



Dear Expectant Parent,

Thank you for considering FamilyCord for storing your baby's cord blood. It is a responsibility that we take very seriously. As the industry's only physician owned and operated cord blood bank, we employ the most current cord blood banking technology and are guided by medical ethics in all of our operations. It is our goal to offer the highest quality in cord blood banking.

Some of the unique features you receive when choosing FamilyCord:

- 30 years of experience in cryogenic storage
- FDA Registration & American Association of Blood Banks (AABB) Accreditation
- State-of-the-art, on-site processing and storage at one location
- Only highly trained and licensed clinical laboratory scientists processing your baby's cord blood
- Three decades of financial stability and profitability
- 24/7/365 on-call service for every expectant parent and childbirth professional
- Unmatched value pricing without compromising quality

By storing your baby's cord blood with FamilyCord you are safeguarding the future health of your child. Cord blood banking provides your baby with a lifetime of insurance needed to take advantage of today's medical breakthroughs and tomorrow's discoveries.

The enclosed information explains more about the process and benefits of umbilical cord blood banking. Please take a few minutes to review this information. If we can assist you with any questions, please call us at (888) 828-2673. You may also return the enclosed forms via fax or by mail.

I look forward to helping you safeguard your baby's future health.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles Sims".

Charles Sims, M.D.
President
(888) 828-2673



11915 La Grange Avenue, Los Angeles, CA 90025
Phone 1-800-490-CORD (2673) Toll-free fax 1-888-696-5397

Enrollment Forms

Thank you for entrusting your baby's cord blood to FamilyCord.

Please complete the enrollment forms and return by fax to **1-888-696-5397** or by mail to FamilyCord, **11915 La Grange Avenue, Los Angeles, CA 90025**. If you have any questions about the process, please contact a cord blood educator at 1-800-490-2673.

The following items are enclosed:

- **Client Information Form**
- **Cord Blood Services Agreement**
- **Pricing and Payment Options**
- **Health Questionnaire**

To complete the cord blood services agreement, three different types of signatures may be required depending upon your particular situation: Birth Mother, Client and possibly Co-Client. Frequently, the Birth Mother is the Client, but not always (as in the case of grandparents, adoption, surrogacy, etc). The following should assist you in completing and signing these forms:

Client – The Client is the individual who is legally responsible for the child. This person is the custodian of the baby's cord blood until the baby turns 18 and should be the child's legal guardian.

Co-Client – The Co-Client is another individual also legally responsible for the child (examples include a spouse, significant other, domestic partner, grandparent, etc).

Birth Mother – The Birth Mother is the person actually giving birth to the child and must supply the health information and consent to testing. In cases of adoption, surrogacy, or gift (grandparents, etc) the birth mother is not the client.

Please complete all sections of the enrollment forms. Cord Blood Educators are available to answer any questions you may have about the documents. When returning the documents, please remember to include all pages.



FamilyCord use only:

C# _____

FM# _____

Client Information

| Client's | | |
|---|---------------------------------|--|
| First Name: | Last Name: | Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Other |
| Home Address: | | Apt/Unit #: |
| City: | State: | Zip Code: |
| | | Country: |
| Home Telephone: | Work Telephone: | Cell Phone: |
| E-mail Address: | | |
| Social Security Number: | | Date of Birth: |
| Expected Due Date: | Child's Name (if already known) | |
| Check if you were referred by a FamilyCord client: <input type="checkbox"/> You will both receive a free year of storage | FamilyCord Client Name: | |
| Co-Client's | | |
| First Name: | Last Name: | Relationship to Client: |
| Work Telephone: | Cell Phone: | Date of Birth: |
| Social Security Number: | | E-mail Address: |
| Birth Mother for Surrogate / Adoption | | |
| First Name: | Last Name: | Date of Birth: |
| Hospital and Healthcare Provider | | |
| Hospital: | | |
| Hospital Address: | | Telephone: |
| City: | State: | Zip Code: |
| | | Country: |
| Physician/Certified Midwife: | | |
| Address: | | Telephone: |
| City: | State: | Zip Code: |
| | | Country: |

FamilyCord agrees to use reasonable efforts to maintain confidentiality of information provided by Client and Co-Client



| |
|-----------------------------|
| FamilyCord use only: |
| C# _____ |
| FM# _____ |

Cord Blood Services Agreement

This agreement is between FamilyCord and the client (“Client”). FamilyCord specializes in collection, testing, processing, cryopreservation and storage of blood collected from the umbilical cord (“Cord Blood”) at the time of birth. Client desires to collect Cord Blood of the Client’s child (“Child”) and FamilyCord agrees to provide services to Client on the following terms:

1. Collection of Cord Blood

Client requested or will request Client’s medical professional to collect his/her child’s Cord Blood at birth of the child pursuant to terms of the Statement of Responsibilities, Release of Liability attached as “Exhibit A”. FamilyCord will provide Client a collection kit to collect and transport the Cord Blood from the birthing facility to FamilyCord’s processing facility. Client will follow the instructions in the collection kit and provide FamilyCord all information requested.

2. Client Chooses and Pays Medical Professional

Client acknowledges that the selection of Client’s medical professional to collect the Cord Blood and payment for the medical professional’s services is solely Client’s responsibility. FamilyCord does not select, recommend or determine who will provide obstetric services and/or perform the cord blood collection.

FamilyCord offers healthcare providers \$200 for their time and expertise associated with Client consultation and collection of cord blood stem cells.

3. Transportation of Cord Blood

FamilyCord provides domestic shipping from a top tier courier as part of the Standard Fee. FamilyCord shall provide all relevant contact information to Client, and Client will arrange directly with this courier for shipping the Cord Blood to FamilyCord’s processing and storage facility in Los Angeles, California. Client will contact the courier service to ship the Cord Blood to FamilyCord’s facility immediately after the Cord Blood is collected. Client agrees FamilyCord is not liable for loss or destruction of the Cord Blood before receipt by FamilyCord at its facility. Client is responsible for following shipping procedures and instructions listed in FamilyCord’s collection kit.

4. Initial Testing, Processing and Storage

After receipt of the Cord Blood, FamilyCord shall test, process, cryopreserve and store the Cord Blood (“Storage Services”) as further described in the Informed Consent for Cord Blood Storage, attached as “Exhibit B”. Client shall also have the option, at additional cost, to participate in FamilyCord’s Public Donation Option by completing the Public Donation Option Addendum. If after repeated attempts to contact Client, Client has not selected a storage term at the time of cord blood processing, Client will be enrolled in the one-year, single-payment storage plan and charged accordingly. If a specimen does not meet the recommended storage standards, the client shall have the option to either continue storage or instruct FamilyCord to dispose of the cord blood. Client has 60 days from the date notified of these options to inform FamilyCord in writing of their decision. If client does not inform FamilyCord within 60 days, FamilyCord shall assume that Client has elected to continue storage and shall charge client accordingly. If FamilyCord determines that the cord blood is unacceptable for storage then FamilyCord shall have the right to dispose the Cord Blood in the manner FamilyCord determines and FamilyCord’s obligations to Client shall be to: (1) inform Client in writing; and (2) make the refund stated in “Exhibit C.”

5. Consent to Maternal Infectious Disease Testing

Birth mother consents to FamilyCord testing or arranging for another entity to test the Cord Blood and birth mother’s blood: for HIV, Hepatitis and syphilis; for other conditions required by regulatory agencies; and/or otherwise relating to suitability of the Cord Blood for storage at FamilyCord.

6. Possible Reporting

Certain laws may require FamilyCord or laboratories testing on FamilyCord’s behalf to report test results to government agencies, or others as required by law (this occurrence is quite rare, and is meant to only include limited instances of positive test results such as HIV, HTLV, HBV and Syphilis). Birth mother consents to FamilyCord and testing laboratory making reports based on these requirements. Client and or Birth Mother on behalf of Birth Mother and or on behalf of the child wave any claim arising from or relating to any such report.

7. Future Transfer of Cord Blood

Client shall provide FamilyCord at least five (5) business days prior written notice of any request to retrieve and transfer the Cord Blood. Client is solely responsible to pay all transportation costs and assumes all liability for the cord blood after it leaves FamilyCord’s possession and control. Client must specify the name, address and telephone number of the medical professional to whom Client requests that the Cord Blood be delivered, and the requested delivery date. When Cord Blood is requested for transplantation, FamilyCord does not charge for retrieval, otherwise Client must pay a \$375 fee to FamilyCord and pay for all transportation costs for delivering the Cord Blood to the destination requested by Client. Client, on behalf of Client and on behalf of the child, waives any claim for deterioration, loss or destruction of Cord Blood while not in FamilyCord’s possession.

8. Term and Fees

The term of this Agreement and fees that the Client must pay for Storage Services are stated in “Exhibit C”. Client hereby agrees to the storage period selected in “Exhibit C”. If no storage term is selected before the cord blood arrives, you will automatically be enrolled in the 1-year storage package. Upon expiration of the Storage Agreement, Client authorizes FamilyCord to charge the credit card on file for renewal storage fees. The standard storage fees at time of renewal will apply and automatic renewal storage terms will be for 1-year unless other arrangements are made in writing. Storage fees are non-refundable. FamilyCord reserves the right to increase the storage fee of single year plans up to a maximum of five percent (5%) annually. All payments are due by the last day of the child’s birth month.

9. Indemnification

Client agrees to defend, indemnify and hold FamilyCord, the hospital, physicians, medical staff and each of their respective shareholders, members, directors, officers, managers, employees, agents, affiliates, insurers, professional advisors, service providers, successors and assigns harmless from any and all claims, liabilities, demands and causes of action asserted by the child or other person(s) for whose benefit the Cord Blood is being collected and stored.

10. Death or Disability

In the event of Client's death or incapacity, FamilyCord shall be entitled to rely on decisions or instructions of the like, of Client's guardian, conservator, the administrator or executor of Client's estate, or other similar responsible person or successor-in-interest. Storage fees for future (unused) years may be refunded at the sole discretion of FamilyCord.

11. Warranty Disclaimer

Client acknowledges and agrees that neither FamilyCord nor any of its shareholders, directors, officers, agents or employees, have made any representation, guaranty or warranty, express or implied, to Client of any kind. Client acknowledges and agrees to the following specific disclosures:

There is no guarantee or assurance regarding success in collecting the Cord Blood. Complications may occur during delivery that may interfere with or preclude collection of the Cord Blood. Client acknowledges that Client's medical professional will make the final decision whether or not to perform the Cord Blood collection. Client assumes all risks associated with collection, preparation and delivery of the Cord Blood and maternal blood (if applicable) to FamilyCord. There is no guarantee that there will be sufficient volume of Cord Blood for processing, storage or use.

There is no guarantee that the Cord Blood will not deteriorate or suffer other form of loss, degradation, contamination or the like. There is no guarantee that the Cord Blood will be of therapeutic or other value, now or in the future. Client acknowledges that Client's child may never need to use the Cord Blood.

Client acknowledges that FamilyCord does not perform medical services or give medical advice. Client agrees that FamilyCord is not obligated to provide any service other than stated in this Agreement.

12. Limitation of Liability

FamilyCord does not guarantee against any possible loss, degradation, spoilage, contamination or the like of any portion or all of the Cord Blood for any reason, including but without limitation, as a result of FamilyCord's negligence or as a result of circumstances beyond FamilyCord's control (including but not limited to fire, power outage, natural disaster, terrorist attack or act of war). In the event of any loss, degradation, spoilage, contamination or the like of the Cord Blood due to FamilyCord's negligence or due to circumstances beyond FamilyCord's control, FamilyCord's liability is limited to the total amount of money that Client has paid FamilyCord per this agreement.

13. Release of FamilyCord and Related Persons

Client, on behalf of Client and the child, releases FamilyCord, its shareholders, directors, officers, employees, agents, affiliates, insurers, professional advisors, service providers, successors and assigns from any and all liability for any and all loss, harm, damage or claim of any kind in or related to the collection, handling, processing, storage and maintenance of the Cord Blood or otherwise in connection with the Storage Services.

14. Release of Health Care Providers

Client, on behalf of Client and the child, releases the hospital, physicians, medical staff and their respective shareholders, members, directors, officers, managers, employees, agents, affiliates, insurers, professional advisors, service providers, successors and assigns from any and all liability for any and all loss, harm, damage or claim of any kind related to the collection, handling, processing, storage and maintenance of the Cord Blood.

15. Acknowledgements Regarding the Releases

Client, on behalf of Client and the child, acknowledges that by the releases in Sections 11 and 12 Client gives up for Client and the child, any right Client or the child might otherwise have, now or in the future, to sue or otherwise seek money damages or other relief against FamilyCord, the hospital, physicians, medical staff, and their respective shareholders, members, directors, officers, managers, employees, agents, affiliates, insurers, professional advisors, service providers, successors and assigns for any reason relating to the collection, handling, processing, storage and maintenance of the Cord Blood or otherwise in connection with the Storage Services. Client, on behalf of client and the child, acknowledges being aware of, or by this provision being made aware of Section 1542 of the California Civil Code, which provides: A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor. Client, on behalf of Client and the child, waives all rights under Section 1542 of the California Civil Code or similar laws in any applicable jurisdiction, for any claim arising out of or relating to a matter released by Section 11 or 12.

16. Confidentiality of Information

FamilyCord agrees to use reasonable efforts seeking to maintain confidentiality of information provided by Client and/or the birth mother (if different from Client). This provision shall be deemed not to restrict disclosure required by law, requested by any government agency or public authority, inadvertent disclosures due to unintentional release of information, disclosures resulting from media attention, disclosures made by individuals, whether or not employed by FamilyCord, disclosures of information by computer hackers or any other type of intruder acting without company authorization, releases of information to the hospital, laboratory or any health care provider requesting information for the claimed purpose of providing service to Client, the birth mother or the child, disclosures to professional consultants or advisors to FamilyCord; or disclosures as part of a potential or actual sale, transfer or assignment of any or all rights or obligations of FamilyCord under this Agreement.

17. Notification of Address Change

Client agrees to keep FamilyCord notified of Client's current address and to notify FamilyCord in writing of any change in Client's and/or child's address throughout the term of this Agreement. FamilyCord shall not be required to, and shall have no obligation to initiate efforts to locate Client or child. FamilyCord shall be relieved of any notice obligations to Client and/or child if Client's and/or child's address change and Client fails to update Client's and child's address.

18. Arbitration

All disputes, which arise under this Agreement, shall be referred to and resolved by a single arbitrator mutually acceptable to both parties. If the parties cannot mutually agree to an arbitrator within forty five (45) days after either party demands arbitration, then the arbitration shall be conducted by ADR Services, Inc. and the arbitrator shall be selected according to that organization's procedures and its rules shall govern. If that organization is for any reason not available to conduct the arbitration, then the arbitration shall be conducted by the American Arbitration Association and the arbitrator shall be selected according to its procedures and its rules shall govern. Arbitration shall be conducted in Los Angeles, California. Sections 1280 to 1289 of the California Code of Civil Procedure shall govern. The decision of the arbitrator shall be final and binding and may be entered in and enforced by any court of competent jurisdiction.



19. Governing Law

This Agreement shall be governed by the laws of the State of California applicable to agreements entered into entirely between California residents and to be performed entirely within California and thus without reference to conflict of law principles, regardless of where the Agreement is entered into or is to be performed; and exclusive jurisdiction and venue for resolving all disputes shall be in Los Angeles, California.

20. Effect of Acknowledgements

All acknowledgements, waivers and releases are deemed to be on behalf of Client and the child, whether or not expressly so stated in this Agreement.

21. Integration Clause

This Agreement including all exhibits contains the entire understanding of the parties. All prior negotiations and understandings are integrated into and superseded by this Agreement. This Agreement may not be modified or amended except by a written document signed by Client and by an authorized representative of FamilyCord.

22. Assignment

This Agreement may be assigned by FamilyCord to any individual, association, partnership, corporation or other form of entity which provides a similar service or intends after the assignment, to provide a similar service, whether or not as a part of a sale, transfer or assignment of all or part of FamilyCord’s business, or for other reasons or in other circumstances.

23. Severability

The provisions of this Agreement are severable. If any part of this Agreement is found to be invalid or unenforceable, that provision shall be modified to the extent possible to make it valid and shall be enforced as modified, and this Agreement shall otherwise remain in full force and effect.

24. Force Majeure

FamilyCord shall not be liable to Client for any delay in performance, degeneration or destruction of the Cord Blood, if the delay, degeneration or destruction is due to terrorism, war, riot, strike or other labor trouble, public activism, sabotage, utility failure, storm, fire, flood, earthquake, hurricane, explosion, embargo, blockade, insurrection, act of God or other similar event that is beyond the control of FamilyCord.

25. Fax Signatures

Faxed copies of manually executed signature pages to this Agreement will be fully binding and enforceable without the need for delivery of the original manually executed signature page.

26. Termination

Client may terminate this Agreement at any time by giving FamilyCord at least sixty (60) days advance written notice of termination by certified mail, return receipt requested, postage prepaid. FamilyCord may terminate this Agreement if Client fails to pay any fees within sixty (60) days of the due date or if Client fails to comply with any other Client obligation under this Agreement. There shall be no refund of any fees paid on termination. On termination or expiration of this Agreement Client shall immediately provide FamilyCord with written and notarized instructions for disposing the Cord Blood. If Client fails to do so within sixty (60) days after the date of termination or expiration, Client shall be deemed to have abandoned the Cord Blood and FamilyCord shall have the right and Client expressly authorizes FamilyCord to dispose the Cord Blood for value or otherwise without compensation or further notice to Client. Client agrees that due to the length of time involved, it is Client’s sole obligation to contact FamilyCord in writing during the one (1) year prior to expiration of the Agreement and each subsequent renewal, to initiate, follow up with, pay all required fees and complete all other documents and items FamilyCord may require to renew the Agreement.

Client acknowledges having read and understood this Agreement before signing.

Client(s):

→ _____ Print Full Legal Name _____ Date _____
Client’s Signature

→ _____ Print Full Legal Name _____ Date _____
Co-Client’s Signature (Optional)

The undersigned understand(s) and agree(s) to be bound by the terms in this Cord Blood Storage Agreement.

→ _____ Print Full Legal Name _____ Date _____
Birth Mother’s Signature (required if Birth Mother is different than Client)

FamilyCord:

Signature of FamilyCord Representative Print Name and Title Date

- List of Exhibits:**
Exhibit A – Responsibilities and Release of Liability
Exhibit B - Informed Consent for Cord Blood Services
Exhibit C – Pricing and Payment Options
Exhibit D – Health Questionnaire



EXHIBIT B

Informed Consent for Cord Blood Services

Each of Client and Birth Mother acknowledge being informed of and that Client and Birth Mother fully understand the following:

1. Client is entering into an agreement with FamilyCord to provide processing, cryopreservation and storage of umbilical cord blood collected from the child's umbilical cord. Client agrees to be custodian of the child's Cord Blood until the child attains majority age, at which age Client agrees child will automatically be deemed to have ownership of the Cord Blood.
2. Umbilical cord blood is believed to be a rich source of stem cells that can possibly be used to replenish the failing immune system. Umbilical cord blood stem cell transplantations have been shown to possibly be successful treatments for a variety of diseases.
3. This is a new procedure. Use of stem cells from cord blood is considered experimental. There are potential risks. Some risks are this type of procedure or treatment may not be effective. Problems may occur regarding the stored cord blood. Toxicities and risks in use of these cells include organ damage, failure to engraft, illness, disease, complications and death. Client acknowledges that cord blood cells are not the treatment of choice for all diseases or conditions and the decision to use or not use the cord blood cells is between the Client, child and physician. It is possible that in the future better therapies will be developed. Transplantation technologies will evolve. Risks and benefits of this procedure or treatment will change or become apparent in unpredictable and unanticipated ways. Client acknowledges and agrees that Client and the child bear all these risks, not FamilyCord.
4. It is not practical or possible to determine if the child will ever develop a disease, which may require a stem cell treatment.
5. FamilyCord will test the birth mother's blood sample and child's cord blood for a variety of infectious agents, including those causing AIDS, hepatitis and syphilis. FamilyCord may elect not to store the collected umbilical cord blood if the cord blood, or the birth mother's blood, tests positive for HIV, Hepatitis, syphilis or other agents that FamilyCord may deem appropriate. FamilyCord may store samples of birth mother's serum, cord blood plasma and red blood cells for possible future testing that may be required by regulations and/or transplant facility prior to transplantation.
6. Birth Mother agrees to complete the Health Questionnaire (Exhibit D) and provide medical records, medical history, and family genetic history that may be requested for collection and use of the Cord Blood. Birth Mother consents to a blood draw within forty eight (48) hours before or after the birth of her child for infectious disease testing and agrees to be notified of any abnormal or perceived abnormal test results. Birth Mother also consents to the release of test results to third parties and government agencies as required by law or requested by law or valid court order.
7. If any complication occurs during delivery of the child, the physician or midwife has sole discretion whether to collect umbilical cord blood. Client acknowledges the collection of Cord Blood cannot be guaranteed. Client acknowledges her medical professional's judgment to collect or not collect the Cord Blood shall be absolute and final. Client shall not hold Client's physicians, nurses, hospital, its owner, directors, officers, medical staff or other employees liable for any arrangement, procedure or handling of the cord blood.
8. Client acknowledges and agrees that FamilyCord will not be liable for errors in test results or decisions based on erroneous test results. FamilyCord is not obligated to process or store collected umbilical blood if it does not pass acceptance criteria set by FamilyCord.
9. Client acknowledges there are other alternative sources of stem cells, including bone marrow and peripheral blood, and blood cells harvested from these sources have been used to treat the same diseases. While bone marrow is currently a more common source of stem cells, collecting stem cells from bone marrow is costly, requires an invasive procedure, and has greater risk of infection and surgical complications. Finding a suitable stem cell donor can be expensive and may take a long time. Collection of stem cells from peripheral blood involves use of new or experimental procedures. In the future, other ways of treating diseases may be found, so that cord blood cells stored under the Storage Agreement may not be necessary.
10. Client acknowledges the cryopreservation and storage process used to preserve cord blood cells is in many ways the same process currently used to store other human cells, and there is less experience with this process for cord blood cells than for other cells. Client also acknowledges that cord blood stem cells, like any human cells, deteriorate over time, prior to cryopreservation. This deterioration may accelerate due to external factors beyond the control of any party involved in the collection, transportation and processing of the cord blood.

I/We certify that I/we read this document or it was read to me/us, that I/we understand its contents.



Client's Signature

Date



Birth Mother Signature (if not the Client)

Date



EXHIBIT C

Select Storage Package *(Renewal storage available at the then current rate)*

| Years of Storage | Annual Storage Cost | Storage Cost | Total Storage Cost |
|-----------------------------------|---------------------|--------------|--------------------|
| <input type="checkbox"/> 1 year | \$125 | \$125 | |
| <input type="checkbox"/> 3 years | \$125 | \$375 | |
| <input type="checkbox"/> 5 years | \$115 | \$575 | |
| <input type="checkbox"/> 10 years | \$100 | \$1000 | |
| <input type="checkbox"/> 20 years | \$90 | \$1800 | \$ _____ |

One Time Fees

| | |
|--|---------------|
| Enrollment Fee (Collection kit provided free upon enrollment) | \$150 |
| Office Use Only: _____ | |
| Professional Medical Courier | \$150 |
| Processing Fee (Includes FDA & AABB recommended testing) | \$1550 |

Promotions & Discounts

| | |
|---|------------|
| Promotional Code: _____ | |
| Discounts: Military \$400, Student \$400, Healthcare Provider \$500, Twins \$500, Triplets \$600 | — \$ _____ |

Total Fees \$ _____

Prepayments & Giftcard(s)

| | |
|--|------------|
| <input type="checkbox"/> Prepayment (Enrollment Fee) | — \$ _____ |
| <input type="checkbox"/> Gift Card(s) Numbers(s): | — \$ _____ |

If FamilyCord cannot store the cord blood for any reason, client will only pay the \$150 enrollment.

Balance Due \$ _____

Select Payment Option

| | |
|--|---|
| <input type="checkbox"/> Payment in Full | <ul style="list-style-type: none"> \$150 due at enrollment Remaining balance will be charged on credit card when cord blood is received and processed. Credit card will be charged unless check has been received prior to processing. |
| <input type="checkbox"/> 12 Month Plan (available for all storage) <input type="checkbox"/> 24 Month Plan (requires 3+ yr storage) <input type="checkbox"/> 48 Month Plan (requires 5+ yr storage) | <ul style="list-style-type: none"> \$150 is due at enrollment \$200 is due when cord blood is received and processed (Initial payment) Remaining balance paid monthly and include a \$5/month administrative fee <p style="margin-left: 20px;">Example: 5 Yr Package/48 month payment plan = \$150 Due at Enrollment \$200 Due at Processing (Initial Payment) \$49.26/month for remaining 47 months</p> |

Credit Card: REQUIRED FOR ALL ACCOUNTS

| | | |
|--|-----------|-------------------------|
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover | | |
| Credit Card #: | Exp Date: | Security Code: |
| Authorization to Charge Credit Card: I authorize FamilyCord to charge my credit card for cord blood banking and cord blood storage services as described to me in agreement and as services are provided. A \$150 enrollment fee will be charged to secure enrollment. All other payments will occur after cord blood has been processed. Future storage renewals will be automatically charged to credit card based on annual renewals at the then current rate unless client requests other arrangements before the anniversary month. | | |
| Cardholder's Signature: | | Relationship to Client: |
| Billing Address: | | Telephone: |
| City: | State: | Zip Code: |
| | | Country: |

Health Questionnaire

| | | |
|------------|-------------|----------------|
| Last Name: | First Name: | Date of Birth: |
|------------|-------------|----------------|

| | | |
|---|-----|----|
| I - Are you currently | | |
| 1. In good health? | Yes | No |
| 2. Taking an antibiotic? | Yes | No |
| 3. Taking any other medication for an infection? | Yes | No |
| 4. Taking or have ever taken growth hormone from human pituitary glands, insulin from cows (bovine or beef insulin), HBV, unlicensed vaccine? | Yes | No |

| | | |
|--|-----|----|
| II - In the past 8 weeks have you had | | |
| 5. Any vaccinations or shots? | Yes | No |
| 6. Contact w/ anyone who had a smallpox vaccination? | Yes | No |

| | | |
|---|-----|----|
| III - In the past 12 months have you | | |
| 7. Had any infectious skin disease that may create a risk of contamination of the stem cells? | Yes | No |
| 8. Been diagnosed with West Nile Virus infection? | Yes | No |
| 9. Had a blood transfusion? | Yes | No |
| 10. Come into contact with someone else's blood? | Yes | No |
| 11. Had an accidental needlestick? | Yes | No |
| 12. Had a tissue transplant or graft such as bone or skin? | Yes | No |
| 13. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for HIV/AIDS virus? | Yes | No |
| 14. Had sexual contact with anyone who takes money or drugs or other payment for sex? | Yes | No |
| 15. Had sexual contact with anyone who has ever used needles to take drugs, steroids, or anything not prescribed by their doctor? | Yes | No |
| 16. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates? | Yes | No |
| 17. Had sexual contact with a male who has ever had sexual contact with another male? | Yes | No |
| 18. Had sexual contact with a person who has hepatitis? | Yes | No |
| 19. Lived with a person who has hepatitis? | Yes | No |
| 20. Had a tattoo? | Yes | No |
| 21. Had ear or body piercing? | Yes | No |
| 22. Had or been treated for syphilis or gonorrhea? | Yes | No |
| 23. Been in juvenile detention, lockup, jail or prison for more than 72 hours? | Yes | No |

| | | |
|---|-----|----|
| IV - In the past 3 years have you | | |
| 24. Been outside the United States or Canada? | Yes | No |

| | | |
|--|-----|----|
| V - In the past 5 years have you | | |
| 25. Received money, drugs, or other payment for sex? | Yes | No |
| 26. Used needles to take drugs, steroids, or anything not prescribed by your doctor? | Yes | No |
| 27. Used clotting factor concentrates? | Yes | No |

| | | |
|--|-----|----|
| VI - From 1980 through 1996 | | |
| 28. Did you spend time that adds up to three (3) months or more in the United Kingdom (UK)? | Yes | No |
| 29. Were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military? | Yes | No |

| | | |
|--|-----|----|
| VII - From 1980 to the present, did you | | |
| 30. Spend five (5) or more cumulative years in Europe? | Yes | No |
| 31. Receive a blood transfusion in the UK or France? | Yes | No |

| | | |
|---|-----|----|
| VIII - Have you EVER | | |
| 32. Had a positive test for HIV/AIDS virus? | Yes | No |
| 33. Had hepatitis? | Yes | No |
| 34. Had malaria? | Yes | No |
| 35. Had Chagas' disease? | Yes | No |
| 36. Had babesiosis? | Yes | No |
| 37. Received a dura mater (or brain covering) graft? | Yes | No |
| 38. Had a transplant such as organ or bone marrow? | Yes | No |
| 39. Been diagnosed with any neurological disease? | Yes | No |
| 40. Had a transplant/medical procedure involving exposure to cells, tissues, or organs from an animal? | Yes | No |
| 41. Had a sexual partner or member of your household who had a transplant/medical procedure involving exposure to cells, tissues, or organs from an animal? | Yes | No |
| 42. Have you or any relative had Creutzfeldt-Jakob Disease (CJD or vCJD)? | Yes | No |

| | | |
|---|-----|----|
| IX - Has anyone in the maternal/paternal family had? | | |
| 43. Sickle cell disease? | Yes | No |
| 44. Thalassemia? | Yes | No |
| 45. Aplastic anemia? | Yes | No |
| 46. Other red blood cell disease? | Yes | No |
| 47. Chronic granulomatous disease? | Yes | No |
| 48. Agammaglobulinemia? | Yes | No |
| 49. Chediak-Higashi syndrome? | Yes | No |
| 50. Other white blood cell or immune deficiencies? | Yes | No |
| 51. Platelet and/or clotting disorders? | Yes | No |
| 52. Tay-Sachs disease, Osteopetrosis, etc? | Yes | No |
| 53. Any metabolic or storage disorders? | Yes | No |
| 54. Any other diseases that run in the family? | Yes | No |

NOTE: If you answer "YES" to any of these questions (except #1), please explain below (Year, Location, Other details).

I hereby certify that all the information indicated above is true and correct.



 Birth Mother's Signature

 Date





11915 La Grange Avenue, Los Angeles, CA 90025
Phone 1-800-490-CORD (2673) Toll-free fax 1-888-696-5397

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Thank you for your cooperation.