

**Dear Expectant Parent,**

To enroll in LifeLine Cryogenics cord blood banking program, please complete and sign the following documents listed below.

- ❑ **Enrollment Form for Cord Blood**
- ❑ **Maternal Health History Form**
- ❑ **LifeLine Cryogenics Cord Blood Enrollment Agreement**
- ❑ **Insurance Information**

Return the Enrollment Form, Maternal Health History Form, Enrollment Agreement and Insurance Information form, along with a \$300.00 deposit to LifeLine Cryogenics at:

**LifeLine Cryogenics  
1275 Summer St  
Suite 204  
Stamford, CT 06905**

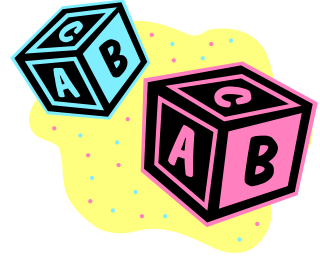
**If your due date is less than 5 weeks away**, you may fax your documentation to LifeLine Cryogenics at 203-967-2795 to expedite the process. Please return the completed original documents to LifeLine Cryogenics promptly at the above address.

Upon receipt of the enrollment forms and \$300.00 deposit, a cord blood collection kit will be sent Federal Express 3 day service. For parents enrolling within 3 weeks of their due date we do offer over night service at an additional charge.

If at any time you have any questions, feel free to contact us at **1-866-967-CRYO** or by e-mail at **Info@lifelinecryogenics.com**

## Delivery Day Check List

- Remember to Take Your LifeLine Cryogenics Cord Blood Kit With You!**
- Maternal Blood**-Please make sure your maternal blood has been collected and labeled with the following information:
  - Mother's name
  - Mother's Social Security Number
  - Date and time of collection
  - If you have questions regarding this information, please contact your obstetrician or healthcare provider.
- Cord Blood Should be Labeled as Follows:**
  - Parent(s) name(s)
  - Parent(s) Social Security number(s)
  - Baby's name
  - Baby's gender
  - Date and time of baby's delivery
  - Name of the obstetrician or healthcare provider that collected the cord blood
  - Affix the label to the cord blood collection bag
  - Keep the cord blood in your possession and at room temperature at all times.
- Courier Service for Cord Blood Collection Kit**
  - After collection of the cord blood, call  
**Toll free at (866) 967-2796**  
**Local (203) 967-2796**
  - We will arrange for a courier to pick up the cord blood from you
  - Keep the cord blood in your possession and at room temperature until the courier arrives.



**Congratulations on behalf of everyone at LifeLine Cryogenics!!!**



1275 Summer Street • Suite 204 • Stamford, CT 06905 [www.LifeLineCryogenics.com](http://www.LifeLineCryogenics.com) Tel: (866) - 967 - 2796 • Fax: (203) 967-2795

Dear Expectant Parents:

Thank you for your interest in LifeLine Cryogenics' Cord Blood Banking Service. We are pleased to send you the enclosed brochure and enrollment forms detailing the reasons many families have chosen to enroll in our Cord Blood Banking program, including our affordable pricing and client support that is available to you.

Families who store their newborn's cord blood have a readily available source of rich stem cells that can be used in transplantation therapy for treating certain cancers such as leukemia and many other genetic and immune disorders.

***LifeLine Cryogenics' mission is to provide expectant parents peace of mind by making this vital medical technology affordable to all parents.***

Please be aware it is very important that you make the decision about storing your baby's cord blood well in advance of your due date. You can enroll at any time; however, it is advantageous for you to make your decision within 5 weeks of your due date. By doing so, you can rest easy knowing that the collection kit is in your possession within 30 days of your due date. Upon receipt of your enrollment forms and a \$300.00 deposit, a Cord Blood collection kit will be sent Federal Express 3 day service. If you require overnight service there is an additional \$25.00 fee. **To expedite the receipt of your kit, you may fax your enrollment forms to us, at 203-967-2795, however we still must receive the completed originals at the above address.**

When the Cord Blood kit is returned to LifeLine Cryogenics, we will immediately begin extensive testing, processing, cryopreservation and storage of the Cord Blood unit.

Our enrollment fees and payments plans for the above services are as follows:

Enrollment fees:

- \$300 non-refundable enrollment deposit
- \$900 at the time the Cord Blood is processed, which covers the first year of storage
- \$150.00 Courier fee charged at the time of the receipt of your cord blood

Payment Plans are available, as follows:

- First year \$900 processing fee may be paid in six (6) monthly payments of \$175 per month

-OR-

- First year \$900 processing fee may be paid in twelve (12) monthly payments of \$99 per month
- Payments begin the 1<sup>st</sup> of the month following the collection.
- Annual storage fee is \$115 per year\*.

Please give us a call at any time to assist you with your questions or provide further information; our toll free number is (866) 967-2796 or email at [info@lifelinecryogenics.com](mailto:info@lifelinecryogenics.com)

\*Prices are subject to change  
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## Enrollment Form

Please print clearly and provide all requested information.

Mother's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Expected Delivery Date: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
How many other children are in your family? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Please list any significant family history of disease: \_\_\_\_\_  
\_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Hospital's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Obstetrician/Midwife's Name: \_\_\_\_\_ MD  CNM   
Practice Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ MD   
Practice Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Referred by: \_\_\_\_\_

**MATERNAL HEALTH HISTORY**

Mother's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: Home(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

		Yes	No			Yes	No
1.	In the past three years, have you been outside The US or Canada? Where? When?			14.	In the past 12 months, have you been under a doctor's care for a major illness Or surgery?		
2.	Have you ever had a liver disease, yellow jaundice, hepatitis or positive test for hepatitis?			15.	In the past four weeks, have you had any shots or vaccinations?		
3.	Have you ever had Chagas' Disease, babesiosis, or malaria?			16.	Do you currently have a heart, kidney or lung (respiratory) disease? Diabetes?		
4.	Have you ever had a blood disorder or a bleeding problem (coagulation or platelet disorder)? Anemia?			17.	Do you have AIDS or have you had a positive test for the AIDS virus? In the past 12 months, have you had sex, even once, with anyone who has?		
5.	Have you ever been given a growth hormone, or received a dura mater (brain membrane) transplant? Have you or any blood relative been diagnosed with Creutzfeldt-Jakob Disease(CJD)?			18.	Do you have or have you ever had a history of drug or alcohol abuse?		
6.	Do you have an infectious skin disease?			19.	In the past 12 months, have you had sex, even once with anyone who has ever used a needle to take drugs?		
7.	In the past five years, have you had cancer (including leukemia or lymphoma)? Have you ever had Kaposi's Sarcoma or have been infected with human T-cell leukemia virus (HTLV)?			20.	Have you ever taken clotting factor concentrates for a bleeding problem such as hemophilia?		
8.	In the past 12 months have you had a close contact with a person with yellow jaundice or hepatitis?			21.	Do you have or have you had tuberculosis(TB)		
9.	In the past 12 months, have you been given Hepatitis B Immune Globulin (HBIG)?			22.	Were you born in, have lived in, or traveled to Africa since 1977?		
10.	In the past 12 months, have you received blood or had an organ, tissue, cornea or bone transplant?			23.	In the past 12 months, have you had a positive test for syphilis or been treated for syphilis or gonorrhea?		
11.	In the past 12 months, have you had a tattoo, ear or skin piercing, acupuncture or an accidental needle stick			24.	Do you have any congenital or genetic disorder or chromosomal problem?		
12.	In the past 12 months, have you had accidental exposure to blood or body fluids through mucous membrane or broken skin, or have you been a victim of rape?			25.	Have you ever been deferred as a blood donor? If yes, please indicate the date and reason. _____		
13.	In the past 12 months, have you been treated for rabies?						

Additional Explanation: \_\_\_\_\_

\_\_\_\_\_  
 Mother's Signature  
 Date: \_\_\_\_\_

For Lifeline Cryogenics Use Only Date: _____ Reviewed by: _____ Comments: _____
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The following information will be provided to the Lab that will run the infectious disease screening test on the maternal blood specimen and the culture on the cord blood specimen.

**\*Please include a copy of your insurance card (Front and Back)\***

**INSURANCE INFORMATION:**

**Primary Insurance:** \_\_\_\_\_

**ID#:** \_\_\_\_\_ **Group#** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Cardholder:** \_\_\_\_\_

## LIFELINE CRYOGENICS, LLC ENROLLMENT AGREEMENT

THIS AGREEMENT made this \_\_\_\_ day of \_\_\_\_\_ 2012 by and between LIFELINE CRYOGENICS, LLC, (hereinafter referred to as "LIFELINE"). and \_\_\_\_\_ (Hereinafter referred to as the "PARENT(S)").

### 1. SERVICES

This Agreement provides for the collection, processing, and storage of your child's Cord Blood. (Courier Fees are additional).

### 2. INABILITY TO PROVIDE SERVICES

After your enrollment, circumstances may exist that would prevent LIFELINE from collecting, processing or storing your child's blood. Such circumstances include, but are not limited to: your health care provider believes that collecting, processing or storing your child's Cord Blood would in some way endanger you or your child's health, the Cord Blood tests positive for viral or bacterial diseases, or any other reason, at the sole discretion of the health care provider. In the event that your child's Cord Blood is not collected, processed or stored LIFELINE will terminate this Agreement in writing and refund the applicable fees. If, for any reason, your child's Cord Blood can not be stored as determined by Lifeline, Lifeline will provide you with the option of retrieving the Cord Blood (unless otherwise prevented from doing so by State or Federal laws) or having it destroyed.

### 3. FEES

In consideration for the collection and storage of your child's Cord Blood, the following fees apply: an enrollment fee of three hundred dollars (\$300) must be paid upon signing this Agreement; the remaining nine hundred dollars (\$900) processing fee and one hundred fifty dollar (\$150) courier fee will be due after receiving the Cord Blood at our facility (see Payment Options on Page 6). In the event of multiple births (twins, triplets, etc.), the enrollment fee for each additional child will be one thousand dollars (\$1000). The annual fee of one hundred fifteen dollars (\$115) will be charged beginning on the child's first birthday. All fees are payable upon receipt.

Lifeline Cryogenics requests all payments to be made through credit or debit cards.

There may be additional charges from your physician for the collection of your cord blood. Lifeline Cryogenics is not responsible for these costs.

### 4. TERM

This Agreement provides for the collection and storage of your child's Cord Blood for a period of eighteen (18) years unless otherwise terminated under this Agreement. During that time the PARENT(S) have custodial rights to the Cord Blood. Upon the child's eighteenth birthday the child will have ownership claims to the Cord Blood. This Agreement must be renewed in writing upon the child's eighteenth birthday by either the child or the PARENT(S) or LIFELINE will proceed with termination of this Agreement in accordance with Section 5a (ii) of this Agreement

## 5. TERMINATION

- a. Either party shall be entitled to terminate this agreement:
- i. The PARENT(S) may elect to terminate this Agreement at any time. To terminate this Agreement the PARENT(S) must notify LIFELINE thirty (30) days in advance and in writing. The PARENT(S) will not be entitled to any refund. Upon termination the PARENT(S) may elect to have the Cord Blood transferred to another facility or may choose to transfer all rights to the Cord Blood to LIFELINE. Any expenses resulting from the transfer of the Cord Blood to another facility is the sole responsibility of the PARENT(S).
  - ii. LIFELINE may terminate this Agreement for non-payment if for any reason the PARENT(S) fails to pay any of the required fees within sixty (60) days of the due date. LIFELINE will provide sufficient written notification of their intent to terminate this Agreement. If this Agreement is terminated because of non-payment, LIFELINE retains the rights to use to the Cord Blood for any reason to off-set payment and any late fees owed to LIFELINE if payment or adequate arrangements for payment have not been made. This use may include the donation, sale or destruction of the Cord Blood.
  - iii. It is the PARENT(S) responsibility to notify LIFELINE of all address and contact information changes. Any expenses that LIFELINE incurs as a result of the PARENT(S) failure to do so are the responsibility of the PARENT(S). This includes, but is not limited to any collection costs or legal fees.
- b. Upon termination, all sums payable by the PARENT(S) to LIFELINE for services performed by LIFELINE up to the date of termination shall be due and payable thirty (30) days from the date of termination.

## 6. USE OF THE CORD BLOOD

In the event the Cord Blood is needed for transplant or other treatment, the PARENT(S) must provide LIFELINE with a written request to prepare and transfer the Cord Blood to an appropriate facility. All expenses incurred for the preparation and transfer shall be the responsibility of the PARENT(S). The Cord Blood will be prepared and transferred according to industry standards at the time of shipment.

## 7. SCREENING TESTS

Maternal Infectious Disease Screening Tests will be performed to provide documentation of the Cord Blood specimen's status at the time of collection. Costs for this testing are not covered in the fee for the first year. LIFELINE will submit these specimens to a lab approved by your insurance company. It is the PARENT(S) responsibility to notify LIFELINE of any changes to their policy. LIFELINE cannot guarantee that this blood work will be covered under you policy.



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## 8. CONFIDENTIALITY AND DISCLOSURE OF HEALTH INFORMATION TO LIFELINE

All information obtained by LIFELINE as a result of this Agreement will be treated as confidential in accordance with all State and Federal laws concerning the confidentiality of such protected patient information.

## 9. FORCE MAJEURE

In the event that the performance of this Agreement by LIFELINE is affected by strike or other labor disturbance, fire, riots, war, weather conditions, acts of God, governmental regulations, governmental requests, or requisitions for national defense, or any other cause beyond the reasonable control of LIFELINE, no liability shall be incurred by LIFELINE for damages resulting from such circumstances.

## 10. LIMITATION OF LIABILITY

The PARENT(S) understands and agrees that there is no guarantee of the success of the collection, processing, and storage of Cord Blood. The PARENT(S) understands and agrees that the decision of whether to perform the Cord Blood collection will be at the sole discretion of the attending health care provider, and LIFELINE has no control over the decisions made by the health care provider.

The PARENT(S) agree to the following limitations and releases of liability:

The PARENT(S) further understand and agree that LIFELINE's liability for any breach of its obligations under this Agreement or other acts or omissions in connection with the collection, processing, and storage of the Cord Blood is limited to the total amount paid by the PARENT(S) for the enrollment and storage services. The PARENT(S) hereby release LIFELINE and its officers, directors, employees, agents, affiliates, successors, and assigns from any and all other liability for any and all loss, harm, damage, or claim of any kind in connection with the collection, processing, and storage of the Cord Blood. The PARENT(S) understand that by signing this Agreement that they are giving up any rights that they may have now or in the future, to sue or otherwise seek money damages or other relief against LIFELINE for any reason relating to the collection, processing, or storage of the Cord Blood, and the collection of maternal blood samples with the exception of seeking a return of the enrollment fees under this Agreement.



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## 11. MEDIATION AND ARBITRATION

If any dispute or controversy arises from or relating to this Agreement and the parties are unable to resolve the problem, then the parties will submit to a binding arbitration in Fairfield County pursuant to the American Arbitration Associations' rules and regulations. However, the parties agree to submit any disputes to non-binding mediation within thirty (30) days of written notice by either party in an attempt to resolve the dispute before proceeding to arbitration. At the request of the PARENT(S) or LIFELINE the mediation and/or arbitration proceeding will be confidential. In such case, all documents, testimony and records will be received, heard and maintained by the arbitrator in secrecy, available for inspection only by the PARENT(S) or LIFELINE and by their respective attorneys and experts who will agree, in advance and in writing, that all such written or oral information will be confidential. It is the intent of the parties that both the mediation and arbitration process be completed and decided within one hundred twenty (120) days of the submission of a dispute.

## 12. INFORMED CONSENT

The PARENT(S) are choosing to have your child's cord blood collected by your obstetrician/practitioner after the birth of your child. The PARENT(S) understands that the mother must provide samples of her blood drawn at the time of delivery or within 48 hours of delivering. The PARENT(S) understands that, there may be the possibility of the obstetrician/practitioner not being able to collect the cord blood due to infrequent complications which may occur at birth. The health of the baby and the mother are priority. In certain cases your doctor may have partnered with LIFELINE to provide you with education on cord blood banking. An administration fee for the practice's time and effort in the education and enrollment process may be provided by LIFELINE.

The PARENT(S) understand that LIFELINE will perform cell viability, cell counts, blood typing and bacterial/fungal test on the cord blood to determine the nature and quality of the sample, and immunodeficiency virus (HIV) hepatitis B and hepatitis C viruses, human T-Lymphotropic virus (HTLV), cytomegalovirus (CMV) and syphilis testing on the mother, as required by various accrediting and regulatory agencies.

The PARENT(S) understand if the test results report positive for any of the above diseases, LIFELINE's may approve the storage of the cord blood. The PARENT(S) understands that if the cord blood is not approved for storage, they will be notified. The results of CMV testing do not alter the ability to store your child's stem cells.

The PARENT(S) understands that there are benefits and risks relating to the collection of cord blood and maternal blood samples. The major benefits of cord blood is that the cells can be used for transplant for many blood disorders, including leukemia and a variety of life threatening diseases. One of the risks of cord blood is that the cells may not cure the disease for which they have been used. As cord blood utilization is rapidly growing, the odds that a family member will ever use the cord blood are low and



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the cord blood may never be needed. LIFELINE cannot guarantee that the child's cord blood is a match for a family member

I understand that the success of a cord blood transplant depends on many factors beyond the cord blood stem cells, such as patient condition, type of disease, recipient-donor relationship, and HLA matching.

### 13. APPLICATION OF LAW

This Agreement shall be construed in accordance with the laws of Connecticut, without giving effect of the conflict of laws, rules or principles.

### 14. CHANGES TO THIS AGREEMENT

All changes to this Agreement must be made in writing and agreed to by both parties.

By signing this Agreement, the PARENT(S) is acknowledging their desire to enroll in Lifeline's program. By signing this Agreement, the PARENT(S) acknowledges that they have read and agree to be bound by the contents of this Agreement. Further, the PARENT(S) acknowledges that they have been given an opportunity to ask questions and have received answers to these questions to their satisfaction.

\_\_\_\_\_  
Print Mother's Full Legal Name

\_\_\_\_\_  
Signature of Mother (Full Legal Name)

\_\_\_\_\_  
Print Father's Full Legal Name (optional)

\_\_\_\_\_  
Signature of Father (Full Legal Name) (optional)



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### Payment Options: Credit or Debit Cards Only

#### Option 1:

Single Payment - \$900 upon receipt of the cord blood

I hereby authorize LifeLine Cryogenics to charge the following credit card for the \$300.00 deposit at the time of enrollment and the \$900.00 balance to be paid at the time your cord blood is received and processed along with your courier fee of \$150.00.

#### Option 2:

6 month payment program - \$175 per month (courier fee not included)

I hereby authorize LifeLine Cryogenics to charge the following credit card for the \$300.00 deposit at the time of enrollment. I will be invoiced \$175 per month for 6 months upon the receipt and processing of the cord blood. This does not include the \$150.00 courier fee, which will be charged upon receipt of the collection to the credit card provided.

#### Option 3:

12 month payment program - \$99 per month (courier fee not included)

I hereby authorize LifeLine Cryogenics to charge the following credit card for the \$300.00 deposit at the time of enrollment. I will be invoiced \$99 per month for 12 months upon the receipt and processing of the cord blood. This does not include the \$150.00 courier fee, which will be charged upon receipt of the collection to the credit card provided.

Please overnight the cord blood collection kit at an additional fee of \$25.

Visa

MasterCard

American Express

Discover

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

Security Code: \_\_\_\_\_

I authorize LifeLine Cryogenics to charge the above credit card:

\_\_\_\_\_  
Authorized Signature

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

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

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