



A Global Cord Blood Therapeutics Company



A Division of **STEMCYTE™**



Enrollment Forms

Dear Parent(s):

Congratulations on taking this important next step and thank you for your continued interest in StemCyte™.

Thousands of expectant parents, just like you, are now choosing to privately bank their newborn's Cord Blood --- to store their baby's stem cells for a guaranteed perfect match for their child and a potential match for other family members. At StemCyte™, we are committed to offering you and your family the unique and powerful option to privately store your baby's Cord Blood and Tissue utilizing the same state-of-the-art procedures, quality controls and laboratory that have earned the trust of transplant hospitals and their physicians around the world.

How to Enroll

» Enroll by Phone (Toll Free)

English/Español: (866) 389-4659

Hours: Monday through Friday, 7 a.m. - 7 p.m. Pacific Time

Saturday, 8:30 a.m. - 5 p.m. Pacific Time

Sunday, 8:00 a.m. - 12 p.m. Pacific Time

Chinese (中文): (866) 654-8988

Hours: Monday through Friday, 8:30 a.m. - 5:30 p.m. Pacific Time

» Enroll Online 24 hours/7 days a week

www.stemcyte.com

» Enroll by Fax

Fax the completed and signed enrollment forms to (626) 593-5812

» Enroll by Mail

Send your completed and signed enrollment forms to:

StemCyte, Inc.

New Account Department

13800 Live Oak Ave.

Baldwin Park, CA 91706

Enclosed are the following documents required to enroll with us:

Informed Consent Form

Health History

BEFORE DELIVERY

- ❖ Complete the Enrollment Forms upon receipt via DocuSign, or fill out manually, then either fax them back at 626-593-5812 or scan and email them back to customerservice@stemcyte.com. This is to be completed even if enrolling for the service by telephone or online.

AT THE HOSPITAL

- ❖ Immediately notify your Labor & Delivery nurse/caregiver that your physician or midwife will be collecting your baby's Cord Blood and/or Cord Tissue.
- ❖ Give the sealed Collection Kit box to physician or midwife if possible, or to a nurse/caregiver to have ready for collection at the time of delivery.

AFTER DELIVERY AND CORD BLOOD/TISSUE COLLECTION

The following steps must be taken immediately after Cord Blood/Cord Tissue collection to ensure that your healthcare provider is readily available should anything need to be corrected or completed.

- ❖ Inspect the Cord Blood bag located inside the zip-locked bag and make sure two (2) tight knots are tied in the tubing. Then check the bag and the tubing to ensure neither the Cord Blood bag nor the tubing are leaking. If the bag or tubing are leaking, have your healthcare provider tie additional knots in the tubing.
Check the Cord Tissue cup and ensure that the lid has been tightly sealed onto the cup.
THE CORD BLOOD/TISSUE CANNOT BE PROCESSED IF THE BAG, TUBING OR CUP IS LEAKING WHEN IT ARRIVES AT OUR LAB.
- ❖ Make sure the HPC, Cord Blood label with yellow stripe is affixed to the cord blood bag and is completely filled out. If the label is not complete, please ask your healthcare provider to complete all sections. Ensure that the Cord Tissue barcode ID label is affixed to the Cord Tissue cup.
- ❖ Check "Form A - Collection and Delivery Form" for date and time of Cord Blood/Tissue collection and signature of the collector. If not complete, ask your healthcare provider to complete it before courier picks up the kit.
- ❖ After a maternal blood sample is drawn, check "Form B - Maternal Sample Collection Form" for date and time of maternal collection and signature of the person drawing the blood. Ensure the form and filled blood tubes are placed in the provided pouch.
- ❖ Place the following into the Collection Kit box:
 - (1) Cord Blood Bag with HPC, Cord Blood label with yellow stripe Affixed
 - (2) Filled Maternal Sample Tubes
 - (3) Completed "Form A - Collection and Delivery Form"
 - (4) Completed "Form B - Maternal Sample Collection Form"
 - (5) Completed "Form C - Maternal Health History Update"
 - (6) Completed "Form D - Private Kit Packing List"
 - (7) Cord Tissue cup with affixed barcode ID label.
- ❖ Notify StemCyte™ toll-free at 1-866-389-4659 option #1 for pick-up of the Cord Blood/Tissue Collection Kit. The Cord Blood/Tissue must be received in the processing facility in time to be processed and frozen within 48 hours of the Cord Blood collection. Maternal blood draws must be completed within 7 days of delivery.

NOTE: STEMCYTE MAY NOT BE ABLE TO PROCESS & STORE THE CORD BLOOD/TISSUE UNLESS THE FOLLOWING ARE DONE:

- 1) THE COMPLETED HPC, CORD BLOOD LABEL WITH YELLOW STRIPE IS AFFIXED TO CORD BLOOD BAG.
- 2) ALL PAPERWORK IS SIGNED AND COMPLETE. WE MUST HAVE THE CONSENT FORM SIGNED.
- 3) THE CORD BLOOD BAG, TUBING AND CUP ARE NOT LEAKING.
- 4) THE BARCODE ID LABEL IS AFFIXED TO THE CORD TISSUE CUP.

What will I need to do to participate in StemCyte, Inc. Private Umbilical Cord Blood/Tissue Banking Service?

Participating in the StemCyte, Inc. Private Umbilical Cord Blood/Tissue Service (the “Service”) is entirely voluntary. However, to participate in the Service, you will have to agree to have the baby’s Cord Blood/Tissue and a sample of your blood collected at the time of birth.

In what circumstances will the baby’s Cord Blood not be collected or processed?

There are many circumstances where it may not be possible to collect, process, or store Cord Blood or Cord Tissue. For example, if my healthcare provider believes that the collection might pose a potential harm to me or the child (i.e. if there is a complication during the delivery), the Cord Blood/Tissue will not be collected. StemCyte, Inc. relies on the recommendation of your healthcare provider and does not participate in any medical decision-making related to the Cord Blood/Tissue collection. If the collection volume is less than 8 ml (less than 2 teaspoons), StemCyte™ will not process and store the Cord Blood, but you will be notified before we discard the Cord Blood.

Are there any risks to the collection of Cord Blood/Tissue?

Collecting Cord Blood/Tissue does not pose a risk to the baby. The Cord Blood/ Tissue is collected after the baby is born. A blood sample will be collected from the mother. There are risks to a blood draw including but not limited to bruising, swelling and fainting. This blood will be tested for certain diseases and there is a risk that you will discover you have an infection you did not know you had.

What tests will be done on the baby’s Cord Blood?

The baby’s Cord Blood will be tested for the red blood cell type (ABO/Rh), total nucleated cells, cell viability, and sterility (bacterial and fungal contamination) to evaluate suitability for transplant. Further testing may be needed at the time of transplantation.

What is HLA typing?

HLA (Human Leukocyte Antigen) is a protein--or marker--found on most cells in the body and is used to match with a donor for a potential stem cell transplant. The best transplant outcome happens when a patient’s HLA and the donor’s HLA are a close match. This test is not routinely done on private units at the time of banking. However, you may order this test to be performed on the baby’s Cord Blood, if desired.

Are the tests done on the Cord Blood/Tissue and Maternal Blood confidential?

Yes. The results of the above-described tests are confidential and can be disclosed only as authorized by me or as required by applicable law or accrediting agencies. Government agencies in my state may require StemCyte, Inc. to report positive test results for infectious diseases, including HIV, hepatitis B, hepatitis C, syphilis, and WNV.

What is an “Unproven Experimental Stem Cell Therapy”?

Stem cell therapies are nearly all new and experimental, and there is a lot of work still needed to take this research and turn it into safe and effective treatments. Other than the approximate 80 diseases that currently have FDA approval for treatment with stem cells (i.e. Leukemia, Lymphoma, and other blood disorders), all others are still experimental. The fact that a procedure is experimental does not automatically mean that it is part of a research study or trial. Clinical trials have strict criteria to safeguard the safety of participants. For a list of registered trials visit www.clinicaltrials.gov. A complete handbook on StemCell Therapies is published by ISSCR (International Society for Stem Cell Research) which can be downloaded at www.isscr.org.

Please Note: StemCyte’s activities for New York State residents are limited to collection of umbilical cord tissue and long-term storage of umbilical cord tissue. Stemcyte’s possession of a New York State license for such collection and long-term storage does not indicate approval to distribute or endorsement of possible future uses or future suitability of umbilical cord tissue-derived cells.

I, the undersigned, have reviewed and understand the information contained in this informed consent form including:

- ❖ I agree to have my healthcare provider collect the baby's Cord Blood and/or Tissue at the time of the birth and to draw a sample of my blood within 48 hours to 7 days of the baby's delivery (depending on the state I reside).
- ❖ I consent to have a sample of my blood tested for certain infectious diseases to determine whether the Cord Blood is suitable for storage and transplant.
- ❖ I consent to have the baby's Cord Blood tested for the red blood cell type (ABO/Rh), total nucleated cells, cell viability and sterility.
- ❖ I understand that other tests may need to be done at the time of transplantation.
- ❖ I consent to have the baby's Cord Blood and/or Cord Tissue, if collected, processed and cryopreserved.
- ❖ I consent to have the baby's Cord Blood tested for HLA, if ordered.
- ❖ I agree that if my choice of processing method (MaxCell™ or StandardCell™) is not indicated or documented on this form, StemCyte, Inc. will process the baby's cord blood by StandardCell™. StandardCell™ is the default processing method.
- ❖ I understand that StemCyte™ encourages clients to research current applications in Cord Blood before selecting a specific processing method. StemCyte™ cannot guarantee the unit will be accepted in any specific current or future clinical trial.
- ❖ I consent to have my demographic information studied as de-identified information in studies to advance Cord Blood banking. De-identification means the information will not be linked to the mother, baby, or family.
- ❖ I understand that presently there are only a limited number of circumstances where Cord Blood/Tissue and their derivatives may be used for treatment.
- ❖ I understand that the majority of potential therapies using Cord Blood/Tissue and their derivatives are new and experimental and there is no guarantee that they will ever constitute approved uses for Cord Blood/Tissue by regulatory authorities.
- ❖ I understand that even if a use for Cord Blood/Tissue is approved (either presently or in the future) by regulatory authorities, there is no guarantee that the Cord Blood/Tissue collected and stored by StemCyte, Inc. will be suitable for use, or able to be used, in any approved treatments.
- ❖ I understand that at age eighteen (18), the child shall obtain full ownership claims to the Cord Blood / Tissue.

X

Signature of Surrogate

Printed Name of Surrogate

Date

PLEASE COMPLETE THE ENTIRE FORM

Name (First Last)	
Date of Birth	Due Date
Driver's License Number/State	Social Security Number
Home Address	
Shipping Address (if different than Home)	
Phone Number	
E-mail Address	

Custodial Parent Information

Name
Phone Number
E-mail Address

OB Provider Information

OB Provider Name	Phone #
Provider Practice Address	
Hospital Name	Phone #
Hospital Address	

Yes No

1. Does the surrogate understand written English?
If not, translated by _____ Relationship _____
2. Are you banking Cord Blood for a sibling of this baby who currently requires a stem cell transplant? If yes, please contact StemCyte at siblingdirected@stemcyte.com and mention the “Sibling Directed Program” to determine if you qualify.
3. Did you use a donor egg, donor sperm, surrogacy, or adoption for this pregnancy? If yes, please provide the name of Bank(s) _____
4. Do you currently have any medical condition that could be affected adversely by the collection procedure? Such conditions may include cancer, diabetes, blood disease, bleeding problems, lung disease, heart disease, chest pain, stroke, seizure or multiple sclerosis. (Please consult your physician for any identified medical condition applicable to this question.) If yes, please explain _____
5. Do you currently have an infectious skin disease? If yes, please explain _____
6. Has the biological mother, the biological father, or biological sibling(s) of the baby had cancer, leukemia, lymphoma or any other malignant disease? If yes, please list which family member and the disease _____
7. Other than pre-natal vitamins, are you currently taking any medications or antibiotics for infection? If yes, please specify which drug(s) and the reason for use _____
8. In the past 12 weeks, have you had any vaccinations or other shots? If yes, please explain _____
9. In the past 12 months, have you been diagnosed with the West Nile Virus? If yes, please explain _____
10. In the past 12 months, have you come into contact with someone else’s blood (e.g., accidental needle stick, contact with blood through an open wound or sore, or contact with mucous membranes such as nose, eyes or mouth)? If yes, please explain _____
11. In the past 12 months, have you received a blood transfusion, transplant or graft from someone other than yourself, such as organ, bone marrow, stem cell, sclera, bone, skin or other tissue? If yes, please explain _____
12. In the past 12 months, have you had sexual contact with someone who has Hepatitis, Jaundice (not infant jaundice) or HIV? If yes, please explain _____
13. In the past 12 months, have you had sexual contact with a prostitute or anyone else who takes money, drugs or other payment for sex? If yes, please explain _____

Yes No

14. In the past 12 months, have you had sexual contact with anyone who has hemophilia or who has used clotting factor 8 or 9 concentrates? If yes, please explain _____
15. In the past 12 months, have you had sexual contact with a male who has ever had sexual contact with another male? If yes, please explain _____
16. In the past 12 months, have you lived in the same household as another person who has been diagnosed with Hepatitis B or clinically active Hepatitis C? If yes, please explain _____
17. In the past 12 months, have you had a tattoo, any type of piercing (ear or body or acupuncture)? If yes, were sterile products or single use equipment used in the procedure? _____
18. In the past 12 months, have you been treated for HPV or genital herpes, syphilis, gonorrhea, chlamydia or other sexually transmitted infections? If yes, please specify and indicate whether you received a test of cure from your physician. _____
19. In the past 12 months, have you been in juvenile detention, jail or prison for more than 72 hours? If yes, please explain _____
20. In the past 5 years, have you taken intravenous drugs, steroids or anything not prescribed by your doctor? If yes, please explain _____
21. In the past 5 years, have you received money, drugs or other payment for sex? If yes, please explain _____
22. Have you been outside the United States or Canada? If yes, please list which countries, dates of travel and how long you were there. _____
23. From 1980 through 1996, did you spend time that adds up to three (3) months or more in the United Kingdom (England, Scotland, Wales, Ireland, Channel Islands, Falkland Islands and Gibraltar)? If yes, please explain _____
24. From 1980 through 1996, have you spent a total of 6 months in Europe (this includes living, traveling, or serving at a US Military base)? If yes, please explain _____
25. From 1980 through 1996, did you spend time that adds up to five (5) years or more in Europe? If yes, please list countries. _____
26. Since 1980 to the present, did you receive a transfusion of blood or blood components from the United Kingdom or France? If yes, please explain _____
27. Have you or anyone in your household or anyone close to you traveled to Africa in the past 12 months? If yes, please explain _____
28. Have you ever been diagnosed with or tested positive for HIV, HTLV, Syphilis, Hepatitis B or Hepatitis C? If yes, please explain _____

Yes No

- 29. Have you ever been diagnosed with Tuberculosis, Malaria, Chagas' Disease or Babesiosis, or do you have Acute Respiratory Disease? If yes, please explain _____
- 30. Have you ever received a dura mater (or brain covering graft) transplant? If yes, please explain _____
- 31. Have you ever had intimate contact with a recipient of a transplant or other medical procedure involving exposure to organs, tissues, or living cells from an animal? (Intimate contact includes contact with blood, saliva, and body fluids.) If yes, please explain _____
- 32. Has anyone in your maternal or paternal family ever been diagnosed with Aplastic Anemia, Fanconi Anemia, Thalassemia, Chronic Granulomatosis (CGD), Sickle Cell Anemia, Hunter Syndrome, Hurler Syndrome, or any other storage disorder, severe combined immunodeficiency syndrome or blood bleeding genetic disorder? If yes, please explain _____
- 33. Has anyone in your maternal or paternal family ever been diagnosed with any form of Creutzfeldt-Jakob Disease (CJD or vCJD)? If yes, please explain _____
- 34. Has anyone in your maternal or paternal family ever been diagnosed with any autoimmune disease, such as multiple sclerosis, or encephalitis of unknown origin? If yes, please explain _____
- 35. Have you had any significant exposure to a substance that may be transferred in toxic doses, such as lead, mercury, or gold (jewelry does not apply)? If yes, please describe: _____
- 36. Have you ever received pituitary-derived human growth hormone? If yes, please explain _____
- 37. In the past 6 months, have you received a bite from an animal suspected of having rabies? If yes, please explain _____
- 38. Have all your questions concerning the education materials, private cord blood donation, or this health history questionnaire been answered to your satisfaction? If no, please explain _____

X _____
Signature of Surrogate

Printed Name of Surrogate

Date

Stemcyte™ Verification of Health History Completion Performed by:	
_____ Initials	_____ Date

24/7 CONTACT LINE

1.866.389.4659

13800 Live Oak Ave. Baldwin Park, CA 91706