



## Information Packet

1-866-836-CELL  
24 HOURS A DAY



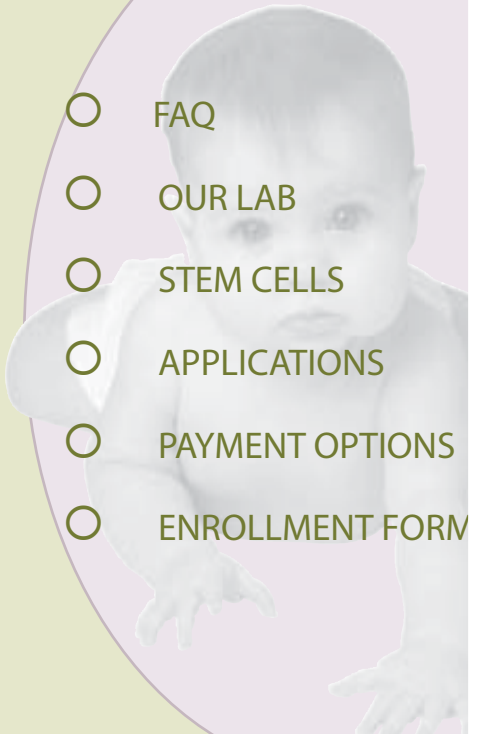
**SECURACELL, INC.**  
CRYOGENIC CORD BLOOD STORAGE

You Love Them With All Your Heart...  
...What If You Could Protect Theirs.

### Cord Blood and Cord Tissue Stem Cells

Nurses on staff 24 hours a day / Refer A Friend Program / All inclusive pricing

The birth of your child will always be one of life's biggest miracles, and your son's or daughters health and happiness, a true blessing. Now medical science has found a way to secure proven health benefits for your child and other family members at the time of birth: **umbilical cord blood stem cells.**



- FAQ
- OUR LAB
- STEM CELLS
- APPLICATIONS
- PAYMENT OPTIONS
- ENROLLMENT FORM

**QUICK ENROLL**  
by phone  
fax, mail, or  
online at  
[www.Securacell.com](http://www.Securacell.com)



Welcome to

# SECURACELL'S LAB

**S**ecuracell's state-of-the-art laboratory is located in Indianapolis, Indiana. Our lab is accredited by the AABB, CLIA, and licensed by the states of NY and NJ to process, test, and store cord blood. Our laboratory staff has expertise in the area of cryogenics and cellular biology. We are committed to providing expectant families and their caregivers the highest quality and most conscientious service available.

## Processing Your Baby's Cord Blood

When you enroll with Securacell, your kit and blood sample are immediately assigned a unique identifier bar code. Once your baby is born and the cord blood is collected, we arrange for it to be picked-up and shipped to the lab where processing begins.

Upon arrival at the lab, the cord blood undergoes multiple processing and testing steps to achieve maximum cell yield, measure sterility, viability and cell count.

## Cell Separation

Instead of freezing whole blood, the stem cells are separated from the red blood cells and plasma. This method produces more cells with greater viability and it is the standard for cord blood processing. By removing the red cells, it minimizes the risk of blood type (ABO) incompatibility when the cord blood is needed. Removing the red blood cells also significantly reduces the use of DMSO (dimethyl sulfoxide), a protectant used in cryopreservation that can cause problematic side effects when a sample is used. We use some of the baby's plasma and DMSO to cryoprotect your cells.



Our scientist examines your baby's blood sample for cell viability both before and after processing.



The blood is put through a "spinning" process where the cells separate into layers of plasma, whiteblood cells, and red blood cells.

## Cell Storage

We preserve your baby's sample in multiple cryo-vials. This storage method provides a family with the possible significant benefit as the cells may be used for more than one treatment in the future. Each vial is individually marked with your baby's unique identifier bar code and then cryopreserved for potential future use.

Your baby's cells are stored inside cryogenic tanks which are specifically designed for long-term cryogenic storage.



Your sample is stored cryogenically for future use.

Your vials are stored in vapor to further reduce the risk of cross contamination. We take the extra step of slow-rate introduction to ensure the safety of the cells. The progression to lower and lower temperatures keeps the cells from going into shock from the extreme negative temperature of  $-196^{\circ}$  Celsius.

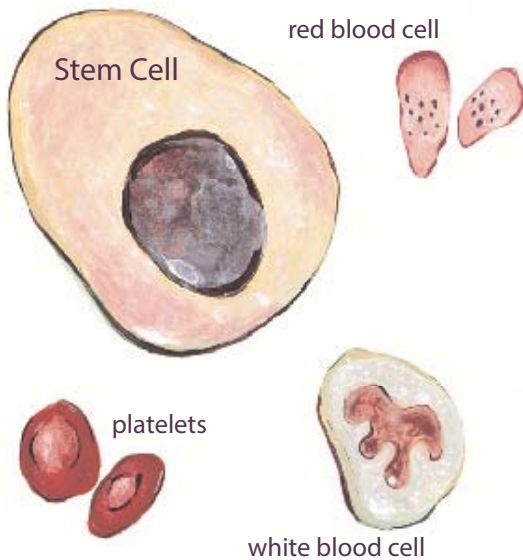
## Storing The Cells

Your baby's cells are secure at our state-of-the-art storage facility which is monitored 24 hours a day with a high tech alarm system and backup generators. Patented computer systems monitor and track your sample at all times.



Your baby's cells are stored in multiple vials. Multiple vials gives your family the possibility of using the blood more than one time.

# What is a Stem Cell?



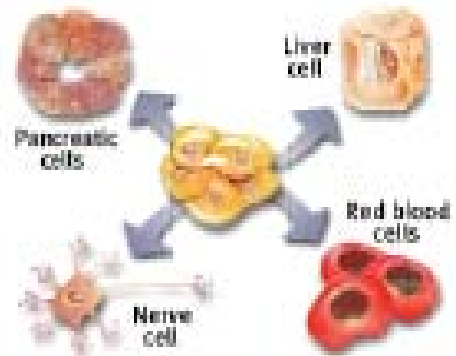
Stem cells are one of the most fascinating and revolutionary areas of biology today. Scientists are rapidly discovering the many uses of these “mother cells” of a human body’s blood and immune system. A “hematopoietic stem cell” is the type of stem cell collected from the umbilical cord which has the capability of creating the major components of human blood, bone marrow and the immune system. Every month scientists are discovering new and exciting uses for cord blood and cord tissue stem cells. Hematopoietic stem cells give rise to red blood cells which carry oxygen throughout the body and platelets, which are necessary for clotting. Every month scientists are discovering new and exciting uses for cord blood stem cells with the most recent advancements being in the area of Regenerative Medicine.

## When are Stem Cells used?

Patients suffering from a malignant disease such as leukemia may undergo treatment with radiation or chemotherapy to destroy the cancer cells alive in their body. Radiation and chemotherapy treatments are often successful in destroying the cancer cells, however, in the process; they may also destroy the patient’s healthy cells and bone marrow. Bone marrow is essential for the production of blood cells. If the bone marrow is destroyed, either from a malignant, non-malignant or genetic disorder, a stem cell transplant becomes necessary. Transplanted stem cells repopulate the bone marrow thereby replenishing the body’s supply of cells which are necessary to maintain a healthy blood and immune system.

Researchers have discovered that cord blood stem cells can be used in the treatment of a number of blood diseases: Cancers, Anemias, Immunodeficiency diseases.

Currently scientists are working to isolate cord blood stem cells and make them grow into other cells needed by the body. By doing this, great strides have been made in the use of stem cells for the treatment and/or cure of other disorders such as diabetes, heart disease, stroke, spinal cord injury, and autoimmune diseases like rheumatoid arthritis, multiple sclerosis and lupus.



# Current Stem Cell Applications

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## Malignancies

Acute lymphocytic leukemia (ALL)  
Acute myelogenous leukemia (AML)  
Acute nonlymphocytic leukemia (ANL)  
Brain tumors  
Breast cancer  
Chronic lymphocytic leukemia (CLL)  
Chronic myelocytic leukemia (CML)  
Ewing sarcoma  
Hodgkin's disease  
Juvenile myelomonocytic leukemia (JML)  
Renal Cell Carcinoma  
Multiple Myeloma  
Myelodysplastic Syndrome (MDS)  
Neuroblastoma  
Non-Hodgkin's lymphoma  
Ovarian cancer  
Small-cell lung cancer  
Testicular cancer

## Blood Disorders

Amegakaryocytic thrombocytopenia (AMT)  
Aplastic anemia  
Blackfan-Diamond anemia  
Congenital cytopenia  
Evan syndrome  
Fanconi anemia  
Kostmann syndrome  
Refractory Anemia; RA, RARS, RAEB, RAEB-T  
Sickle cell anemia  
Thalassemia

## Autoimmune Diseases

Multiple Sclerosis  
Rheumatoid arthritis  
Systemic lupus erythematosus

## Inborn Errors of Metabolism

Adrenoleukodystrophy  
AL Amyloidosis  
Bare-lymphocyte syndrome  
Dyskeratosis congenita  
Familial erythrophagocytic lymphohistiocytosis  
Gaucher disease  
Gunter disease  
Hunter syndrome  
Hurler syndrome  
Inherited neuronal ceroid lipofuscinosis  
Krabbe disease  
Langerhans'-cell histiocytosis  
Lesch-Nyhan disease  
Leukocyte adhesion deficiency  
Osteopetrosis



## Congenital Immune System Disorders

Adenosine deaminase deficiency (ADA or SCID-ADA)  
Chronic granulomatous disease (CGD)  
Severe combined immunodeficiency diseases (SCIDs)  
Wiskott-Aldrich syndrome  
X-linked lymphoproliferative disease (XLP)

## Potential Future Stem Cell Applications\*

Alzheimer's disease  
Diabetes  
Heart disease  
Liver disease  
Muscular dystrophy  
Parkinson's disease  
Spinal cord injury  
Stroke

Scientists are discovering new and exciting uses for cord blood stem cells on a regular basis. As more parents bank their child's cord blood, the potential uses for stem cells will proliferate.

For the most recent information on diseases treated with cord blood stem cells visit: [www.parentsguidecordblood.com/diseases.html](http://www.parentsguidecordblood.com/diseases.html)





# Enrollment Checklist Fax Coversheet

To:  
**Securacell, Inc.**

From:

Fax Number:  
**330-833-5230**

Date:

Phone Number:  
**1-866-836-2355**

Total No. of pages: **8**

(checklist/coversheet, Enrollment Form, Payment Option Form, Cord Blood Collection and Storage Agreement, Medical Health History)

If your baby is due in the next 2 weeks, please call us at 1-866-836-CELL (2355)  
We will *RUSH* your kit to you at no additional charge

Enrollment is easy and can be done 24 hours a day by:



Call toll free 1-866-836-2355



Fax forms to 1-330-833-5230



Mail completed forms to:  
PO Box 35729  
Canton, Ohio 44735



Enroll online at [www.Securacell.com](http://www.Securacell.com)

*Once your forms are received you will be contacted by Securacell*

## Enrollment Checklist

- Completed Enrollment Form
- Completed Payment Option Form  
Fee paid by: Check # \_\_\_\_\_  
Credit \$ \_\_\_\_\_  
Cash \$ \_\_\_\_\_
- Completed Cord Blood Agreement
- Completed Health History Form
- Sign Consent for Infectious Disease Testing Form  
(This form is included in your cord blood kit. Please sign it and return it to your kit)

Comments:

Toll Free 1-866-836-CELL (2355) ~ Fax 330-833-5230

All information in this fax is confidential. The information is not intended for any person except for the intended recipient. If this fax has been received in error, please notify us at the above number. The privilege to any unintended recipient has not been waived.



# Enrollment Form

Expected  
Due Date: \_\_\_\_\_

## Family Information:

Mothers Name: \_\_\_\_\_

Mother's SS#: \_\_\_\_\_ Mother's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fathers / Support Persons Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Obstetrician/Midwife Information:

\_\_\_\_\_ Group Name

Caregivers Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax (if known) \_\_\_\_\_

## Hospital Information:

Hospital Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Is there someone we can thank for referring you to Securacell?

\_\_\_\_\_

If you have banked cord blood in the past, we waive your enrollment fee.

- I am a client of Securacell
- Past Client of \_\_\_\_\_

Name of cord blood bank: please submit past annual storage bill as proof of prior banking.

Securacell use: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Acct # \_\_\_\_\_

Cord Blood # \_\_\_\_\_



# Payment Option Form

Please select service:

Cord Blood only      Cord Blood and Tissue

\*All options include: kit, shipping, processing, testing & 1st years storage fee. Payments billed to a credit card after blood is processed.

## Step 1: Select your Payment option\*

### Option 1 – payment in full at enrollment

Cord Blood only – \$1195.00–includes \$195 enrollment fee  
Cord Blood and Tissue – \$1595.00–includes \$195 enrollment fee

### Option 2 – balance due after delivery

\$195.00 enrollment fee  
Cord Blood only – \$1000.00  
Cord Blood and Tissue – \$1400.00

### Option 3 – 3 monthly payments

\$195.00 enrollment fee  
Cord Blood only – \$338.67/month  
Cord Blood and Tissue – \$472.66/month

### Option 4 – 6 monthly payments

\$195.00 enrollment fee  
Cord Blood only – \$172.34.00/month  
Cord Blood and Tissue – \$239.33/month

### Option 5- 12 monthly payments

\$195.00 enrollment fee  
Cord Blood only – \$92.54/month  
Cord Blood and Tissue – \$129.60/month

Enrollment fee only paid one time per family

## Step 2: Select payment option for annual storage:

### Option 1 – Annual payments

Cord Blood only – \$125 per annum: starting in month of child's 1st birthday  
Cord Blood and Tissue – \$225 per annum: starting in month of child's 1st birthday

### Option 2 – 10 Year Pre-Pay

Cord Blood only – \$1100: 1st year included, prepaid for 11 years. Savings of \$150  
Cord Blood and Tissue – \$2000: 1st year included, prepaid for 11 years. Savings of \$250

### Option 3 – 20 Year Pre-Pay

Cord Blood only – \$2200: 1st year included, prepaid for 21 years. Savings of \$300  
Cord Blood and Tissue – \$3900: 1st year included, prepaid for 21 years. Savings of \$600

## Step 3: Complete credit Card Payment Authorization Form

### PLEASE ENSURE THE INFORMATION BELOW IS FILLED OUT ACCURATELY AND COMPLETELY.

(Incomplete information may delay the completion of your enrollment and processing of your cord blood.)

I, the undersigned, authorize Securacell Inc. to charge my credit card for the services as described in the Cord Blood Collection and Storage Agreement. I understand that my annual storage fee will be billed each subsequent year unless previous arrangements have been made or one of the termination provisions has been exercised.

Accounts will be billed per option 2 unless otherwise indicated. Delinquent accounts will be assessed \$15.00/month

Visa      Mastercard      Discover      American Express

/20

Card Number

Expiration Date

Name as it appears on card

Signature

Today's Date



## Cord Blood Stem Cell Collection and Storage Agreement and Informed Consent and Release

I/We, \_\_\_\_\_ the Parent(s)/Legal Guardian(s), on behalf of myself/ourselves and my/our/ unborn child ("Child"), hereby grant permission to Securacell, Inc., ("Securacell") to process, test, and store Umbilical and/or Placental Cord Blood ("Cord Blood") after delivery of my/our/the Child. This document constitutes a legally binding Agreement between Securacell and the undersigned Parent(s) or Legal Guardian(s), the ("Client").

This Agreement outlines the rights and obligations of the parties as set forth in this document.

I/We, the undersigned Client, agree and acknowledge understanding of the following:

- 1) The term Cord Blood also indicates the Stem Cells in the Umbilical Cord Blood that are extracted, processed, cryopreserved, and stored for future use.
- 2) The Client understands that the Client is the custodian of the Cord Blood until the Child reaches (18) years of age. At that time, Securacell shall recognize any claims made by the Child for the Cord Blood.
- 3) The Client understands Cord Blood stem cell transplantation is a developing area of medical science and may offer possible future benefits to the Child and other potential beneficiaries in treating diseases such as leukemia, certain cancers, and blood and genetic disorders. The Client understands that Cord Blood offers a source of stem cells, and the Client acknowledges that they have been informed of alternative sources of stem cells such as bone marrow and peripheral blood. The Client understands that cryopreservation of Cord Blood is a relatively new procedure and some laboratory tests and studies thus far have indicated it is a successful method of preservation of Cord Blood; however, no assurance or guarantee can be made about the effectiveness of preservation nor the benefits or utility derived there from. The Client also understands the Child or another family member may never need to use the Cord Blood and the Cord Blood may not be utilized.
- 4) We advise the Client to discuss stem cell storage with a competent medical professional, such as your Obstetrician-Gynecologist and/or your Family Physician and/or your Oncologist. This discussion should include the potential benefits of collection, preservation and possible future use of Cord Blood stem cells, and the current diseases stem cell transplants may have benefited. This discussion should also include the possible risks and benefits. Securacell is in no way providing medical advice, care or treatment to you.
- 5) The Client understands that she must request a qualified Provider to collect the Cord Blood and Maternal Blood Sample using the collection kit provided by Securacell. Securacell will provide instructional materials in the Collection Kit for the Physicians/Midwives with regard to the proper use of the Collection Kit necessary to perform the proper collection of Cord Blood. Securacell will also have personnel experience in labor and deliver available to answer questions regarding services. The Client acknowledges that the Cord Blood will be sent to an independent laboratory ("Laboratory") for testing and storage during the term of this contract. Securacell's duties are limited to providing educational materials and the collection kit, and Securacell is not responsible for any medical procedure or advice.
- 6) The Client understands that there are risks with any medical procedure, that there may be additional considerations or unforeseeable circumstances during the period of delivery and that the safety and care of the baby and mother are of primary concern. Therefore, in the event the Cord Blood cannot be collected, Client releases from liability and waives all claims against the Provider, Hospital, Hospital Staff, and Securacell, and its shareholders, directors, officers, employees, representatives, agents and consultants, and the Client enters into this agreement with this understanding.
- 7) Collection of maternal blood samples can cause bruising, redness, discomfort, and inflammation around the needle site. In the event the Client uses a surrogate, the maternal blood sample and Maternal Health History will be obtained from the surrogate.
- 8) The Client understands that Cord Blood is normally discarded after delivery, appropriated for medical research or stored in a public banking facility and that the decision to collect, process, and store the child's Cord Blood is a voluntary act on the part of the Client that may allow them to protect their personal rights to the Cord Blood.
- 9) The Client understands there is a risk of contamination when collecting Cord Blood; therefore the Cord Blood will be tested for fungus and bacteria by Securacell's laboratory. If the Cord Blood is deemed unsuitable for storage, Securacell will reimburse the Client the Collection Fee. Client will not incur a cancellation fee.



- 10) The Client agrees to be responsible for delivery of the Child's Cord Blood to the Laboratory within 72 hours of collection. Upon request of Client, Securacell may, at its sole discretion, facilitate the delivery of the Cord Blood on the Client's behalf.
- 11) The Client understands Cord Blood collection is voluntary and that the Client has the right to stop the collection at any time. In the event the decision to stop the Cord Blood collection is made prior to collecting the Cord Blood, Securacell will reimburse the Collection Fee paid by the Client, upon receipt of the unused/ undamaged collection kit.
- 12) **Confidentiality of Records** – Securacell will keep all records confidential and will not disclose the information contained therein without prior written authorization from the person the record relates to (or, in the case of a minor child, written authorization from one of the Parents) unless required to do so by law.
- 13) **Fees**- (See Payment Options) Client agrees to pay to Securacell the fees set forth on the Payment Options attached hereto.
- 14) **Term**- The Client understands the initial term of this Agreement shall commence on the date Securacell sends to the Laboratory the Cord Blood ("Storage Date") and shall continue for a one (1) year period thereafter. This contract will automatically renew at the end of each one (1) year period, unless either party provides written notice to the other of its intent not to renew at least sixty (60) days prior to the anniversary date of the Storage Date.
- 15) **Termination and Release**- This Agreement shall terminate upon the occurrence of any one of the following:
  - A. With Cancellation Penalty
    - i. Failure of the Client to pay the annual storage fee on the specified due date. Upon termination, the Client releases all rights and waives all claims to the stored Cord Blood and its disposition is at Securacell's sole discretion. Client agrees to pay a cancellation fee of \$85.00 for appropriate disposal of stored Cord Blood.
    - ii. Client delivers sixty (60) days written notice to Securacell terminating this Agreement. Upon termination of this Agreement by Client, Client shall pay to Securacell a cancellation fee of \$85.00 for appropriate disposal of stored Cord Blood.
  - B. Without Cancellation Penalty
    - i. Securacell delivers sixty (60) days written notice to the Client terminating this Agreement. Securacell will attempt to assign, offer options, or make arrangements for the continued storage of the Cord Blood.
    - ii. Client determines they do not want to proceed with the collection process prior to collection. The kit is to be returned to Securacell and Securacell, upon receipt of the collection kit, will reimburse the Client for any monies paid for the Collection and Processing Fee.
  - C. Upon termination of this Contract, Client agrees to release all rights and waive all claims against Securacell, and its shareholders, directors, officers, employees, agents, representatives and consultants with regard to this Contract, the services hereunder and the Cord Blood, and agrees that Securacell shall have no further liability to the Client or with regard to the Cord Blood after termination.
- 16) **Disposition of Cord Blood** – If this agreement is cancelled, terminated, or expires and the Client has paid Securacell for its services, then Securacell will contact the Client regarding the disposal or transfer of Cord Blood. The Client shall send notarized written instructions as to the disposition of the Cord Blood. The expense of the disposal or transfer of the Cord Blood will be borne solely by the Client. If the Client does not respond to Securacell's request for disposal or transfer instructions within ninety (90) days of cancellation, termination, or expiration, Securacell will make appropriate arrangements for disposal and bill the Client for such expense.
- 17) **No Warranty or Guarantee; Limitation of Liability**-The Client acknowledges that neither Securacell nor any of its officers, directors, shareholders, executives, employees, agents, or consultants have made any representations, guarantees or warranties, express or implied, to the Client of any kind or nature, including, without limiting the generality of the foregoing, nor have there been any representations, warranties or guarantees with respect to (i) suitability of Cord Blood for the future treatment of diseases; (ii) successful treatment of diseases through Cord Blood transplantation; (iii) advantages of Cord Blood transplantation over other types of treatment using stem cells; and (iv) the merchantability or fitness for a particular purpose or use of any product or service hereunder;. Client agrees that should he or she make any claim against Securacell, such claim shall be limited in total to the amount of Fees paid by the Client to Securacell under this Contract.
- 18) **Withdraw (Preparation, Transfer, and Shipment)** – In the event that these cells are needed for treatment, the Client shall provide written notification to Securacell in the form of a physician order which shall include the name and address of the physician and hospital receiving the Cord Blood. The decision regarding the specifics of the cord blood required will be made by the Client's physician. The Client shall bear all other costs related to the preparation and shipment of the Cord Blood.

- 19) **Testing and Results-** Securacell is required by various agencies to test a sample of blood drawn from the birth mother to determine if there are potential problems with using the cord blood/cord tissue. The cost of these tests is included in your fee. Securacell's lab either performs or contracts with a qualified vendor approved by the Centers for Medicare and Medicaid Services (CMS) to perform the following testing on Maternal Blood Sample. The maternal blood should be drawn at the time of delivery (before any fluids are given), but must be drawn within 7 days before or after delivery. The tests included are for human immunodeficiency virus type 1 and 2 (HIV 1/2), hepatitis B surface antigen (HBsAg), antibody to hepatitis B core (HBc), antibody to hepatitis C (HCV), syphilis, antibody to human T-lymphotropic virus type 1 and 2 (HTLV 1/2), and cytomegalovirus antibody (CMV) as well as an ABO, Rh type, and antibody screen. Additionally nucleic acid testing (NAT) is also used to screen for HIV 1, HCV, and hepatitis B virus (HBV). Human leukocyte antigen (HLA) testing will be completed upon the notification of intent to transfuse the product.

The Birth Mother will be notified of any adverse test results from the maternal blood samples. A confirmatory test will be conducted on all blood tests that come back positive for HIV, HTLV, HBsAg and HCV to ensure accurate results.

Additional testing for MSC expanded products upon request for release will apply. This testing, at a minimum, will include sterility and mycoplasma testing. Additional testing may be required by regulatory bodies.

**Abnormal results** - Positive results for the following tests will result in the notification to the Birth Mother: HIV, hepatitis B and C, syphilis, human T-cell lymphotropic virus, and cytomegalovirus. The Birth Mother will also be notified if the unit tests positive for fungal or bacterial contamination.

**Notification** – Notification will be made by mail within a reasonable amount of time of Securacell being notified of the positive test result.

**Donor Advocacy Services** – Medical advice should be obtained when a positive result is received for infectious disease. If you are not able to discuss this issue with your physician, please contact your local health department.

- 20) **Indemnify and Hold Harmless-** The Client agrees to indemnify, defend and hold harmless Securacell, the Processing Laboratory, and any of its agents, shareholders, directors, officers, employees, consultants and other representatives from and against any and all liability, loss, expense, attorney's fees, or claims from injury or damages, arising out of the services provided under this agreement. The Client further acknowledges that Securacell is not responsible for the actions of others including but not limited to the Client's Physician or provider, the Hospital or its staff, Laboratory staff, and transporters of the Cord Blood.
- 21) **Assignment-**This Agreement is assignable by Securacell Inc. to any individual, association, partnership, or other corporation, which is either providing a similar service or intends subsequent to such assignment to provide similar service. This agreement is not assignable by the Client without the written notification to and written consent by Securacell.
- 22) **Miscellaneous-** This Agreement represents the entire Agreement between the parties concerning the subject matter hereof and there are no understandings, agreements, or representations other than as herein set forth. This Agreement shall be binding upon the parties and their respective heirs, spouses, executors, administrators, agents, representatives, successors, and assigns. The Agreement shall be construed in accordance with the laws of the State of Ohio, and any dispute or controversy hereunder shall be resolved in the local courts sitting in Stark County, Ohio. If any provision of this Agreement is deemed unenforceable, the remaining provisions hereof shall nevertheless be fully enforceable in accordance with their terms.
- 23) **Change in Fees-** Any fees set forth in this Contract, including the Payment Option form, is subject to adjustment such as those that may reflect industry standards and governmental regulations. Securacell will provide Client with written notice of any change in fees at least thirty (30) days prior to the date the payment is due. The annual fee stated in the Payment Option is fixed for a period of 20 years.
- 24) **Client Consent to Release of Information-** Client hereby agrees to the release of any and all information with regard to the Client, or the Child, or anything related to the services performed hereunder, to the Hospital, Laboratory, and any physician, Provider, hospital staff or representative, nurse, or other provider of services to the Client. Client's right to privacy and confidence is protected by current regulations. Client information will not be distributed or sold to any third party by Securacell.

THE CLIENT UNDERSTANDS, ACCEPTS AND AGREES WITH THE ABOVE, CLIENT FURTHER AGREES TO KEEP SECURACELL UPDATED WITH ALL CHANGES TO ADDRESS, PHONE NUMBER, AND EMAIL:

Mother's Information

\_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
Mother's Signature  
Mother's name printed \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mother's address \_\_\_\_\_  
Street City, State Zip  
Phone number \_\_\_\_\_ Email address: \_\_\_\_\_

Father's Information

\_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
Father's Signature  
Father's name printed \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mother's address \_\_\_\_\_  
Street City, State Zip  
Phone number \_\_\_\_\_ Email address: \_\_\_\_\_

Next of Kin names are kept on file as person(s) Securacell may contact in the event we cannot reach the above parties.

Next of kin (1): \_\_\_\_\_  
Name Address (street, city, state) Phone number

Next of kin (2): \_\_\_\_\_  
Name Address (street, city, state) Phone number



## MEDICAL HEALTH HISTORY QUESTIONNAIRE

<b>Are you currently</b>		
1. On any medications? If yes, please list. _____	Yes	No
2. Taking an antibiotic? If yes, please list. _____	Yes	No

<b>In the past 12 weeks have you:</b>		
3. Had any shots or vaccines? Please list _____	Yes	No
4. Had contact with someone who had a smallpox vaccination?	Yes	No
5. Developed skin lesions from contact with someone who received a small pox vaccine?	Yes	No

<b>In the past 12 months have you:</b>		
6. Been diagnosed with or had suspicion of West Nile Virus infection?	Yes	No
7. Had a positive or reactive test for West Nile Virus infection?	Yes	No
8. Had a transplant or graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, sclera, bone, skin, or other tissue?	Yes	No
9. Had a blood transfusion?	Yes	No
10. Lived with, or had close contact including sexual contact with, a person who has hepatitis?	Yes	No
11. Had or been treated for HPV or genital herpes, syphilis, gonorrhea or other sexually transmitted infections?	Yes	No
12. Had sex with a man who has ever had sex with a man in the previous 5 years?	Yes	No
13. Had sexual contact with anyone who has engaged in sex in exchange for money or drugs?	Yes	No
14. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?	Yes	No
15. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	Yes	No
16. Had any ear or body piercing in which sterile procedures were not used?	Yes	No
17. Had a tattoo in which sterile procedures were not used?	Yes	No
18. Had any acupuncture?	Yes	No
19. Had any accidental needle stick?	Yes	No
20. Had any exposure to yellow jaundice (not infant jaundice), HIV or hepatitis?	Yes	No
21. Had sex with anyone who has or has tested positive for the HIV, HTLV, Syphilis, Hepatitis B or hepatitis C or another sexually transmitted disease?	Yes	No
22. Come into contact with or exposed to someone else's blood, known or suspected to be infected with HIV, hepatitis B and or C?	Yes	No
23. Been incarcerated in a juvenile detention, lockup, jail or prison for longer than 72 hours?	Yes	No
24. Been treated for Rabies?	Yes	No
25. Taken any of the following medications: Accutane, Soriatane, Tegison (retinoids) or Propecia (finasteride)?	Yes	No

<b>In the past 3 years have you:</b>		
26. Been outside the United States or Canada?	Yes	No
If yes, see questions 26a & 26b.		
26a. City, Country:		
26b. When:		

<b>In the past 5 years have you:</b>		
27. Engaged in sex in exchange for money, drugs, or other items?	Yes	No
28. Used needles to take drugs, steroids, or anything not prescribed by your doctor?	Yes	No
29. Taken clotting factor concentrates for a bleeding problem such as hemophilia?	Yes	No

<b>Since 1977 have you:</b>		
30. Ever lived in Africa (including being born) or traveled to Africa? If yes, see 30a and 30b.	Yes	No
30a. City, Country:	30b. When:	
31. Had sex with anyone who was born in or lived in Africa?	Yes	No
32. Received a blood transfusion or other medical treatment that involved blood in Africa?	Yes	No

**From 1980 to 1996 have you:**

33. Spent time that adds up to 3 months or more in United Kingdom? If yes, see questions 33a & 33b. Yes No
- 33a. City, Country:
- 33b. When:
34. Been a current or former member of the U.S. military, a civilian military employee, or a dependent of either a member of the U.S. military or civilian military employee who resided at a military base in Europe for 6 months or more? If yes, see questions 34a, 34b & 34c. Yes No
- 34a. Country:
- 34b. When:
- 34c. Military Base:

**From 1980 to the present have you:**

35. Spent time that adds up to five (5) years or more in Europe? If yes, see questions 35a & 35b. Yes No
- 35a. City, Country:
- 35b. When:
36. Received a transfusion of blood or blood components in the United Kingdom or France? If yes, see questions 36a & 36b. Yes No
- 36a. Country:
- 36b. When:

**Have you EVER:**

37. Taken any of the following medications growth Hormone from Human Pituitary Glands, insulin from cows (Bovine or Beef Insulin), Hepatitis B Immune Globulin or an unlicensed Vaccine? Yes No
38. Been deferred as a blood donor for a reason other than anemia or being underweight? Yes No
39. Had a toxic exposure to heavy metals such as lead, mercury or gold? Yes No
40. Been diagnosed with or tested positive for Human Immunodeficiency Virus (HIV) or AIDS, Human T-cell Leukemia Virus (HTLV), Syphilis, Yellow Fever, Hepatitis A, B, C, D or E? Yes No
41. Had adult T-Cell leukemia or unexplained paraparesis (partial paralysis of the limbs)? Yes No
42. Been diagnosed with Tuberculosis, Chagas Disease (T. Cruzi), or Babesiosis, or do you have acute respiratory disease? Yes No
43. Had or been exposed to an infectious skin disease such as Herpes? Yes No
44. Had a blood disorder or a bleeding problem (coagulation or platelet disorder)? Yes No
45. Had Malaria? Yes No
46. Received a dura mater (brain membrane) transplant or graft? Yes No
47. Been diagnosed with variant Creutzfeldt-Jakob Disease (CJD) or any other form of CJD? Yes No
48. Had a blood relative or had contact, including intimate contact, with anyone that has been diagnosed with any form of CJD? Yes No
49. Had a transplant or medical procedure involving exposure to organs, tissues, or living cells from an animal? Yes No
50. Been diagnosed with dementia, any degenerative or demyelinating disorder of the central nervous system, or any other neurological disease where the cause is unknown? Yes No
51. Had any chemotherapy during your pregnancy? Yes No
52. Been a recipient of a xenotransplantation product? Yes No
53. Had intimate contact, including sexual contact, (past or current) with a xenotransplantation product recipient? Yes No
54. Had a history of drug or alcohol abuse? Yes No
55. Been diagnosed with any congenital or genetic disorder or chromosomal problem? Yes No
56. Had or have currently a member of your household that has ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? Yes No

**Has anyone in the maternal/ paternal family had:**

57. Aplastic anemia, Thalassemia, Fanconi anemia, or Sickle cell anemia? Yes No
58. Creutzfeldt-Jakob Disease (CJD)? Yes No
59. Hurler Syndrome or other glycogen storage disease? Yes No
60. Chromosomal disease? Yes No
61. Chronic Granulomatosis Disease (CGD)? Yes No
62. Wiskott-Aldrich Syndrome? Yes No
63. Hunter Syndrome? Yes No
64. Severe Combined Immunodeficiency Syndrome or blood/ bleeding and genetic disorders? Yes No
65. Nervous System Disorder? Yes No
66. Platelet or clotting disorder? Yes No

I certify that the above answers are true to the best of my knowledge.

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Securacell Representative: \_\_\_\_\_ Date: \_\_\_\_\_