PacifiCord Enrollment Packet

Congratulations on your pregnancy and for making the decision to preserve your unborn child's cord blood. This enrollment packet contains legal agreements between you and PacifiCord Biotech USA, Inc. Please read them carefully. Feel free to discuss this with your family, medical practitioner or an attorney of your choice. It is our goal that you be fully informed in this regard. When you are ready, please sign the following pages where indicated. It is our goal to provide accurate information with integrity in mind to offer you a rewarding experience with the utmost care and respect.

Instructions:
Please complete all of the enclosed sections (1-4) and return them to PacifiCord by either fax or mail. If faxed, please send the original via mail or turn into your PacifiCord representative. If you have questions, please call us at: 1-888-379-2670.

- PacifiCord Fax: (949) 789-0337
- PacifiCord Address:
  Attention: PacifiCord Enrollment
  185 Technology Drive, Suite #150
  Irvine, CA. 92618

Section 1 - Consent and Service Agreements

Section 2 - Authorization to Collect Cord Blood and Maternal Blood

Section 3 - Medical Health Questionnaire

Section 4 - Enrollment and Payment Information

Section 5 - Quality Product Guarantee

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Section 1 – Consent and Service Agreement

Informed Consent

This is an Agreement between Healthbanks Biotech USA, Inc., d.b.a. PacifiCord ("PacifiCord", or "We") and you, the expectant mother ("Client or You"). PacifiCord's services are designed to preserve the blood in your Child's ("the Child") umbilical cord and the placenta at the time of delivery ("cord blood").

Honestly Complete All Forms. You understand that you must read, understand, honestly complete, and sign all of the forms included in this packet in order to receive PacifiCord's services.

You acknowledge that:

- You have received a copy of our $50,000 Quality Product Guarantee _____ *(initial);*
- You will complete a Medical Health Questionnaire as part of the enrollment process;
- PacifiCord is permitted to draw a sample of your blood after delivery of your Child and test it as noted above;
- A review of your medical history and records may be required;
- Your Medical Professional is permitted to collect the cord blood at birth;
- The cord blood collection process does not pose a health risk to you or your Child;
- PacifiCord, or an outside lab, is permitted to test the cord blood as noted above, for infectious diseases;
- That you enter into this Agreement voluntarily;
- PacifiCord cannot perform its services without your full consent; and,

PacifiCord agrees to use reasonable efforts seeking to maintain confidentiality for information provided by you. This provision shall be deemed not to restrict disclosure required by law, requested by any government agency or public authority, inadvertent disclosures due to unintentional release of information, disclosures resulting from media attention, disclosures made by individuals, whether or not employed by PacifiCord, disclosures of information resulting from computer hacking, or any other type of intruder acting without company authorization, release of information to your Medical Professional and any medical associations he or she may be affiliated with, such as the hospital where you will deliver, laboratory, or anyone for the claimed purpose of providing health or medical services to you or your Child, or disclosures to professional consultants or advisors to PacifiCord, or disclosures as part of a potential or actual sale, transfer, or assignment of any or all rights or obligations of PacifiCord under this Agreement.

Your Blood and Your Child's Blood will be Tested. It will be important for PacifiCord to draw some blood from you, the Child's mother, in order to test it for traits that will help confirm whether your Child's blood is eligible for storage. You understand that this may cause you some discomfort or pain, for example that discomfort or pain experienced when the needle is inserted to draw the blood, or the red mark that remains after the needle is removed. You consent to these tests, or arranging for a third party to test your blood and the cord blood. The tests will be for HIV, hepatitis B and C, HTLV, and syphilis, as well as for other conditions required by government regulatory agencies, and/or otherwise related to the suitability of the cord blood for storage. You agree to permit PacifiCord to collect and test your blood within 48 hours of delivery of your Child. If the first test indicates that you carry one of these diseases, a second test will be performed for accuracy. If the test results of your blood sample are confirmed positive for HIV, the cord unit will not be stored. If your blood tests indicate the possible presence of any other infectious agent or the tests are inconclusive, the cord unit will be processed and cryopreserved only with the approval of PacifiCord's Medical Director. We will provide you with the results of these tests. All blood samples may be stored for possible future testing. PacifiCord will provide a complete list of tests to be performed on your blood and the cord blood upon your request.

When PacifiCord's Services May Not be Available. Your health, the health of your Child, and providing a service of value are of utmost importance to us at PacifiCord, and sometimes preserving these values mean that we cannot provide our services to you. For example, whether the cord blood can be safely collected at the time of delivery is entirely the decision of your Medical Professional. If it is not safe for you or your Child, or for any other reason in the sole discretion of your Medical Professional, then the cord blood will not be collected. Further, if the cord blood is made unusable for reasons including, but not limited to, incorrect collection method, the collected cord blood is not returned to PacifiCord for preservation in time, there was not enough time to arrange for PacifiCord's services, wrong delivery place, less than 34 weeks of pregnancy, the amount collected is too small, bacterial, and/or a viral or genetic reason the sample does not meet company standards, then PacifiCord would not be able to provide the level of service you are entitled to, so PacifiCord's service would not be available.

Benefits and Risks. Recently science has been able to enable stem cells to grow into cells of a variety of different types of tissues. Doctors hope to someday be able to grow stem cells into the types of tissue or other cells needed by a patient. Currently, they believe that a person's own stem cells show the greatest potential to be used by that person (as opposed to using someone else's stem cells). As with any new, experimental procedure, there are risks but it is hoped that this technology will be able to be applied to many different medical uses where using the patient's own cells is a benefit, or requirement, in a medical treatment. PacifiCord currently makes no guarantee that these stem cell treatments will work, will be a match for any family member, that any treatments that do exist will apply to your Child, or that your Child will ever need it. Further, there is still the risk that using it could cause organ damage, failure to engraft, disease, complications, illness, and even death. That is why it is important to talk to your doctor about this. Obviously, you are taking steps today that will hopefully be of benefit to your Child in the future on the belief that treatments and science will develop beneficial uses for this cord blood.

Ask Questions. If you have any questions, you can always contact PacifiCord or your physician.

Acknowledgement and Consent. You acknowledge you have read this Service Agreement and Informed Consent, and fully understand its terms, rights, and obligations. Further, that you have been given the opportunity to ask questions about this Agreement and that all of your questions have been answered to your satisfaction.

Parent A/Mother Signature	Date	Parent A/Mother Name Printed
Parent B/Father Signature (Optional)	Date	Parent B/Father Name Printed
Other Client Signature (Adoptive Parent, Legal Guardian, etc.)	Date	Oither Client Name Printed
PacifiCord Representative Signature	Date	PacifiCord Representative Name Printed
PacifiCord Authorized Signature	Date	PacifiCord Authorized Name Printed

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Service Agreement

PacifiCord Provides the Kit. PacifiCord will provide a cord blood collection kit to you to be used following your delivery. We will also provide you with information to give to your Medical Professional who will be collecting the cord blood, whether that is a physician, midwife, or other person you authorize to do this for you ("Medical Professional").

Use of a Medical Professional. Your Medical Professional will collect the cord blood. You will choose your Medical Professional and pay for his/her services. Your Medical Professional shall not be construed to be an agent or employee of PacifiCord. Your Medical Professional is not the agent of PacifiCord and is in no way affiliated with PacifiCord or its parent company. PacifiCord assumes no responsibility for assessing the qualifications of your hospital(s), physician(s), or other Medical Professionals.

Notification upon Collection and Transport of Collected Cord Blood. You are responsible for following the shipping procedures and instructions included in the collection kit. You, your Medical Professional, family, or friend will need to contact PacifiCord as soon as possible once the cord blood has been collected, at 1-888-379-2673. PacifiCord employs its own courier who, once notified, will pick up your cord blood and deliver it directly to our lab. Alternatively, you may use a courier of your choice. Should you do so, you understand that PacifiCord is not responsible for third party courier transport of your collection kit to PacifiCord's facilities. Client agrees that PacifiCord is not liable for loss, destruction to, or deterioration of the cord blood prior to receipt at PacifiCord's facilities.

PacifiCord Will Test the Cord Blood and Your Blood. It will be important for PacifiCord to draw some blood from you, the Child's mother, in order to test it for traits that will help confirm whether your Child's blood is eligible for storage. You consent to these tests, or arranging for a third party to test your blood and the cord blood. Client agrees to give PacifiCord authorization to test maternal blood and/or blood samples and also agrees to release any abnormal test results to the client's primary care physician. The tests will be for HIV, hepatitis, and syphilis, as well as for other conditions required by government regulatory agencies, and/or otherwise related to the suitability of the cord blood for storage. You agree to permit PacifiCord to collect and test your blood after delivery of your Child. Upon delivery to PacifiCord, we will also test the cord blood for the same reasons. Of course, we will provide you with notice of the results of these tests.

PacifiCord Will Preserve and Store the Cord Blood. If the cord blood is suitable for storage, we will process, cryopreserve, and store the cord blood fully immersed in liquid nitrogen at -196° Celsius in the BioArchive® until such time that your Child needs it, or this Agreement terminates, whichever comes first.

Sometimes PacifiCord's Service is not Available. Your health, the health of your Child, and providing a service of value are of utmost importance to us at PacifiCord, and sometimes preserving these values means that we cannot provide our services to you. For example, whether the cord blood can be safely collected at the time of delivery is entirely the decision of your Medical Professional. If it is not safe for you or your Child or for any other reason in the sole discretion of your Medical Professional, then the cord blood will not be collected. Further, if the cord blood is made unusable for reasons including, but not limited to, incorrect collection method, the collected cord blood is not returned to PacifiCord for preservation in time, there was not enough time to arrange for PacifiCord's services, wrong delivery place, less than 34 weeks gestation, the amount collected is too small, bacterial, and/or a viral or genetic reason the sample doesn't meet company standards, then PacifiCord would not be able to provide the level of service you are entitled to, so PacifiCord service would not be available.

If, for any reason, PacifiCord is unable to continue to provide storage services, your sample will be transferred at no cost to you to another facility (as determined by PacifiCord) which is authorized under applicable law to receive and store cord blood.

Rights to Cord Blood. If your Child needs the cord blood, we will release it to you or your Child's authorized physician. You control the rights to the cord blood until your Child's 18th birthday. When your Child reaches the age of 18, we will transfer the rights to the cord blood to him or her, and you agree to this. We will not change our storage price to you or your Child for the 18 years after signing this Agreement.

Support for You. PacifiCord will provide you with client support. Client Services can be reached at 1-888-379-2670.

Your Due Date. You will inform PacifiCord of your due date. It is important that we know this so that we can prepare to give you the best service. Please enroll as early as possible. Less than 5% of babies are born on their due dates.

Keep in Touch. You need to inform PacifiCord of any changes in circumstances that would affect our ability to provide our service to you or your Child, such as a new address, telephone number, or a change in payment information. Client agrees to keep PacifiCord notified of current address and notify PacifiCord in writing of any changes in address throughout the term of this Agreement.

Completion of Forms. It is very important that you agree to read and complete all of the forms in this package. We hope you understand that PacifiCord cannot provide our services to you until you do this, because we want you to be fully informed.

Collection of Cord Blood. It is essential that you arrange for collection of the cord blood with your Medical Professional, remember to bring your PacifiCord Collection Kit to where you are going to deliver, and to use the PacifiCord Collection Kit.

Payment for Services and Termination. You agree to pay all of PacifiCord's fees for the services you request. If your scheduled due date has passed by 30 days and you have not contacted PacifiCord to have the cord blood picked up and stored, your agreement with PacifiCord will be deemed terminated and any money paid will be refunded less the initial $150 deposit. If you fail to make a required payment, we will send you a written notice at the address you provide. If your Child is at least 18 years old, and is making the payments to PacifiCord, we will send a written notice to your Child at the address you or your Child provides. You may terminate this Agreement for any reason upon sixty (60) days advance written notice and have the right to specify the disposition of your cord blood to a designated location or physician which is authorized under applicable law to receive cord blood. If sixty (60) days after notice for payment is sent, the account has not been fully paid, or in the event of your voluntary termination and no instructions are received for disposition, PacifiCord has the right to dispose of the cord blood for value or otherwise, without notice to you. You will not be entitled to any refund or compensation and PacifiCord will

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retain all rights to the cord blood unit. The $150 enrollment fee is NOT refundable.

Refund of Unused Years of Storage. Should you require your child's cord blood prior to the end of your prepaid storage years, a refund in the amount of the unused prepaid years will be issued to you calculated based on the average annual storage fee prepaid.

What Happens When Your Child Needs the Cord Blood. Before your Child reaches the age of 18, you will have the right to request the use of the cord blood. When your Child reaches the age of 18, you will transfer the rights to the cord blood to him or her, and he or she will have the right to request the use of the cord blood. If your Child needs the cord blood, you agree to notify PacifiCord in writing a minimum of two weeks prior to prepare and ship the stored cord blood to a designated location or physician which is authorized under applicable law to receive cord blood. You will arrange for and be responsible for shipping and payment of all transport fees. Upon release of the cord blood to your designated courier, PacifiCord will be released of any and all liabilities including any loss, destruction, or deterioration of the cord blood. If you request any future testing of the cord blood, or related tests, you or your Child agree to pay for it. PacifiCord will then release the cord blood to your shipper and/or cause the test(s) to be performed.

Confidentiality. PacifiCord agrees to use reasonable efforts seeking to maintain confidentiality for information provided by you or your Child. This provision shall be deemed not to restrict disclosure required by law, requested by any government agency or public authority, inadvertent disclosures due to unintentional release of information, disclosures resulting from media attention, disclosures made by individuals, whether or not employed by PacifiCord, disclosures of information resulting from computer hacking, or any other type of intruder acting without company authorization, release of information to your Medical Professional and any medical associations he or she may be affiliated with, such as the hospital where you will deliver, laboratory, or anyone for the claimed purpose of providing health or medical services to you or your Child, or disclosures to professional consultants or advisors to PacifiCord, or disclosures as part of a potential or actual sale, transfer or assignment of any or all rights or obligations of PacifiCord under this Agreement.

No Warranty. You acknowledge that neither PacifiCord, its affiliates, successors, assignees, officers, directors, employees, agents, independent contractors, or subcontractors have made any representations, guarantees or warranties, express or implied, to you of any type or nature, including without limit, the generality of the foregoing, warranties or guarantees (except as stated in PacifiCord's quality product guarantee, enclosed) with respect to (1) the therapeutic, or other value of cord blood, either now or in the future, (2) that your child may ever need the cord blood, (3) the suitability of the cord blood for the use of another family member, (4) the guaranteed success of collecting the cord blood, (5) the suitability of the cord blood for storage, (6) the deterioration, loss, degradation, or spoilage of the cord blood, (7) the merchantability or fitness for a particular purpose or use of any product or service hereunder, (8) or that PacifiCord performs medical services or gives medical advice.

Release of PacifiCord and Hospital. You, on behalf of yourself and your Child, release PacifiCord, its affiliates, its shareholders, directors, officers, employees, agents, affiliates, insurers, professional advisors, service providers, successors, and assignees from any and all liability for any and all loss, harm, damage, or claim of any kind related to the collection, handling, processing, storage, and maintenance of the cord blood or otherwise in connection with the storage services, except for PacifiCord's gross negligence or willful misconduct, as well as any damages whatsoever arising or resulting from the action of others, including your Medical Professional, the hospital staff, and the shipper who transports your Child's cord blood.

Acknowledgement of Release. You, on behalf of yourself and your Child, acknowledge that, by the releases in this Agreement, you give up for you and your Child any right you or your Child may have now or in the future to sue or otherwise seek money damages or other relief against PacifiCord for any reason related to the collection, handling, processing, storage, and maintenance of the cord blood. You, on behalf of yourself and your Child, acknowledge being aware of, or now learning, Section 1542 of the California Civil Code, which provides:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which, if known by him, would have materially affected his settlement with the debtor.

You, on behalf of yourself and your child, waive all rights under Section 1542 of the California Civil Code or similar laws in any applicable jurisdiction, for any claim arising out of or relating to a matter released herein.

Limit on Liability. PacifiCord does not guarantee against any possible loss, degradation, spoilage, contamination, or the like of any portion or all of the cord blood for any reason, including without limitation, as a result of HealthBank's negligence or as a result of circumstances beyond PacifiCord's control such as, without limitation, war, fire, terrorist attacks, power outage, or natural disaster. PacifiCord and its related parties are responsible only for exercising ORDINARY CARE in connection with providing its services herein and will not be liable for any damages other than as described in this paragraph. You, on behalf of yourself and your Child, agree that if PacifiCord is found liable for gross negligence or willful misconduct, the amount of damages you may incur shall be limited to the amount of money paid by you and your heirs, successors, and assignees pursuant to this Agreement. You understand and agree that PacifiCord is not responsible for, and assumes no direct, indirect, punitive, incidental, special, or consequential damages. PacifiCord expressly disclaims any express or implied warranties of merchantability or fitness for a particular purpose.

Indemnification. You, on behalf of yourself and your Child, agree to indemnify, defend, and hold PacifiCord, the hospital, physicians, medical staff, your Medical Professional, and each of their respective shareholders, members, directors, officers, managers, employees, agents, affiliates, insurers, professional advisors, service providers, successors, and assignees harmless from any and all claims, liabilities, demands, and/or causes of action asserted by you or your Child or other person(s) for whose benefit the cord blood is being collected and stored. In no event shall PacifiCord have any obligation to indemnify you or your Child for any claims, damages, liabilities, costs, or expenses arising or resulting, directly or indirectly, out of childbirth or PacifiCord's services to you.

Waiver. This is our Agreement on how we will address any issues that arise between us and, as such, you agree to waive any other legal claims you may have against us that are outside the scope of what we agree to in this Agreement.

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Governing Law, Jurisdiction, and Venue. In the event of a dispute arising from this Agreement or its interpretation, the laws of the State of California shall control. Jurisdiction and venue for any such dispute shall be in the Federal or State courts located in Orange County, California.

Attorney Fees and Costs. In the event of a dispute arising from this Agreement or its interpretation, the prevailing party to such action shall be entitled to collect its reasonable attorney fees and costs incurred in such action from the other party.

Future Laws. In the event the government passes new laws or changes existing ones, you acknowledge PacifiCord's right to change or modify its procedures in order to comply with these new laws or changes to existing laws, and may pass on to, and/or require you to bear some or all of the costs associated with these changes.

Arbitration. All disputes, which arise under this Agreement, shall be referred and resolved by a single arbitrator mutually acceptable to both parties. Arbitration shall be conducted in California. Sections 1280 to 1289 of the California Code of Civil Procedure shall govern.

Your Representations and Warranties. In addition to the other representations and warranties you have made in this Agreement, you represent and warrant that you are the parent of the Child, or the prospective legal guardian of the Child, that you were advised to obtain medical and legal advice prior to signing this Agreement, and that your decision to enter this Agreement and abide by its terms was completely voluntary. In the event you do not become the legal guardian of the Child, this Agreement will terminate; PacifiCord will have the right to dispose or use the cord blood as set forth herein, and your sole remedy will be a refund of amounts you paid to PacifiCord, less $150 which PacifiCord has a right to keep.

Sole Agreement. This is the entire Agreement between you and PacifiCord. Any prior representations, statements, negotiations, omissions, or Agreements that precede this Agreement are integrated into and superseded by this Agreement and are null and void.

Modification. Subject to the paragraph above regarding future laws, this Agreement cannot be modified without the written consent of both parties.

Assignment. PacifiCord may assign this Agreement to any individual, association, partnership, or corporation that is either providing a similar service or intends, subsequent to such assignment, to provide a similar service, whether or not as part of a sale, transfer, or assignment of all or part of PacifiCord's business, or for other reasons or in other circumstances, and PacifiCord shall require that this Agreement remain in full force and effect.

Death or Disability. In the event of your or your Child's death or disability, PacifiCord shall be entitled to rely on the instructions of your or your Child's estate, guardian, conservator, trustee, administrator, or other similar responsible person or successor in interest.

Data Collection and Study. You acknowledge and allow on behalf of yourself and your Child that PacifiCord shall have the right to aggregate data, provide aggregate data to others for any purpose, to use information obtained through services provided to you and/or your Child, for purposes of research, development, marketing, applying for patents, licensing, and other development and use of intellectual property, or know-how, whether or not any of these activities are intended to or actually benefit or generate revenue or profit to PacifiCord. PacifiCord's only obligation to you and your Child is to use reasonable efforts to avoid disclosure of information that specifically identifies you or your Child.

Notice. You may contact us at: 185 Technology Dr., Suite 150, Irvine, California 92618, telephone (888) 379-2670, facsimile (949) 789-0337. We will contact you at the address you provide in this enrollment package, and update.

Force Majeure. If the performance of this Agreement, or any obligations arising under this Agreement, is prevented, restricted, or interfered with by reason of fire, earthquake, flood, or other casualty or accident, strikes, labor disputes, war or other violence, any law, order, proclamation, ordinance, demand, or requirement of any government agency, or any other act or condition beyond the control of PacifiCord, PacifiCord shall not be liable to you or your Child.

Method of Execution. This Agreement will be fully enforceable and binding upon PacifiCord's receipt by online submission, email, or facsimile of your manual signature executing this Agreement and, where required, in its related documents.

Survival. All covenants and Agreements made in this Agreement that, by their terms, require performance after termination of this Agreement, shall survive the termination of this Agreement.

Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall, nevertheless, continue in full force and effect without being impaired or invalidated in any way.

Binding. All of the obligations, terms, provisions, and releases set forth in this Agreement shall be binding upon and inure to the benefit of PacifiCord and you, as well as to each party's respective heirs, personal representatives, successors, and assignees.

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Section 2 - Authorization to Collect Cord Blood and Maternal Blood

I, _____, (Birth Mother/Client) hereby appoint PacifiCord to cryogenically store the umbilical cord blood of my expected child (hereinafter referred to as "my child"). I understand that cryogenic storage of stem cells would require procedures involving collection, transportation, processing, and storage of the umbilical cord blood.

I agree and appoint my Healthcare Professional, _____, to collect my child's umbilical cord blood immediately after delivery at _____ (delivery location) (hereinafter referred to as "the delivery location"). I fully understand that during the course of delivery, my Healthcare Professional will use his or her own medical judgment in dealing with any unpredictable medical event(s) which may affect the collection of my child's umbilical cord blood or my health. As a result, I hereby fully release and discharge the delivery location, my Healthcare Professional, PacifiCord, and/or any of their officers from any liabilities arising out of the collection, delivery, and/or handling of the maternal blood and umbilical cord blood that make the collection unsuccessful or unsatisfactory.

By signing this authorization, I give my permission for the following:

- I agree to allow my Healthcare Professional to collect approximately 18 mL of my peripheral blood for testing.

  _____
  Initials of Birth Mother

- I consent to release any abnormal test results, including HIV, to my Healthcare Professional.

  _____
  Initials of Birth Mother

- I consent to the release of my health information, including infectious disease testing results and my responses provided for the Medical Health Questionnaire, to the recipient's physician should the need arise to use my baby's cord blood.

  _____
  Initials of Birth Mother

Name of Healthcare Professional:_____

Address:_____

Phone:_____ Fax:_____

_____	_____
Signature of Birth Mother	Signature of Client (if other than Birth Mother)
_____	_____
Printed Name of Birth Mother	Printed Name of Client (if other than Birth Mother)
_____	_____
Date	Date

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Client ID:_____

Contract #:_____

Reviewer/Date:_____

Section 3 – Medical Health Questionnaire

To be Completed by Birth Mother or Surrogate

Health of biological mother:	**Mother**	
	Yes	**No**
1) Did conception occur as a result of an *in-vitro* fertilization using either donor sperm, donor ovum, or a surrogate?	❑	❑
2) Are you taking any medications now?	❑	❑
3) Are you having any complications with this pregnancy?	❑	❑
4) Are you having a planned cesarean delivery?	❑	❑
5) Are you in good general health?	❑	❑
6) Have you been diagnosed with an infectious skin disease within the past 2 weeks?	❑	❑
7) Have you had an acute respiratory disease within the past 2 weeks?	❑	❑

In the *past 12 months*, have you or the baby's father:	**Mother**		**Father**	
	Yes	**No**	**Yes**	**No**
8) Had any body piercings, tattoos, or an accidental needle stick?	❑	❑	❑	❑
9) Been a non-prescription drug user?	❑	❑	❑	❑
10) Been exposed to anyone who has been diagnosed with hepatitis?	❑	❑	❑	❑
11) Been incarcerated in a correctional facility for more than 72 hours?	❑	❑	❑	❑
12) Been diagnosed with malaria or exposed in a malarial endemic country?	❑	❑	❑	❑
13) Had sexual contact with someone who is HIV positive or at high risk for AIDS infection?	❑	❑	❑	❑
14) Been diagnosed with a sexually transmitted disease?	❑	❑	❑	❑
15) Been bitten by an animal suspected of having rabies?	❑	❑	❑	❑
16) Had a blood transfusion or undergone an organ transplant?	❑	❑	❑	❑
17) Come into contact with someone else's blood?	❑	❑	❑	❑

Have you or the baby's biological father ever:	**Mother**		**Father**	
	Yes	**No**	**Yes**	**No**
18) Since 1980, received a transfusion of blood in the UK?	❑	❑	❑	❑
19) From 1980-1996, spend time that adds up to 3 months or more in the UK (England, Northern Ireland, Scotland, Wales, Isle of Man, Channel Islands, Gibraltar, or Falkland Islands)?	❑	❑	❑	❑
20) Resided at U.S. military bases in Northern Europe for > 6 months 1980-1990? (Elsewhere in Europe 1980-1996?)	❑	❑	❑	❑
21) Since 1980, spend more than 5 years in Europe?	❑	❑	❑	❑
22) Had head or brain surgery with a transplant with dura mater?	❑	❑	❑	❑
23) Tested positive for Hepatitis B or C, HIV/AIDS, Syphilis, or HTLV?	❑	❑	❑	❑
24) Had Chagas disease, or any other parasitic disease?	❑	❑	❑	❑
25) Had any indications of alcohol abuse?	❑	❑	❑	❑
26) Had active tuberculosis or received therapy for tuberculosis?	❑	❑	❑	❑
27) Had a known coagulation or platelet disorder?	❑	❑	❑	❑
28) Had any medical condition, including malignancy, which would adversely affect the quality of the cord blood?	❑	❑	❑	❑
29) Been turned down as a blood donor or been diagnosed with Creutzfeldt-Jakob disease or West Nile Virus infection?	❑	❑	❑	❑
30) Had unexplained fever, swollen lymph nodes, or purple spots on your skin?	❑	❑	❑	❑
31) Since 1977, lived in Africa or had sexual contact with anyone who lived or was born in Africa?	❑	❑	❑	❑

Have anyone in your maternal or paternal family:	**Mother**		**Father**	
	Yes	**No**	**Yes**	**No**
32) Been diagnosed with Fanconi anemia, aplastic anemia, thalassemia, sickle cell anemia, Hunter syndrome, chronic Granulomatous disease, leukemia, Hurler syndrome, Wiskott-Aldrich syndrome, or any other genetic or inherited disorder?	❑	❑	❑	❑

Please explain any answers that need clarification:_____

_____

I have read and answered the above questions truthfully and to the best of my knowledge.

Print Birth Mother's Name	**Signature of Birth Mother**	**Date**
Print Father's Name	**Signature of Father**	**Date**

Please notify PacifiCord in writing if there is any change concerning your health status up to the date of delivery of your baby.

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Section 4 - Enrollment and Payment Information

For PacifiCord's Use Only:	Client ID #:	Contract #:
Today's Date:	I wish to receive a photocopy of my contract ❑ Yes ❑ NO	❑ New Client ❑ Returning Client

CONTACT INFORMATION

Mother's Full Name:	Social Security #:	Date of Birth: / /
Father's Full Name:	Social Security #:	Date of Birth: / /

Home Address: City *State* *Zip*

Home Phone:	Mother's Work Phone:	Father's Work Phone:	Mother's Cell Phone:	Father's Cell Phone:

Primary E-mail Address: Secondary E-mail Address:

Emergency Contact (other than birth parents): Emergency Contact Phone:

Scheduled Delivery: ❑ Yes ❑ NO	Type of Birth: ❑ **Single** **Multiples:** ❑ Twins ❑ Triplets ❑ Quads	Expected Due Date: / /

How did you hear about PacifiCord?
❑ OBGYN ❑ Hospital ❑ Prenatal Class ❑ Family/Friend ❑ Direct Mail/E-mail ❑ Internet Search ❑ Print Advertisement ❑ Event_____

Name of referring client:

HEALTHCARE PROFESSIONAL (HP)/BIRTH LOCATION CONTACT INFORMATION

HP Name:	HP Phone:	HP Fax:

HP Address: *City* *State* *Zip*

Birth Location Name: *City* *State* *Zip*

PAYMENT INFORMATION

Payment Options: Select one of the payment options below. Please note that financing is available. Please contact your PacifiCord representative for details.

❑ **Full Payment Option #1:** One Year Plan		❑ **Full Payment Option #2:** 18 Year Plan	
Enrollment Fee:	$150	Enrollment Fee:	$150
Processing:	$2,000	Processing:	$2,000
First Year of Storage:	$150	18 Years of Storage:	$2,700
Special Adjustments:	_____	Special Adjustments:	_____
Subtotal:	_____	Subtotal:	_____
Today's Deposit/Enrollment Fee: Less	_____	Today's Deposit/Enrollment Fee: Less	_____
Balance Due:	_____	Balance Due:	_____

Applies to Option #1 and Option #2:
Enrollment Fee/Deposit: ❑ Cash ❑ Check (make payable to PacifiCord) ❑ Credit Card (provide credit card information below)
Balance: ❑ Cash ❑ Check (make payable to PacifiCord) ❑ Credit Card (provide credit card information below)

❑ **Financing Payment Option #3:**

Month Option:_____Included Years of Storage:_____Today's Deposit/Enrollment Fee:_____

Monthly Payment Amount:_____**Enrollment Fee/Deposit**: ❑ Cash ❑ Check (make payable to PacifiCord) ❑ Credit Card (provide credit card information below)

Monthly payment to be paid by: ❑ Credit Card (provide credit card information below) ❑ Auto Debit from Bank Account (contact PacifiCord for auto pay form)_____

NOTES:

Credit Card Information and Authorization: I authorize PacifiCord to bill the following credit card: ❑ Visa® ❑ Master Card® ❑ American Express® ❑ Discover®

Card Number:	Name on Card:	
Signature:	Expiration Date:	Security Code:
Billing Address (if different from above):		

*** Fees noted above apply to single birth, U.S. customers only. Prices are subject to change. Cancellations prior to processing and storage are subject to the $150 initial enrollment fee.**

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PacifiCord's Quality Product Guarantee

PacifiCord takes pride in the commitment we have for both our clients and the transplant physicians who help save lives. Therefore, we offer the following quality product guarantee:

If the cord blood stem cells processed and stored by PacifiCord are used in a hematopoietic stem cell transplant following standard, recognized medical practices and they do not engraft, PacifiCord will refund all service fees paid to PacifiCord and pay $50,000 to the legal owner of the cells per the PacifiCord Enrollment Agreement.

H.K. Chang
Chairman, PacifiCord

Paul V Holland, MD
Medical Director, PacifiCord

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Terms and Conditions of PacifiCord's Quality Product Guarantee:

1. Definition of Engraftment:
   Engraftment is defined as achieving a peripheral blood absolute neutrophil count of 500 per microliter for three consecutive measurements with the first of the three measurements occurring within 100 days of transplantation. The engraftment must be of donor origin.

2. Documentation Requirements:
   a. Signed statement from the treating transplant physician attesting to the fact that the transplant did not engraft as described above, along with supporting medical records documenting proof of non-engraftment.
   b. Proof of notification of payment, including amount paid, to all third-party payers responsible for payment of any fees associated with the collection, processing, storage, or transplant of the cord blood.

3. The PacifiCord Guarantee is not available to:
   a. Individuals residing in Missouri, Oklahoma, or Rhode Island.

4. Additional Information:
   a. PacifiCord reserves the right to make changes to this guarantee at any point in time. If changes are made to this guarantee, you will be notified at your address of record.
   b. The PacifiCord Guarantee is void where prohibited by law.
   c. Any applicable federal, state, or local taxes associated with the payments defined herein are the sole responsibility of the client.
   d. PacifiCord does not guarantee a favorable outcome or lack of adverse events for any stem cell transplantation with its units or units from any other cord blood bank.
   e. PacifiCord also does not guarantee that an unrelated cord blood product that is identified for your family will be deemed acceptable to the transplant physician or transplant center, since each transplant is a complex decision.

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