

Cord Blood and Cord Tissue 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 and cord tissue banking. We have experience in successful transplantation. Our cord blood and cord tissue banking program is dedicated to enhancing the health of your child and family. Progenics ensures superior quality and a higher chance that your baby's cord blood and cord tissue 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 and Cord Tissue 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** for payment method.
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 for the cord blood sample.

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@progenics.ca

Other registration options:

- Visit www.progenics.ca to register online.
- Call 1 866-921-1666 to register by phone.

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

SECTION A: REGISTRATION FORM

Affix Bar Code
(Progenics Use Only)

| MOTHER'S INFORMATION | |
|------------------------|---------------------------|
| First & Middle Name(s) | _____ |
| | As appears on Health Card |
| Last Name | _____ |
| | As appears on Health Card |
| Ethnic Background | _____ |
| Expected Due Date | dd / mm / yyyy |
| Mother's Date of Birth | dd / mm / yyyy |
| Address | _____ |
| | _____ |
| City | Province/State |
| Postal/Zip Code | Country |
| Home No. | () - |
| Cellular No. | () - |
| Business No. | () - |
| Email address | _____ |

| FATHER'S INFORMATION | |
|----------------------|-------|
| First Name (s) | _____ |
| Last Name | _____ |
| Ethnic Background | _____ |
| Home No. | () - |
| Cellular No. | () - |
| Business No. | () - |
| Email address | _____ |

| SECOND CONTACT INFORMATION | |
|----------------------------|----------------|
| Name | _____ |
| Relationship | _____ |
| Address | _____ |
| | _____ |
| City | Province/State |
| Postal/Zip Code | Country |
| Home No. | () - |
| Cellular No. | () - |
| Email address | _____ |

| DELIVERY INFORMATION | |
|---|----------------|
| Delivery Hospital | _____ |
| Address | _____ |
| | _____ |
| City | Province/State |
| Postal/Zip Code | Country |
| <input type="checkbox"/> Physician / <input type="checkbox"/> Midwife | _____ |
| Tel. | () - |

| BANKING OPTION (Please select one) | |
|--|--|
| <input type="checkbox"/> Cord Blood Only | <input type="checkbox"/> CordBlood & Cord Tissue |
| Mother's Signature | _____ |
| Date | _____ |

| HOW DID YOU HEAR ABOUT PROGENICS? | |
|--|-------------------------|
| _____ | |
| If you were referred by one of Progenics' clients, please complete the following: | |
| Referrer Name _____ | Referrer Home No. _____ |

| For Progenics Cord Blood Cryobank office use only: | |
|--|-----------------|
| <input type="checkbox"/> Telephone registration | Date dd/mm/yyyy |
| Low volume (<10mL): <input type="checkbox"/> Bank regardless <input type="checkbox"/> Contact mother | |
| Registration form completed by: _____ | Signature _____ |

SECTION B: CORD BLOOD AND CORD TISSUE BANKING CONSENT AND AGREEMENT

This Agreement is made as of the _____ day of _____, 20 ____ (The Effective Date).

Between:

_____ (Parent 1) Please print names

_____ (Parent 2) Please print names

(Hereinafter collectively the Parent(s) "of the Child") -AND -

Progenics Cord Blood Cryobank (hereinafter called Progenics). This Agreement sets out the terms upon which Progenics will provide Collection materials, Processing, Testing and Storage of the **Umbilical cord blood stem cells** (Cord Blood) or **Umbilical cord blood and cord tissue** of the Child; the provision of which is to be collectively referred to herein as ("the Product(s)"). The Parent(s) acknowledge and agree that: their Child's Umbilical cord blood and/or cord tissue is to be collected and sent to Progenics for processing. The Parent(s) authorize Progenics to process, cryopreserve (freeze) and store the Product(s).

The Mother understands that she must complete the Confidential Health History form and that the completed form must be forwarded to Progenics; and further understands that if the medical history form is not completed, it may not be possible to use the Child's Product(s) for future transplantation or other medical use.

The Parent(s) shall complete fully all questionnaires and forms required by Progenics.

The Parent(s) may obtain independent legal advice in connection with this Agreement.

1. Acknowledgements

The Parent(s) acknowledge that:

- (a) There are potential benefits to the Product(s), including the potential for treatment of diseases, such as certain cancers and blood disorders. Treatments based on stem cells are not suitable treatment for all diseases, however, and stem cell treatments for any particular disease may not be effective. Stem cells are available from alternative sources, such as bone marrow and peripheral blood or through donor registries. Any decision to use (or not to use) Cord Blood and/or Cord Tissue is strictly between the Parent(s) and their treating physician. There is no guarantee that the Child or other family members will need to use the Product(s).
- (b) There will be no guarantee as to the outcome of any medical treatment using the stem cells in my Child's Cord Blood and/or Cord Tissue. The Parent(s) understand that certain illnesses and stem cell transplantation procedures contain risks and outcomes unrelated to stem cell quantity or quality or storage procedure.
- (c) Any beneficiaries for whom the Product(s) is being stored or to whom it is later provided shall hold Progenics harmless and free from liability, except as specified in section 8. In the future, better ways of treating diseases may arise and render the stored Cord Blood and/or Cord Tissue unnecessary.
- (d) There will be no guarantee that the Product(s) will be collected. The decision to collect the Product(s) will be made by the healthcare provider at the time the Child is born, which decision will be binding on the Parent(s). The primary consideration during childbirth will be the health of the Child's mother and that of the Child and circumstances may be such that it is in the mother's and/or the Child's best interests that the Product(s) not be collected.
- (e) There will be no guarantee that the minimum volume requirement will be collected. It may not be technically feasible to collect the minimum volume requirement at the time of delivery.
- (f) The Product(s) and the Maternal Blood Sample (Maternal Serology) will be subjected to testing following collection, the results of which testing may indicate that the Product(s) is ineligible for storage. Progenics retains the right to reject the Product(s) if the test results indicate contamination or the presence of infectious agents.
- (g) There can be no guarantee that the Product(s) will survive the collection, transportation, processing, and cryopreservation or thawing procedures.
- (h) The Product(s) may be found to contain inadequate numbers of nucleated and/or viable stem cells for use in treatment of diseases. There is no guarantee that successful treatment will result from any use of the Product(s).

Initial:

- (i) Use of the Product(s) must be carried out under the supervision of a licensed healthcare provider. Supplemental testing of Product(s) after removal from storage and prior to use may be required, whether by a healthcare provider, applicable laws and Health Canada regulations or other applicable accreditation standards relating to the Product(s). Successful collection, processing and storage of the Product(s) does not guarantee successful treatment(s).
- (j) The Parent(s) may choose to withdraw consent to collect the Product(s) prior to delivery. In such circumstances, Progenics will refund the applicable fees.
- (k) A sample of the Product(s) 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 Product(s).
- (l) Progenics may be required by law to conduct periodic re-testing of the Product(s) and/or the Maternal Serology for infectious diseases, which may affect the eligibility of the Product(s) for continued storage.
- (m) Certain testing of the mother's blood (Maternal Serology) is required to be performed, prior to participation in the Cord Blood and/or Cord Tissue banking in order: (i) that Progenics may assess the eligibility of the Product(s) for processing and storage; and (ii) to comply with the applicable laws and directives, Health Canada regulations and other applicable accreditation standards relating to the Product(s). The Parent(s) understand that the results of such testing may be made available to the mother's health care provider by Progenics' Medical Director and that the health care provider or Progenics' Medical Director may determine that the Product(s) is/are ineligible for banking. Such decision will be binding on the Parent(s).

2. Collection and Transportation Procedures

Progenics will provide the Parents with a collection kit for the Product(s) during registration. It is the responsibility of the Parent(s) to read the "Instructions for Parents" and ensure that the health care providers involved in the Child's delivery receive the collection kit.

The selection of the health care provider and institution to collect and package the Product(s) is solely the Parent(s) responsibility.

After collection, the Product(s) must be stored at room temperature at the birthing facility and while being transported to Progenics. It is the Parent(s) responsibility to notify the designated courier and Progenics immediately after the Product(s) is/are collected, as specified in the instructions from Progenics. The Product(s) must reach the Progenics laboratory AS SOON AS POSSIBLE and be processed within 48 hours of collection.

3. Processing and Storage of the Product(s)

It has been proven that the Product(s) 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 Product(s), such as excess plasma and red blood cells, remain after processing by Progenics and are not cryogenically stored. The Parent(s) consent to having Progenics dispose of such components following Ontario's regulations for the management of biological waste.

The Parent(s) acknowledge and understand that Progenics may be required by law to conduct periodic re-testing of the Product(s) and/or the Maternal Serology for infectious diseases, which may affect the eligibility of the Product(s) for continued storage.

4. Retrieval of the Product(s) from Storage

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

In the event the Product(s) is required for treatment and has to be retrieved and released from storage, Progenics will provide the Parent(s) with a "Release Request Form". This form must bear the Parent(s) signature, or the signature of the Child's legal guardian, and the signature of the Child from whom the Product(s) was obtained, if he/she has reached the age of 18 years. 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 Product(s) is released for transplantation. The Parent(s) are responsible for paying all shipping costs and must comply with Progenics Policies and Procedures relating to the release of the Product(s).

The Parent(s) agree that Progenics will not release the Product(s) without written consent by the Parent(s) or by the Child after he/she attains the age of 18 years. Upon such request, Progenics will not charge for the release of the Product(s) for medical treatment. The Parent(s) are responsible for any outstanding storage fees if unpaid at this time. By retrieving the Product(s) from storage, and assume all risks involved in transporting it to another facility, the Parent(s) and the receiving entity to which the Product(s) is released or transferred agree to hold Progenics harmless for any losses or damages in connection with the transferred Product(s).

Initial:

5. Term of Contract for Storage of the Product(s)

This Agreement becomes effective on the date that Progenics receives the Product(s) and shall remain in effect for the term, twenty (20) years, or as specified in the Payment Option at the time of signing this Agreement.

The Parent(s) must notify Progenics of any changes in contact information such as address, email address, or contact telephone numbers after registration. If payment is not made within 180 days after the payment due date on the storage renewal invoice (the Child's birthday is the due date), Progenics retains the right to terminate this Agreement and the Product(s) will become the property of Progenics.

6. Contract Termination

The Parent(s) may terminate this Agreement at any time upon written notice to Progenics, which notice must include a direction to: (i) destroy the Product(s); (ii) donate the Product(s) for research or transplantation purposes; or (iii) transfer the Product(s) to another accredited facility. If the Parent(s) do not provide Progenics with one of the foregoing directions within sixty (60) days of termination of this Agreement, the Parent(s) agree that: (A) all right, title and interest (including any intellectual property rights) that the Parent(s) or the Child may have in the Product(s) will be assigned to Progenics; and (B) Progenics will own all such right, title and interest and the Parent(s) hereby authorize Progenics to, at its sole option, destroy the Product(s) or use it for research or transplantation purposes. The Parent(s) further understand that they will not be entitled to a refund of any amounts previously paid by the Parent(s) in the case of any such termination, unless the Product(s) is/are released for medical treatment and the payment selection was for the Prepay option.

This Agreement shall terminate if tests indicate that the Cord Blood is not appropriate for storage. Upon termination, the Parent(s) are responsible for the full payment of all services rendered and all outstanding fees become payable.

If the Parent(s) do not make the payment within the one hundred and eighty (180) day period, Progenics may terminate this Agreement.

Upon termination of this Agreement, the Parent(s) shall arrange for the disposition of cord blood and bear any costs associated with the disposition. If the Parent(s) fail to arrange for and notify Progenics of the disposition of the Product(s) within thirty (30) days after termination, the Product(s) shall become the property of Progenics. Progenics shall have the sole discretion to do what it chooses with the Product(s) including, but not limited to, using for research or destroying it. After the termination of the Agreement, Progenics is released of all liabilities and Progenics will have no further obligations to you (the Parents) and the Child.

Progenics shall have all rights to transfer your stored sample to another accredited cord blood bank within Canada.

7. Fees

Progenics charges fees for registration, collection kit, processing, testing, and storage of the Product(s). The Parent(s) have been provided with the Progenics' "Schedule of Fees" and 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 the Storage Payment Options, then the Product(s) will not be tested, processed, or stored, accordingly.

The health care provider/ delivery hospital may charge a fee for the collection of the Child's cord blood and/or cord tissue. It is the Parent(s) responsibility to ask their health care provider about such fees and to pay the fees accordingly.

The Parent(s) agree to pay Progenics the required storage renewal fees plus applicable taxes for the storage option they have chosen, before or on the payment due date. The annual storage renewal date is the birth date of the Child.

The Parent(s) agree to pay the storage fees according to Progenics "Schedule of Fees" that was in effect on the date of registration. These fees will be honoured for the time selected during registration. The annual storage fees may change without prior notice.

The Parent(s) agree to pay all courier costs that are associated with the transportation of the Product(s).

The storage fee for each storage option offered by Progenics is non-refundable once the Product(s) has been successfully stored, unless the Product(s) is used for a transplant.

If the volume of cord blood collected (rounded to the nearest whole number) is less than 20 mL, the Parent(s) 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 the Child is eighteen (18) years of age.

8. Liability

The Parent(s) hereby release Progenics, its Shareholders, Directors, Officers, Consultants and Employees from any and all liability in connection with (i) the collection, disposal, destruction (whether accidental or intentional) and handling of the Product(s) and Maternal Serology; and (ii) the release of the results of testing of the Product(s) and Maternal Serology to Progenics.

In no event will Progenics, its Shareholders, Directors, Officers, Consultants, or Employees be liable for special, incidental, consequential, exemplary, punitive or indirect damages, including without limitation, any claims for loss, injury, death damage or destruction arising from or relating to this Agreement or the services, however caused and regardless of theory of liability.

Initial:

In addition, except with respect to claims based on willful misconduct or gross negligence, in no event will Progenics be liable for any damages of any kind greater than three times the current annual storage fee paid to Progenics hereunder. Progenics will not be liable for any damages, cost or claims resulting from injury or damage relating to: i) the Product(s) and/or Maternal Serology before the Product(s) and/or Maternal Serology is received by Progenics at its premises, including damages, costs or claims relating to transportation of the Product(s) and/or Maternal Serology; and ii) any fees owed to the Parent(s)' health care provider pertaining to the collection of the Product(s) and/or Maternal Serology. These limitations will apply even if Progenics has been advised or is aware of the possibility of such damages. The limitations of this section will apply even in the event of a failure of the essential purpose of this provision and will survive termination of the Agreement. The Parent(s) understand that by this release they are giving up any rights they might otherwise have, now or in the future, to sue or otherwise seek money damages or other relief against Progenics for any reason relating to the services, with the sole exception of seeking return of the monetary amount specified above.

9. Minimum Cord Blood Volume for Banking

Since a small volume of the Cord Blood could be used in regenerative medicine or could be expanded in the future, the Cord Blood is processed and stored when the volume is 10 mL or higher. Progenics will discard samples with a volume lower than 10 mL unless you choose one of the following options:

- Bank the Cord Blood regardless of the volume.
- Contact me (within 24 hours of delivery) for my final decision as to whether the Cord Blood should be processed and banked. The Cord Blood will be discarded if I cannot be reached within 48 hours of delivery.

10. Guarantee for Cord Blood

If the yield of total nucleated cells from processing (rounded to the nearest whole number), is less than eighty-five percent (85%), the Parent(s) shall be entitled to free cord blood processing and storage of the Child's Cord Blood for twenty (20) years. This guarantee only applies to samples shipped within Canada.

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.

The Parent(s) have asked questions regarding Umbilical Cord Blood and/or Cord Tissue banking that they may have had and received satisfactory answers to these questions. Having read and understood all of the above, the Parent(s) consent to and request Progenics to bank their Child's Cord Blood or Cord Blood and Cord Tissue subject to the terms of the service rendered in this Agreement.

Progenics is committed to protecting the privacy of all personal and health information through adherence to its Privacy Policy, which is in compliance with the Personal Information Protection and Electronic Documents Act.

Please select one of the two product options: Cord Blood Cord Blood and Cord Tissue

The Parent(s) acknowledge that they have read this Agreement and understand its terms and conditions.

| | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| _____ <i>Mother's Signature</i> | _____ <i>Father's Signature</i> | _____ <i>Witness's Signature</i> |
| _____ <i>Print Mother's Name</i> | _____ <i>Print Father's Name</i> | _____ <i>Print Witness's Name</i> |

Initial:

SECTION C: CONFIDENTIAL HEALTH HISTORY

Mother's First & Middle Name(s) _____ as appears on Health Card Last Name _____ 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"/> | _____ |
| Have you, your baby's father, or your baby's sibling ever: | | | |
| 8. 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 members (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 disease | <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 blood disorder? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11.3 Had yellow 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"/> | _____ |
| 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"/> | _____ |

| | Yes | No | Comment |
|--|--------------------------|--------------------------|---------|
| 12.3 Had sex in exchange for for money or drugs in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12.3.1 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"/> | |
| 13.5 Any diagnosis of a Zika infection at any point during this pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13.6 Have you resided, or travelled to an area with active Zika transmission at any point during this pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13.7 Sexual contact at any point during this pregnancy with a male who is known to have either of the risk factors listed? | | | |
| 13.7.1 Medical diagnosis of Zika infection in the past 6 months. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13.7.2 Resides in, or travel to, an area with active Zika transmission within the past 6 months. | <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 yellow 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 |
|---|-----------|------------------------|

SECTION D1: SCHEDULE OF FEES FOR CORD BLOOD BANKING

Progenics' fee schedule is clearly defined below with options allowing you to choose the payment method that is most convenient and affordable for you.

| | 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 (Non-refundable) Due at registration | \$30 | | | \$0 | | | \$30 | | | \$0 | | |
| Collection Kit (Non-refundable) Due at registration | \$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 (Non-refundable if service rendered) (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. | <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 the Toronto Area (Both ways) | Free | Free | Free | Free |
| Hospitals outside the Toronto Area * For collection kit delivery charge, please contact Progenics. * For sample pick up from hospital, courier fee is charged directly by the medical courier company, but Progenics will reimburse a portion of the fee. For hospitals outside the Toronto area, contact Progenics to obtain a quote for the courier fee. | | | | |

| PAYMENT OPTIONS | |
|---|---|
| <input type="checkbox"/> One time payment (\$20 discount) | Due at registration |
| <input type="checkbox"/> 2-Installment payment | 1st due at registration(Registration & Collection Kit fees) 2nd due when your baby's cord blood is processed at Progenics(Remaining balance) |
| <input type="checkbox"/> 4-Installment payment (four equal payments) | 1st due at registration 2nd due when your baby's cord blood is processed 3rd due 3 months after the birth of the child 4th due 6 months after the birth of the child |
| <input type="checkbox"/> 11-Installment payment (a \$50 administration fee will apply) | 1st due at registration (Registration & Collection Kit fees) 2nd to 11th payment starting when baby's cord blood is processed(Monthly) |

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.

SECTION D2: SCHEDULE OF FEES FOR CORD BLOOD AND CORD TISSUE BANKING

Progenics' fee schedule is clearly defined below with options allowing you to choose the payment method that is most convenient and affordable for you.

| | 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 (Non-refundable) Due at registration | \$30 | | | \$0 | | | \$30 | | | \$0 | | |
| Collection Kit Due at registration (Non-refundable) | \$120 | | | \$120 | | | \$170 | | | \$170 | | |
| Processing Cord Blood Processing (double processing with higher yield of stem cells), cryopreservation, CD34+ cell enumeration, viability assessment Cord Tissue Processing(cryopreservation of Wharton's Jelly fragments) | \$1175 | | | \$950 | | | \$1555 | | | \$1330 | | |
| Testing (Non-refundable if service rendered) (1) Maternal blood testing (viral markers, including West Nile Virus) (may be partially covered by employer's health insurance benefits) (2) Cord Blood& Cord Tissue testing (includes ABO, Rhesus factor and microbiological culture) | \$250 | | | \$250 | | | \$290 | | | \$290 | | |
| STORAGE PAYMENT OPTIONS (Please Check One) | 5 Years | 10 Years | 20 Years | 5 Years | 10 Years | 20 Years | 5 Years | 10 Years | 20 Years | 5 Years | 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. | <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"/> |
| | \$1,075 | \$2,000 | \$3,600 | \$950 | \$1,700 | \$3,000 | \$1,475 | \$2,700 | \$4,600 | \$1,350 | \$2,400 | \$4,020 |
| TOTALS (excluding HST) Includes all initial fees and storage fees for the option you have chosen. | \$2,650 | \$3,575 | \$5,175 | \$2,270 | \$3,020 | \$4,320 | \$3,520 | \$4,745 | \$6,645 | \$3,140 | \$4,190 | \$5,810 |

| SHIPPING COLLECTION KIT & SAMPLE PICK UP FROM HOSPITAL | | | | |
|---|------|--|------|--|
| Hospitals in the Toronto Area (Both ways) | Free | | Free | |
| Hospitals outside the Toronto Area | Free | | Free | |
| * For collection kit delivery charge, please contact Progenics. * For sample pick up from hospital, courier fee is charged directly by the medical courier company but Progenics will reimburse a portion of the fee. For hospitals outside the Toronto area, contact Progenics to obtain a quote for the courier fee. | | | | |

| PAYMENT OPTIONS | |
|---|---|
| <input type="checkbox"/> One time payment (\$50 discount) | Due at registration |
| <input type="checkbox"/> 2-Installment payment | 1st due at registration (Registration & Collection Kit fees) 2nd due when your baby's cord blood and cord tissue is processed at Progenics (Remaining balance) |
| <input type="checkbox"/> 4-Installment payment (four equal payments) | 1st due at registration 2nd due when your baby's cord blood and cord tissue is processed 3rd due 3 months after the birth of the child 4th due 6 months after the birth of the child |
| <input type="checkbox"/> 11-Installment payment (a \$50 administration fee will apply) | 1st due at registration (Registration & Collection Kit fees) 2nd to 11th payment starting when baby's cord blood and cord tissue is processed (Monthly) |
| <input type="checkbox"/> 21-Installment payment (a \$90 administration fee will apply) | 1st due at registration (Registration & Collection Kit fees) 2nd to 21st payment starting when baby's cord blood and cord tissue is processed (Monthly) |

Please note:

- Hospitals/physicians may charge a fee for cord blood & cord tissue 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

Registration & Annual storage fees*

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 <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash | | |
| Credit Card/Cheque 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@progenics.ca |

| OR 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>*Credit card information will be used for initial payment (one-time payment option during registration) and payment of storage renewal fees.</p> <p>**Credit card information will be used for installment payment options during registration and payment for storage renewal fees.</p> |