



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 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!



### **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](mailto:info@progenics.ca)

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

Fax: 416-221-1642

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

### **FOLLOW US!**



@ProgenicsCyrobank



@ProgenicsCryobank



@ProgenicsCB



@Progenics

\* Indicated fields that are mandatory

Mother's Information, Parent 1	
*First & Middle Name(s) As appears on Health Card	
*Last Name As appears on Health Card	
*Race/ Ethnic Background Required by Health Canada	
*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	

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	

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

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&amp;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

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

(Day)

(Month)

(Year)

Between: \_\_\_\_\_,  
(Parent 1) (Parent 2, if applicable)

*Please print full names, as they appear on the Health Card*  
(hereinafter collectively "the Parent(s)")

– AND –

Progenics Cord Blood Cryobank Inc (hereinafter called Progenics)

This Agreement outlines the terms under which Progenics will provide Collection Materials and Processing, Testing, Documentation and Storage services for the harvesting of Stem Cells from the Umbilical Cord Blood, and/or Umbilical Cord Tissue and/or Placental Tissue (collectively referred to as "Biological Material") obtained the Child.

In consideration of payment by the Parent(s) and/or the Child as the case may be of the below described fees, and of the provision by Progenics of the below described services, and of other good and valuable consideration, the sufficiency and receipt of which is hereby acknowledged, the parties agree to the following:

The Parents will arrange for the collection of the Biological Material at the time of birth of the Child and will send it to Progenics for processing, testing, cryopreservation (freezing), and storage.

The Parent(s) are responsible for ensuring the full completion of all documents required by Progenics. The Parent(s) understand the importance of completing the Confidential Health History form and acknowledge that the completed form must be submitted to Progenics. Furthermore, the Parent(s) acknowledge that failure to complete the Confidential Health History form may result in the Stem Cells being unusable for future transplantation or other medical purposes.

Initial(s):

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## 1. Collection and Transportation Procedures

Progenics will provide the Parent(s) with a collection kit for the collection of the Biological Material 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 Biological Material is solely the responsibility of the Parent(s). Therefore, it is the healthcare provider's responsibility to collect the Biological Material according to the provided "Cord Blood Collection Instructions" and "Cord Tissue Collection Instructions" and "Placental Tissue Instructions" located inside the collection kit.

Progenics provides no representation or assurance that the Biological Material will be collected. The decision to collect the Biological Material will be made by the healthcare provider at the time the Child is born, and their decision will be binding on the Parent(s). The primary consideration during childbirth will be the health of the Mother and the Child, and circumstances may be such that it is in the Mother's and/or the Child's best interests that the Biological Material not be collected should any potential risks be identified.

After collection, the Biological Material must be kept at the temperature indicated on the collection kit at the birthing facility and while being transported to Progenics. It is the responsibility of the Parent(s) to notify the designated courier and Progenics immediately after the Biological Material is collected, as specified in the instructions from Progenics. The collected Biological Material must reach the Progenics laboratory **AS SOON AS POSSIBLE** to improve the chance of achieving a high yield of recovered total nucleated cells.

## 2. Processing and Storage of the Stem Cells

Progenics will process the Biological Material and harvest Stem Cells from it. There is no guarantee that this process will be successful. Certain components of the Biological Material, 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 in accordance with Ontario's regulations for the management of biological waste.

## 3. Ownership of the Stem Cells

Subject to an assignment / transfer of ownership, the Biological Material and the Stem Cells extracted from it are owned by the Parent(s) who enter this agreement. Once the Child reaches the age of majority

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(18 years of age), the Parent(s) may decide at any time to transfer ownership of the Stem Cells to the Child. To transfer ownership of the Stem Cells, the Parent(s) and the Child must complete the Transfer of Ownership Agreement. On completion of the Transfer of Ownership Agreement, the Child will then assume all rights, title, and interest in the Stem Cells and will assume all obligations under this Agreement. The transferee will be responsible for any further payments required under this Agreement and any Renewal Agreement. A \$50 transfer fee, payable by the transferor, will apply when transferring ownership of the Stem Cells to others.

In the event of any dispute concerning the ownership of the Biological Material and/or the Stem Cells, the parties agree that such dispute will be resolved and determined in accordance with the Alternate Dispute Resolution provisions of this agreement as described in Article 10 below.

#### **4. Retrieval of the Stem Cells from Storage**

If the Stem Cells are required for treatment and need to be retrieved and released from storage, Progenics will provide the Parent(s) and/or the Child as the case may be with a "Release Request Form." This form must bear the signature of the Parent(s) and/or of the Child's, as the case may be. Progenics will assist in preparing the Stem Cells for transport. The individual requesting the release of the Stem Cells is responsible for all associated shipping costs. The Parent(s) and/or the Child as the case may be will accept financial responsibility for all fees involved in the preparation and transport of the Stem Cells, including a retrieval fee of \$300 plus tax.

Use of the Stem Cells must be carried out under the supervision of a licensed healthcare provider. After retrieval of the Stem Cells from storage and before use, supplemental testing may be required, whether by a healthcare provider, applicable Health Canada regulations, or other applicable accreditation standards.

The primary intent of the Parents is to use the Stem Cells harvested from the Biological Material for the benefit of the Child. However, based on current scientific information, the Stem Cells may be of benefit for others including the Parent(s) or any one of them or the siblings of the Child. Before using the Stem Cells for the benefit of anyone other than the Child (prior to the Child acquiring ownership of the Stem Cells), the Parents will obtain the consent of the Child who will be afforded the opportunity to obtain independent legal advice. If the Child lacks capacity to give consent, then the Parents will take reasonable steps to obtain independent legal representation for the Child.

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If the Parent(s) and/or the Child, as the case may be, decide to transfer the Stem Cells to another cord blood/tissue bank for storage, they will be responsible for making arrangements with the other bank for shipment of the Stem Cells. Progenics will only assist in preparing the Stem Cells to be picked at its storage. The Parent(s) and/or the Child as the case may be will pay to Progenics all fees required by this agreement, including a retrieval fee of \$300 plus tax

The Parent(s) or the Child as the case may be agree(s) that Progenics will not release the Stem Cells without the written consent by the Parent(s) and/or the Child as the case may be. The Parent(s) or the Child as the case may be are responsible for any outstanding fees, which must be paid in full before release of the Stem Cells. By retrieving the Stem Cells from storage and by transporting them to another facility, the Parent(s) and/or the Child and the receiving entity (to which the Stem Cells are released or transferred) undertake and agree to indemnify Progenics and hold it harmless in respect of any claims, losses or damages arising in connection with the transferred Stem Cells. Once the Stem Cells are transferred from storage at Progenics, the Parent(s) and/or the Child understand, acknowledge and agree that the Stem Cells will not be accepted back into Progenics storage.

## 5. Payment and Fee Terms

Progenics charges fees for the registration, collection kit, transportation, processing, testing, and storage of the Biological Material and the Stem Cells. The Parent(s) acknowledge receiving 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 the fees associated according to these schedules in effect at the time of registration or as amended from time to time in accordance with this agreement.

In the event that Stem Cell harvesting is unsuccessful and the unused kit is returned, the Parent(s) will be entitled to full refund of all fees paid to Progenics.

Fees are applicable for the selected duration at the time of registration and are subject to change without prior notice. Failure to adhere to the selected payment option will result in the Biological Material and/or the Stem Cells not being sent out for testing, processing or storage. The Parent(s) and/or the Child will pay the necessary storage fees, including any renewal fees, with applicable taxes, according to the agreed-upon storage payment option before or on the payment due date. Storage fees for each storage option offered by Progenics are non-refundable once the Stem Cells have been successfully stored. The annual storage renewal date corresponds to the Child's birth date. Should the fees not be paid according

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to the selected payment option within 90 days of the agreed-upon due date, the Stem Cells will be automatically donated to Progenics Foundation.

Progenics will cover the cost of transportation within the GTA. Outside the GTA, the Parent(s) and/or the Child as the case may be will pay all courier costs associated with the transportation of (i) the Collection Kit to the Parent(s) and (ii) the Cord Blood and/or Cord Tissue to Progenics' Processing Laboratory after collection. Additionally, the healthcare provider and/or delivery hospital may impose a fee for the collection of the Cord Blood and/or Cord Tissue and/or the Maternal Blood. It is the responsibility of the Parent(s) to inquire about these fees and make the necessary payments.

In the event of future use of Stem Cells (Mesenchymal Stem Cells) specifically for regenerative purposes, additional fees may apply.

## **6. Contract Renewal**

This Agreement becomes effective on the date that the Parent(s) register with Progenics and shall remain in effect as per the storage plan selected by the Parent(s).

The Parent(s) and/or Child as the case may be contacted by Progenics before the end of the contract term, with the option to renew the contract and continue storage of the Stem Cells.

Renewal must be completed within 90 days of the renewal notice, which includes signing a Renewal Agreement and making full payment. Before expiration or upon renewal, the Parent(s) and/or Child has ownership of the product and all the rights to determine its usage, including options to continue storage, transfer, discard, or donate it.

## **7. Donation and Discard**

If renewal is not completed within 90 days of the renewal notice, the Stem Cells will be automatically donated to the Progenics Foundation, a charitable organization focused on health and longevity. At the option of the Parent(s) and/or the Child as the case may be, the Stem Cells may be released to third parties for research purposes. All storage or additional costs will be the responsibility of the Progenics Foundation and the Parent(s) and/or Child will not be responsible for any additional expenses.

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If the Parent(s) and/or Child wish to discard the Stem Cells, a discard fee of \$300 plus tax will apply. All fees, including any outstanding storage fees and the initial fee, must be paid in full before the discard date. The said costs include staff from storage, 2 technicians, equipment, documentation, transportation and medical waste.

## **8. Contract Termination**

This Agreement will be terminated if eligibility tests indicate that the Biological Material and/or the Stem Cells are unsuitable for storage. Upon termination, the Parent(s) are responsible for the full payment of all services rendered to that time, and any outstanding fees shall become due and payable in full.

Before the expiration date, the Parent(s) or the Child as the case may be have the option to terminate this Agreement at any time upon the completion of the required documents provided by Progenics. These documents must include signature(s) and instructions to either (i) donate the Stem Cells to Progenics' Foundation, (ii) discard the Stem Cells (discard fee will apply), or (iii) transfer the Stem Cells to another facility. All fees related to the transfer will be the responsibility of the Parent(s) or the Child as the case may be. After the Agreement is terminated, Progenics is released from all liabilities, and all further obligations to the Parent(s) and the Child will terminate immediately.

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## 9. Acknowledgments

The Parent(s) acknowledge that:

- Stem Cells hold potential benefits for the treatment of diseases like certain cancers and blood disorders. However, Stem Cell treatments may not be suitable for all diseases, and their effectiveness can vary. Stem cells are obtainable from alternative sources such as bone marrow and peripheral blood, or through donor registries. Decisions regarding the use of Stem Cells are solely between the Parent(s) and/or the Child and their treating physician for related use. Access to Stem Cells is limited to the donor family, intended recipient, or infant donor for related use only. There is no guarantee that the Child or other family members will require the use of Stem Cells.
- Stem Cells may contain insufficient numbers of nucleated and/or viable stem cells for disease treatment. Successful collection, processing, cryopreservation, and storage of Stem Cells do not guarantee successful treatments.
- There is no guarantee of treatment outcome when using Stem Cells. Certain illnesses. Stem cell transplantation procedures carry risks and outcomes unrelated to stem cell quantity, quality, or storage procedures.
- Meeting the minimum Cord Blood volume requirement for banking (10 mL or higher) may not be feasible at the time of delivery. Progenics will contact you within 24 hours of receiving the sample for a final decision on processing and storing Cord Blood. If you cannot be reached within 48 hours of delivery, the Cord Blood will be discarded.
- Progenics maintains the linkage between the maternal and infant donor (the Child) and the Stem Cells using a unique identifier in compliance with ISBT 128 standard requirements.
- Progenics retains the right to follow up with the Parent(s), the Child, and/or relevant healthcare provider at a future date.
- Progenics must be notified of any changes in contact information such as address, email address, or contact phone numbers.
- Any beneficiaries for whom the Stem Cells are stored or to whom they are provided in the future shall indemnify Progenics and hold it harmless, not responsible and free from liability, except as specified in article 10, "Limitation of Liability." New methods of treating diseases may emerge in the future, potentially rendering the Stem Cells unnecessary or non-viable.
- Progenics is committed to safeguarding the privacy of all personal and health information in accordance with its Privacy Policy, and to complying with the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and the *Personal Health Information Protection Act* (PHIPA).

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- Progenics retains the right to reject any Biological Material and/or Stem Cells due to reasons such as low volume, low cell count, bacterial contamination, positive transmissible disease results, lack of test results, or late arrival of the Biological Material and/or Stem Cells.
- Certain tests on the Stem Cells and Maternal Blood are mandatory for (i) Progenics' authorized personnel to assess Stem Cell eligibility for processing and storage and (ii) compliance with relevant laws, Health Canada regulations, and other accreditation standards related to the Stem Cells. The Parent(s) and/or the Child as the case may be understand that the results of these tests may be disclosed to the mother's healthcare provider by Progenics' Medical Director, and either the healthcare provider or Progenics' Medical Director may determine that the Stem Cells are ineligible for banking. Such determinations will be binding on the Parent(s) and the Child. Moreover, results indicating maternal blood positivity for high-risk infectious diseases must be reported to government agencies by the testing laboratory.

## **10. Limitation of Liability**

It is understood, acknowledged and agreed that the Parent(s) and/or the Child as the case may be shall have no claim for compensation of any kind whatsoever from Progenics, and, by engaging Progenics' services, they shall be deemed to have agreed they have no claim (save and except for claims based on wilful misconduct and gross negligence). The Parent(s) and/or the Child as the case may be hereby release Progenics, its Shareholders, Directors, Officers, Consultants, Employees, all related entities, successors and assigns from liability regarding (i) the collection, disposal, destruction, and handling of Biological Material and/or the Stem Cells, except for claims based on willful misconduct or gross negligence; and (ii) the release of testing results of the Biological Material and/or Stem Cells to Progenics.

In no event will Progenics, its Shareholders, Directors, Officers, Consultants, Employees, successors or assigns be liable for special, incidental, consequential, exemplary, punitive, or indirect damages, including claims for loss, injury, death, damage, or destruction arising from or related to this Agreement or Progenics' services, regardless of the cause and the theory of liability.

Progenics will not be liable for damages, costs, or claims related to:

- (i) the Biological Material before they are received by Progenics at its premises, including damages, costs, or claims related to shipping and transportation; and

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- (ii) any fees owed by the Parent(s) to their healthcare providers concerning the collection of the Biological Material.

These limitations apply even if Progenics has been informed of or is aware of the possibility of such damages. These limitations continue to apply even if the essential purpose of this provision fails, and they survive the Agreement's termination. The Parent(s) understand that by accepting this limitation of liability, they are waiving any rights they may have now or in the future to sue or seek monetary damages or other relief against Progenics for any reason related to the services provided by Progenics.

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.

As consideration for Progenics entering this Agreement, the parties agree that if, notwithstanding the foregoing limitation of liability, Progenics has any liability to the Parent(s) or anyone claiming through the Parent(s) and/or the Child as the case may be, the Parent(s) and/or the Child agree, acknowledge and accept that the total liability of Progenics arising out of contract, tort, statute or otherwise shall not exceed the quantum of the fee(s) paid by the Parent(s) and/or the Child arising from this Agreement.

## **11. Entire Agreement and Amendments**

This Contract constitutes the entire agreement between the parties, superseding all prior agreements, understandings, and representations, whether written or oral. This Agreement may only be modified in writing and signed by both parties.

## **12. Governing Law and Jurisdiction and Alternate Dispute Resolution**

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 regard to conflicts of laws, rules, or principles. This Agreement is prepared in the English language, and the English language shall govern its interpretation.

The Parent(s) acknowledge that they have asked questions regarding Umbilical Cord Blood and Cord Tissue banking and have received satisfactory answers or have waived the opportunity to do so. Having read and understood all of the above, the Parent(s) consent to Progenics processing the Biological

Initial(s): Parent 1 / Parent 2

Material and banking the Child's Stem Cells and request that Progenics do so, subject to the terms of service outlined in this Agreement.

In the event of any dispute (including any dispute concerning ownership of the Biological Material and/or the Stem Cells) concerning the validity, interpretation or applicability of this Agreement, the Parties agree to submit the dispute to alternate dispute resolution (ADR) in accordance with the *Arbitration Act, 1991, SO 1991, c 17*. For the purpose of any ADR proceeding, the legal fees and disbursements of Progenics, on a full indemnity basis, will be paid by the Parent(s) and/or Child commencing the proceeding. If the Parent(s) and/or the Child contest(s) the validity of the ADR proceeding or the applicability of this ADR provision in court, then the legal fees and disbursements of Progenics, on a full indemnity basis, of any court proceeding will be paid by the Parent(s) or Child.

### 13. Counterparts

This Agreement may be executed in any number of separate counterparts (including by fax, scanned and e-mailed PDF or other electronic means), each of which when so executed and delivered shall be an original, and all such counterparts shall together constitute one and the same document.

### 14. Acknowledgment

The Parent(s) acknowledge(s) that:

- (a) They have had sufficient time to review and consider this Agreement thoroughly and have been given a copy of it;
- (b) They have read and understand the terms of this Agreement and their obligations hereunder; and
- (c) They have been given an opportunity to obtain independent legal advice, or such other advice as they may desire, concerning the interpretation and effect of this agreement.

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15. Signatures

Please select:

☐ Cord Blood

Biological Material(s): ☐ Cord Tissue

☐ Placenta

By signing below, both parties acknowledge their acceptance of the terms and conditions outlined in this Agreement.

\_\_\_\_\_  
Parent 1's Full Name (Print)

As appears on Health Card

\_\_\_\_\_  
Parent 1's Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Parent 2's Full Name (Print)

\_\_\_\_\_  
Parent 2's Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Progenics Representative's  
Full Name (Print)

\_\_\_\_\_  
Progenics Representative's  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

Initial(s): Parent 1 / Parent 2

Mother's First & Middle Name(s) \_\_\_\_\_  
As appears on Health Card

Last Name \_\_\_\_\_  
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. <b>Do you have HIV, Hepatitis B (surface antigen), or Hepatitis C? If yes, please contact Progenics immediately.</b>	<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"/>	_____
<b>8. Have you, your baby's father, or your baby's siblings ever:</b>			
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"/>	_____
<b>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.</b>			
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"/>	_____
<b>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.</b>			
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"/>	_____
<b>11. Have you:</b>			
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 <b>hepatitis B surface antigen (carrier)</b> ?	<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 <b>3 years</b> , 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 <b>28 days</b> , 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 <b>12 weeks</b> , had contact with someone who had a smallpox vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. In the past <b>14 days</b> , 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"/>	_____
<b>13. Have you:</b>			
13.1 In the past <b>6 months</b> , 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"/>	_____
<b>14. In the past 5 years, have you:</b>			
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"/>	_____
<b>15. In the past 12 months, have you:</b>			
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"/>	_____

	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"/>	_____
<b>16. Have you:</b>			
16.1 Spent a total of <b>3 months</b> 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 <b>5 years</b> or more in Europe from 1980 to the present?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.3 Spent a total of <b>3 months</b> 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"/>	_____
<b>17. In the last 21 days, have you:</b>			
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

Uncontrolled When Printed

## Option 1: Cord Blood Banking

	One Baby			Twins		
<b>INITIAL FEES</b> Includes: Registration, Collection Kit, Double Processing and Testing	<input type="checkbox"/> \$1120			<input type="checkbox"/> \$1800		
<b>STORAGE FEES</b> (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	10 Years	20 Years	Annual	10 Years	20 Years
	<input type="checkbox"/> \$175	<input type="checkbox"/> \$1450	<input type="checkbox"/> \$2320	<input type="checkbox"/> \$350	<input type="checkbox"/> \$2870	<input type="checkbox"/> \$4620
<b>TOTAL</b> (Canadian Dollars; Excluding HST) Includes initial fees and storage fees for the option you have selected.	<b>\$1295</b>	<b>\$2570</b>	<b>\$3440</b>	<b>\$2150</b>	<b>\$4670</b>	<b>\$6420</b>

### 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): \_\_\_\_\_

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

COLLECTION KIT DELIVERY & SAMPLE PICK UP
<b>Hospitals in the Toronto Area</b> - Complimentary for collection kit delivery and sample pick up from the hospital.
<b>Hospitals outside the Toronto Area</b> - For collection kit delivery charge, please contact Progenics. - For sample pick up from hospital, courier fee is charged directly by the medical courier company. Please contact Progenics to obtain a quote for the courier fee.

### Please note:

- In the event where cord blood collection is not successful and the unused kit is returned, 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.

## Option 2: Cord Blood and Cord Tissue Banking

	One Baby			Twins		
<b>INITIAL FEES</b> Includes: Registration, Collection Kit, Double Processing and Testing	<input type="checkbox"/> \$1795			<input type="checkbox"/> \$2990		
<b>STORAGE FEES (Please Select One)</b> 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	10 Years	20 Years	Annual	10 Years	20 Years
	<input type="checkbox"/> \$335	<input type="checkbox"/> \$2750	<input type="checkbox"/> \$4420	<input type="checkbox"/> \$670	<input type="checkbox"/> \$5500	<input type="checkbox"/> \$8845
<b>TOTAL (Canadian Dollars; Excluding HST)</b> Includes initial fees and storage fees for the option you have selected.	<b>\$2130</b>	<b>\$4545</b>	<b>\$6215</b>	<b>\$3660</b>	<b>\$8490</b>	<b>\$11835</b>

### 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): \_\_\_\_\_

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

COLLECTION KIT DELIVERY & SAMPLE PICK UP
<b>Hospitals in the Toronto Area</b> - Complimentary for collection kit delivery and sample pick up from the hospital.
<b>Hospitals outside the Toronto Area</b> - For collection kit delivery charge, please contact Progenics. - For sample pick up from hospital, courier fee is charged directly by the medical courier company. 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 and the unused kit is returned, 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.

**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

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

<b>EMAIL TO:</b>
<a href="mailto:info@progenics.ca">info@progenics.ca</a>

<b>FAX TO:</b>
416-221-9727