of contamination.
- Maternal sample positive for HIV or Hepatitis B/C.

The safety of all samples in long-term storage is of utmost importance; therefore, these rules are put in place to protect each sample stored in the same cryogenic tank.

IF YOU STILL WISH TO STORE A SAMPLE THAT HAS BEEN EXCLUDED FOR SAFETY REASONS, PLEASE CONSULT WITH US FOR AN ALTERNATIVE SOLUTION.

- Client Name: _____
- UCB ID#: _____
- Date: _____
- Signature: _____