



## ADIPOSE (FAT) / STEM CELL BANKING REGISTRATION FORM

Client Information			
First Name:	Last Name:	Middle Initial:	
Home Address:		Apt/Unit #:	
City:	State:	Zip Code:	Country:
Phone:		Secondary Phone:	
Email Address:		Date of Birth:	
Emergency Contact Name:	Phone Number:	Relationship to Client:	
Procedure Performed by			
Medical Facility Name:		Healthcare Provider Name:	
Address:		Phone:	
City:	State:	Zip:	Country:

I, the Client, understand that adipose tissue is for autologous use only: \_\_\_\_\_

Client Name (Please Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## Informed Consent for Adipose (FAT) Tissue/Stem Cell Banking

I have been informed that liposuction aspirates have a large number of adult stem cells that can be harvested and stored in a specialized laboratory.

I understand that these cells can potentially be used for future cosmetic and regenerative medicine applications including but not limited to; facial augmentation, breast augmentation, correction of body symmetry, stroke, heart attack, muscle damage and joint injury.

I understand that there is a fee associated with banking my adipose tissue and it is a completely voluntary program that I have decided to take part in. I have not been forced or coerced to bank my adipose tissue.

**Based on this information that has been provided to me, I elect the following disposition for my liposuction aspirate (please select one):**

- I elect to have my fat tissue processed and cryopreserved by Celebration Stem Cell Centre for future autologous use (self-use) in aesthetic and/or regenerative medicine applications.
- I elect to have my fat tissue donated to Celebration Stem Cell Centre for medical research

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(Print Name)

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(Signature & Date)

## **Adipose (FAT) Tissue Banking Enrollment Agreement**

This Enrollment Agreement (this "Agreement") sets forth the terms and conditions regarding the processing and storage of your adipose tissue and/or stem cells by Celebration Stem Cell Centre ("CSCC"). Adipose tissue will be collected by your physician using methods approved by CSCC's Medical Director.

I agree to pay CSCC the initial fee and the annual storage fees as more specifically described in the Adipose Banking Enrollment Agreement attached hereto and by this reference made a part of this Agreement.

I understand that I may terminate this Agreement for any reason by providing CSCC a thirty (30) day notice in writing with a ("Termination Notice"). I agree to continue to pay the banking fees until the transfer of my adipose tissue and/or stem cells. Upon my termination of this Agreement, I understand that I have the right to have the adipose tissue and/or stem cells transferred to a facility of my choice within 120 days after CSCC's receipt of my Termination Notice. I understand that I am responsible for any expenses incurred by CSCC for transferring the adipose tissue and/or stem cells to another facility. I understand further that if I terminate this agreement after CSCC processes the adipose tissue and/or stem cells, I will not receive a refund of any fees paid to CSCC under this Agreement, but that I will have no further liability after the date this Agreement terminates for future processing and/or storage fees.

I understand that any unpaid fees after 30 days will accrue interest on a daily basis rate of 18% per annum from the due date. I understand that if I fail to pay CSCC any fees within sixty (60) days of the payment due date, CSCC may immediately terminate this agreement. Upon termination of this agreement for non-payment, all ownership rights to the adipose tissue and/or stem cells shall be transferred to CSCC. Neither CSCC nor I will have any continuing obligations to the other after termination of this Agreement, except as specifically provided in this Agreement.

If the adipose tissue and/or stem cells are collected and delivered to CSCC, CSCC agrees to use the proper and customary care under standard processing and storage protocols.

I understand that CSCC shall not be held responsible for damage or loss of the adipose tissue and/or stem cells due to acts of terrorism, civil strife, war, national emergency or acts of God. CSCC will not be liable for anything beyond its direct control including but not limited to: loss by a courier, contamination, accidents in shipment, misuse, untimely use, incorrect preparation at other premises, or any other conditions that prevent CSCC from complying with its standard operating procedures and policies. CSCC shall not be liable for any incidental or consequential damages resulting from loss or damage of the adipose tissue and/or stem cells. In any event, I agree that CSCC's liability shall be limited solely to a refund of the fees paid for processing and storage of the adipose tissue and/or stem cells.

I have read this Enrollment Agreement and hereby enter into this contractual relationship for the processing and storage of my adipose tissue and/or stem cells with Celebration Stem Cell Centre. I have selected the desired payment plan and understand the option to prepay the annual storage fee as listed below on the "Adipose Banking Enrollment Agreement". I have read and understood all of the terms in

this Agreement, the consent documents listed on page two of this agreement and health history questionnaire. I certify that all of the information I have provided to CSCC is true and correct to the best of my knowledge.

I understand that this Agreement and the legal relations between the parties shall be governed by, and construed and enforced in accordance with, the substantive laws of the State of Arizona, without regard to conflict of laws principles. Any action brought to enforce the terms of this agreement must be commenced and maintained in the appropriate state or federal court in Maricopa County, Arizona. This Agreement shall be binding upon, and inure to the benefit of, the parties and their heirs, fiduciaries, successors and assigns. If any provision of this Agreement, or the applicability in any provision to a specific situation, is held to be invalid or unenforceable, the provision shall be modified to the minimum extent necessary to make it or its application valid and enforceable, and the validity and enforceability of all other provisions of this Agreement and all other applications of such provisions will not be affected by any such invalidity or unenforceability.

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Print Client's Full Legal Name

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Signature of Client

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Date

## Service Plan Options

Cryopreserving of Adipose Tissue (Small Kit)	Cryopreserving of Adipose Tissue (Large Kit)
Small kit contains (6) 10cc syringes.	Large kit contains (4) 60cc Syringes.
<input type="checkbox"/> \$1,500.00  Annual Storage Fee: \$200.00 Per Year	<input type="checkbox"/> \$1,900.00  Annual Storage Fee: \$275.00 Per Year

**Prices above are for 1<sup>st</sup> kit each additional kit used will acquire additional cost**

**Credit Card Authorization:** I hereby authorize Celebration Stem Cell Centre to charge the following credit card account according to the plan(s) selected above. I understand that I am responsible for recurring charges and additional late fees if my credit card is cancelled or otherwise not available for payment.

**Visa**     
  **Master Card**     
  **American Express**     
  **Discover**

\_\_\_\_\_

Card Number

\_\_\_\_\_

3 Digit Code

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

Authorized Signature      Today's Date

\_\_\_\_\_

Name as it appears on the card

\_\_\_\_\_

Billing Address