

Welcome to a future of not throwing out your baby with the  
bath...

Welcome to the future of cord blood banking...

Welcome to Biological Insurance™.

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

Please Note: Only enrollments received by 32 weeks of pregnancy will be accepted.

✓ **Form 1 Family Biological Insurance™ 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 Family Biological Insurance™ Account – Informed Consent for Collection and Storage of the Umbilical Cord, Placenta, and 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 the umbilical cord, cord blood, and placenta. It documents your understanding and consent to the services outlined as well as the collection of your baby's cord blood, umbilical cord, and placenta by your caregiver.

✓ **Form 3 Family Biological Insurance™ 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.  
7030 Woodbine Avenue, Suite 500  
Markham, ON L3R 6G2

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

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

Best Wishes!

# BIOLOGICAL INSURANCE™

**\$100\* + GST Monthly\*\***

**\$50\* + GST Family Maintenance Fee\*\*\***

## **Cord Blood, placenta, and umbilical cord delivery to laboratory**

The Cord Blood Bank of Canada knows how important your baby's cord blood, umbilical cord and placenta are. 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 cord blood, umbilical cord and placenta. Once your baby's cord blood, umbilical cord and placenta are collected, a trained courier is dispatched to your birthing facility for prompt delivery of your baby's cord blood, umbilical cord and placenta to our laboratory for processing. Cord blood, umbilical cord and placenta can only be accepted if handled by an approved courier. Please consult your care manager for further details.

### Cord blood courier fee Schedule:

GTA complimentary (includes Hamilton, Burlington, Oakville, Oshawa, Aurora, Whitby)  
Milton, Guelph, St Catherine's, Niagara, Barrie \$50\* + GST  
London, Peterborough, Belleville \$75\* + GST

\*Payment due once enrollment forms are received. In the event that enrollment forms are received prior to 32 weeks of pregnancy, only 2 monthly payments will be billed prior to birth of baby. All dishonored or returned payments are subject to a \$30+GST administration fee. All unpaid fees are subject to an annual interest rate fee of 20%.

\*\*Monthly payments are billed at enrollment and continue for 56 months.

\*\*\*Family maintenance fee is billed monthly for the duration of the contract (from month 57 onwards)

# Fax

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

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

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

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**Re:** Enrollment Forms **CC:**

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**Urgent**

**CONFIDENTIAL**

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● **Comments:**



# Family Biological Insurance™ 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 cells collected from their baby’s umbilical cord, umbilical cord blood and placenta following delivery. Please sign agreement and initial each page in spaces provided.*

**I. CBBC WILL PROVIDE FOR THE CLIENT:**

**A. A Family Biological Insurance™ Account**

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

**B. Biological Insurance™ Collection Kit.**

CBBC will provide the Client with a Biological Insurance™ 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.

**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, umbilical cord, and placenta collection fee 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 cells in accordance with Health Canada regulations.**

If the cell 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, placental cells, and umbilical cord cells for micro-organisms cell count and viability tests. If the sample 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 sample 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 provided that a suitable sample exists. No extra cord blood will be wasted on this test.

**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 18<sup>th</sup> 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 stem cells. The sample may only be released to a physician upon consultation with and approval of the CBBC scientific director and will only be released to a transplant-approved site.

**II. THE CLIENT WILL BE RESPONSIBLE FOR**

**A. Review of materials.**

All literature contained in the Biological Insurance™ 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: Family Biological Insurance™ 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 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 **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 render all cells (cord blood, umbilical cord, and placental) ineligible for storage.**

**D. Payment of Biological Insurance™ fee and staff courier fee, if applicable.**

Once your enrollment forms (forms 1-5) are received, the monthly fee (\$100 +GST) and staff courier fee if applicable will be billed. to your credit card. If enrollment forms are received prior to 32 weeks of pregnancy, only 2 monthly billings prior to birth will be billed. Monthly payments will continue in the amount of \$100 + GST for a total of 56 months. Please contact your care manager for staff 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, umbilical cord and placenta

**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. This form must be received prior to delivery and must be signed by you

**H. Providing CBBC with the Informed Consent for collection and testing of maternal blood sample and collection and storage of cord blood, umbilical cord and placental cells.**

This form contains your authorization to have your maternal blood sample and your baby’s cord blood, umbilical cord and placenta 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 provided that enough cord blood has remained in the umbilical cord for testing and is collected in the vial provided.

**I. Bringing the Biological Insurance™ Collection Kit to the hospital at delivery.**

The Biological Insurance™ Collection Kit MUST be taken to the hospital for the collection of the cord blood, umbilical cord, and placenta.

**J. Making shipping arrangements.**

The Client is responsible for notifying the CBBC of successful collection so that a courier can be dispatched to the birthing facility. 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 your birthing facility to the CBBC laboratory. The Client must contact the CBBC, immediately after the cord blood, umbilical cord and placenta has been collected so that the courier can be dispatched to the birthing facility. 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, umbilical cord and placenta and maternal blood sample.

**L. Payment of staff courier fee.**

Fee will be billed to Client when the collection kit is released, please contact care manager for further details.

**M. Payment of maintenance fee.**

Fee will be billed monthly in the amount of \$50 + GST for the duration of the contract as of the 57<sup>th</sup> month after enrollment forms are received or 32 weeks of pregnancy (whichever was later), see page 3 of form 1.

**N. Notification to CBBC of any changes in address and billing information and payment of administration fees and or interest 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 an administration fee of \$30+GST for any dishonored and or returned payments, in addition to an interest penalty of 20% on any unpaid fees.

**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, umbilical cord, and placenta reach our laboratory, sterility testing of the samples will be performed. If the collected sample is determined to be contaminated and unsuitable for transplantation and therefore unsuitable for storage, the client will be notified. The suitability of contaminated cord blood, umbilical cord, and placenta for storage and/or transplantation is at the discretion of the scientific director.

**P. Cell Count Determination**

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

**Q. Viability Testing**

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

**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 provided that a suitable sample has been collected at birth. The cord blood sample will not be compromised in order to order this test.

**S. 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, payments are subject to an administration fee of \$30 + GST. This administration fee may be applied to monthly payments and/or any other payment due to the CBBC as per contract. In addition to the administration fee, all outstanding payments are subject to an annual interest rate of 20%.

**IV. 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 your family's Biological Insurance™ Account storage cannot be fully assessed until the cord blood, umbilical cord, and placenta are processed at our laboratory. Should collection not occur, all fees paid minus (the non-refundable \$200 + GST enrollment fee and any staff 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 processing or enrollment, infectious disease marker fees will be refunded as the services have already been rendered. CMV positive maternal blood is eligible for storage. CBBC maintains the exclusive right to determining the suitability of the stem cell store for a particular condition. All stem cells deposits can only be released to a CBBC approved transplant facility. The decision to release the umbilical cord, placenta and/or cord blood stem cells to a transplant approved facility is at the sole discretion of the medical and/or scientific director. 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, umbilical cord, and/or placental sample at any time.

**This agreement is for a term of fifteen (15) years** from the date of the collection of cord blood, umbilical cord and placenta 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 given 6 months notice in advance so that the stem cell sample 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 Biological Insurance™ 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	_____ E-mail address
	_____ Name on Card		

1. Once the enrollment forms have been received by the CBBC, A Family Biological Insurance™ fee of \$100+GST + staff courier fee, if applicable (consult care manager for details) will be billed to the above credit card for your baby's account. These payments will continue monthly for 56 months.

If Enrolling TWINS, please check here \_\_\_\_\_ Monthly payments of \$100 +GST will continue for 72 months.

If enrolling a subsequent baby family biological insurance™, once the enrollment forms have been received by the CBBC, \$100+ GST + staff courier fee will be billed to the above credit card for your baby's account. These payments will continue monthly for 48 months.

2. Family Maintenance fee of \$50 + GST will be billed monthly for the duration of the contract after the monthly Family Biological Insurance™ fee as per above has expired. In the event of a twin registration, the family maintenance fee of \$75 + GST will be billed as of the 73<sup>rd</sup> month, in the event of a subsequent enrollment, the family maintenance fee will be billed as of the 49<sup>th</sup> month.

**Discounts:** Enter all discount codes here: Dissatisfaction with cord blood banking, REFER A Friend codes, welcome to biological insurance™, if applicable; Enter a maximum of 10, discounts can be added at any time.



# Family Biological Insurance™ Account – Informed Consent for Collection and Storage of Cord Blood, Umbilical Cord, and Placenta 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 Family Biological Insurance™ Account offered by the CBBC.

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

- 1) That the Family Biological Insurance™ Account offers storage for cells contained in cord blood, umbilical cord, and placenta. 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, myself, the child’s father and/or siblings 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, UMBILICAL CORD, AND PLACENTA:

- a) That collecting and storing my baby’s cord blood, umbilical cord, and placental 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.
- d) That my baby’s umbilical cord and/or placental stem cells are suitable for use by other family members. The suitability for other family members depends on the actual stem cells used and the potential application for which they are being used for.
- 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, umbilical cord, and or placenta.

### 7) RECEIPT AND PROCESSING OF CORD BLOOD, UMBILICAL CORD, AND PLACENTA:

- a) By sending my baby’s collected cord blood, umbilical cord and placenta to CBBC’s processing laboratory, I understand that the samples 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, umbilical cord and placental samples can be stored until they are 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 sample at any time. 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, UMBILICAL CORD, AND PLACENTA: 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 stem cells may be unsuitable for transplantation.
- c) I understand that if my baby’s sample 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 sample for the presence of micro-organisms, although the CBBC will do its best to determine the sterility of the collected samples, as with any test, false negatives and false positives may occur.

### 8) TESTING OF COLLECTED CORD BLOOD, UMBILICAL CORD, AND PLACENTA: Cell Count Determination

- a) I understand that nucleated cell count is correlated with increased transplant survival.
- b) I understand that my baby’s stem cell sample could be found to contain inadequate numbers of nucleated and/or viable cells for transplantation.
- c) I understand that if my baby’s stem cell sample is determined to have a low cell count, I will be contacted immediately, and my baby’s sample will be ineligible for storage.
- d) I understand that by requesting the CBBC to test my baby’s collected stem cell sample for a cell count determination, although the CBBC will do its best to determine the cell count of the samples, as with any test, false negatives and false positives may occur.

### 8) TESTING OF COLLECTED CORD BLOOD, UMBILICAL CORD, AND PLACENTA: Viability Testing

- a) I understand that only viable cells are suitable for transplantation.
- b) I understand that if my baby’s stem cell sample is determined to consist of mostly unviable cells, I will be contacted immediately, and my baby’s cord blood, umbilical cord and placenta will be ineligible for storage.
- c) I understand that by requesting the CBBC to test my baby’s collected stem cell samples for viability, although the CBBC will do its best to determine the viability of the cells, as with any test, false negatives and false positives may occur.

**10) COLLECTION and TESTING OF MATERNAL BLOOD:** CBBC is required by Health Canada to only accept cells 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, umbilical cord and placenta. 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, umbilical cord and placenta will not be eligible for storage. If your responses to the health questionnaire indicate a risk of one of these infections, your sample will be stored in quarantine. If you test positive for CMV your sample will be stored in the standard manner as negative units. 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, umbilical cord and placental samples. The benefits of cord blood, umbilical cord and placental 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, umbilical cord and placental cells stored under the Family Biological Insurance™ 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 blood, umbilical cord and placenta 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 eighteen 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, cord blood and placenta 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 in every application 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 cord blood, umbilical cord and placenta 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 Family Biological Insurance™ Account is strictly between the scientific director at CBBC 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, umbilical cord and placenta 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, umbilical cord and placental samples 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



# Family Biological Insurance™ Account – Limitation of Liability and Release

I desire to have my child’s cord blood, umbilical cord and placenta collected at the time of delivery and stored through the Cord Blood Bank of Canada’s (CBBC) Biological Insurance™ 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, umbilical cord and placental 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, umbilical cord and placental 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, umbilical cord and placental 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



Family Biological Insurance™ 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