



Parental Consent Form and Pledge

For the Client to complete, sign and return to Transmedical For Life S.A.R.L

1- On behalf of my unborn child, and myself, I.....(parents), wish to apply for the individual cord blood cells and /or cord tissue cryopreservation service offered by Transmedical For Life S.A.R.L. I understand that I am giving this consent on behalf of my child, who is yet to be born. I undertake that when my child becomes 18 years of age to give his or her own consent to these terms, I will supply him or her with all the information supplied to me by Transmedical For Life S.A.R.L at that time, (including this form) to enable my child to make an informed decision.

2- This Consent Form conveys that I fully understand the following:

a) That the main service offered is storage for cells contained in cord blood and/or cord tissue. Each cord blood cells and /or cord tissue will be uniquely identified, stored, and maintained at a cryogenic storage facility. Transmedical For Life S.A.R.L will retrieve these cells and/or cord tissue at my request as per the “ Stem Cell Banking Agreement”, or the request of my adult child or legal guardian.

b) That if the mother fails the screening procedures (including testing for Human Immunodeficiency Virus (HIV) , Hepatitis B, Hepatitis C , Epstein Bar Virus (EBV), Cytomegalovirus (CMV), Human T lymphocyte Virus (HTLV), or Syphilis) the baby’s cord blood cells and/or cord tissue will be ineligible for storage.

3- Collection of cord blood cells and/or cord tissue:

I understand that:

a) It is not possible to determine whether my child will develop a disease in the future which can be treated by these cells. However, collecting and storing my baby’s cord blood cells and/or cord tissue may benefit my baby should he/she need them in the future to treat certain diseases.

b) These cord blood cells and/or cord tissue are a perfect match with my child and while there is no guarantee that my child will ever need them, the fact that these cells/or tissue being a perfect match can reduce serious complications should stem cell therapy ever be needed.

c) There is a possibility that the baby’s cord blood stem cells may be suitable for use for the treatment of other family members. Whether this can be done will depend on the law at the time of need.

d) Complications can arise at birth and it may not be possible or prudent for my lead physician to collect the cord blood. Collection of cord blood can therefore not be guaranteed. My health and the health of my baby is my lead physician’s main priority.

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I agree that my lead physicians' judgment shall be absolute and final.

4- Receipt and processing of cord blood and/or cord tissue:

I understand that:

- a) The cord blood cells and/or cord tissue will be processed on receipt by Transmedical For Life S.A.R.L and the fees for processing incurred as per the Transmedical For Life S.A.R.L "Stem Cell Banking Agreement".
- b) There is no way of knowing if the cord blood sample can be stored until it is processed and assessed at Transmedical For Life S.A.R.L laboratory. For safety reasons Transmedical For Life S.A.R.L must maintain the right to reject any cord blood sample due to the presence of viral, bacterial or other contamination, or if the maternal blood tests indicate the presence of HBV, HCV, HIV, CMV, HTLV, EBV or Syphilis. If the blood sample is rejected, Transmedical For Life S.A.R.L will take all reasonable steps to contact me to seek my instructions on the destruction of the sample.
- c) Transmedical For Life S.A.R.L may refuse to store the cord blood if the sample does not meet the requirement of volume, viability and cell count, or if it arrives too late "more than 6 hours" after the birth.

5- Infectious diseases tests on maternal blood:

I....., the mother, agree to provide a vial of my blood at the time of birth. This blood will be tested for HIV, HBV, HCV, EBV, CMV, HTLV and Syphilis. Transmedical For Life S.A.R.L will use this information for the sole purpose of determining the suitability of the cord blood sample and/or tissue for storage. Transmedical For Life S.A.R.L will not disclose this information to any person other than the mother "even to the father" without the mother's written authorization.

6- Other alternatives:

I understand that other sources of stem cells exist, including bone marrow and peripheral blood, and that stem cells harvested from these sources have been used successfully to treat the same diseases. In the future, other ways of treating these diseases may be found, so that these cord blood cells may not be useful. While bone marrow is currently the most common source of stem cells, collecting stem cells from bone marrow, requires an invasive procedure and carries the risk of infection and surgical complications. Should a stem cell donor be needed later, finding a suitable match can be lengthy or unsuccessful.

7- Storage of cord blood cells and/or cord tissue:

I understand that the freezing and storage process used to preserve cells harvested from cord and placental blood is similar to the process that is currently used for storing other human cells, and that although this freezing technique has been used for many years to successfully preserve bone marrow and other blood cells, it has only been used to store cord blood stem cells for the past 25 years. Laboratory studies and transplants utilizing frozen stem cells suggest that this process can be used successfully with cord blood cells.

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I consent to the cord cells and/or cord tissue being stored for the minimum term of the contract, but there is always a risk that stem cells will not be viable after removal. ***I accept that risk.***

8- Use of cord blood:

I understand that cord blood stem cells have been used to successfully treat diseases such as leukemia, lymphoma, certain other cancers, and blood disorders. Potential risks include the possibility that this type of treatment may not be effective. I understand that on addition to the quality of and number of cells in the cord blood, the success of a cord blood transplant depends on many factors, including but not limited to, the degree of match between the cord blood and recipient, the condition of the recipient and the type of disease being treated.

I understand that cord blood cells and /or cord tissue are not the treatment of choice for all diseases or conditions and that should the need arise, the decision to use the cord blood cells and/or cord tissue stored under the individual account for a transplant or medical procedure in the future will be strictly between a medical physician and myself (or my adult child). It is possible that in the future better therapies may be developed.

9- Legal Limitations:

Upon the child reaching majority (the age of eighteen), Transmedical For Life S.A.R.L will no longer recognize any claims made upon by the Client to the cord blood and/or cord tissue. In the situation where both parents (Client) decease before the child reaches eighteen years of age, Transmedical For Life S.A.R.L shall consider that the appointed guardian of the child shall replace the Client as to their obligations as well as their rights emerging from the present Consent Form.

I certify that I have read this Consent Form and the information provided to me by Transmedical For Life S.A.R.L. Any questions have been answered to my satisfaction.

Name of parent(s):

Signature of parent(s):

Date:

A pledge to my child:

1. I promise that I will show this form to my child when he or she is of age to give informed consent.
2. I promise that I will also give him or her any information supplied to me by Transmedical For Life S.A.R.L to update the information which was available to me.
3. I promise that I will help my child to get independent medical advice, if necessary, to help him or her give informed consent to the continued storage of his or her cord blood cells and /or cord tissue.

Signature of parent(s):

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