



**CELEBRATION STEM CELL CENTRE
INFORMED CONSENT FOR PRIVATE STORAGE AND HOSPITAL/BIRTHING CENTER RELEASE**

I desire the collection of my unborn baby's cord blood for donation or storage. I have elected to utilize the services of Celebration Stem Cell Centre to achieve the desired donation/storage. For the donation/storage to occur it is necessary to collect and save the blood from the placenta and umbilical cord after the birth of my baby, rather than discard them as medical waste. The collected cord blood will be shipped to Celebration Stem Cell Centre for processing and placement into storage.

My physician, physician's designee, midwife or a Celebration Stem Cell Centre trained collection specialist will perform the collection of the cord blood after the delivery of my baby at the same time the placenta is being delivered. He/she will use methods provided by Celebration Stem Cell Centre. My physician may decide that a medical condition that occurs during or after delivery makes collection of cord blood impossible, and if that happens I cannot donate cord blood.

I understand that the donation/storage of cord blood includes medical procedures and there can be no guarantee or assurance of success of the results of the service. I further, on behalf of myself and my unborn baby, our respective heirs, successors and assigns, hereby release and forever hold harmless the Hospital/Birthing Center, and its affiliates, successors, assigns, officers, directors, employees and agents from any and all actions, causes of action, claims, debts, demands, liabilities, covenants, controversies, omissions and damages and any and all other claims of every kind, nature and description whatsoever, both in law and equity, which may arise relating to the collection of the cord blood on behalf of me and my baby.

Print Name of Expectant Mother  Mother Print Here _____ Signature of Expectant Mother _____ Date _____  Mother Sign Here

Person Authorized Pursuant to Law to Consent to Health Care for the Expectant Mother (if Expectant Mother is a minor):

Print Name of Authorized Person _____ Signature of Authorized Person

Date _____ Relationship to Expectant Mother

PHYSICIAN-DONATED SAMPLE

My patient desires the collection of her unborn baby's cord blood for donation/storage at Celebration Stem Cell Centre. For the donation to occur it is necessary to collect and save the blood from the placenta and umbilical cord after the birth of my patient's baby, rather than discarding the blood as medical waste. The cord blood obtained will be shipped to Celebration Stem Cell Centre for processing and placement into storage.

I, or a Celebration Stem Cell Centre trained and approved collection specialist, will perform the collection of the cord blood after the birth of her baby while the delivery of the placenta occurs. The collection will use the methods provided by Celebration Stem Cell Centre in their standard operating procedures. The collection period will be brief and Celebration Stem Cell Centre will provide the protocols and collection equipment in the cord blood collection kit. Every effort will be made to acquire as much cord blood as is feasible and to minimize the risk of fungal, bacterial, or maternal blood contamination.

The health and welfare of my patient and her baby are my primary concern and responsibility. Accordingly, I reserve the right to forgo the collection of the cord blood if my best medical judgment indicates this to be necessary.

I understand that the donation/storage of cord blood includes medical procedures and that there can be no guarantee or assurance of success of results of the service. I, on behalf of myself, my heirs and successors and assigns hereby release and forever discharge Celebration Stem Cell Centre and its affiliates, successors, assigns, officers, directors, employees and agents from any and all actions, causes of actions, demands, debts, claims liabilities, covenants and damages and any and all other claims of every kind, nature and description whatever both in law and equity which may arise relating to my performing the collection of the cord blood.

Celebration Stem Cell Centre on behalf of its affiliates, assigns, officers, directors, employees and agents releases and forever discharges me and each of my heirs, successors and assigns from any and all actions, causes of actions, demands, debts, claims, liabilities, covenants and damages and any and all other claims of every kind, nature and description whatever, both in law and equity, which may arise relating to my performing the collection of the cord blood

Print Name (Physician/Midwife/PA/NP)  Physician Print Here _____ Signature of Physician/Midwife/PA/NP _____ Date _____  Physician Sign Here

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IMPORTANT: THIS FORM IS REQUIRED TO BE SIGNED BY YOU AND YOUR PHYSICIAN/MIDWIFE IN ORDER TO RECEIVE A CELEBRATION STEM CELL CENTRE CORD BLOOD COLLECTION KIT. TO AVOID ANY DELAYS IN YOUR PAPERWORK REVIEW, PLEASE ENSURE THAT ALL REQUIRED SIGNATURES ARE PRESENT PRIOR TO SUBMITTING YOUR COMPLETED FORMS.