

## CorCell Program Agreement

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This Agreement is between CorCell Companies, Inc. (CorCell) on the one hand, and the Parents, meaning the mother giving birth to the baby and whose cooperation is necessary for collection of the cord blood and the testing of the maternal plasma (Mother) and the other parent to whom the baby is born, both of whom who are responsible for payment of the fees associated with CorCell's services (Parents).

This Agreement concerns the collection, processing and storage of the stem cells of the baby which are collected from the placenta and umbilical cord blood ("cord blood") following the delivery of the baby and which will be processed and stored on behalf of the baby by the Parents. The "baby" or "child" referred to in this Agreement is the baby born to the Parents. The Parents are those parties who have signed this Agreement as the Parents. This Agreement states the responsibilities of CorCell, and the Parents, as well as the physician or healthcare provider of the baby and/or Mother, and the understandings among all the parties for the collection, transport, processing, storage and retrieval or disposal of the baby's stem cells during the life of this Agreement ("CorCell Program"). The purpose of this Agreement is to make the child's cord blood stem cells available for possible use in the medical treatment of certain diseases, which the child may develop or contract in the future and for which current or future stem cell therapies may be beneficial. While the Parents are obligated under this Agreement to pay for CorCell's services, it is the treating physician or health care provider of the child who decides whether to treat the child using a stem cell therapy.

### A. CorCell's Services

1. Under the CorCell Program, the Parents select the plan they wish and make payment of the First Year Costs to CorCell. The Parents also specify to CorCell the party and address to whom CorCell will deliver a cord blood collection kit ("Collection Kit") for use at the hospital at the time of the baby's birth.
2. Following the successful collection of the baby's cord blood stem cells and the Mother's maternal blood and their transport to CorCell's laboratory facility, CorCell will arrange for the child's cord blood stem cells to be processed, tested, cryogenically frozen, and stored for the duration of this Agreement. If the cord blood sample which is collected does not meet the minimum requirements for storage, CorCell will notify the Parents.
3. CorCell will have the baby's stem cells cryogenically stored for an initial period of 18 years, for which the Parents will be billed annually. Thereafter, the child will have the option to continue storing his or her cord blood stem cells on a yearly basis upon payment of the annual fees.
4. The Mother will provide to CorCell all information necessary for the screening of certain infectious diseases, testing and identifying the collected sample of the baby's cord blood and the Mother's maternal blood.
5. CorCell will maintain contact with the Parents over the life of this Agreement. CorCell will also maintain the confidentiality of the information collected and disclose it only to the Mother's physician, the Parents and, upon prior written authorization of the Parents, to another party who is responsible for the care of the child, or to the extent required by law.
6. During the term of this Agreement, and upon a written request from the Parents and the child's treating physician, CorCell will retrieve and prepare the child's stored stem cells for transport to a hospital or other medical facility for providing medical treatment using the stem cells as instructed by said physician.

### B. Responsibilities of the Parents

1. The Mother will provide full and accurate medical information as set forth on the Personal Information Form and Medical History. The Parents will provide accurate contact information to CorCell as set forth on the Personal Information Form, which will permit CorCell to perform the services under this Agreement and to stay in contact with the Parents at all times during the term of this Agreement. This includes notifying CorCell promptly of all changes in the address, e-mail address and/or telephone number of the Parents. It also includes notifying CorCell of the contact information for the Mother and physician who delivers the baby for a minimum of 30 days following the birth of the baby.
2. The Parents agree to make the payments required under this Agreement for the CorCell Program, including collection, testing and processing of the child's cord blood sample and, upon successful processing, further storage and maintenance on an annual basis in accordance with the terms of the payment plan selected.

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**3.** The Parents are responsible for notifying the physician or other health care provider that they wish to have the baby's stem cells collected at the time of delivery of the baby and for ensuring that the Collection Kit which CorCell delivers to the specified recipient is brought to the hospital at the time of delivery.

**4.** The Parents understand that the Mother's and baby's healthcare provider will act as an agent of the Parents in collecting the baby's cord blood stem cells following the delivery of the child. The Parents also understand that there may be complications at birth which preclude the physician from collecting or successfully collecting the baby's cord blood sample.

**5.** The Parents agree to act as custodian of the child's stem cells until the child reaches maturity at age eighteen, at which time the child may become the custodian and continue to provide for stem cell storage. The Parents agree to provide CorCell with the child's social security number within three months of his or her birth.

**6.** The Mother authorizes CorCell to have samples of her blood tested for certain infectious diseases as required by law, and she agrees to the release of any positive results from such tests to the physician, and to any governmental agencies as required by law.

**7.** Following successful collection of the stem cells sample and maternal blood, the Parents or someone acting on their behalf will notify CorCell to have the baby's cord blood sample transported to the laboratory, and CorCell will arrange for the medical courier to pick up the cord blood sample.

**8.** The Parents understand and agree that the baby's cord blood cannot be fully assessed until it is inspected at the laboratory. In the event that the cord blood volume is below 15 mLs, CorCell will notify the Parents and they may decide to have the sample discarded or continue with processing.

**9.** The Parents understand and agree that CorCell has the right, upon notice to them, to reject or discard the child's blood sample and maternal plasma in the event of an HIV positive test result or the lack of test results in accordance with federal and state regulation. Currently, a positive test result for other infectious diseases does not necessarily mean the blood sample must be rejected.

**10.** In the event that treatment for the child using the stored stem cells is required or recommended, the Parents agree to provide a written request to CorCell for the retrieval of the child's stored stem cells and assigned release, permitting CorCell to disclose information to the treating physician. The child's treating physician will need as well to provide a signed request form to CorCell, giving instructions for CorCell to release the stem cells to a hospital or other medical facility which is authorized to carry out the proposed stem cell therapy. At the time of retrieval, the Parents agree to pay the administrative and shipping costs for retrieval and release in accordance with CorCell's then current schedule of such charges.

**11.** The Parents agree that they have read and acknowledged the provisions of this Agreement. The Parents understand their obligations under this Agreement, and the Mother agrees to cooperate in the collection of the cord blood and maternal blood, the testing of the maternal blood and disclosure requirements requested of her. Further, they understand the process for collecting, transporting, processing, storing, and maintaining the child's cord blood stem cells and maternal plasma and the risks which may occur at any stage of this process as further described in the accompanying Informed Consent.

### **C. CorCell's Liability**

**1.** CorCell commits itself to exercising ordinary care in providing its CorCell Program services and in accordance with the best practices of the industry in cord blood collection, processing, and storage of stem cells.

**2.** CorCell is, however, not liable for any act or omission of the physician or healthcare provider at the time of delivery of the baby, nor is CorCell liable for any act or omission of CorCell or its subcontractors or agents in the performance of this Agreement, except in cases of proven negligence. IN SUCH A CASE, CORCELL AND ITS SUBCONTRACTORS SHALL HAVE LIMITED LIABILITY TO THE PARENTS, THEIR FAMILY AND HEIRS ONLY. THIS LIMITED LIABILITY SHALL BE LIMITED TO THE TOTAL AMOUNT OF FEES OR COSTS WHICH HAVE BEEN PAID TO CORCELL UNDER THIS AGREEMENT. NEITHER CORCELL NOR ITS SUBCONTRACTORS WILL BE LIABLE FOR ANY DAMAGES, INCLUDING ANY SPECIAL, INDIRECT, OR CONSEQUENTIAL DAMAGES, ARISING UNDER ANY CAUSE OF ACTION, CLAIM OR DEMAND OR UNDER ANY LEGAL THEORY.

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### D. Termination

1. The Parents may terminate this Agreement at any time and for any reason by giving CorCell prompt, prior written notice at any time up until successful storage of the child's cord blood stem cells.
2. CorCell will retain any First Year Cost payments which are not refundable, including the Enrollment Fee, and refund any costs which are refundable. Thereafter, during the term of storage, the Parents may terminate this Agreement upon 60 days' prior written notice to CorCell. The notice should include the date they wish to terminate the Agreement, payment through the date of termination and instructions on how they wish CorCell to dispose of the cord blood sample and maternal plasma. The Parents will be responsible for the cost of disposing of the cord blood sample and maternal plasma in accordance with the instructions given. If they do not provide any instructions for the disposal of the child's cord blood and maternal plasma, CorCell may dispose of it in accordance with the best practices of the cord blood industry and as it deems appropriate.
3. CorCell may terminate this Agreement, upon prior written notice of 60 days if the Parents do not make a First Year Cost payment required under the Payment Agreement or upon prior written notice of 60 days of its invoice if they do not make an annual storage fee payment as required under the Payment Agreement. CorCell may also terminate upon 60 days' prior notice if they do not comply with any other responsibilities under this Agreement, the Informed Consent, or the Payment Agreement.
4. CorCell may also terminate this Agreement in the event that the Mother does not cooperate by providing full and accurate information requested in the Personal Information or Medical History Forms. The provisions of Sections D. 2 and 3 above on refunds and notice periods will apply.
5. In the event the Parents cancel this Agreement prior to the delivery of the baby in accordance with Section D 1, any other parties who may wish to provide for the collection of the baby's cord blood shall contact CorCell directly and enter into a new CorCell Program Agreement with CorCell. No third party may assume the rights or obligations of the Parents under this Agreement.

### E. General Provisions

1. As stated above in Section C, CorCell has only limited liability as provided in this Agreement to the Parents. Should there be any dispute or controversy which cannot be otherwise amicably resolved among any of the parties, all parties agree to finally resolve such dispute by binding arbitration in accordance with the Rules of the American Arbitration Association before one arbitrator, to be held in Philadelphia, Pennsylvania. The arbitrator or court enforcing any arbitral award may award reasonable attorney fees to the prevailing party.
2. This Agreement will be governed by the Federal Arbitration Act as to questions of federal law and the laws of the Commonwealth of Pennsylvania without reference to any conflicts of law as to questions of state law.
3. This Agreement, together with the Informed Consent, Medical History and Payment Agreement constitutes the entire Agreement among the parties and supersedes all previous agreements or representations, oral or written, relating to the subject matter of this Agreement.
4. This Agreement may be modified or amended, but only by a writing subsequent to this Agreement and signed by the Parents and an authorized representative of CorCell. If any provision of this Agreement is held by an arbitrator or court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force without being impaired or invalid in any way.
5. If the performance of this Agreement or any obligation arising under this Agreement is prevented, restricted, or interfered with by reason of fire, earthquake, or other casualty or accident, strikes or labor disputes, war or other violence, any law, order, or requirement of any government agency, or any other act or condition beyond the control of CorCell, upon giving prompt notice to the Parents, CorCell will be excused from such performance.

We accept the terms of this Agreement.

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Parents

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Date

## Informed Consent and Release

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**A.** The Parents hereby declare, on behalf of themselves, their family and heirs, their understanding that:

- 1.** under the CorCell Program, CorCell will provide for the cryogenic storage of the child's cord blood and maternal plasma sample for use in the event that the child may require medical treatment of certain diseases for which current or future stem cell therapies are or may be beneficial;
- 2.** the stored cord blood cells are a perfect match for the baby, but that the child may never need them;
- 3.** there can be no assurance or guarantee at the time they enter into this CorCell Program Agreement that the physician or healthcare provider will be able to successfully collect the child's cord blood, that the medical courier will transport the blood sample without incident or that the lab will successfully process the baby's cord blood sample;
- 4.** there are also risks that the maternal blood sample itself may test positive for infectious diseases, with the result that it may not be possible to store the cord blood sample or that the volume of the processed cord blood will not be sufficient for a possible future transplant or other medical use;
- 5.** there is a risk that a current or future treatment using stem cells may not apply to an illness or disease which the child may contract or, if applicable, that the treatment may not be successful.

**B.** The Parents agree to have the attending physician or healthcare provider collect or direct the collection of the baby's cord blood after delivery. They understand that the physician will decide in his or her sole judgment if and when the actual collection will take place. The Parents will not hold the attending physician or other healthcare provider, any hospital staff, the hospital or birthing center itself or its affiliates, board members or other representatives responsible or liable for any act or omission regarding the handling or collection of the child's cord blood.

**C.** The Mother consents to providing one or more maternal blood sample(s) at the time of delivery of the child and to have them tested for certain infectious diseases (including, for example, Hepatitis B, Hepatitis C, Human T-Cell Lymphotropic Virus (HTLV), Cytomegalovirus (CMV), Syphilis, and Human Immunodeficiency Virus (HIV). In the event of a positive test result, the Mother authorizes CorCell to provide such results to her physician, as well as to governmental agencies as required by law.

**D.** The Parents understand that CorCell is not responsible for the collection of the cord blood sample. Neither CorCell nor its subcontractors are liable for any acts or omissions, unless such acts or omissions are shown to be negligent and then only to the extent of the fees and costs the Parent have paid to CorCell.

**E.** CorCell will perform its CorCell Program services of collection, transport, processing, preservation and storage, retrieval or disposal of the child's cord blood stem cells by exercising ordinary care and in accordance with the industry's best practices.

**F.** The Parents understand that they will be responsible for the payment of the First Year Costs as set forth in the Payment Plan for the cord blood stem cell collection, processing, and initial storage as well as for the annual storage fees for the duration of the Agreement. They may elect to discontinue CorCell's services at any time upon prompt prior notice up to the time of preservation and storage, and thereafter upon 60 days' notice during the maintenance period. They understand that there will be administrative and shipping charges in the event they request retrieval and release of the child's stem cells.

**G.** The Parents have read and understood the information contained in the CorCell Program Agreement, this Informed Consent, the Personal Information and Medical History Forms and the Payment Agreement. Any questions have been answered to each one's satisfaction.

The Parents accept the terms of this Agreement.

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Parents

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Date

## Personal Information Form

**ALL INFORMATION IS REQUIRED** *Please print clearly*

Personal Information			
Mother's First Name	Middle	Mother's Last Name	Social Security Number
Mother's Maiden Name	Mother's Date of Birth		Mother's Due Date
Home Address		City	State Zip Code
Mother's Day Telephone	Mother's Evening Telephone		Mother's Fax Number
Mother's E-Mail Address			
Father's First Name	Middle	Father's Last Name	Father's Day Telephone
Father's E-Mail Address			
Kit Shipping Address (if different than Home Address)		City	State Zip Code

Obstetrician Information		
Physician Name		
Office Practice Name		
Address		
City	State	Zip
Telephone		
Fax Number		

Delivery Hospital Information		
Hospital Name		
Hospital Address		
City	State	Zip
Telephone		
Delivery Floor - Nurses' Station Telephone		
Delivery Floor - Nurses' Station Fax Number		

# Medical History Form

All information pertains to birth mother and birth father (optional). If adoption is closed names are not required. Medical History Form needs to be completed by both the biological mother (egg donor) and the gestational carrier (surrogate mother) if these are different women.

Mother's First Name	Middle	Mother's Last Name	Date
Father's First Name	Middle	Father's Last Name	Date

### Health History of Baby's Mother

Have you:	Yes	No
1. Had any problems with this pregnancy? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Had any health problems prior to pregnancy? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you smoke?.....	<input type="checkbox"/>	<input type="checkbox"/>
If YES, how many cigarettes per day? _____		
4. Do you consume alcohol?.....	<input type="checkbox"/>	<input type="checkbox"/>
If YES, how many drinks per day? _____		
5. Is this your first pregnancy?.....	<input type="checkbox"/>	<input type="checkbox"/>
If NO, please answer questions 6-9		
6. How many pregnancies?		
# of Vaginal Deliveries _____		
# of C-Sections _____		
# of Miscarriages / Other _____		
7. Had any premature births? .....	<input type="checkbox"/>	<input type="checkbox"/>
If YES, at how many weeks? _____		
8. Had any complications in delivery? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Did any of your children have problems immediately after birth? .....	<input type="checkbox"/>	<input type="checkbox"/>
If YES, check problems that occurred: <input type="checkbox"/> Respiratory		
<input type="checkbox"/> Jaundice <input type="checkbox"/> Bleeding <input type="checkbox"/> Feeding <input type="checkbox"/> Heart		
10. Had an infectious skin disease within the previous 12 months? .....	<input type="checkbox"/>	<input type="checkbox"/>
If YES, name of infection _____		
11. Traveled to or resided in malarial endemic areas?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you spent six months or more in the UK or sub-Saharan Africa between 1980 and 1996, or since 1980 have you knowingly obtained and been injected with a non-US licensed drug product made from cattle such as bovine (beef) insulin?.....	<input type="checkbox"/>	<input type="checkbox"/>
If YES, which one? _____		

### Health History of Baby's Mother and Biological Father

Have you:	Mother		Father	
	Yes	No	Yes	No
13. Been diagnosed with a bleeding or blood problem?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES, describe _____				
14. Had seizures or fainting spells? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Been diagnosed with malaria? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Been considered unable to donate blood? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES, why _____				
17. Had any serious infections, surgery or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Had any liver problems? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Had any malignancy? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Had any serious respiratory infections or TB?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Been exposed to hepatitis or jaundice, or given immune globulin for infectious disease exposure? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Tested positive/or been treated for a sexually transmitted disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Had a transfusion, or a human or animal organ/tissue transplant? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Received any shots or immunizations within the last year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Received a tattoo, pierced your ears, acupuncture with the last year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Been an intravenous drug user?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Tested positive for Epstein-Barr virus? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Tested positive for HIV? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Health History of Baby's Maternal and Paternal Family

If any of these diseases are present in your families, please check and indicate which family member:

	Mother's Family		Relationship to Mother	Father's Family		Relationship to Father	
	Yes	No		Yes	No		
29. Any kind of anemia .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<i>Please explain any YES answers in the area below:</i>
30. Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
31. Cardiovascular disease .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
32. High blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
33. Cancer .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
34. Congenital disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
35. Genetic disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
36. Chromosomal problem.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
37. Creutzfeldt-Jacob disease (CJD) .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	

Medical Director or Designee (CorCell representative only)	Date
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## CorCell Program Pricing

### PAYMENT OPTIONS

**First year costs for the CorCell Program include:**

- ✓ Enrollment..... \$150
- ✓ Collection Kit and Processing..... 1,650
- ✓ Medical Courier..... 150
- ✓ Annual Storage..... 125

**Total First Year Costs:.....\$2,075**

Pricing subject to change.  
Prices apply only to single births in the U.S.  
Additional pricing available for multiple and international births.

**Additional fees where applicable:**

- FedEx Priority Next Day delivery of collection kit — current FedEx rate
- FedEx Priority Saturday delivery of collection kit — current FedEx rate
- Same Day Courier Service for delivery of collection — ask for quote

**Note:** \$125 annual storage fees will be invoiced in the month preceding your child's birthday for as long as the cord blood remains in storage.

**CorCell guarantees not to increase the annual storage fee for the life of this original contract.**

Select one payment option:	Enrollment Fee Non-refundable	Payment Plans for balance
<input type="checkbox"/> <b>Single payment</b>	Included	<b>\$2,075 at enrollment</b>
<input type="checkbox"/> <b>Two (2) Payments</b> Interest Free	<b>\$150</b> at enrollment	<b>\$1,925 at birth</b>
<input type="checkbox"/> <b>Six (6) Payments</b> Interest Free	<b>\$150</b> at enrollment	<b>\$385 per mo for 5 months beginning 30 days from enrollment</b>
<input type="checkbox"/> <b>12 Month Plan</b> (CareCredit)* Deferred Interest	<b>\$150</b> at enrollment	<b>\$160</b> estimated per mo for 12 months beginning at birth**
<input type="checkbox"/> <b>18 Month Plan</b> (CareCredit)* Deferred Interest	<b>\$150</b> at enrollment	<b>\$107</b> estimated per mo for 18 months beginning at birth**
<input type="checkbox"/> <b>24 Month Plan</b> (Care Credit)*	<b>\$150</b> at enrollment	<b>\$92</b> estimated per mo for 24 months beginning at birth***
<input type="checkbox"/> <b>48 Month Plan</b> (CareCredit)*	<b>\$150</b> at enrollment	<b>\$53</b> estimated per mo for 48 months beginning at birth***

\*Offer subject to credit approval by GE Capital Consumer Card Co. (Care Credit Program)  
\*\*12 and 18 months Deferred Interest Plans, \$300 minimum charge, Prime plus 14.73% (min. 22.98%) interest rate applied if balance not paid in full by end of promotional period.  
Minimum monthly payments are required to keep your account current. Your statement shows the minimum monthly payment amount. You can pay more than the minimum payment each month in order to repay the promotional purchase balance by its due date. To avoid paying finance charges/interest, the entire promotional purchase balance must be paid in full by its due date.  
\*\*\*Extended Payment Plan, \$1,000 minimum charge, 13.9% interest rate.  
Late fees may apply to accounts that are past due

**Credit Card Authorization:** I hereby authorize CorCell Companies, Inc. to charge the following credit card account, or selected bank account, in accordance with the plan selected above, and apply said charge toward the payment of the charges I owe CorCell. I understand that I will remain responsible for recurring charges and additional late fees should my credit card be canceled or otherwise made unavailable for payment. I further understand that I will remain responsible for recurring charges, additional late fees and other applicable charges if the withdrawal to the bank account I have listed above is denied for insufficient funds or the account otherwise becomes unavailable. I also agree to payment of the non-refundable enrollment fee outlined above should I cancel this contract prior to the collection of the umbilical cord blood specimen.

**Visa/MC/AMEX/Discover** \$ \_\_\_\_\_  **Care Credit Card** \$ \_\_\_\_\_  **Gift Certificate** \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

x

Authorized Accountholder Signature (required even if payment made over phone or web) \_\_\_\_\_

Today's Date \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_

Billing Address as it appears on your Credit Card Statement (if different from Home Address) \_\_\_\_\_

**Other Required Information**

\_\_\_\_\_  
Name, Address, and Telephone Number of the nearest relative not living with you

Your credit card will be charged for the amount agreed to at enrollment. Recurring charges will be billed on approximately the same date each month. If for some reason you discontinue your enrollment in our program prior to the storage of the cord blood, you will be refunded all payments except the enrollment fee.