Cord Blood Release Form

Dear Patient,

Did you know that umbilical cord blood stem cells can be used to treat nearly 80 diseases, including several forms of cancers and blood related diseases, immunity and metabolic disorders and diseases, such as leukemia and lymphomas?

Future applications such as regenerative medicine are also in an emerging area of medicine that will help treat many diseases that have previously been thought to be untreatable. Currently, there are over 3,000 clinical trials worldwide that involve researching the application of stem cells to treat injuries and disease, and that number will continue to grow.

As of February 2007, California state law requires care providers to inform expecting parents of their options regarding preserving umbilical cord stem cells.

The options for umbilical cord blood stem cells include the following:

- Discarding the stem cells as medical waste
- Donating the stem cells to a public bank for public use or for research
- Preserving the stem cells with a family cord blood bank for exclusive use for your child or immediate family

I acknowledge that I have been informed about the options concerning my newborn's umbilical cord blood.

Should I wish to obtain additional information about umbilical cord blood stem cell preservation, I fully understand that this responsibility will be solely and completely my own.

| Patient Name | Patient Signature | MM/DD/YY |
|----------------------------|--|---------------------------------|
| L provide my consent to be | s contacted by a local cord blood adjuster | to learn more about my entions: |
| , | e contacted by a local cord blood educator | • • |
| Name: | | |
| OBYN: | Email: | |
| Delivery Date: | | |