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Mother's name: _____**DOB**_____

Cord Blood Banking & Cord Blood + Tissue Banking Agreement

Cell Care Australia Pty Ltd | ABN 35 110 312 537
PO Box 833 | Moorabbin VIC 3189 | AUSTRALIA
Toll free: 1800 071 075
Fax: (03) 9551 2933
Website: www.cellcare.com.au
Email: info@cellcare.com.au

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Dear Cell Care client,

Thank you for considering the storage of your baby's stem cells with Cell Care. We are pleased that you have recognised the possible future benefits of storing your cord blood and potentially cord tissue stem cells. By doing so, you may place your family at the forefront of cell therapy science where there is both an increasing number of therapies available and an expanding number of exciting clinical trials being undertaken.

This cord blood (and tissue) banking agreement will become a contract between you and Cell Care, and we have sought to set out the terms as simply as possible. If you do however have any questions, please contact our Client Services team on 1800 071 075.

The first thing to determine is whether you wish to store **Cord Blood**, or **Cord Blood + Tissue**. The factors to take into account in making this decision are set out on the Cell Care website at www.cellcare.com.au. Cell Care's Client Services team may answer any further queries you might have with regard to this consideration.

Once you have made the decision with regard to Cord Blood or Cord Blood + Tissue, please select the payment plan that best suit your circumstances. Cell Care offers Prepaid Plans and Annual Storage Plans.

Prepaid Plans
In Prepaid Plans, all fees for the period of the contract are combined, i.e., collection *, transport, processing and storage. In selecting a Prepaid Plan, you choose:

a. Whether you wish to store your baby's stem cells for 20 years, 30 years or for the lifetime# of the child, and
b. Over what time frame you wish to pay for your Prepaid Plan. We offer 12- and 24-month payment plan options, or an at birth – upfront option.

Annual Storage Plans

Annual Storage Plans incorporate:
i. An upfront fee associated with the collection *, transport and processing of your baby's cord blood (and tissue if you elected to store Cord Blood + Tissue), plus the first-year storage fee. This includes the initial cryopreservation at Cell Care's state-of-the-art facility and the first year of storage. This upfront fee may be paid in one payment shortly after birth, or you can elect to pay monthly over a 12-month period; and
ii. Annual storage fees which are paid annually, without commitment to a specific contract timeframe. The first annual storage payment is included in the upfront fee described in section 'i' above. Subsequent annual storage payments are due on the anniversary of the first payment.

** Excluding the cost of a Cell Care Collector if required.*
 # Lifetime is defined as an average of 83 years for males and females (Australian Bureau of Statistics for life expectancy 2020-2022)

The specific fees payable for the different Annual Storage and Prepaid Storage Plan options are set out in Section D.

With all Cell Care plans, there is an initial deposit payable on the signing of this Agreement. The deposit covers the cost and delivery of the Cell Care collection kit and is generally not refundable once this Agreement is signed. Please refer to our Refund Policy.

Client Agreement
Once this Banking Agreement has been finalised, the mother of the child will need to complete the Client Agreement, which includes the medical questionnaire and Parent Consent.

We will support you through this process if required. It is a regulatory requirement that the consent be signed by the mother because it incorporates receiving the necessary consent to take a maternal blood sample as part of the storage process. Please note that as we are storing a blood product, we are required to ask a number of personal health questions of both the mother and father. These questions are important in ensuring we have the information needed to best maintain the safety and future efficacy of your baby's stem cells.

Privacy
Your privacy is of paramount importance to us. We appreciate that you are required to give us very personal information and you can be assured of its absolute confidentiality.

Cell Care's privacy policy can be reviewed at http://www.cellcare.com.au/privacy-policy.

Above all, Cell Care seeks to ensure that the process of collecting your baby's precious stem cells is simple, safe and secure. We store stem cells for over 50,000 babies and are one of the largest and most experienced cord blood and tissue banking companies in the world. We invite you at any time to contact us should you have any questions, feedback or concerns.

Yours sincerely,
The Cell Care Team

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A. MOTHERS DETAILS

Last Name		**First Name**			
Home Address					
Suburb		**State**		**Postcode**	
Home phone		**Work phone**			
Mobile					
Email					

B. COLLECTION & STORAGE OPTIONS

I wish to collect and store my baby's:

- ❑ Cord Blood
- ❑ Cord Blood + Tissue
  (Cord Tissue collection is only available with Cord Blood collection and please refer to items 5 & 6 of the "Acknowledgements" section and item 4 of the "No Assurances" section of the Terms and Conditions of this Agreement – Section F).

See Section C and D for pricing information

C. PAYMENT PLANS

Cell Care offers Prepaid Plans and Annual Storage Plans:

Prepaid Plans
All fees for the period of the contract are combined, i.e., collection, transport, processing and storage. We offer 20 years, 30 years or for the lifetime# of the child. You may pay your Prepaid Plan over 12 or 24 months, or upfront at birth.

Annual Storage Plans
Annual Storage Plans incorporate:

i. An upfront fee associated with the collection, transport and processing of your baby's cord blood (and tissue if you elected to store Cord Blood + Tissue). This upfront fee may be paid in one payment, or you can elect to pay monthly over a 12-month period; and
ii. Annual storage fees which are paid annually, without commitment to a specific contract timeframe. The first annual storage payment is included in the upfront fee described in section 'i' above. Subsequent annual storage payments are due on the anniversary of the first payment.

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D. CHOOSING A PAYMENT PLAN

CORD BLOOD payment plans

Please tick only one payment plan option

Includes a deposit of: $250

CORD BLOOD	Annual	20 Years	30 Years	Lifetime
Upfront – At Birth Total Amount Payable*	$2,525 ❒	$4,500 ❒	$5,300 ❒	$8,300 ❒
12 Monthly payments of *Total Amount Payable**	$223 *$2,920* ❒	$388 *$4,895* ❒	$454 *$5,695* ❒	$704 *$8,695* ❒
24 Monthly payments of *Total Amount Payable**	N/A	$210 $5,290 ❒	$244 $6,090 ❒	$369 $9,090 ❒
	+			
Annual Storage Fee	$225	-	-	-

PREPAID STORAGE PLANS: The balance, after deposit, of at birth plans is payable 2 weeks following birth. Monthly payment plans commence 2 weeks following birth. ANNUAL STORAGE PLANS: The balance of the initial payment is due 2 weeks following birth. The first annual storage fee is included in the initial payment. Subsequent annual storage fees are due on the anniversary of the first payment, and are payable for as long as you want, without commitment and are adjusted annually in line with CPI. Prices are exclusive of any discounts or additional collector fees, discounts are deducted from the collection and processing fee. Visit our website or speak to our Client Services Team on 1800 071 075 for further information.*Includes deposit

To refine your final pricing, please check the following boxes where appropriate:

- ❑ **Are you an existing Cell Care client?** If you have banked with us before, a price reduction of $200 applies.

  If you have changed your name since you last stored with us, please provide previous name here:

  _____

- ❑ **Are you expecting twins?** If so, a discount of $200 applies for each baby.

  If you are expecting triplets or more, please call Cell Care on 1800 071 075 so that special arrangements can be made.

- ❑ **Have you been referred by another Cell Care client?**

  If you have been referred by a friend who is a Cell Care client, a discount of $100 applies. If you are having twins, this discount will be applied to each baby. However, please note that this discount is not available together with other Cell Care offers, or the existing Cell Care client discount.

  Name of Cell Care client who referred you: _____

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CORD BLOOD payment plans (continued)

- ❑ **Do you have a Cell Care voucher?**

  The amount of the voucher will be deducted from your fees.
  Please provide voucher number: _____

Please note, if you have chosen a 12- or 24-Month Plan, the discount will be deducted equally from all payments.

- ❑ **Do you require a Cell Care collector to attend the birth and carry out the collection?**

  For patients in a private hospital, obstetricians will often perform collections. However, if you are having your baby in a public hospital or you do not plan for your doctor to carry out the collection, we are able to arrange a Cell Care trained collector to attend the birth to complete the collection process. This service is available 24/7 and for a fee of $450.

- ❑ **If you have chosen an At Birth Prepaid Storage Plan or a One Payment Annual Storage plan and would prefer to pay the total amount now, please check here.**

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CORD BLOOD + TISSUE payment plans

Please tick only one payment plan option

Includes a deposit of: $250

CORD BLOOD & TISSUE	Annual	20 Years	30 Years	Lifetime
Upfront – At Birth Total Amount Payable*	$3,885 ❒	$6,800 ❒	$8,000 ❒	$12,500 ❒
12 Monthly payments of *Total Amount Payable**	$336 *$4,280* ❒	$579 *$7,195* ❒	$679 *$8,395* ❒	$1,054 *$12,895* ❒
24 Monthly payments of *Total Amount Payable**	N/A	$306 $7,590 ❒	$356 $8,790 ❒	$544 $13,290 ❒
+				
Annual Storage Fee	$385	-	-	-

PREPAID STORAGE PLANS: The balance, after deposit, of at birth plans is payable 2 weeks following birth. Monthly payment plans commence 2 weeks following birth. ANNUAL STORAGE PLANS: The balance of the initial payment is due 2 weeks following birth. The first annual storage fee is included in the initial payment. Subsequent annual storage fees are due on the anniversary of the first payment, and are payable for as long as you want, without commitment and are adjusted annually in line with CPI. Prices are exclusive of any discounts or additional collector fees, discounts are deducted from the collection and processing fee. Visit our website or speak to our Client Services Team on 1800 071 075 for further information.*Includes deposit

To refine your final pricing, please check the following boxes where appropriate:

❑ **Are you an existing Cell Care client?** If you have banked with us before, a price reduction of $400 applies.

If you have changed your name since you last stored with us, please provide previous name here:

_____

❑ **Are you expecting twins?** If so, a discount of $400 applies for each baby.

If you are expecting triplets or more, please call Cell Care on 1800 071 075 so that special arrangements can be made.

❑ **Have you been referred by another Cell Care client?**

If you have been referred by a friend who is a Cell Care client, a discount of $200 applies. If you are having twins, this discount will be applied to each baby. However, please note that this discount is not available together with other Cell Care offers, or the existing Cell Care client discount.

Name of Cell Care client who referred you: _____

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CORD BLOOD + TISSUE payment plans (continued)

- ❑ **Do you have a Cell Care voucher?**

  The amount of the voucher will be deducted from your fees.
  Please provide voucher number: _____

Please note, if you have chosen a 12- or 24-Month Plan, the discount will be deducted equally from all payments.

- ❑ **Do you require a Cell Care collector to attend the birth and carry out the collection?**

  For patients in a private hospital, obstetricians will often perform collections. However, if you are having your baby in a public hospital or you do not plan for your doctor to carry out the collection, we are able to arrange a Cell Care trained collector to attend the birth to complete the collection process. This service is available 24/7 and for a fee of $450.

- ❑ **If you have chosen an At Birth Prepaid Storage Plan or a One Payment Annual Storage plan and would prefer to pay the total amount now, please check here.**

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E. PAYMENT METHOD & AUTHORISATION

❑ Direct Deposit	BSB: 242 000 Account: 236563006 Please specify Client ID in transfer description
❑	Please call Cell Care on 1800 071 075 for a BPAY Biller Code reference number

❑ Direct Debit

Please agree to below terms and conditions and call Cell Care on 1800 071 075 for a secured payment link.

I/We hereby authorize Payrix Australia Pty Ltd (ABN: 63 135 196 397) to make periodic debits on behalf of Cell Care Australia Pty Ltd (ABN 35 110 312 537) (Cell Care).

I/We acknowledge that the debit amount will be debited from my/our bank account according to the terms and conditions of my/our Cell Care contract.

The amount of the payments may vary from time to time as provided for within Cell Care agreement.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient funds in the nominated account by due date to enable the direct debit to be honoured on the debit date. I/We acknowledge that if specified by Cell Care, a SMS, dishonor or processing fee may apply if my/our direct debit is returned.

Sponsor/Parent Signature: _____

Date: _____

❑ Credit Card

Please agree to below terms and conditions and call Cell Care on 1800 071 075 for a secured payment link.

I authorise Cell Care to charge my registered credit card on file for all services rendered under the Contract in accordance with the terms of that Contract including all payments due under a monthly payment plan and any future Annual Storage Fees, until I provide written notice to Cell Care cancelling that authorisation, such notice to be received by Cell Care at least five business days prior to the due date for payment.

Sponsor/Parent Signature: _____

Date: _____

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F. AGREEMENT TERMS

Commencement	This Agreement will commence on the date of receipt of the deposit and all properly completed and signed terms, consents and forms.
Cell Care Services	Cell Care will: 1. prepare your Cord Blood or Cord Blood + Tissue collection kit with temperature stabilising and recording components; 2. deliver your Cord Blood or Cord Blood + Tissue collection kit to your home address; 3. inform your nominated hospital of your decision to collect Cord Blood or Cord Blood + Tissue; 4. if requested, arrange for a Cell Care Collector to collect your baby's Cord Blood or Cord Blood + Tissue and a maternal blood sample; 5. transport the Cord Blood or Cord Blood + Tissue and maternal blood sample from the hospital to Cell Care using dedicated medical transport; 6. process the Cord Blood or Cord Blood + Tissue; 7. test the Cord Blood and maternal blood sample; 8. cryogenically store (which means freeze in liquid nitrogen at very low temperatures) the Cord Blood or Cord Blood + Tissue at Cell Care; 9. continuously monitor the Cord Blood or Cord Blood + Tissue when stored; 10. subject to the release for use provisions of this Agreement and any laws, government regulations or medical standards applicable at the time, release the Cord Blood for regulator approved use(s) and deliver it using dedicated medical transportation (at Cell Care's cost) to any hospital in the world; and 11. should, in the future, Cord Tissue that is collected and stored by Cell Care under its current processes be able to be used as an intermediate material for regulator approved use(s) and be able to be released by Cell Care, release the Cord Tissue for that use and deliver it using dedicated medical transportation (at Cell Care's cost) to a production facility anywhere in the world subject to the release for use provisions of this Agreement and any laws, government regulations or medical standards applicable at that time.
Payment for Services	You agree to pay all fees and charges in accordance with your chosen payment plan and payment method specified in Sections D and E above. All amounts payable under this Agreement include GST. If you choose to pay an Annual Storage Fee, the storage period will automatically renew for an additional 12 months on each anniversary of the first payment of the Annual Storage Fee until you give notice in writing to Cell Care of your intention not to renew the storage period. All Annual Storage Fees will be increased annually on the anniversary of the first payment by the Consumer Price Index.
Refund Policy	Cell Care offers a refund policy as follows. If, for reasons beyond Cell Care's control: 1. the Cord Blood or Cord Blood + Tissue cannot be collected we will refund all monies paid; or 2. the Cord Blood cannot be stored, and the Cord Tissue can be stored you will be charged a fee of: a. Annual Storage plan $1,750 b. 20 years - at Birth – Upfront Plan: $3,400 c. 30 years - at Birth – Upfront Plan: $4,000 d. Lifetime At Birth – Upfront Plan: $6,250 payable in accordance with your chosen payment plan and payment method specified in Sections D and E above. An administration fee will be added where an At Birth or One Time payment plan has not been chosen. If you elect to cancel this contract prior to the birth of your baby and: 1. your collection kit has not been dispatched, your deposit will be refunded in full; or 2. your collection kit has been dispatched, your deposit will be retained in full; or 3. your deposit is non-refundable under the terms and conditions of a specific promotional offer you enrolled under; your deposit will be retained in full.

Circumstances in which this Agreement will end	This Agreement will end if: 1. the Cord Blood or Cord Blood + Tissue cannot be collected, processed or stored; 2. the Cord Blood or Cord Blood + Tissue is released for use; 3. any prepaid storage plan period finishes and the Agreement is not renewed; 4. you decide to end this Agreement, and give Cell Care notice in writing; 5. you fail to make any payment which has been owing for more than three months or alternative payment arrangements have not been organised, at which time Cell Care will give you reasonable notice of termination; 6. the Cord Blood or Cord Blood + Tissue samples are lost or destroyed for reasons beyond Cell Care's control; 7. Cell Care is required by law or a governmental or regulatory agency to terminate this Agreement; 8. there is any change in law, governmental regulations or medical practices that makes this Agreement unsustainable; or 9. Cell Care, at its sole discretion, gives you 60 days' notice of termination where circumstances beyond its reasonable control exist to prevent it from performing its obligations under this Agreement for a period in excess of three months. In this instance, Cell Care will use all reasonable endeavours to assist you in arranging alternative storage. Cell Care will make a pro-rata refund of Storage Fees for any unused storage period where any of points 1, 2, 6, 7 or 9 applies.
Disposal, transfer or donation at the end of this Agreement	If this Agreement ends: 1. Cell Care will make all reasonable attempts to notify you of your options at the time for disposal, transfer or donation of the Cord Blood or Cord Blood + Tissue, having regard to legal and medical regulations which apply at that time; 2. and you choose to transfer, dispose of or donate the Cord Blood or Cord Blood and + Tissue in a particular manner, you will be responsible for any costs involved; 3. and Cell Care is unable to contact you, Cell Care may dispose of the Cord Blood or Cord Blood + Tissue at its absolute discretion after 60 days from the date the Agreement ends; 4. and the Cord Blood or Cord Blood + Tissue is to be disposed of, Cell Care reserves the right to utilise the Cord Blood or Cord Blood + Tissue and any associated samples for quality control, quality assurance or process validation testing, prior to disposal.
Contractors	Cell Care may use contractors to provide some of the services under this Agreement, including transportation and the choice of contractors is at Cell Care's discretion. Cell Care requires all contractors to comply with Cell Care's standard operating procedures, any regulatory licence(s) and all other medical and government guidelines which apply at the time.
Changes in law, regulations or medical standards	Cell Care may modify this Agreement if there is any change in law, governmental regulations or medical standards that directly affect this Agreement or the collection, processing or storage of Cord Blood or Cord Blood + Tissue. Cell Care will always let you know of any changes in writing.
Acknowledgements	You understand and acknowledge that: 1. Cord Blood or Cord Blood + Tissue collection may be unsuccessful for a number of reasons including, but not limited to: i) an insufficient quantity of Cord Blood for storage; ii) Cord Blood or Cord Blood + Tissue that is unsuitable for storage (for example, if the maternal blood samples test positive for certain infectious diseases, such as HIV); iii) complications occurring at birth which do not safely allow for Cord Blood or Cord Blood + Tissue collection. In such circumstances you understand that the obstetrician, midwife or collector engaged to perform the delivery will in their complete discretion determine whether the Cord Blood or Cord Blood + Tissue will be collected; iv) While Cell Care makes every effort to ensure all enrolled clients will have their cord blood or Cord Blood + Tissue collected, birthing is unpredictable from a time and process perspective. In circumstances where the date of client enrolment precedes labour by minimal time, or we receive short notice that labour has commenced, it may not be possible to coordinate the collection support necessary to ensure a successful collection. This may include, but is not limited to, sufficient time for a collection kit to be delivered on time or ensuring availability of a Cell Care collector. Cell Care will make every reasonable effort to facilitate a successful collection. However, Cell Care does not guarantee the outcome of the collection process. Circumstances beyond our control, including but not limited to medical, logistical, or environmental factors, may result in an unsuccessful collection. By proceeding, you acknowledge and accept these risks. v) 2. if you have chosen to collect Cord Blood +Tissue, and the collection of only one of cord blood or cord tissue is successful, Cell Care will proceed to process and store that one product;

Acknowledgements (cont.)	3. the decision to use cells derived from the cord blood or cord blood and tissue in treating your child or compatible relative will, subject to items 5 and 6 below, be your decision (or your child's decision when they reach 18 years) having regard to any advice from your medical practitioner(s); 4. release and transfer of cord blood for any purpose not approved by the TGA or to a facility not appropriately licenced by the TGA, may mean that the cord blood does not comply with TGA requirements for therapeutic release; 5. there is currently no medical or therapeutic use for cord tissue or cells derived from cord tissue; 6. even where a therapy using cord tissue or cells derived from cord tissue may become available in the future, there is no guarantee that cord tissue collected and stored by Cell Care pursuant to this Agreement under Cell Care's current processes will be able to be released by Cell Care and/or used for the purposes of such therapy; 7. any fees or charges paid will only be refunded according to the Refund Policy contained in this Agreement; and 8. you must inform Cell Care in writing of any changes in your contact details including changes of name, address, telephone number, email address, banking details (if applicable) and emergency contacts.
No assurances	Cell Care does not warrant: 1. as cord blood and cord tissue storage is still a relatively new service, successful long term preservation of cord blood or cord tissue through cryopreservation; 2. successful subsequent use of cord blood or cord tissue after cryopreservation; 3. the availability of any future medical or therapeutic use(s) of the cells, including stem cells, derived from cord blood or cord tissue; 4. that, should a therapy using cord tissue or cells derived from cord tissue become available in the future, cord tissue collected and stored by Cell Care pursuant to this Agreement under Cell Care's current processes will be able to be released by Cell Care and/or used for the purposes of such therapy; 5. that sufficient numbers of cells will be collected to enable any particular medical or therapeutic use(s) of the cells derived from cord blood or cord tissue (Cell Care anticipates that stem cell expansion technologies will become available in the near future that will enable even small collections to be expanded to increase the number of cells available for use, but this technology is not yet fully developed nor in clinical use); 6. that cord blood or cord tissue will be the best source of stem cells for treatment of any particular disease; or 7. that cord blood or cord tissue will be appropriate for treatment of any particular disease that your child or a compatible family member may develop in the future.
Release for use provisions - retrieval and release of cord blood for autologous or directed allogeneic use	If the cord blood is needed for the child from whom it was collected ('autologous') or any compatible family member ('directed allogeneic'), you will need to write to us providing the name, address and contact telephone number of the medical practitioner who is requesting the cord blood for treatment. Prior to release, we are required by law to: • obtain written confirmation from your medical practitioner that the cord blood is required for treatment; • conduct certain tests on the sample, for example, bacterial testing. We will provide your nominated medical practitioner with all relevant details concerning the sample; • prior to release, provide the medical practitioner with additional information that they may request regarding your pregnancy and delivery details. *Please note Cell Care is not permitted to release cord blood to you if, in our reasonable opinion, a registered medical practitioner has not requested the release, it becomes apparent that you intend to use the cord blood for a purpose that is illegal or we are restricted by law from releasing the cord blood.*

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If there is a dispute between you and Cell Care	In the unlikely event of a dispute arising between you and Cell Care, both parties agree to refer the dispute, if not satisfactorily resolved between them, to a mediator appointed by the Chairman of the Law Institute of Victoria.
Limitation of liability	Cell Care will be liable to you for any loss you directly incur as a result of any failure by Cell Care to carry out its obligations under this Agreement, up to the amount of fees you have paid to Cell Care. Except as set out in this clause, Cell Care will not be liable for any claim, liability, loss or cost, whether direct or indirect, associated with this Agreement or any use of (or inability to use) the Cord Blood or Cord Blood + Tissue in the future, and you agree to release Cell Care from any such claims.
Privacy	Cell Care knows that information you provide about you and your family may be highly sensitive and of a personal nature, and Cell Care assures you that it will treat all information confidentially, in accordance with what the law requires. Cell Care will not disclose your personal information to anyone except to the extent it is needed to facilitate the collection, processing, storage or release of the Cord Blood or Cord Blood + Tissue or if Cell Care is required by law to do so.
Governing law	The laws of the State of Victoria apply and the parties agree to submit to the jurisdiction of the courts of that State.

G. SIGNATURE

I have read and understood all of the above. I acknowledge that Cell Care Australia Pty Ltd may terminate this Agreement if it is later discovered that any information provided is incorrect.

Signature

Name

Date

Mother's name: _____**DOB**_____

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Cell Care Australia Pty Ltd | ABN 35 110 312 537
PO Box 833 | Moorabbin VIC 3189 | AUSTRALIA

Client Agreement

Please read and fill out each section of this Client Agreement, ensure it is signed, and return it to us:

- by email to **info@cellcare.com.au**
- by fax to **(03) 9551 2933**
- by post to **PO Box 833, Moorabbin, VIC 3189**

If you have any queries regarding the content of this Client Agreement, or our services, please contact us on free call **1800 071 075.**

PERSONAL DETAILS

This Client Agreement comprises the following sections:

- Personal details
- Medical questionnaire
- Parent consent, acknowledgment and agreement which must be signed by the mother of the baby whose cord blood (+/- tissue) is to be collected

Please note that as we are storing a blood product, we are required to ask a number of personal health questions of both the mother and father. These questions are important in ensuring we have the information needed to best maintain the safety and future efficacy of your baby's stem cells.

All of your details will be kept private and your information stored securely.

MOTHER'S DETAILS

Last Name		**First Name**	
Maiden Name		**Date of Birth**	*(dd/mm/yy)*
First and last name under which you are booked into hospital			
Ethnicity (compulsory) e.g. Caucasian, Asian, Indian etc. :			

SECOND PARENTS DETAILS (if applicable. If donor egg/sperm used, ethnicity must be supplied)

Last Name		**First Name**	
Mobile		**Work Phone**	
Email Address			
Gender:	**Male** ❑ **Female** ❑		
Biological father?	**Yes** ❑ No ❑		
Ethnicity (compulsory) e.g. Caucasian, Asian, Indian etc. :			

EMERGENCY CONTACTS

Emergency Contact	
Phone	
Email Address	

DELIVERY DETAILS

40-week gestational due date		**If Booked Caesarean, Date & Time?**		**If Booked Induction, Date & Time?**	
Is this your 1st child?			**If not, which child is it?**		
Single /Multiple Birth			**If Multiple Birth, how many?**		
Hospital Name					
Hospital Address					

DOCTOR DETAILS

Public Patient?	❑	**Name of GP**
Private Patient?	❑	**Name of Obstetrician**
Doctor's Address		
Doctor's Phone		

MEDICAL QUESTIONNAIRE

We are required by law to ask you the following questions. It is important (and in your baby's interests) that you answer each question honestly. A positive answer to any of these questions does not necessarily preclude you from having your baby's cord blood and/or tissue stored. Please provide details of any "Yes" answers (other than question 1) on the notes page at the end of this medical questionnaire. We may need to contact you for clarification or further medical information.

We assure you that all information provided is private and confidential and will be treated in accordance with the National Privacy Principles under the Privacy Act 1988.

MATERNAL HEALTH		Yes	No
1	Have you been in good general health over the last 12 months with no illnesses involving swollen glands or rashes?	❑	❑
2	Have you had any problems with this pregnancy (including problems in the unborn child)?	❑	❑
3	Have you ever had malaria, Ross River Fever, Q Fever, Leptospirosis, Chagas disease or any other parasitic infection, or been exposed to a condition that you have been told may affect your ability to donate blood? If yes, state month/year.	❑	❑
4	Have you ever had diabetes, a thyroid disorder or an autoimmune disease (e.g., Rheumatoid Arthritis or Lupus)?	❑	❑
5	Prior to 1986 did you receive injections of human growth hormone or human pituitary hormone for infertility? If yes state which.	❑	❑
6	Did you live in or visit England, Scotland, Wales, Northern Ireland, the Channel Islands, the Falkland Islands or the Isle of Man for a cumulative period of 6 months or more between 1 January 1980 and 31 December 1996?	❑	❑
7	Have you travelled overseas in the past 12 months? (please note which countries you have visited & month/year of travel)	❑	❑
8	Did you have any neurosurgical procedure involving your head, brain or spinal cord between 1972 and 1989? If yes state procedure & year.	❑	❑
9	Have you received any non-routine vaccinations during your pregnancy? (routine include influenza, pertussis/dTpa and anti-D where indicated) If yes state month/year.	❑	❑
10	Throughout your pregnancy, have you been diagnosed with COVID-19?	❑	❑
11	Throughout your pregnancy, has someone you are in close contact with ever been diagnosed with COVID-19?	❑	❑

MATERNAL AND PATERNAL HEALTH

To the best of your knowledge, has the mother or father in the last 12 months:		Yes	No
12	Had a tattoo (including cosmetic), acupuncture, dry needling, electrolysis or skin piercing in last 6 months?	❑	❑
	If yes, were sterile single-use needles used?	❑	❑
13	Had (yellow) jaundice or hepatitis or been in contact with someone who has? If yes state month/year of exposure.	❑	❑
14	Had a needle stick injury or been splashed with blood or body fluid in the eyes, mouth, nose or to broken skin? If yes state month/year.	❑	❑
15	Had a sexual partner who has ever had a test which was positive for Hepatitis B or HTLV?	❑	❑
16	Had sexual activity with a male who you think might be bisexual?	❑	❑
17	Been a sex worker (or received money, gifts or drugs for sex)?	❑	❑
18	Engaged in a sexual activity with a sex worker?	❑	❑
19	Has the father had male to male sex?	❑	❑
20	Been imprisoned in a prison or lock-up for a consecutive time of 72 hours or more? If yes state month/year of release.	❑	❑
To the best of your knowledge, has the mother or father EVER			
21	Thought that you could be infected with HIV or AIDS?	❑	❑
22	Received an injection of any substance not prescribed by a doctor or dentist? If yes, state month/year of last injection.	❑	❑
23	Had a blood or bleeding disorder &/ or been treated with clotting factors such as Clotting Factor VIII or IX?	❑	❑
24	Had a test that showed you were infected with syphilis, Hepatitis B, Hepatitis C, HTLV or HIV?	❑	❑
25	Had a blood transfusion? If yes state month/year.	❑	❑
26	Ever received a transplant with cells or tissue of non-human origin? Or been given human pituitary hormone? If yes state month/year.	❑	❑

FAMILY MEDICAL HISTORY

To the best of your knowledge, have any first-degree relatives (i.e. mother, father or sibling) of the unborn child ever: (please indicate disease and relation to the unborn child):

		Yes	No
27	Had any cancer?	❑	❑
28	Had a red cell disease (e.g. Sickle cell disease, Thalassemia, Fanconi's Anaemia, G6PD or other red cell enzyme deficiency, Spherocytosis, Elliptocytosis, Porphyria or Blackfan-Diamond Syndrome)?	❑	❑
29	Had any platelet diseases (e.g. Glanzmann's disease, Hereditary Thrombocytopaenia, Hereditary Telangiectasia, Alport's disease, Platelet storage pool disease)?	❑	❑
30	Had any immune diseases (e.g. Chronic Granulomatous Disease, Severe Combined immunodeficiency)?	❑	❑
31	Had any Metabolic/Storage diseases (e.g. Tay-Sachs, Ataxia-Telangiectasia, Gaucher's, Niemann-Pick's, Hurler's, Hunter's, Lesch-Nyhan Syndrome or San Filippo's disease)?	❑	❑
32	Had any other hereditary disease?	❑	❑
33	Was this pregnancy a result of IVF? If yes, please note which IVF clinic you attended.	❑	❑
34	Was this pregnancy by artificial insemination? If yes, please note which IVF clinic you attended.	❑	❑
35	Is there a surrogate mother involved?	❑	❑
36	Was this pregnancy a result of donor eggs?	❑	❑
37	Was this pregnancy a result of donor sperm?	❑	❑
38	Had diabetes? (for 1st and 2nd degree relatives – i.e. mother, father, siblings, grandparents, aunts, uncles and cousins). If Yes, please indicate Type 1 ("juvenile") or Type 2 ("adult") and relationship to the unborn child. Please include any current children.	❑	❑
39	Are there any diagnosed cases of Cerebral Palsy? Please indicate relationship to unborn child:	❑	❑

MEDICAL QUESTIONNAIRE NOTES

If you answered Yes to any of the above questions (other than question 1), please specify which question and provide details below. Please attach additional pages if required.

QUESTION NO	ANSWER

PARENT CONSENT, ACKNOWLEDGMENT AND AGREEMENT

It is a regulatory requirement that the consent be agreed to by the mother as it incorporates receiving the necessary consent to take a maternal blood sample as part of the storage process.

I/We acknowledge that I/we have read and understand the written information about Cord Blood or Cord Blood + Tissue collection, processing, storage and release provided to me/us by Cell Care and on Cell Care's website http://www.cellcare.com.au/. My/our decision to enter into this Agreement has been made after a full consideration of that information. I/We have had an opportunity to ask any further questions I/we may have about Cord Blood or Cord Blood + Tissue collection, processing, storage and release and those questions have been answered to my/our satisfaction by Cell Care representatives. I/We certify that I/we have properly completed and signed all forms and answered all questions truthfully and to the best of my/our knowledge.

I/We:

1. consent to the collection and storage of my/our baby's Cord Blood or Cord Blood + Tissue in accordance with this Agreement;

2. understand that I have the right to refuse collection at any time;

3. understand that there is currently no medical or therapeutic use for cord tissue or cells derived from cord tissue and, even where a therapy using Cord Tissue or cells derived from Cord Tissue may become available in the future, there is no guarantee that Cord Tissue collected and stored by Cell Care pursuant to this Agreement under Cell Care's current processes will be able to be released by Cell Care and/or used for the purposes of such therapy;

4. consent to the collection and storage of reference samples of cord blood and maternal blood for blood screening purposes, including infectious diseases;

5. understand that my medical records and that of my/our baby will be reviewed and that Cell Care may at any time before or after collection contact me regarding the collection;

6. understand I must inform Cell Care of any material changes in my child's health that may impact on the use of the samples, and must inform Cell Care within 30 days of birth of any changes that would impact on my responses to the Medical Questionnaire;

7. acknowledge that the Cord Blood or Cord Blood + Tissue collection kit will only be delivered to me upon receipt by Cell Care of the deposit and all properly completed and signed terms, consents and forms.

8. I confirm that Cell Care requires telephone contact with me (the mother) within 30 days of the baby's birth so licencing requirements can be met.

9. I confirm that:

   In the case where I/we require a Cell Care Collector to collect my/our baby's Cord Blood or Cord Blood + Tissue. I/we acknowledge that I/we need to call Cell Care immediately when I am in labour either at the time my waters break or I first experience contractions.

   In the case where my obstetrician/midwife is performing the collection. I acknowledge that it is my responsibility to call Cell Care on 1800 071 075 within 2 hours of my baby's Cord Blood or Cord Blood + Tissue being collected to arrange its transport from the hospital to Cell Care.

SIGNATURE BY MOTHER

I have read and understood all of the above and have answered them to the best of my knowledge. I acknowledge that Cell Care Australia Pty Ltd may terminate this Agreement if it is later discovered that any information provided is incorrect.

Signature of Mother	**Signature of Second Parent (Optional)**
Name of Mother	**Name of Second Parent (Optional)**
Date	

OFFICE USE ONLY

All questions answered	Yes	o	No	o	Client Number
Pre-test required	Yes	o	No	o	
Agreement signed	Yes	o	No	o	Customer Care Team Member
Registered	Yes	o	No	o	Date
Pre-test required and not available?					
Client advised script					
as per CCA-WI-0102	Yes	o			

Surrogacy arrangements? Yes o No o

If "Yes", an additional consent will be required.