NEWBORN
STEM CELL BANKING
INFORMATION KIT
This free information kit provides you with everything you need to know to store your Newborn’s stem cells with AlphaCord. While there are numerous options concerning your child’s cord blood storage and choosing the right bank, let us show you why AlphaCord is the most recommended, referred and repeated bank in the industry.

With the highest industry quality guarantee of $85,000 and our track record of success, we hope to give you the peace of mind that comes with having your child’s stem cells preserved in our state-of-the-art laboratory.

FREE INFORMATION KIT CONTENTS:

- Why Bank Newborn Stem Cells
- Stem Cell Basics
- How We Compare
- FAQs
- Our Banking Process
- Quality Guarantee
- History & Mission
- Emerging Research
- Diseases Treated
- Enrollment Kit

404.315.6500
www.AlphaCord.com
WHY BANK NEWBORN STEM CELLS

Stem cells are the foundation of our blood and immune system. They are able to mature into other types of cells, which allow them to repair organs, tissues, blood vessels, and ultimately treat a host of diseases. While there are ways to obtain a public sample, finding a usable match can be time consuming and costly. If presented with the option to store stem cells, to ensure a healthy life and guaranteed back up plan for your child, would you seize the opportunity? “Each year, thousands of people die from leukemia, aplastic anemia and other life-threatening diseases.”

What if there was a way those deaths could be prevented? Well, there is! Instead of waiting until a disease threatens the life of your loved ones, be proactive. There is no guarantee that you will find a match, if you are in need of a stem cell or bone marrow transplant. The best way to ensure a match is to preserve your own. Storing stem cells does not have to be expensive. The procedure is not invasive, and there are numerous resources on our site to help you learn more about the uses of stem cells from cord blood and cord tissue.

WHY CHOOSE ALPHACORD

AlphaCord was founded by a parent who believed cord blood banking should be affordable and cost less than the prices most companies charge. Established on principles of affordability, superior service and the highest quality banking, AlphaCord strives to provide exceptional customer experiences. Instead of cutting corners on service quality, we avoid using expensive marketing tactics such as outside sales forces, as other private cord blood banks often do.

In 2010, AlphaCord was one of the first private blood banks to respond to groundbreaking scientific research by offering cord tissue preservation. And in 2018, we are one of the only banks offering placenta tissue storage. We offer these services without compromising our commitment to affordability for our clients. AlphaCord’s staff is knowledgeable, professional and available extended hours, 7 days a week.
Cord blood is the stem cell-rich blood that remains in the umbilical cord and placenta once the baby is born. These stem cells are hematopoietic, or blood forming, and are the building blocks of our blood, and the foundation of our immune system. They can reproduce into red cells (which carry oxygen throughout our bodies), white cells (which fight off infections), and platelets (which create clots to prevent us from bleeding excessively). Stem cells can also be found in places like bone marrow and fat tissue, but the most easily accessible and versatile cells, hematopoietic stem cells, come from the umbilical cord.

Cord tissue refers to the umbilical cord that connects mom and baby during pregnancy. Your baby’s umbilical cord tissue, called Wharton’s Jelly, is an abundant source of valuable stem cells, which are different from the stem cells found in cord blood. The predominant cord blood stem cells are hematopoietic, meaning they evolve into blood cells. Cord tissue stem cells are mesenchymal or MSCs, and are multi-potent, meaning they have shown the ability to regenerate bone, tendons, neurons and cartilage.

The placenta is a rich source of mesenchymal stem cells and mesenchymal-like stem cells, which are multipotent in nature; meaning these stem cells have the ability to differentiate into specialized cells with specific functions. Scientists have already successfully repaired bones, cartilage and fat tissues using MSCs. While awaiting for FDA approval, placenta tissue stem cells are currently a part of over 50 regenerative medicine clinical trials. The future applications of placenta MSCs being researched is truly remarkable. These studies include treatment for: Alzheimer’s disease, Diabetes, and spinal cord regeneration to name a few.

Stem cells are undifferentiated cells that have the ability to change into other cell types in the body.
AlphaCord has been an industry leader in providing the best newborn stem cell storage at affordable prices for more than a decade. Our laboratory has set a new standard for cord blood and cord tissue processing, and our clinical expertise and commitment to excellence in cryogenic stem cell preservation is proven and guaranteed.

We’ve created this simple comparison chart to make your decision process as easy as possible.

<table>
<thead>
<tr>
<th>How We Compare</th>
<th>AlphaCord</th>
<th>Viacord</th>
<th>CBR</th>
<th>LifebankUSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Cord Blood Cost:</strong> Includes 1st year of storage</td>
<td>$995</td>
<td>$1,750</td>
<td>$1,650</td>
<td>$1,550</td>
</tr>
<tr>
<td><strong>Total Cord Blood &amp; Cord Tissue Cost:</strong> Includes 1st year of storage</td>
<td>$4,995</td>
<td>$2,770</td>
<td>$2,770</td>
<td>$2,600</td>
</tr>
<tr>
<td><strong>Total Cord Blood, Cord Tissue &amp; Placenta Tissue Cost:</strong> Includes 1st year of storage</td>
<td>$2,705</td>
<td>$1,795</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>$85,000 Guarantee</strong></td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Zero Hidden Fees</strong></td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>FDA Approved Sterile C-Section Collection System</strong></td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td><strong>CLIA Certification</strong></td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Laboratory Used to FDA Registered/AABB Accredited</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Lifebank only offers Cord Blood + Placenta Tissue + Placental Blood, not Cord Tissue.
Q. Where is your lab located? Is the lab certified? Backup generators?
A: Cryopoint, our laboratory, is located in Brownsburg, IN. It is FDA registered and is certified and accredited by AABB. There are backup generators on site and around the clock security.

Q. Why are your rates significantly lower than other cord blood companies?
A: AlphaCord was founded by a parent who believed banking cord blood should be affordable. By keeping our sales and marketing expenses down, and focusing on quality processing, (avoiding the recruitment of sales reps, and refusing to pay physicians to primarily use our kits), we are able to keep our rates low (and our clients happy).

Q. How is the sample transported? How does the shipping process work?
A: Once your baby’s cord blood, cord tissue and placenta tissue have been collected, simply call FedEx to schedule your pickup. Be sure to request a confirmation number from FedEx for your reference. FedEx will be dispatched to your location, retrieve your kit, and deliver it to our laboratory by the next morning (Excluding Sundays). AlphaCord also offers a Specialized Medical Courier Service. A specially trained courier will arrive to your hospital room and deliver your kit to our lab via the fastest possible route.

Q. I already stored for my first child, do I need to store again?
A: All stem cells are genetically unique. There are many cases where a sibling’s cord blood would be the best option for treatment. The more units you have in family storage, the better the odds of matching a family member in need. AlphaCord offers a returning client discount of $100 off any plan.

Q. What is cord tissue?
A: Cord tissue refers to the umbilical cord itself. It is a rich source of mesenchymal stem cells which are different from the stem cells in cord blood. They are being researched extensively in the area of regenerative medicine. These cells can be collected and stored at birth as well.

Q. How long can I store?
A: Cord blood is stored at approximately -190 degrees Celsius. The field of cord blood preservation is relatively new. Samples that were 25 years old have been successfully transplanted. It is believed that the samples can remain indefinitely in the cryogenic state without losing viability.

Q. What is included in your rates? Am I locked in?
A: All taxes and fees are included. This means the collection kit, shipping to your home, shipping from the hospital to our lab, all lab processing, and your first year of storage. Rates are subject to change according to the industry. However, if you prepay for 18 years, you will have no additional payments due until the end of the 18 years.
1. Collection Kit Sent To You

After enrolling with AlphaCord, we will send you a collection kit, which will include everything needed for the collection of cord blood, cord tissue, and placenta tissue, as well as for the shipment of samples to our lab.

2. Your Baby Is Born

When you are admitted to the Labor & Delivery department of the hospital, inform the nursing staff you will be collecting your baby’s cord blood, cord tissue and placenta tissue. If your healthcare provider needs instructions on collecting your baby’s cord blood, cord tissue or placenta tissue, they are provided in your collection kit and are also available on our website.

3. Cord Blood Collected

After your newborn’s umbilical cord has been clamped and cut, collection can begin. This process does not involve your newborn. Your baby will be safe and out of the way. You will feel no pain during the collection, as your healthcare provider connects the collection bag to the umbilical cord vein. The process will take 5-10 minutes.

4. Cord Tissue & Placenta Tissue Collected

At this point, the cord tissue can be collected. We encourage collection of up to 10 inches of cord since there is a direct correlation between how much tissue is collected and the number of stem cells saved. If placenta tissue has been elected, the entire placenta and umbilical cord is collected and processed at the lab.

5. Shipping & Transportation To Our Lab

All samples, paperwork, and maternal blood samples should be returned to the kit in preparation for shipping. Samples should be kept at room temperature until the courier arrives at the Labor & Delivery department to pick up the kit. We will transport your sample from the delivery room to our laboratory. We use only one shipping and logistics company. There is no handing off from one courier company to a commercial airliner then to a different courier company at the arrival city. Using one company allows your sample to be scanned at each point along the way into one tracking system. Therefore, we always know the location of your baby’s precious stem cells. The samples are robust and combined with the preservative CPD in the collection bag, and will be stable for up to 72 hours if needed. Our standard delivery service, included in your enrollment fee, is next-day delivery. A same-day delivery is always available at an additional cost, and is occasionally required over extended holidays when standard service is unavailable.

6. Processing & Storage

Once your child’s cord blood reaches the lab, a team of specialized medical technicians will process the sample under a laminar flow hood. Laminar flow hoods have been shown to be the most effective way to reduce sample contamination. The sample is analyzed, then the red cells and plasma are separated from theuffy coat, which contains the stem cells. The buffy coat cells are prepared for a slow-rate induction into the freezing state, a process called cryopreservation. Over a period of many hours, your child’s stem cells will be brought from room temperature to -190 C. While time consuming, this process helps ensure the safety and long-term preservation of these cells. Once frozen, the sample is placed in the dry vapor portion of one of Alphacord’s liquid nitrogen tanks for long term preservation at -190 C.

In addition to the main sample, one or more small aliquots, or mini samples, will be saved separately. These can be released separately from the main sample for HLA donor-recipient match testing. If the recipient is different than the newborn, and there is no match, then the sample remains intact and cryopreserved for a future need.

AlphaCord’s laboratory is secure, always monitored. It is outfitted with battery and generator backup systems. The tanks are both electronically and manually monitored for proper temperature and liquid nitrogen levels. If ever needed, backup systems are in place to maintain normal liquid nitrogen.

At all points in the process, you can speak with one of our highly trained Client Specialists 7 days a week, day or night without pressure to enroll in our program.
At AlphaCord, we offer the highest quality guarantee in the industry. We go above and beyond, no other company matches our commitment to families or the quality of newborn stem cell storage we provide.

With over a decade of continuous investments in newborn stem cell research and regenerative medicine, we stand by our promise to our AlphaCord families with the added security of a guarantee. If your cord blood stem cells stored with us are prepared for transplant and fail to engraft, we will provide up to $85,000 towards acquiring another source of matching cells.
As a premier newborn stem cell banking company, our mission is to provide the most affordable cord blood, cord tissue and placenta tissue stem cell banking available, while maintaining the industry’s highest scientific standards in our sample processing and storage. We are successful in that mission.

In 2002, AlphaCord was founded by a parent who believed cord blood banking should cost less than what other providers charged.

- We have proven it is possible to provide the highest quality in sample handling, processing, storage and security at a much lower price.
- We operate in a cost-efficient manner.
- We have no outside sales force trying to persuade your doctor to recommend us.
- We do not pay physicians for collecting your baby’s stem cells, as other, private cord blood banks do.
- We do not advertise in expensive journals.
- We limit our sales, marketing, and administrative expenditures. This lets us provide the most modern and professional processing and storage at a value to our clients.

In 2010, AlphaCord was one of the first private blood banks to respond to groundbreaking scientific research by offering cord tissue preservation. And in 2018, we are one of the only banks offering placenta tissue storage. Many scientists believe the mesenchymal stem cells found in cord and placenta tissue will complement the benefits of cord blood stem cells. We offer this service without compromising our commitment to affordability for our clients. We will diligently monitor scientific advancements for opportunities that offer enhanced or improved avenues for stem cell therapies.
REGENERATIVE MEDICINE

Recent laboratory research suggests promise across a variety of therapeutic areas including:

- Organ regeneration
- Alzheimer’s disease
- Lung injury
- Heart disease
- Cartilage repair
- Spinal cord injury
- And many more

Actual clinical trials are in progress evaluating cord tissue MSCs in a broad range of conditions including autoimmune disease, liver disease, orthopedic indications, and neurological conditions.

TRANSPLANT MEDICINE

Hundreds of clinical trials using cord blood stem cells are in progress. These are being done to advance hematopoietic stem cell transplantation for conditions like cerebral palsy, autism, traumatic brain injury, and pediatric stroke.

The cells in the cord tissue are being evaluated for their ability to minimize cord blood transplant complications by improving engraftment rates and reducing the risk of graft versus host disease (GvHD).
Diseases Treated

Stem cell research is a rapidly growing field of medical research in which new discoveries are constantly being made. Here is a list of diseases for which stem cell treatment has been used:

**Acute Leukemias**
- Acute Lymphoblastic Leukemia (ALL)
- Acute Myelogenous Leukemia (AML)
- Acute Biphenotypic Leukemia
- Acute Undifferentiated Leukemia

**Chronic Leukemias**
- Chronic Myelogenous Leukemia (CML)
- Chronic Lymphocytic Leukemia (CLL)
- Juvenile Chronic Myelogenous Leukemia (JCML)
- Juvenile Myelomonocytic Leukemia (JMML)

**Myelodysplastic Syndromes**
- Refractory Anemia RA
- Refractory Anemia with Ringed Sideroblasts (RARS)
- Refractory Anemia with Excess Blasts (RAEB)
- Refractory Anemia with Excess Blasts in Transformation (RAEB-T)
- Chronic Myelomonocytic Leukemia (CMML)

**Stem Cell Disorders**
- Aplastic Anemia (Severe)
- Fanconi Anemia
- Paroxysmal Nocturnal Hemoglobinuria (PNH)

**Myeloproliferative Disorders**
- Acute Myelofibrosis
- Agnogenic Myeloid Metaplasia (myelofibrosis)
- Polycythemia Vera
- Essential Thrombocythemia

**Lymphoproliferative Disorders**
- Non-Hodgkin's Lymphoma
- Hodgkin's Disease
- Prolymphocytic Leukemia

**Phagocyte Disorders**
- Chediak-Higashi Syndrome
- Chronic Granulomatous Disease
- Neutrophil Actin Deficiency
- Reticular Dysgenesis

**Liposomal Storage Diseases**
- Mucopolysaccharidoses (MPS)
- Hunter's Syndrome (MPS-IH)
- Scheie Syndrome (MPS-IS)
- Morquio Syndrome (MPS-IV)
- Sanfilippo Syndrome (MPS-III)
- Sly Syndrome, Beta-Glucuronidase Deficiency (MPS-VIII)

**Histiocytic Disorders**
- Familial Erythrophagocytic Lymphohistiocytosis
- Histiocytosis-X
- Hemophagocytosis

**Inherited Erythrocyte Abnormalities**
- Beta Thalassemia
- Major Pure Red Cell Aplasia
- Sickle Cell Disease

**Congenital (Inherited) Immune System Disorders**
- Ataxia-Telangiectasia
- Kostmann Syndrome
- Leukocyte Adhesion Deficiency
- DiGeorge Syndrome
- Bare Lymphocyte Syndrome
- Omenn's Syndrome
- SCID Common Variable Immunodeficiency
- Wiskott-Aldrich Syndrome
- X-Linked Lymphoproliferative Disorder

**Other Inherited Disorders**
- Lesch-Nyhan Syndrome
- Cartilage-Hair Hypoplasia
- Glanzmann Thrombasthenia
- Osteopetrosis

**Inherited Platelet Abnormalities**
- Amegakaryocytosis / Congenital Thrombocytopenia

**Plasma Cell Disorders**
- Multiple Myeloma Plasma Cell Leukemia
- Waldenstrom's Macroglobulinemia

**Other Malignancies**
- Breast Cancer
- Ewing Sarcoma
- Neuroblastoma
- Renal Cell Carcinoma
Enrollment Options

You may enroll by using one of the following methods:

Order online: Go to www.AlphaCord.com Once at our home page, click on the link named "Order Now" at the top right of the screen. Online orders take approximately 5 minutes to complete.

Order by phone: We accept phone orders. Call: 404-315-6500 (credit/debit card required).

Order by fax: Fax the completed Enrollment Packet forms to us at 404-795-9126 (credit/debit card required)

Order by mail: Mail the completed Enrollment Pack forms with your check or credit/debit card number to our address: 1777 Northeast Expressway NE, Suite 180, Atlanta, GA. 30329

Order by email: Scan and email the completed Enrollment Pack forms to us at: contact@alphacord.com (credit/debit card required)

Completed orders received before 4:30 p.m. Eastern Time will have their stem cell collection kit shipped out the same day.

Enrollment Packet

You will find all of the materials you need to complete your order for collection, shipping and storage of your newborn’s stem cells. Once we receive the enrollment packet, a collection kit will be sent to you. Please complete the following forms contained in this packet and remit them back to us:

- Fill out - Contact Information Form
- Fill out - Order Form
- Fill out - Shipping & Payment Form
- Sign - Client Service Agreement
- Fill out - Maternal Health History
Enrollment Kit

Contact Information Form

Mother’s Full Name: ________________________________
Mother’s Birth Date: __________________ Due Date: __________________
Day Phone : (___) ____________________ Evening Phone : (___) __________
Mother’s E-Mail Address: ________________________________
Home Address/Address to ship collection kit (no P.O. Box #s):
Street: __________________________________________________________
City: __________________________ State: ________ Zip: ________________
Dad’s Full Name: ________________________ Dad’s Phone : (___) __________

Dr. /Midwife Name: ____________________________ Phone #: (___) __________
Name of Dr./Midwife’s Practice: ________________________________
Name of Delivery Hospital: ________________________________
City & State of Delivery Hospital: ________________________________
Enrollment Kit

AlphaCord Order Form

Please select only one of the three options offered below and your payment preference. Then proceed to the “Payment Form” attached.

If you have any questions feel free to call us at: 1-404-315-6500

**Placenta Bundle**
- Placenta Tissue
- Cord Tissue
- Cord Blood

- **Annual Storage**
  - FREE 1st Year Of Storage
  - Payment in Full: $2,995
  - 12 Payments of: $265
  - Annual Storage = $295/yr

- **Prepaid Storage**
  - 18 Years Of Prepaid Storage
  - Payment in Full: $6,995
  - 12 Payments of: $595
  - Prepaid Savings: $1,015

**Tissue Bundle**
- Cord Tissue
- Cord Blood

- **Annual Storage**
  - FREE 1st Year Of Storage
  - Payment in Full: $1,695
  - 12 Payments of: $160
  - Annual Storage = $225/yr

- **Prepaid Storage**
  - 18 Years Of Prepaid Storage
  - Payment in Full: $3,695
  - 12 Payments of: $320
  - Prepaid Savings: $1,825

**Cord Blood Only**
- Cord Blood

- **Annual Storage**
  - FREE 1st Year Of Storage
  - Payment in Full: $995
  - 12 Payments of: $99
  - Annual Storage = $125/yr

- **Prepaid Storage**
  - 18 Years Of Prepaid Storage
  - Payment in Full: $1,995
  - 12 Payments of: $180
  - Prepaid Savings: $1,125

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404.315.6500
www.AlphaCord.com
Enrollment Kit

AlphaCord Shipping & Payment Form

If you have selected Full Payment, complete the Credit/Debit Card section below or write a check for the total cost of the service you selected on the Order Form.

If you have selected a Monthly Payment Plan, a credit or debit card is required. Please complete the Credit/Debit Card section below. Prior to shipping your kit, your card will be charged the first month’s payment. The balance will be automatically billed to the card on file, according to the Monthly Payment Plan selected.

Again, you can mail, fax or (scan and email) this enrollment packet to us using the information above. Most clients prefer to place their order by phone. Just call us at: 404-315-6500. Online orders are accepted at: www.AlphaCord.com . Just click the “Order Now” button located on the top right section of our home page.

If you have any questions, call us at 1-404-315-6500. Or, email us at: contact@alphacord.com .

Credit/Debit Card Information

Payment Authorization: I, the undersigned, authorize AlphaCord, LLC to charge my card in the manner indicated.

[ ] Visa [ ] MasterCard [ ] Discover [ ] Amex

Card #: _____________________________ Expiration date: ____ / ____ / ____

Name on Card: ________________________________ CVV code: ________

Authorized Signature: ________________________________

Shipping To You

Select how your collection kit will be sent from AlphaCord to you:

[ ] Standard Shipping - FREE (Typically 2 Business Days)

[ ] Overnight Shipping* - $30
   (For Tuesday - Friday Delivery)

[ ] Saturday Delivery* - $50
   (For Tuesday - Friday Delivery)

Shipping To Our Lab

Select how your collection kit will be sent from your hospital to our Lab:

[ ] Priority Overnight - FREE

[ ] Specialized Medical Courier - $300

404.315.6500
www.AlphaCord.com
CORD BLOOD, TISSUE AND PLACENTAL STEM CELL COLLECTION, PROCESSING & STORAGE

Each undersigned Legal Guardian and/or Parent (hereinafter the “Client” or “You” or “Your”), on Your behalf and the behalf of Your unborn child (“Child”), requests under this Agreement that Alpha Cord, LLC (“AlphaCord” or “We” or “Our” or “Us”) arrange for the processing, storage and testing of blood stem cells and other bio-matter from the placenta, umbilical cord blood, umbilical cord tissue and other bio-matter You have sent to us and We are able to receive, process and store (hereinafter referred to as the “Unit”). A Unit may denote the singular or plural) subsequent to the birth of Your Child. Each of the undersigned understands, acknowledges and agrees to the following legally-binding terms of this Agreement.

1. Nature of Services. These services include, but are not limited to Your Healthcare Provider collecting the Unit immediately following the birth of Your Child. Subsequent to a successful collection, You consent to have the Unit shipped, tested and processed at Our contracted laboratory where they will be cryopreserved (placed into a long term frozen state) and stored for possible future use.

2. Purpose. Newborn stem cells are cryopreserved for possible therapeutic use in the event a Child's stem cells may be needed to treat the Child or other members of the Child's immediate or extended family. You understand and acknowledge stem cells from alternative sources, such as bone marrow, are currently used to treat various life-threatening conditions such as leukemia, other cancers and blood disorders. You understand that the quality, safety, potency and/or purity of Your Unit and cause You to be labeled "not compliant with regulatory standards" by a number of issues such as a low volume of blood or bio-matter being collected may arise which could impact the quality, safety, potency and/or purity of Your Unit and cause You to be labeled "not compliant with regulatory standards" by the storage plan/option you have selected. Once that plan/option has expired, it shall thereafter renew automatically for additional one year periods unless either party notifies the other party in writing of their intent not to renew (or to terminate) this Agreement. A termination notice must be sent at least sixty (60) days prior to the anniversary date of this Agreement.

3. Collection of Your Unit. We will provide You with a Collection Kit prior to the birth of Your Child including instructional materials. You will be responsible for bringing the Collection Kit to the delivery area and giving it to Your Health Care Professional for the collection of the Unit. You must make sure the collection staff completes the Collection Worksheet accurately and fully prior to shipping. Failure to return a fully completed Collection Worksheet will result in the rejection of Your Unit and the final price of $3,500 for processing and storage.

4. Payment and Payment Plan. AlphaCord provides a $85,000 Quality Guarantee. In the event Your Unit is used in a stem cell transplant and it fails to engraft, We, in our sole discretion, may pay up to $85,000 towards the cost of procuring an alternate source of stem cells if written orders by the patient's treating, licensed physician are issued to do so and it is approved by the appropriate hospital review board(s). See our current Quality Guarantee for additional terms, restrictions and conditions that shall apply.

5. Ownership of The Unit. You agree to be the custodian of the Unit until the Child reaches eighteen (18) years of age. When the Child becomes eighteen (18) he or she will become the custodian of the Unit. In the event of non-payment by any current or future responsible party(s) to this agreement of any fees that are or become due under the terms of this Agreement (non-payment meaning any sums not paid in full within 60 days after such fees are due), this Agreement will automatically terminate, and all rights to, title, and ownership of Your Unit will be relinquished to Us. We may, at sole Our discretion, utilize, donate, sell or dispose of Your Unit if this Agreement has been terminated for nonpayment. In the event of death or incapacity, We shall be entitled to rely on decisions or instructions or the like, of Your guardian, conservator, the administrator of Your Estate, or similar responsible person or successor in interest.

6. AlphaCord Quality Commitment. AlphaCord provides a $85,000 Quality Guarantee. In the event Your Unit is used in a stem cell transplant and it fails to engraft, We, in our sole discretion, may pay up to $85,000 towards the cost of procuring an alternate source of stem cells if written orders by the patient's treating, licensed physician are issued to do so and it is approved by the appropriate hospital review board(s). See our current Quality Guarantee for additional terms, restrictions and conditions that shall apply.

7. Ownership of The Unit. You agree to be the custodian of the Unit until the Child reaches eighteen (18) years of age. When the Child becomes eighteen (18) he or she will become the custodian of the Unit. In the event of non-payment by any current or future responsible party(s) to this agreement of any fees that are or become due under the terms of this Agreement (non-payment meaning any sums not paid in full within 60 days after such fees are due), this Agreement will automatically terminate, and all rights to, title, and ownership of Your Unit will be relinquished to Us. We may, at sole Our discretion, utilize, donate, sell or dispose of Your Unit if this Agreement has been terminated for nonpayment. In the event of death or incapacity, We shall be entitled to rely on decisions or instructions or the like, of Your guardian, conservator, the administrator of Your Estate, or similar responsible person or successor in interest.

8. Ownership of The Unit. You agree to be the custodian of the Unit until the Child reaches eighteen (18) years of age. When the Child becomes eighteen (18) he or she will become the custodian of the Unit. In the event of non-payment by any current or future responsible party(s) to this agreement of any fees that are or become due under the terms of this Agreement (non-payment meaning any sums not paid in full within 60 days after such fees are due), this Agreement will automatically terminate, and all rights to, title, and ownership of Your Unit will be relinquished to Us. We may, at sole Our discretion, utilize, donate, sell or dispose of Your Unit if this Agreement has been terminated for nonpayment. In the event of death or incapacity, We shall be entitled to rely on decisions or instructions or the like, of Your guardian, conservator, the administrator of Your Estate, or similar responsible person or successor in interest.

9. Ownership of The Unit. You agree to be the custodian of the Unit until the Child reaches eighteen (18) years of age. When the Child becomes eighteen (18) he or she will become the custodian of the Unit. In the event of non-payment by any current or future responsible party(s) to this agreement of any fees that are or become due under the terms of this Agreement (non-payment meaning any sums not paid in full within 60 days after such fees are due), this Agreement will automatically terminate, and all rights to, title, and ownership of Your Unit will be relinquished to Us. We may, at sole Our discretion, utilize, donate, sell or dispose of Your Unit if this Agreement has been terminated for nonpayment. In the event of death or incapacity, We shall be entitled to rely on decisions or instructions or the like, of Your guardian, conservator, the administrator of Your Estate, or similar responsible person or successor in interest.

10. Termination of Agreement by Client. If You choose to terminate this Agreement, and You wish to transfer Your Unit to a different facility, You must specify all details (including but not limited to the storage plan/option you have selected. Once that plan/option has expired, it shall thereafter renew automatically for additional one year periods unless either party notifies the other party in writing of their intent not to renew (or to terminate) this Agreement. A termination notice must be sent at least sixty (60) days prior to the anniversary date of this Agreement.

11. Term of Agreement. This Agreement shall commence on the date you have signed it (or have otherwise legally consented to its terms) and shall remain in force for the length of time specified by the storage plan option you have selected. Once that plan/option has expired, it shall thereafter renew automatically for additional one year periods unless either party notifies the other party in writing of their intent not to renew (or to terminate) this Agreement. A termination notice must be sent at least sixty (60) days prior to the anniversary date of this Agreement.

12. Termination of Agreement by Client. If You choose to terminate this Agreement, and You wish to transfer Your Unit to a different facility, You must specify all details (including but not limited to the destination and desired timing of the transfer), in your termination notice. If you do not, then all rights to, title to, and ownership of Your Unit will be relinquished to Us. We may, at sole Our discretion, utilize, donate, sell or dispose of Your Unit if this Agreement has been terminated regardless of the reason for termination. Any fees or expenses relating to a transfer of Your Unit as a result of the termination of this Agreement by anyone for any reason will be incurred by You. Except as provided in Section 8 of this Agreement, you will not be entitled to any refunds of any amounts previously paid. This includes, but is not limited to any annual or long-term storage plans.

13. Assignment. AlphaCord may assign this Agreement to any partnership, association, individual, corporation or other entity that provides similar services or intends, after such assignment, to perform services similar to the services provided under this Agreement. The assignment of this Agreement shall not affect Your obligations under this Agreement. The assignee of this Agreement shall be entitled to all of the rights and benefits under this Agreement.

14. No Warranty or Guarantee; Limitation of Liability. You acknowledge that neither AlphaCord nor any of its respective officers, directors, shareholders, executives or employees, agents or consultants (the Vendor Parties) have ever made any representations, guarantees or warranties, express or implied, to You of any type or nature, including without limiting the generality of the foregoing, with respect to (i) the quality, suitability or use of the Unit for treatment of diseases; (ii) successful treatment of diseases using a Unit; (iii) any advantage(s) of a Unit transplantation over other treatments using other stem cells or other therapies; and (iv) the merchantability or fitness for a particular purpose or use of any product or service hereunder. You agree that any claim against the Vendor Parties or their assigns, including any claim for loss, injury, damage or destruction directly caused by the Vendor Parties’ failure to exercise reasonable care in its services, including but not limited to the transportation, processing or storage of Your Unit shall be limited to the total amount of fees paid by You to Alpha Cord.

Form B.1-2 Rev 01-12-2018
15. Client Consent and Understanding. The You hereby consent to and understands the following:
- I consent to have my healthcare provider collect the Unit after the birth of my child.
- I understand there are potential benefits to the collection of the Unit, including the procurement of stem cells to treat certain diseases, such as certain cancers and blood disorders. However, I understand treatments based on stem cells may not be the best treatment for a certain disease, and stem cell treatment for any particular disease may not be effective. I also understand it is possible better treatment alternatives may be developed in the future.
- I understand there are alternatives to obtaining stem cells from the Unit, such as from bone marrow, and stem cells harvested from alternative sources have proven effective in treating the same diseases as stem cells harvested from the Unit.
- I understand my child or my family may never need to use the Unit.
- I understand the decision to collect the Unit will be made by my healthcare provider at the time of the delivery of my child. I further understand the primary consideration during childbirth will be the health of my child and the birth mother, and circumstances may exist in which the healthcare provider determines it is in the best interests of the child or the birth mother that the Unit not be collected.
- If the collection volume is low by current standards, We reserve the right, in Our sole discretion, to not process or store Your Unit, but We will use our best efforts to notify You before We do so.
- I consent to have the Unit undergo various tests including but not limited to red blood cell type (ABO/Rh), total nucleated cells, cell viability, sterility (bacterial and fungal testing) to determine transplant suitability, and HLA testing if ordered. The testing may indicate the Unit should not be stored or it should only be stored in a fashion that quarantines it from other Units. I understand other tests may need to be performed as a condition of, and at the time of, use or transplant.
- I understand the Unit will be stored at cryogenic temperatures pursuant to procedures normal for the industry. I understand it is not known at this time how long the Unit can safely and effectively be stored using this process.
- I understand either I or my designee will be responsible for shipping the collected Unit to the contracted lab along with a fully completed „Collection Worksheet“ and all other information reasonably required. I also understand it may not be possible to process and store the Unit if it is not accompanied by the fully completed „Collection Worksheet“ and all other identifying documentation, and if it is not shipped and delivered in accordance with the procedures outlined by AlphaCord, We may not be able to receive, process or store Your Unit.
- If instructed by Us, I consent to and shall have samples of my blood (or I shall obtain the consent and compliance of the birth mother, if different) drawn within 24 hours after the delivery of my child. These samples shall accompany the shipped Unit. It will be tested for certain infectious diseases to determine if the Unit is suitable for storage and transplant. These tests may include, but are not limited to Hepatitis B, Hepatitis C, HIV, cytomegalovirus and syphilis. We may elect, in our sole discretion, not to store the Unit if any of the blood tests are positive.
- I hereby consent to my blood (or obtain the consent of the birth mother, if different) tested for the Human Immunodeficiency Virus (HIV). I understand a final positive test result indicates I have been exposed to the Virus and am infected, but it does not mean I have AIDS or I will become sick with AIDS in the near future. I understand a negative test result indicates I am probably not infected with the Virus, although I understand I should be retested if I think I have been recently exposed to the Virus. I hereby consent and authorize AlphaCord or any other entity providing services to me pursuant to this Agreement to release any medical records or test results on file to any other provider or government entity as may be requested or required from time to time. I understand not timely submitting a maternal blood sample to AlphaCord or not successfully completing maternal infectious disease testing within certain time parameters could impede, restrict or halt the future release/use of my Unit.
- I understand there is risk of having my blood drawn, such as fainting, bruising, discomfort, redness or inflammation around the needle site, and I will be tested for diseases that may discover an infection I did not know about. All test results are confidential and will only be disclosed in writing to You or Your authorized designee or as required by any industry standards, laws, statutes, rules or regulations. State or Federal agencies or entities may require Us to report positive infectious disease results to them and/or your primary care or treating physician.
- I understand and agree AlphaCord’s liability for any breach of its obligations or other acts or omissions in connection with the services described in this Agreement is limited to the total amount I have paid to AlphaCord under this Agreement. I hereby release: (i) AlphaCord’s officers, directors, employees, agents, affiliates, successors and assigns (ii) my healthcare provider, (iii) any contracted or third party labs, service providers, clinicians, clinical providers, (iv) the hospital or birthing center and their officers, directors, employees, agents, affiliates, successors and assigns (all of (i) through (iv) collectively referred to as the Released Parties) from any and all other liability for any and all loss, harm, death or claim of any kind arising out of or related in any way to the services provided under this agreement.
- I understand by this release I am giving up any right I might otherwise have, now or in the future, to sue or otherwise seek money damages or other relief against any of the Released Parties for any reason related to the services, with the sole exception of seeking a return of any money paid under this Agreement.

16. Arbritration. This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia without regard to its principles of conflicts of laws. Any claim arising out of or related to this Agreement shall be submitted to binding arbitration with the American Arbitration Association in Atlanta, Georgia and shall be finally and conclusively determined by the decision of a board of arbitration consisting of one (1) member. Any decision made by the arbitrator shall be final, binding and conclusive on the parties to the dispute and entitled to be enforced to the fullest extent permitted by law and entered as a judgment in any court of competent jurisdiction. The prevailing party shall be awarded its costs of litigation, including reasonable attorney fees, incurred in enforcing this Agreement.

17. Notices. Any and all notices that may be given in connection with this Agreement shall be in writing. Any notice(s) shall be deemed to have been duly given on the date of service if served personally on the party to whom notice is to be given, or within 72 hours after mailing, if mailed to the party to whom notice is to be given, by certified mail, postage prepaid, or by a priority delivery service such as FedEx, UPS or USPS overnight services, with a signature from the notified party evidencing receipt. Notices shall be properly addressed to Us at our current address listed on our web site www.AlphaCord.com and to You at the most current address We have in our client database, or any other address a party has designated by written notice to the other party. The Client agrees to promptly notify AlphaCord in the event of a change in Client’s current mailing address or payment methods at any time during the term of this Agreement or any renewals thereof.

18. 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 set forth herein. This Agreement is binding upon the parties, their heirs, spouses, executors, administrators, successors and assigns. No modification, amendment or waiver of any provision of this Agreement, nor any consent to any departure by any party from the terms hereof, shall be effective unless the same be in writing and signed by all parties hereto. If any provision of this Agreement is held invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall in no way be affected or impaired thereby. AlphaCord shall not be liable for any delay or failure to perform per the terms of this Agreement caused by Acts of God or other causes beyond the parties’ control and without fault or negligence. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

I have read and understand the above agreements, consents, limitation of liability and releases, and know the services described above are totally voluntary and elective on my part. I have discussed the services with my healthcare provider, and I have signed this Agreement freely and voluntarily. By signing this Agreement, I hereby acknowledge that I am giving up legal rights I might otherwise have had.
### Maternal Health History

**Mother's Name:**

**Father's Name:**

**Mother's Birth Date:**

**Day Time Phone:**

**Email:**

**Due Date:**

**Hospital:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you read and understand the website education materials and the Client Service Agreement?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Are you currently taking an antibiotic? If yes, what antibiotic and why?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Are you currently taking any other medication for an infection?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Have you taken any of the following medications?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Insulin from cows (bovine, or beef, insulin)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Growth hormone from human pituitary glands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rabies vaccination in the past 12 months</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Have you recently had any of the following symptoms?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Fever</td>
<td>Rash</td>
</tr>
<tr>
<td>If “Yes” to any of the above symptoms, please provide:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis/Cause:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IN THE PAST 12 MONTHS HAVE YOU:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Have you been treated with dialysis?</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Have you been refused as a blood donor or told not to donate?</td>
<td></td>
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<tr>
<td>10.</td>
<td>Have you received a dura mater (or brain covering) graft?</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Have you taken medication for a bleeding disorder such as hemophilia?</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Have you used clotting factor concentrates?</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Have you, your sexual partner or a member of your household ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Have you taken drugs, steroids, cocaine, heroin, amphetamines, or anything not prescribed by your doctor? If yes, drug &amp; date:</td>
<td></td>
</tr>
</tbody>
</table>

### IN THE PAST 5-YEARS HAVE YOU:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Had contact with someone who had a smallpox vaccination?</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Other than Flu or TDAP, have you had any vaccinations or shots such as MMR, yellow fever, Hepatitis B, Small pox or other? If yes, which:</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Had a blood transfusion? If yes, date:</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Had a Smallpox inoculation where you experienced any symptoms or complications such as rash, fever, muscle aches, headaches, nausea, or eye involvement?</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Come into contact with someone else's blood?</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Had an accidental needle-stick?</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Had a transplant or graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, sclera, bone, skin, or other tissue?</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Had a tattoo, new or touch-up, or permanent makeup with a shared, multiple use or non-sterile needle?</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Had ear or body piercing or acupuncture with a shared, multiple use or non-sterile needle?</td>
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<tr>
<td>24.</td>
<td>Been in juvenile detention, lockup, jail, or prison?</td>
<td></td>
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<tr>
<td>25.</td>
<td>Been bitten or scratched by any pet, stray, farm or wild animal? If yes, details and date:</td>
<td></td>
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<tr>
<td>26.</td>
<td>Lived with a person who has hepatitis?</td>
<td></td>
</tr>
</tbody>
</table>

### Is there a history of any of the following in either the maternal or paternal family?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.</td>
<td>Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Had sexual contact with anyone who has hemophilia or has received medication for a bleeding disorder such as hemophilia?</td>
<td></td>
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<tr>
<td>30.</td>
<td>Had sexual contact with a male who has ever had sexual contact with another male?</td>
<td></td>
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<tr>
<td>31.</td>
<td>Had sexual contact with a person who had a positive test for, or was suspected of having, Zika, Hepatitis B, Hepatitis C, or HIV/AIDS virus?</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Received money, drugs, or other payment for sex?</td>
<td></td>
</tr>
</tbody>
</table>

Form: B.1-1 Rev. 10/30/2018 Issue Date: 01/07/2016
33. From 1980 through 1996, did you spend time that adds up to three (3) months or more in the United Kingdom? (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or Falkland Islands)?

34. From 1980 through 1996, were you a member of the U.S. military, a civilian military employee, or a dependent of either a member of the U.S. military or a civilian military employee?

35. From 1980 to the present, have you spent time that adds up to five (5) years or more in any of the following European countries?

<table>
<thead>
<tr>
<th>Country</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austria</td>
<td></td>
<td></td>
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<tr>
<td>Belgium</td>
<td></td>
<td></td>
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<tr>
<td>Bosnia-Herzegovina</td>
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<tr>
<td>Bulgaria</td>
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<tr>
<td>Croatia</td>
<td></td>
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<tr>
<td>Czech Republic</td>
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<tr>
<td>Denmark</td>
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<tr>
<td>Finland</td>
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<tr>
<td>France</td>
<td></td>
<td></td>
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<tr>
<td>Germany</td>
<td></td>
<td></td>
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<tr>
<td>Greece</td>
<td></td>
<td></td>
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<tr>
<td>Hungary</td>
<td></td>
<td></td>
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<tr>
<td>Ireland (Republic of)</td>
<td></td>
<td></td>
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<tr>
<td>Italy</td>
<td></td>
<td></td>
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<tr>
<td>Luxembourg</td>
<td></td>
<td></td>
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<tr>
<td>Liechtenstein</td>
<td></td>
<td></td>
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<tr>
<td>Macedonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands (Holland)</td>
<td></td>
<td></td>
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<tr>
<td>Norway</td>
<td></td>
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<tr>
<td>Poland</td>
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<tr>
<td>Portugal</td>
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<tr>
<td>Romania</td>
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<tr>
<td>Slovak Republic</td>
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<tr>
<td>Slovenia</td>
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<tr>
<td>Spain</td>
<td></td>
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<tr>
<td>Sweden</td>
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<td></td>
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<tr>
<td>Switzerland</td>
<td></td>
<td></td>
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<tr>
<td>United Kingdom (UK)</td>
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<td></td>
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<tr>
<td>Yugoslavia (federal republic of)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kosovo, Montenegro, Serbia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36. From 1980 to the present, have you had a transfusion of blood or blood components in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or Falkland Islands) or France?

37. In the last 3 years, have you or your sexual partners been outside of the United States? If yes, to which country, how long, and year of visit ____________________________

38. Have you been to any of the following African countries?

<table>
<thead>
<tr>
<th>Country</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td></td>
<td></td>
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<tr>
<td>Cameroon</td>
<td></td>
<td></td>
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<tr>
<td>Central African Republic</td>
<td></td>
<td></td>
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<tr>
<td>Chad</td>
<td></td>
<td></td>
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<tr>
<td>Congo</td>
<td></td>
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<tr>
<td>Equatorial Guinea</td>
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<tr>
<td>Gabon</td>
<td></td>
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<tr>
<td>Kenya</td>
<td></td>
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<tr>
<td>Cameroon</td>
<td></td>
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<tr>
<td>Nigeria</td>
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<tr>
<td>Senegal</td>
<td></td>
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<tr>
<td>Togo</td>
<td></td>
<td></td>
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<tr>
<td>Zambia</td>
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<td></td>
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</tbody>
</table>

39. Have you had sexual contact with anyone who was born in or lived in any of the above African countries?

40. Have you had or been treated for any of the following sexually transmitted infections during this pregnancy?

<table>
<thead>
<tr>
<th>Infection</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
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<tr>
<td>Genital Ulcers or Warts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zika Virus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In answering the questions above, I have answered for both my family and the baby’s father’s family?

In compliance with Federal, New York, and New Jersey State laws, I have given Alpha Cord LLC permission to test my blood for the following: Human Immunodeficiency Virus HIV, Human T-Cell Lymphotropic Virus HTLV, Hepatitis, Cytomegalovirus CMV, Syphilis RPR, and Alanine Transaminase ALT. In the event of any reactive/positive results, I authorize Alpha Cord LLC to release my results to the physician listed above.

Mother’s Consent/Signature: ____________________________

Date: ____________________________

In accordance with Chapter 12: Title 10: Official Code of Georgia Annotated, "Georgia Electronic Records and Signatures Act", By clicking the "I Agree" button, I hereby affix my signature, signifying my consent and fully binding me to this agreement.

☐ I Agree ☐ I Disagree

TO BE COMPLETED BY ALPHA CORD LLC -

I have reviewed the information above and determined the following:

SUITABLE - this cord blood and/or tissue collection has met Alpha Cord LLC SUITABILITY criteria for private storage.

NOT SUITABLE – this cord blood and/or tissue collection did NOT meet Alpha Cord LLC SUITABILITY criteria for private storage and requires further follow-up prior to release for therapeutic purposes. Alpha Cord LLC will be notified of any/all reactive or positive test results. Products/file will be labeled and identified, as applicable per regulatory standards and requirements.

3rd Party Processing Laboratory notified of potential risk.

REVIEWED FOR ELIGIBILITY BY:

DATE: ____________________________

Form: B.1-1 Rev. 10/30/2018 Issue Date: 01/07/2016
Toll-free: 866.396.7283
International: 404.315.6500
Fax: 404.795.9126

Mailing Address:
1777 Northeast Expressway NE, Suite 180
Atlanta, Georgia 30329

www.AlphaCord.com

facebook.com/alphacord
twitter.com/alphacord
pinterest.com/alphacord

Rev. 03-09-2018