

Cord Blood Banking Registration Instructions

Dear Parents,

We are delighted that you have selected Progenics Cord Blood Cryobank, a reputable leader in Canada for umbilical cord blood stem cell banking with experience in successful transplantation. Our cord blood banking program is dedicated to enhancing the health of your child and family and Progenics assures superior quality and a higher chance that your baby's cord blood will be suitable for a transplant in the future.

We highly recommend that our clients register at least TWO months (preferably three months) before their expected due date. In certain circumstances, you can still register with Progenics as long as there is enough time to deliver a collection kit to you before you give birth to your baby.



Guide to Registration

Complete this registration package:

1. Complete **Section A: Registration Form**.
2. Read **Section B: Cord Blood Banking Consent and Agreement** thoroughly and sign it. (Keep a copy for your reference.)
3. Complete and sign **Section C: Confidential Health History**.
4. Read **Section D: Schedule of Fees**. Select your storage and payment options, where indicated.
5. Complete the **Pre-authorized Payment Form** if you will be making installment payments and/or pre-authorized storage renewal payments by credit card.
6. Return the signed agreement and the completed forms to Progenics by mail, fax, email, or in person as soon as possible to avoid a delay in receiving your Certificate of Cryopreservation.

Mail to:

Progenics Cord Blood Cryobank
701 Sheppard Avenue East, Suite 310
Toronto, Ontario
M2K 2Z3
Canada

In person:

Office hours
Monday~Friday: 9:00am ~ 6:00pm
Saturday: 9:00am ~ 4:00pm

Fax to:

(416) 221-9727

Email:

info@progenicscryobank.com

Other registration options:

- Visit www.progenicscryobank.com to register online.
- Call 1 866-921-1666 to register by phone.

If you have any questions, please contact us at (416) 221-1666 or Toll-free at 1 (866) 921-1666.

SECTION B: CORD BLOOD BANKING CONSENT AND AGREEMENT

This Agreement between Progenics Cord Blood Cryobank and I _____ (mother) authorizes Progenics to process, cryopreserve (freeze) and store the blood from my child's umbilical cord after delivery. I (mother) authorize my health care providers, including, without limitation, the attending physician/midwife/nurse/laboratory technician/phlebotomist, to collect cord blood from the umbilical cord and placental blood through the umbilical cord after my child is born and to collect my maternal blood at the time of cord blood collection or within 7 days after birth. I understand that in order to enter into this Agreement I must meet certain eligibility criteria and that the Agreement is subject to the terms and conditions indicated below.

I UNDERSTAND and AGREE that:

Progenics provides services for storing stem cells contained in my child's cord blood. The cord blood sample will be uniquely identified and stored at Progenics' cryogenic facility. Progenics agrees to retrieve these cord blood stem cells from storage at my request with the consent of the transplant recipient's health care provider (if applicable), in accordance with the terms and conditions of this Agreement.

1. Benefits of Cord Blood Banking and Therapy

I UNDERSTAND that:

Collecting and storing my child's cord blood stem cells may potentially benefit my child should he/she need them in the future to treat certain life-threatening diseases such as leukemia, cancers, blood disorders, or to repair damaged tissues or organs.

Cord blood stem cells are capable of producing more cells that are a perfect match for my child. This may make treatment easier and reduce the risk of complications should stem cell therapy be required.

There is a possibility that my child's cord blood stem cells may be a suitable match for siblings or other family members, and may also have other potential benefits.

Cord blood stem cells have advantages over other traditional sources of stem cells used for therapy, such as lower risk of viral contamination and lower incidence and severity of graft-versus-host disease (GVHD).

2. Risks or Constraints

I UNDERSTAND that:

There is no guarantee that my child's cord blood can be collected, especially under unexpected emergency circumstances or due to complications at birth. My (birth mother's) health and my child's health are the first priority. I agree that the judgement of my physician or health care provider under these circumstances shall be absolute and final.

There is no guarantee that my child's cord blood can be processed. This will depend on the timely transportation of the cord blood to Progenics' processing facility and compliance with processing criteria and standards. If the cord blood sample is questionable and/or unsuitable for processing and banking, Progenics will notify me. In this case, the prepaid processing, testing, and storage fees will be refunded. If the processed cord blood does not pass the standards of acceptance set by Progenics and cannot be stored, only the paid processing fee and storage fee will be refunded.

The efficacy of any stem cell treatment cannot be guaranteed for managing my child's or other family members' diseases. This includes diseases for which stem cell therapy has been indicated as a possible method of treatment. The cryopreserved cord blood stem cells may not be suitable for transplantation or may not match other family members. The decision to use cord blood stem cells will be made by the transplant recipient's health care provider with my consent or the consent of my child's legal guardian, or, if the child has reached the age of majority (18), by the transplant recipient's health care provider with the consent of my child.

Any beneficiaries for whom this cord blood is being stored or to whom it is later provided shall hold Progenics harmless and free from liability, except as specified in clause 10. In the future, better ways of treating diseases may arise and render the stored cord blood stem cells unnecessary.

3. Testing Procedures

I UNDERSTAND that:

By signing this agreement, I consent to having a sample of my blood (maternal blood) collected at the time of cord blood collection, or within 7 days after giving birth. This sample will be tested for HIV, hepatitis, and other transmitted diseases. I consent to the disclosure and release of such blood test results to Progenics. The test results and records will not be disclosed to any other party without my prior written consent unless their disclosure is required by law.

If my maternal blood tests positive for certain transmitted disease markers, I understand Progenics will notify me of these positive results. I also agree to provide Progenics with my consent to dispose of the stored cord blood should it be deemed ineligible for storage. If I do not provide consent upon receiving a final request from Progenics, the cord blood will be destroyed and the processing fee and storage fee will be refunded.

A sample of the umbilical cord blood will be tested for banking eligibility. Progenics reserves the right to reject any sample due to low volume, low cell count, bacterial contamination, positive transmitted disease results, the lack of test results, or the late arrival of the cord blood.

Under certain circumstances, such as a standard test prior to transplantation, small amounts of the processed cord blood in quality control vials or segments from a storage bag might be retrieved for testing during its storage. Should any storage machines malfunction, I also give my consent to Progenics to perform a quality control test for the stored cord blood unit.

4. Collection and Transportation Procedures

I UNDERSTAND that:

Progenics will provide me with a cord blood collection kit when my registration is received and confirmed. It is my responsibility to read the "Instructions for Parents" and ensure that the health care providers involved in my child's delivery receive the collection kit.

The selection of my health care provider and institution to collect and package my child's umbilical cord blood is solely my responsibility.

Once collected, the cord blood must be stored at room temperature at my birthing facility and while being transported to Progenics. It is my responsibility to notify the designated courier and Progenics immediately after the cord blood is collected, as specified in the instructions from Progenics. The cord blood collection kit must reach the Progenics laboratory AS SOON AS POSSIBLE and be processed within 48 hours of collection.

If the cord blood is received at the Progenics laboratory later than 48 hours after collection, approval for processing must be obtained from the Laboratory and Scientific Director before processing.

5. Processing and Storage of Cord Blood

I UNDERSTAND that:

Progenics applies processing and storage techniques that have been used successfully in the past for banking cord blood stem cells. It has been proven that cord blood stem cells remain viable after being cryopreserved for over twenty (20) years. In theory, they can be stored in a liquid nitrogen freezer indefinitely.

Certain components of the cord blood, such as excess plasma and red blood cells, remain after processing by Progenics and are not cryogenically stored. I consent to having Progenics dispose of such components following Ontario's regulations for the management of biological waste.

6. Retrieval of Cord Blood from Storage

I UNDERSTAND that:

If I decide to transfer the stored cord blood to another cord blood bank for storage, I will be responsible for making arrangements with the other cord blood bank for shipment of the cord blood. Progenics will only assist in preparing the cord blood for shipment. I will accept financial responsibility for all fees involved, including a retrieval fee of \$125 plus tax.

In the event my child's cord blood unit is required for treatment and has to be retrieved and released from storage, Progenics will provide me with a "Cord Blood Release Request Form". This form must bear my signature, or the signature of my child's legal guardian, and the signature of my child from whom the cord blood was obtained, if he/she has reached the age of majority (18). Under such circumstances, any prepaid storage fees for the remaining term of the contract will be refunded accordingly. A retrieval fee will not apply if the cord blood is released for transplantation.

If my child's cord blood is released for a transplant, Progenics will make arrangements for shipping. Fees for preparing and shipping the cord blood to the designated facility will be waived, but some conditions may apply.

By retrieving the cord blood unit from storage, I assume all risks involved in transporting it to another facility. Assuming compliance with industry standards, I will not hold Progenics liable for the loss or damage of the cord blood unit resulting from its transportation to another facility.

In order for Progenics to transfer my child's stored cord blood stem cells, I, or my child's legal guardian, must provide written consent to the transfer. If my child has reached the age of majority (18) then he or she must also provide written consent to the transfer.

7. Term of Contract for Cord Blood Storage

I AGREE and CONSENT that:

This Agreement becomes effective once I have signed it, and shall continue to be in effect until Progenics or I terminate it in accordance with the provisions outlined below.

In the event I default on any payments, Progenics will provide me with a 60-day period in which to make the payment and will notify me using the contact information I have provided to Progenics. It is therefore my responsibility to notify Progenics of any changes in address, email address, or contact telephone numbers after registration. If payment is not made within 60 days after the payment due date on my storage renewal invoice (generally the child's birthday is the due date), Progenics retains the right to terminate this Agreement. In this event, Progenics and I will be free from any obligations to one another and my child's cord blood will be destroyed.

Progenics will notify me of the impending renewal of this Agreement and the storage renewal fee. I may choose to renew this Agreement by paying the storage renewal fee to Progenics. If I decide not to renew this Agreement, I will provide Progenics with written instructions to do one of the following: (i) transfer the cord blood to another facility, (ii) donate the cord blood for research (other than by Progenics laboratory), or unrelated transplantation purposes, or (iii) dispose of the cord blood. I will pay all costs resulting from instructions i and ii. Progenics will provide me with the appropriate forms to sign prior to release of the cord blood unit. If I do not provide Progenics with one of the above mentioned directions within 60 days after the payment due date on my storage renewal invoice, then Progenics will send me a notice or otherwise attempt to contact me to determine my choice of instructions. If Progenics has not succeeded in contacting me within 90 days of the renewal due date, Progenics reserves the right to destroy the cord blood.

8. Contract Termination

I UNDERSTAND that:

I may terminate this Agreement upon giving Progenics a written notice of intent at least 60 days in advance of my storage renewal. Verbal requests cannot be accepted and I will be responsible for paying all outstanding fees owed to Progenics. I also understand that if I terminate this Agreement prior to my storage renewal, I am not entitled to receive a refund and any prepaid fees will be kept by Progenics. If I choose to terminate this Agreement, Progenics will not charge me a termination fee.

Progenics may also terminate this Agreement at any time upon giving me a written notice of intent at least 60 days in advance. In this case, I am entitled to receive a refund of any prepaid storage fees. The cord blood will be destroyed or transferred to another facility, according to my instructions. I will not have to pay a fee to transfer the cord blood if it will be transferred to a bank chosen by Progenics. If I request a transfer to a different bank, then I will be required to pay for the transfer.

9. Fees

I UNDERSTAND that:

Progenics charges fees for registration, a collection kit, processing, testing, and storage of my child's cord blood. I have been provided with and have read Progenics' "Schedule of Fees" and I agree to pay the fees in accordance with the payment plan agreed upon at the time of registration. If the fees are not paid according to my payment plan, then my child's cord blood will not be tested, processed, or stored, accordingly.

My health care provider and institution may charge a fee for the collection of my child's cord blood. It is my responsibility to ask my health care provider about such fees and to pay the fees accordingly.

I agree to pay Progenics the required storage renewal fees plus applicable tax for the storage option I have chosen, before or on the payment due date on the storage renewal invoice sent by Progenics. The annual storage renewal date is generally the birth date of my child.

I agree to pay the storage fees according to Progenics' "Schedule of Fees" that was in effect on the date of my registration. These fees will be honoured for twenty (20) years after the child's date of birth. The storage fee for each storage option offered by Progenics is non-refundable once the cord blood has been successfully stored (unless the cord blood is used for a transplant).

If the volume of cord blood collected (rounded to the nearest whole number) is less than 20 mL, I will obtain a 50% discount on the cord blood storage fees. The 50% discount will NOT apply to the first year of storage, in which the regular rate will apply, but no storage fee will be charged for the second year of storage. Thereafter, the 50% discount will apply until my child is twenty (20) years of age.

10. Liability

I UNDERSTAND and AGREE that:

I hereby release Progenics, and their respective owners, board of directors, and employees from all liability for any loss, injury or damage to the blood sample caused by but not limited to fires, smoke, floods, explosions, theft, processing failures, non-negligent acts, and equipment failures. This excludes gross negligence, failure to exercise reasonable care in providing the service, and wilful default by Progenics.

I hereby release my health care providers including, without limitation, the attending physician/midwife/nurse/laboratory technician/phlebotomist, my birthing facility and hospital, and each of their owners, shareholders, directors, officers, and employees from all liability relating to the collection, failure to collect, and/or handling of the cord blood and maternal blood.

All parties (Progenics and I) agree that it would be impractical and extremely difficult to assess and compensate for actual damages for the loss, injury, damage or destruction of the client's cord blood stored under this Agreement. Progenics' liability shall be limited to the return of an amount equal to all fees I have paid Progenics in accordance with this Agreement.

11. Minimum Cord Blood Volume for Banking

Since a small volume of cord blood could be used in regenerative medicine or could be expanded in the future, all cord blood is processed and stored when the volume is 10 mL or higher. All cord blood samples with a volume lower than 10 mL will be discarded by Progenics unless I choose one of the following options:

- Bank the umbilical cord blood regardless of the volume.
- I am contacted (within 24 hours of delivery) for my final decision as to whether the umbilical cord blood should be processed and banked. The cord blood will be discarded if I cannot be reached within 48 hours of delivery.

12. Guarantee

If the yield of total nucleated cells from processing (rounded to the nearest whole number), is less than eighty-five percent (85%), I shall be entitled to free cord blood banking, including registration, a collection kit, testing, processing and storage of my child's cord blood for twenty (20) years.

This Agreement is governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, without giving effect to conflicts of laws, rules or principles. This Agreement has been prepared in the English language and the English language shall be applied in its interpretation.

I hereby certify that I have read and fully understand the contents of this Consent and Agreement, including the risks and benefits. All of my questions have been answered to my satisfaction. I sign this Agreement voluntarily and accept all the terms and conditions that apply.

Signature of Mother

Signature of Witness

Printed Name of Mother

Printed Name of Witness

dd / mm / yyyy

dd / mm / yyyy

Date

Date

SECTION C: CONFIDENTIAL HEALTH HISTORY

Mother's First & Middle Name(s) _____ Last Name _____
as appears on Health Card as appears on Health Card

For any "Yes" answers (except questions #2 and #3), please provide details in the space provided. This form is confidential once completed. The questions asked are based on requirements from Health Canada and the answers are used solely to determine your eligibility for cord blood donation. If you do not know the answers to any of the questions you may contact Progenics for clarification or leave the answers blank. Our staff will contact you, if necessary, to obtain any missing answers.

	Yes	No	Comments
1. Do you have HIV, Hepatitis B (surface antigen), or Hepatitis C? If yes, please contact Progenics immediately.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are you the baby's genetic (biological) mother?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. During your pregnancy have you had regular check-ups with your doctor or midwife?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Have you had any problems with this pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Have you had any problems with a previous pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are you taking any prescribed medications?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Do you currently have any sexually transmitted infections?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Have you, your baby's father, or your baby's siblings ever:			
8.1 Required chronic blood transfusions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.2 Been diagnosed with any inheritable deficiencies of the immune system, or inheritable predisposition (tendency) to infections?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.3 Been diagnosed with cancer or leukemia?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Have you had, or are you aware of your baby's father or any family member (brothers, sisters, grandparents) having had, any of the following diseases or family traits?			
9.1 Hemolytic anemia?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.2 Spleen removal to treat a blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Have you had, or are you aware of your baby's father or any family member (brothers, sisters, grandparents) having had, any of the following hereditary diseases or family traits?			
10.1 Red blood cell diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.2 White blood cell/immune deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.3 Platelet diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.4 Metabolic/Storage disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Have you ever:			
11.1 Been refused as a blood donor or told not to donate blood?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.2 Had cancer, a blood disease or bleeding problem?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.3 Had jaundice (excluding neonatal jaundice and jaundice secondary to mononucleosis), liver disease, hepatitis (after age 11), or a positive test for hepatitis B surface antigen (carrier) ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.4 Had babesiosis or Chagas' disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.5 Been told that you or any of your blood relatives have had Creutzfeld-Jacob disease (CJD), prion-related disease, or a neurological disease with an unknown cause?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.6 Had a dura mater transplant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.7 Been given pituitary-derived Growth hormone or taken Tegison for psoriasis?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.8 Had HIV/AIDS or a positive test for HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.9 Had an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.10 Had a tissue transplant from someone other than yourself?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.11 Had active encephalitis or meningitis of viral or unknown origin?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.12 Had HTLV-I or HTLV-II?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.13 Had rabies or, within the past 6 months, been bitten by an animal and treated as if the animal were rabid?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Comments
12. Have you:			
12.1 Used a needle for intravenous, intramuscular, or subcutaneous injection of drugs for nonmedical use in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.2 Ever received human-derived clotting factor concentrates for hemophilia or related clotting disorders?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.3 Had sex in exchange for money or drugs in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.4 In the past 12 months, had sex with any person described in 12.1 to 12.3, with any person known or suspected to have HIV, clinically active Hepatitis B, or Hepatitis C, or with any man who has had sex with another man in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Have you:			
13.1 Been outside Canada or the USA in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.1.1 Spent a total of three months or more in the United Kingdom (UK) from the beginning of 1980 through the end of 1996;	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.1.2 Spent a total of five years or more in Europe from 1980 to the present;	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.1.3 Spent a total of three months or more in France from the beginning of 1980 through the end of 1996;	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.1.4 Received any blood or blood component transfusions in the UK, France or elsewhere in Europe since 1980;	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.1.5 Injected bovine insulin since 1980, without confirmation that the product was not manufactured after 1980 from cattle in the UK.	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.2 Had malaria?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.3 In the past 3 years, travelled to areas that are endemic for malaria (such as Africa, Southern and Southeast Asia, East Asia, South and Central America, Papua New Guinea, islands in the South Pacific, the Middle East or Eastern Europe)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.4 Have you travelled to Mexico, the Caribbean, Central America or South America within the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. In the last 12 months have you:			
14.1 Received blood from someone other than yourself?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.2 Had close contact with a person with jaundice or clinically active viral hepatitis, or been given Hepatitis Immune Globulin (HBIG)? (Note: Close contact includes living in the same household where sharing of kitchen and bathroom facilities occurs regularly).	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.3 Received any shots or vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.4 Had a tattoo, ear or skin piercing, acupuncture or an accidental needle stick injury?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.5 Been an inmate of a jail or prison or been incarcerated for more than 72 consecutive hours?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.6 Been exposed to blood known or suspected to be infected with HIV, Hepatitis B, and/or Hepatitis C through percutaneous inoculation (e.g. needlestick injury) or through contact with an open wound, non-intact skin, or mucous membrane?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. In the last 21 days have you:			
15.1 Had any diagnosed infections?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.2 Had any undiagnosed febrile illness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.3 Been aware of anyone in your geographical area diagnosed with a West Nile virus infection (WNV)?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If there are any changes to the mother's health history or if the mother is exposed to any infectious diseases between the date of registration and the date of delivery, please contact Progenics to notify us of the changes.

I certify that I have answered the above health history questions truthfully and to the best of my knowledge.

Printed Name of Mother as appears on Health Card	Signature	dd / mm / yyyy Date
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SECTION D: SCHEDULE OF FEES

Progenics' fee schedule is clearly defined below with options allowing you to choose the payment method that is most convenient and affordable for you. If the cord blood is not processed, the paid fees will be refunded except the registration fee (if applicable) and collection kit fee. If it is processed but cannot be stored because of positive results of infectious diseases, only the paid processing and storage fees will be refunded.

	Price (Canadian dollars)											
	First Child First time registration <input type="checkbox"/>			Siblings Returning client <input type="checkbox"/>			Twins First time registration <input type="checkbox"/>			Twins Returning client <input type="checkbox"/>		
BASIC FEES												
Registration Due at registration (Non-refundable)	\$30			\$0			\$30			\$0		
Collection Kit Includes shipping of the kit to you (some conditions may apply). Due at registration (Non-refundable).	\$95			\$95			\$145			\$145		
Processing Processing (double processing with higher yield of stem cells), cryopreservation, CD34 ⁺ cell enumeration, viability assessment	\$695			\$550			\$1075			\$930		
Testing (1) Maternal blood testing (viral markers, including West Nile Virus) (may be partially covered by employer's health insurance benefits) (2) Cord blood testing (includes ABO, Rhesus factor and microbiological culture)	\$155			\$155			\$195			\$195		
STORAGE PAYMENT OPTIONS (Please check one)	Annual	10 Years	20 Years	Annual	10 Years	20 Years	Annual	10 Years	20 Years	Annual	10 Years	20 Years
It has been proven experimentally that cord blood can be stored for over 20 years, and it could be stored indefinitely. The storage fee is non-refundable after cord blood is successfully stored. The storage fee (excluding tax) is guaranteed for 20 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$125	\$1,100	\$2,000	\$100	\$900	\$1,620	\$205	\$1,800	\$3,000	\$180	\$1,600	\$2,620
TOTALS (excluding HST) Includes all initial fees and storage fees for the option you have chosen.	\$1,100	\$2,075	\$2,975	\$900	\$1,700	\$2,420	\$1,650	\$3,245	\$4,445	\$1,450	\$2,870	\$3,890

SHIPPING CORD BLOOD				
Hospitals in Greater Toronto Area (GTA)	Free	Free	Free	Free
Hospitals outside GTA (Courier fee is charged directly by the medical courier company but Progenics will pay a portion of the fee. For hospitals outside the GTA, contact Progenics to obtain a quote for the courier fee).	Discount	Discount	Discount	Discount

PAYMENT OPTIONS	
<input type="checkbox"/> One time payment (\$20 discount)	Due at registration
<input type="checkbox"/> Payment in two installments	1 st due at registration 2 nd due when your baby's cord blood is processed at Progenics
<input type="checkbox"/> Payment in four installments (four equal payments)	1 st due at registration 2 nd due when your baby's cord blood is processed 3 rd due 3 months after the birth of the child 4 th due 6 months after the birth of the child
<input type="checkbox"/> Monthly payment (a \$20 administration fee will apply)	1 st due at registration 2 nd to 11 th payment starting when baby's cord blood is processed

Please note:

- Hospitals/physicians may charge a fee for cord blood collection and/or administration (hospital fees may be covered by employer's insurance benefits)
- A maternal blood collection fee may apply if maternal blood is not collected by your physician/midwife.
- Fees exclude tax and are subject to change without notice.

PRE-AUTHORIZED PAYMENT FORM

- Installment payments only***
 Annual storage fees only**
 Installment payments and annual storage fees**

First & Middle Name (s) _____		Last Name _____	
Address _____			City _____
Province/State _____	Postal/Zip Code _____	Country _____	
Home No. () - _____	Mobile No. () - _____	Business No. () - _____	
Email address _____			
Progenics Identification Number (available only after registration) _____			

I, the undersigned, authorize **Progenics Cord Blood Cryobank** to charge the fee shown on the payment plan to my credit card on each due date.

<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard
Credit Card Number _____ Expiry date <u>mm / yyyy</u>
Cardholder Name (Please Print) _____
Cardholder Signature _____ Date <u>dd / mm / yyyy</u>

MAIL TO:
Progenics Cord Blood Cryobank 701 Sheppard Ave. East, Suite 310 Toronto, Ontario, M2K 2Z3 Canada

EMAIL TO:
info@progenicscryobank.com

FAX TO:
416-221-9727

Terms and Conditions:
<p>I will notify Progenics in writing, at the address above, of any changes to my credit card information. This agreement can be cancelled by providing written notice to Progenics at the address above.</p> <p>*If you choose installment payments only, then your credit card information will not be used for payment of storage renewal fees.</p> <p>**Pre-authorized payment for storage renewals will apply to annual storage renewals only.</p>