



CORD BLOOD AND CORD TISSUE BANKING REGISTRATION

CCS.001-11-EXT V1.0 Effective Date: 2023-06-01

Hello Parents!

Thank you for choosing Progenics Cord Blood Cryobank, and for allowing us to be a part of this wonderful journey!

Progenics is a reputable global leader for umbilical cord blood and cord tissue banking. We are a FACT and AABB Accredited, Health Canada and FDA Registered facility. Our consistent, high-quality processing and storage techniques have led to multiple successful transplants.

We are here for your family should a medical need arise – though we hope that day never comes!



AABB Accredited



Health
Canada
Registration No. 100098



IN SUPPORT OF
SickKids

IN SUPPORT OF
**NORTH YORK
GENERAL
FOUNDATION**

LET'S GET STARTED

Please complete and return the following registration documents to Progenics PRIOR to the collection of Cord Blood and Cord Tissue:

- ✓ Registration Form
- ✓ Cord Blood and Cord Tissue Banking Agreement
- ✓ Confidential Health History
- ✓ Banking Fees
- ✓ Pre-Authorized Payment Form
- ✓ Physical Examination Form

Completed documents may be returned to us by:

Email: info@progenics.ca

Mail: 701 Sheppard Avenue East, Suite 310, Toronto, Ontario, M2K 2Z3

Fax: 416-221-9727

For more information, please call us at 416-221-1666 (1-866-921-1666), or visit our website at www.progenics.ca.

FOLLOW US!



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@Progenics



REGISTRATION FORM

CCS.001-12-EXT V1.0 Effective Date: 2023-06-01

* Indicated fields that are mandatory

Mother's Information, Parent 1	
*First & Middle Name(s) <small>As appears on Health Card</small>	
*Last Name <small>As appears on Health Card</small>	
*Race/ Ethnic Background <small>Required by Health Canada</small>	
*Expected Due Date	yyyy – mm – dd
*Mother's Date of Birth	yyyy – mm – dd
*Address	
*City	
*Province/State	
*Postal/Zip Code	
*Country	
*Phone Number	() -
*Email Address	

Spouse's Information, Parent 2 (If Applicable) <input type="checkbox"/> N/A	
*First & Middle Name(s)	
*Last Name	
*Race/ Ethnic Background <small>Required by Health Canada</small>	
*Phone Number	() -
*Email Address	

Emergency Contact's Information (Optional) <input type="checkbox"/> N/A	
*First & Last Name(s)	
*Relationship to Parents	
Address	
*Phone Number	() -
*Email Address	

Healthcare Provider Information	
*Delivery Hospital	
*Hospital Address	
* <input type="checkbox"/> OB/GYN <input type="checkbox"/> Midwife	
*OB/GYN or Midwife's Phone Number	
*Family Physician	
*Family Physician's Phone Number	

How did you hear about Progenics?
<p>Please help us continue raising awareness about the importance of banking Cord Blood and Cord Tissue stem cells. * Please select all that applies:</p> <p><input type="checkbox"/> Personal Research</p> <p><input type="checkbox"/> Referral Program (don't forget to apply your Referral Discount) Referrer's Name _____ Referrer's Phone Number: _ () - _____</p> <p><input type="checkbox"/> Doctor/Midwife Recommendation</p> <p><input type="checkbox"/> 3D/4D Ultrasound Clinic – Please specify: _____</p> <p><input type="checkbox"/> Google Reviews</p> <p><input type="checkbox"/> Social Media – Please specify: _____</p> <p><input type="checkbox"/> Hospital/ L&D Nurse Recommendation</p> <p><input type="checkbox"/> Prenatal Class – Please specify: _____</p> <p><input type="checkbox"/> Baby Show</p> <p><input type="checkbox"/> Returning Client (welcome back!)</p> <p><input type="checkbox"/> Other – Please specify: _____</p> <p>Thank you!</p>

For Progenics Office Use Only		
Registration Mode: <input type="checkbox"/> Emergency Kit <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In-Person <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Registration Completed by (Name & Signature):	Registration Date: yyyy – mm – dd



CORD BLOOD AND CORD TISSUE BANKING AGREEMENT

CCS.001-7-EXT V1.1 Effective Date: 2023-06-01

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

Between: _____ , _____
Mother (Parent 1) Spouse (Parent 2)
Please print full names, as appears on Health Card

(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 Umbilical Cord Tissue stem cells** (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: The Child's Cord Blood or Cord Blood and Cord Tissue is/are to be collected and sent to Progenics for processing, testing, cryopreservation (freezing) and storage.

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 fully complete all documents required by Progenics.

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

1. Acknowledgements

The Parent(s) acknowledge that:

- (a) 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.
- (b) Progenics maintains linkage between the Maternal, Infant donor (the Child) and the Product(s) using a unique identifier in compliance with ISBT 128 standard requirements.
- (c) The Child, once reached the age of majority (18 years of age), will assume all rights, title and interest (including intellectual property rights) of the Product(s).
- (d) 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, 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) the Product(s) is strictly between the Parent(s) or the Child, and their treating physician (for related use). The release of the Product(s) will be limited to the donor family, intended recipient or infant donor (related use only). There is no guarantee that the Child or other family members will need to use the Product(s).
- (e) At Progenics, quality is of utmost importance. Therefore, if the yield of Total Nucleated Cells (TNCs) from processing (rounded to the nearest whole number), is less than eighty-five percent (85%), the Parent(s) shall be entitled to free processing of the Child's Cord Blood. This guarantee only applies to samples which are collected, shipped, and received according to applicable acceptance criteria specified in Progenics' Standard Operating Procedures.



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- (f) There will be no guarantee as to the outcome of any medical treatment using the Product(s) and that certain illnesses and stem cell transplantation procedures contain risks and outcomes unrelated to stem cell quantity, quality or storage procedure.
- (g) Progenics retains the right to follow up with the Mother or relevant healthcare provider at a future date.
- (h) 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, "Liability". In the future, better ways of treating diseases may arise and render the stored Product(s) unnecessary.
- (i) There will be no guarantee that the minimum Cord Blood volume requirement will be collected as it may not be feasible at the time of delivery.
- (j) There can be no guarantee that the Product(s) will survive the collection, transportation, processing, cryopreservation or thawing procedures.
- (k) The Product(s) may be found to contain inadequate numbers of nucleated and/or viable stem cells for use in treatment of diseases. Successful collection, processing, cryopreservation and storage of the Product(s) do not guarantee successful treatment(s).
- (l) 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 (PIPEDA) and Personal Health Information Protection Act (PHIPA).

2. Collection and Transportation Procedures

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

The selection of the healthcare provider and delivery hospital for collecting and packaging the Product(s) is solely the Parent(s)' responsibility. It is therefore the healthcare provider's responsibility to collect the Product(s) according to the provided "Cord Blood Collection Instructions" and "Cord Tissue Collection Instructions" located inside the collection kit.

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, whose decision will be binding on the Parent(s). The primary consideration during childbirth will be the health of the 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 should any potential risks be identified.

After collection, the Product(s) must be kept at the temperature indicated on the collection kit 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 collected Cord Blood must reach the Progenics laboratory AS SOON AS POSSIBLE and be cryopreserved within 48 hours of the collection time, to improve the chance of achieving a high yield of recovered total nucleated cells.

3. Processing and Storage of the Product(s)

It has been proven that the Product(s) remain viable after being cryopreserved for over thirty (30) years. Theoretically, the Product(s) can be stored in liquid nitrogen indefinitely at a temperature below or equal to -150°C.

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) or the Child 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.



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The Parent(s) or the Child will accept financial responsibility for all fees involved, including a Product(s) retrieval fee of \$145 plus tax. Parent(s) or the Child acknowledges that accreditation is not transferred with the Product(s).

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) or the Child with a "Cord Blood Release Request Form". This form must bear the Parent(s)' signature, or the signature of the Child's legal guardian, and, if applicable, the signature of the Child from whom the Product(s) was obtained. 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. Progenics will assist in preparing the Product(s) for shipment. Progenics will be responsible for paying all shipping costs relating to the release of the Product(s).

Use of the Product(s) must be carried out under the supervision of a licensed healthcare provider. After retrieval of the Product(s) from storage and prior to use, supplemental testing may be required, whether by a healthcare provider, applicable Health Canada regulations or other applicable accreditation standards.

The Parent(s) or the Child agrees that Progenics will not release the Product(s) without written consent by the Parent(s) or by the Child. The Parent(s) or the Child are responsible for any outstanding storage fees if unpaid at this time. By retrieving the Product(s) from storage, and assuming all risks involved in transporting it to another facility, the Parent(s) or the Child 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). All accreditation achieved by Progenics Cord Blood Cryobank does not transfer with the Product(s) upon retrieval. Once the Product(s) have been distributed from storage at Progenics Cord Blood Cryobank, the Product(s) will not be accepted back into inventory.

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

This Agreement becomes effective on the date that the Parent(s) register with Progenics and shall remain in effect for the term thirty (30) years.

The Parent(s) or the Child must notify Progenics of any changes in contact information such as address, email address, or contact phone numbers.

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 choose to withdraw consent to collect the Product(s) prior to delivery. In such circumstances, Progenics will refund the applicable fees.

Progenics reserves the right to reject any Product(s) due to low volume, low cell count, bacterial contamination, positive transmissible disease results, the lack of test results, or the late arrival of the Product(s).

Certain testing of the Product(s) and Maternal Blood are required to be performed, in order: (i) for Progenics authorized personnel to 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 healthcare provider by Progenics' Medical Director, and that the healthcare provider or Progenics' Medical Director may determine that the Product(s) is/are ineligible for banking. Such decisions will be binding on the Parent(s). Furthermore, results indicating maternal blood positive for high risk infectious diseases are required to be reported to the government agencies by the testing laboratory.

This Agreement shall be terminated if eligibility tests indicate that the Product(s) is/are 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.

The Parent(s) or the Child may terminate this Agreement at any time upon completion of applicable required documents provided by Progenics, which must include a direction to: (i) discard the Product(s); (ii) donate to Progenics' Foundation or (iii) transfer the Product(s) to another facility. If the Parent(s) or the Child do not provide Progenics with one of the foregoing directions within sixty (60) days of termination of this Agreement, the Parent(s) or the Child agree that:



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- (A) All rights, title and interest (including any intellectual property rights) that the Parent(s) or the Child may have in the Product(s) will be transferred to Progenics.
- (B) Progenics will own all such rights, title and interest and the Parent(s) or the Child hereby authorize Progenics to, at its sole discretion, destroy the Product(s) or use it for Progenics' Foundation.
- (C) Progenics shall have all rights to transfer the stored Product(s) to another cord blood bank.

After termination of the Agreement, Progenics is released of all liabilities and Progenics will have no further obligations to the Parent(s) and the Child.

7. Fees

Progenics charges fees for the registration, collection kit, processing, testing, and storage of the Product(s). The Parent(s) have been provided with Progenics' "Schedule of Fees for Cord Blood Banking" and/or "Schedule of Fees for Cord Blood and Cord Tissue Banking". The Parent(s) agree to pay the fees in accordance with the payment option agreed upon and in effect at the time of registration. These fees will be honoured for the time selected during registration and may change without prior notice.

If the fees are not paid according to the selected payment option, the Product(s) and/or the Maternal Blood will not be tested, processed, cryopreserved or transferred to permanent storage.

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

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, in such circumstances, the remaining storage fees accrued after the date of distribution from Progenics, will be refunded.

The Parent(s) agree to pay all courier costs that are associated with the transportation of: (i) the Collection Kit to the Parent(s) and (ii) the Product(s) to Progenics' Processing Laboratory after collection.

The healthcare provider and/or delivery hospital may charge a fee for the collection of the Product(s) and/or the Maternal Blood. It is the Parent(s)' responsibility to inquire about such fees and pay accordingly.

In the event where Cord Blood or Cord Tissue collection is not successful, the Parent(s) will be entitled to a full refund of all fees paid to Progenics.

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, and handling of the Product(s) and Maternal Serology, except with respect to claims based on willful misconduct or gross negligence; 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.

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 Blood Samples before the Product(s) and/or Maternal Blood Samples is received by Progenics at its premises, including damages, costs or claims relating to shipping and/or transportation of the Product(s) and/or Maternal Blood Samples; and (ii) any fees owed to the Parent(s)' healthcare provider pertaining to the collection of the Product(s) and/or Maternal Blood Samples. 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.



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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 minimum volume of Cord Blood that can be processed and stored is 10 mL or higher. Progenics will contact you (within 24 hours of delivery) for your final decision as to whether the Cord Blood should be processed and stored. The Cord Blood will be discarded if you cannot be reached within 48 hours of delivery.

If the volume of the Cord Blood collected (rounded to the nearest whole number) is less than 20 mL, the Parent(s) will be provided a 50% discount on the Cord Blood storage fees. The 50% discount will apply until the end of the contract term, thirty (30) years.

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

The Parent(s) have asked questions regarding Umbilical Cord Blood and 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 the Child's Cord Blood or Cord Blood and Cord Tissue subject to the terms of the service rendered in this Agreement.

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

_____	_____
Print Mother's (Parent 1) Full Name As appears on Health Card	Mother's (Parent 1) Signature
_____	_____
Print Spouse's (Parent 2) Full Name	Spouse's (Parent 2) Signature
_____	_____
Print Progenics Representative's Full Name	Progenics Representative's Signature



CONFIDENTIAL HEALTH HISTORY

CCS.001-8-EXT V1.1 Effective Date: 2023-06-01

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

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 or cord blood and cord tissue banking.

For any "Yes" answers (except questions #2 and #3), please provide details under "Comments".

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? If any, please indicate the name and dosage (please include any prenatal vitamins).	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Do you currently have any sexually transmitted infections?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Have you, your baby's father, or your baby's siblings ever:			
8.1 Required chronic blood transfusions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.2 Been diagnosed with any inheritable deficiencies of the immune system, or inheritable predisposition (tendency) to infection?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.3 Been diagnosed with any type of cancer (e.g., Leukemia)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Have you had, or are you aware of your baby's father or any family having had, any of the following diseases or family traits? If any, please indicate the family member.			
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 having had, any of the following hereditary diseases or family traits? If any, please indicate the family member.			
10.1 Red blood cell diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.2 White blood cell/immune deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	Yes	No	Comments
10.3 Platelet diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.4 Metabolic/storage disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.5 Creutzfeldt-Jakob disease (CJD), prion-related disease, or a neurological disease with an unknown cause?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.6 A history of dementia or degenerative neurological disorder of viral or unknown cause?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Have you:			
11.1 Been refused as a blood donor or told not to donate blood?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.2 Had cancer, a blood disease or bleeding problem?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.3 Had 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 Had a dura mater transplant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.6 Been given human-derived pituitary growth hormones within the following time frames?			
11.6.1 Prior to 1986, if treated in Canada or the USA?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.6.2 If treatment took place in another country anytime that the human-derived growth hormone was available for therapeutic use in that country?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.7 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 Previously been diagnosed with a hematologic malignancy (e.g., Leukemia or Lymphoma) or with melanoma?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.10 Had an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.11 Had a tissue transplant from someone other than yourself?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.12 Had active encephalitis or meningitis of viral or unknown origin?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.13 Had HTLV-I or HTLV-II?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.14 Had a history of infection with HIV, clinically active HCV, clinically active HBV, and/or Syphilis?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.15 Ever received human-derived clotting factor concentrates for hemophilia or related clotting disorders?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.16 Had malaria?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.17 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"/>	_____

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	Yes	No	Comments
11.1 In the past 28 days , have you travelled to Mexico, the Caribbean, Central America or South America?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.2 Had any diagnosis of a Zika infection at any point during this pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.3 Resided in, or travelled to an area with active Zika transmission at any point during this pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.4 In the past 12 weeks , had contact with someone who had a smallpox vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. In the past 14 days , have you or anyone in your household, been asked to be placed under observation or quarantine by Public Health, due to a potential or confirmed case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Have you:			
13.1 In the past 6 months , had rabies or, been bitten by an animal and treated as if the animal were rabid?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.2 Had sexual contact at any point during this pregnancy, with a male who is known to have either of the risk factors listed below?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.2.1 Medical diagnosis of Zika infection?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.2.2 Resided in, or travelled to, an area with active Zika transmission?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.3 Had a history of intranasal cocaine use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. In the past 5 years , have you:			
14.1 Used a needle for intravenous, intramuscular, or subcutaneous injection of drugs for nonmedical use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.2 Had sex in exchange for money or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.3 Had sex with any male who has had sex with another male?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. In the past 12 months , have you:			
15.1 Been outside Canada or the USA? If so, please specify the country and the travel dates.	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.2 Been treated for any travel-related illness after your return to Canada?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.3 Received blood from someone other than yourself?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.4 Had close contact with a person with yellow jaundice or clinically active viral hepatitis, or been given Hepatitis B 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"/>	_____
15.5 Had sex with anyone who is suspected to have HIV, clinically active HBV, clinically active HCV or syphilis?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.6 Had sex with anyone who has used a needle for intravenous, intramuscular or subcutaneous injection of drugs for nonmedical use?	<input type="checkbox"/>	<input type="checkbox"/>	_____



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	Yes	No	Comments
15.7 Had sex with anyone who has had sex in exchange for money or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.8 Received any shots or vaccinations? If any, please specify the type of shots or vaccinations, as well as the dates they were received on.	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.8.1 Received any unlicensed vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.9 Had a tattoo, ear or skin piercing, acupuncture, or an accidental needle stick injury?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.10 Been an inmate of a correctional facility, jail or prison or been incarcerated for more than 72 consecutive hours?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.11 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"/>	_____
16. Have you:			
16.1 Spent a total of 3 months or more in the United Kingdom (UK) from the beginning of 1980 through the end of 1996?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.2 Spent a total of 5 years or more in Europe from 1980 to the present?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.3 Spent a total of 3 months or more in France from the beginning of 1980 through the end of 1996?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.4 Received any blood or blood component transfusions in the UK, France or elsewhere in Europe since 1980?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.5 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"/>	_____
17. In the last 21 days , have you:			
17.1 Had any diagnosed infections?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.2 Had any undiagnosed febrile illness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.3 Been diagnosed with WNV (West Nile Virus)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.3.1 Been aware of anyone in your geographical area diagnosed with a WNV infection?	<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.

yyyy - mm - dd

Print Mother's Full Name
As appears on Health Card

Mother's Signature

Date



BANKING FEES

CCS.001-9-EXT V1.1 Effective Date: 2023-06-01

Option 1: Cord Blood Banking

	One Baby			Twins		
INITIAL FEES Includes: Registration, Collection Kit, Double Processing and Testing	<input type="checkbox"/> \$1150			<input type="checkbox"/> \$1800		
STORAGE FEES (Please Select One) It has been proven that cord blood can be stored for over 30 years. Storage fee is non-refundable once cord blood is successfully stored.	Annual	18 Years	30 Years	Annual	18 Years	30 Years
	<input type="checkbox"/> \$150	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$3030	<input type="checkbox"/> \$300	<input type="checkbox"/> \$3980	<input type="checkbox"/> \$6040
TOTAL (Canadian Dollars; Excluding HST) Includes initial fees and storage fees for the option you have selected.	\$1300	\$3150	\$4180	\$2100	\$5780	\$7840

DISCOUNTS:

- Returning Client (\$150 discount)
- Referral Program (1 free year of storage applied to your registration, and 1 free year of storage applied to your referrer's account)
- Other (Please specify): _____

Discounts may not be combined. Other restrictions may apply.

PAYMENT OPTIONS	
<input type="checkbox"/> One-time payment	Due at registration
<input type="checkbox"/> 6 Installment payments (\$45 administration fee will apply)	1 st due at registration 2 nd to 6 th payment starting when your baby's cord blood is processed (Monthly)
<input type="checkbox"/> 12 Installment payments (\$90 administration fee will apply)	1 st due at registration 2 nd to 12 th payment starting when your baby's cord blood is processed (Monthly)

COLLECTION KIT DELIVERY & SAMPLE PICK UP
Hospitals in the Toronto Area - Complimentary for collection kit delivery and sample pick up from the hospital.
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, however Progenics will subsidize a portion of the fee. Please contact Progenics to obtain a quote for the courier fee.

Please note:

- In the event where cord blood collection is not successful, the Parent(s) will be entitled to a full refund of all fees paid to Progenics.
- 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.

BANKING FEES

CCS.001-9-EXT V1.1 Effective Date: 2023-06-01

Option 2: Cord Blood and Cord Tissue Banking

	One Baby			Twins		
INITIAL FEES Includes: Registration, Collection Kit, Double Processing and Testing	<input type="checkbox"/> \$1810			<input type="checkbox"/> \$2990		
STORAGE FEES (Please Select One) It has been proven that cord blood can be stored for over 30 years. Storage fee is non-refundable once cord blood and cord tissue are successfully stored.	Annual	18 Years	30 Years	Annual	18 Years	30 Years
	<input type="checkbox"/> \$290	<input type="checkbox"/> \$3525	<input type="checkbox"/> \$4920	<input type="checkbox"/> \$580	<input type="checkbox"/> \$7050	<input type="checkbox"/> \$9840
TOTAL (Canadian Dollars; Excluding HST) Includes initial fees and storage fees for the option you have selected.	\$2100	\$5335	\$6730	\$3570	\$10,040	\$12,830

DISCOUNTS:

- Returning Client (\$250 discount)
- Referral Program (1 free year of storage applied to your registration, and 1 free year of storage applied to your referrer's account)
- Other (Please specify): _____


Discounts may not be combined. Other restrictions may apply.

PAYMENT OPTIONS	
<input type="checkbox"/> One-time payment	Due at registration
<input type="checkbox"/> 6 Installment payments (\$45 administration fee will apply)	1 st due at registration 2 nd to 6 th payment starting when your baby's cord blood is processed (Monthly)
<input type="checkbox"/> 12 Installment payments (\$90 administration fee will apply)	1 st due at registration 2 nd to 12 th payment starting when your baby's cord blood is processed (Monthly)

COLLECTION KIT DELIVERY & SAMPLE PICK UP
Hospitals in the Toronto Area - Complimentary for collection kit delivery and sample pick up from the hospital.
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, however Progenics will subsidize a portion of the fee. Please contact Progenics to obtain a quote for the courier fee.

Please note:

- In the event where cord blood and/or cord tissue collection are not successful, the Parent(s) will be entitled to a full refund of all fees paid to Progenics.
- 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.



PROGENICS
CORD BLOOD CRYOBANK

PRE-AUTHORIZED PAYMENT FORM
CCS.001-10-EXT V1.1 Effective Date: 2023-06-01

Pre-authorized Payment Options (Please Select All Applicable Options):

One-time Payment (for new registrations only)

- Includes: Initial Fees and selected Storage Payment option (full payment due at registration).
- Credit card information will not be kept on-file, unless "Annual Storage Renewal Payments" option is selected below.

Installment Payments (for new registrations only)

- Includes: Initial Fees and selected Storage Payment option (due according to the Payment Option selected in *Banking Fees*).
- Credit card information will only be kept on-file until all installments are processed; unless "Annual Storage Renewal Payments" option is selected below.

Annual Storage Renewal Payments

- Credit card information will be kept on-file for upcoming annual storage renewal payments.
- A storage renewal notice will be e-mailed to you approximately one month prior to the payment due date. You may contact us at any time to update the credit card information, or to opt out of the pre-authorized payment program.

Mother's First & Middle Name (s) _____	Mother's Last Name (s) _____
Address _____	City _____
Province/State _____	Postal/Zip Code _____ Country _____
Phone Number () - _____	
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. I will notify Progenics of any changes to my credit card.

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

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

EMAIL TO:
info@progenics.ca

FAX TO:
416-221-9727