

Saving Cord Blood. Saving Lives.

Congratulations on your pregnancy and your decision to preserve your baby's cord blood with UKCBB.

We offer four simple ways to enrol:

If enrolling online or by phone, please forward hardcopies of Sections 3 and 4 to UKCBB by post or fax.

- Online:** Enrol anytime with our secure online service at www.cordbloodbank.co.uk
- Phone:** Enrol by calling us on **+44 (0)20 7291 4569**
- Fax:** Fax your completed Sections 3 and 4 to us on **+44 (0)20 7291 4570**
- Post:** Send your completed copies of Sections 3 and 4 to: UK Cord Blood Bank Ltd., 1 Harley Street (Suite 102), London W1G 9QD, United Kingdom
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Enrolment documents

- Section 1** **Informed Consent** document describes details regarding the collection, receipt, processing, storage, maintenance, and use of cord blood as well as the required testing. It documents your understanding and consent to the services outlined as well as the collection of your baby's cord blood by your medical team.
- Section 2** **Client Service Agreement** outlines the services provided by UKCBB as well as the responsibilities of UKCBB and the client.
- Section 3** **Medical and Health History Profile** provides necessary health information regarding the biological mother and father. *This form must be returned to UKCBB.*
- Section 4** **Payment Authorisation** is to be completed and signed by all clients, including clients who enrol online or by phone. *This form must be returned to UKCBB.*

Please note that your enrolment cannot be confirmed until we have received your completed Sections 3 and 4.

Processing and storage fees

UKCBB Processing Fee: £620*

The processing fee covers the cost of collection materials, cord blood processing, testing and cryopreservation. This processing fee includes a £160 non-refundable administration fee due at the time of enrolment.

You have a choice of two storage options:

1. UKCBB Annual Storage: £50*

The annual storage option begins at the time of birth. The fee covers the cryogenic storage of your baby's cord blood stem cells at UKCBB's state-of-the-art cord blood processing and cryopreservation facility.

2. UKCBB 25-Year Prepaid Storage: £875*

The 25-year prepaid storage option begins at the time of birth. The fee covers the cryogenic storage of your baby's cord blood stem cells at UKCBB's state-of-the-art cord blood processing and cryopreservation facility. Choosing the 25-year prepaid storage option will save you **£375**.

All major credit cards accepted



*Please note that fees apply to single birth, UK and EU only. Please contact us if you are having a multiple birth as discounts are available. UKCBB fees do not include any fees that your medical team may charge for collection. If paying by cheque, all fees are due at the time of enrolment. Prices are subject to change. If you have any questions, please call us on **+44 (0)20 7291 4569**.



INFORMED CONSENT AND CLIENT SERVICE AGREEMENT

Section I – Informed Consent

I am the mother of the unborn child ("my Child") whose cord blood is to be collected at the time of its birth. I am legally entitled to sign this document on behalf of my Child and all of its parents and guardians. I authorise UK Cord Blood Bank Ltd. ("UKCBB"), to receive, process, and test umbilical cord blood and extract, cryopreserve, and store the stem cells contained therein (collectively, the "Cord Blood") in accordance with the accompanying Client Service Agreement.

1. Service. I understand that this service under the Client Service Agreement (the "Agreement") provides for the testing, processing, cryopreservation, and storage of the Cord Blood after the birth of my Child. I understand that Cord Blood is normally discarded after delivery. I choose to collect and store the Cord Blood in the event that the Cord Blood may be used as a possible future treatment for disease for my Child or for other family members.

2. Consent to Collection. I will request that the medical team, following the birth of my Child, collect the Cord Blood using the collection kit provided by UKCBB. I understand that the medical team will collect the Cord Blood while waiting for the placenta to be delivered or after the placenta is delivered, and that such collection will take approximately five (5) to ten (10) minutes. I understand that the Cord Blood collection should cause me no discomfort or pain or interfere with the birth. I understand that there is a risk of fungal, bacterial or maternal blood contamination when collecting the Cord Blood and that there is no guarantee or assurance of the success of the collection procedure. Nonetheless, I have been fully informed about the procedure for collecting the Cord Blood and consent to allow its collection after the birth of my Child and to furnish it to UKCBB for testing, processing, cryopreservation, and storage services under this Agreement.

3. Maternal Health Information and Blood Testing. I agree to complete and sign the medical history form in the collection kit and return the form to UKCBB with the collection kit. I understand that in accordance with regulatory agency guidelines, I must have a sample of my blood taken by venipuncture, the usual method for blood tests, within 48 hours of the delivery, in order to be tested for transmissible diseases. My blood sample must be placed in the tubes provided in the collection kit and provided to UKCBB. I understand that there is a slight risk of bruising, discomfort, inflammation, or infection at the site of the blood draw. The following tests are currently required on the mother's blood in order for the Cord Blood to be processed, stored and released in the future: HIV-1 and 2 (antibodies to human immunodeficiency virus 1); HTLV-1 and 2 (human T-cell lymphotropic virus type 1; implicated in leukaemia, lymphoma, or spinal cord disease); hepatitis B surface antigen and B core antibody; hepatitis C virus; cytomegalovirus (CMV); and syphilis (RPR test). I understand that the maternal blood test is undertaken in order to meet regulations. UKCBB's lab director and/or medical director will review the results of the testing. If the results indicate the presence of any infectious disease, UKCBB will give me a copy of the results and may decline to store the Cord Blood for that reason. I hereby consent to UKCBB's disclosure of the results of my blood test to any other Cord Blood storage facility to which I have authorised transfer of the Cord Blood, to the transplantation service in the event the Cord Blood is released for use, and to any government agency to which UKCBB may be required to report such results under applicable law and regulations.

4. Right to Withdrawal. I understand that my participation in the Cord Blood collection procedure is voluntary and that I may stop such collection at any time, subject to the terms and conditions provided in the Agreement.

5. New England Cryogenic Center, Inc. ("NECC") Tests. NECC completes cultures on all cord blood received to identify any bacteria and or fungi which may be present.

6. Disclosure of Health Information. UKCBB will request certain health information regarding me and my Child in order to provide the service under this Agreement. UKCBB will treat the health information I provide as confidential and will not disclose it to any third party except with my prior agreement or as required by law. I understand that health care providers may need such information to provide treatment to me and/or my Child and that government agencies may be entitled to obtain such information under applicable law and regulations. UKCBB is registered under the Data Protection Act 1998 and information on me and my Child's health information will be processed in accordance with that Act.

7. Release. I agree to indemnify, defend and hold harmless UKCBB, New England Cord Blood Bank, Inc. ("NECBB"), its Processing Laboratory at NECC, Newton, MA, USA, its shareholders, directors, officers, employees, agents and other representatives from and against any and all liability, loss, expense, legal fees or claims from injury or damages, arising out of the services provided under this Agreement. This does not affect my statutory rights.

Section 2 – Client Service Agreement

This Client Service Agreement (the “Agreement”) is between UK Cord Blood Bank Ltd. (“UKCBB”), representing New England Cord Blood Bank, Inc. (“NECBB”), a Massachusetts corporation with its principal place of business at 153 Needham Street, Newton, MA 02464, USA and the mother of the unborn child whose umbilical cord blood and the stem cells contained therein (collectively, the “Cord Blood”) is to be collected at the time of its birth (the “Child”), representing herself, the Child, its parents, and legal guardians (collectively referred to as the “Client”).

In consideration of the following covenants and conditions set forth herein, the parties agree to the following:

1. Cord Blood Services. The Client will obtain and send blood from the placenta and the umbilical cord (the “Cord Blood”) to UKCBB upon the delivery of the child (the “Child”). The Client will assure that the Cord Blood is retrieved using the collection kit according to the instructions provided by UKCBB. Upon finding that the Cord Blood is suitable for storage, UKCBB will process and cryopreserve the Cord Blood by freezing the Cord Blood in liquid nitrogen or other suitable medium. UKCBB will store the child’s cryopreserved Cord Blood for the duration of this Agreement or until earlier termination of this Agreement as set forth below. UKCBB will not use the Cord Blood for any purpose in addition to the purposes described in this Client Service Agreement without the expressed written consent of the Client.

2. Cord Blood Ownership. UKCBB will recognise the Client as the custodian of the Cord Blood until the Child reaches 18 years of age. At that time, UKCBB will recognise any claims made by the Child for the Cord Blood.

3. Risks and Benefits. The Client understands that Cord Blood transplantation is a relatively new procedure that may offer possible future benefits to the Child and other potential beneficiaries in treating diseases such as leukaemia, cancer, and blood and genetic disorders. The Client understands that Cord Blood offers a source of stem cells, and the Client acknowledges that they have been informed of alternative sources of stem cells such as bone marrow and circulatory blood. The Client understands that cryopreservation of Cord Blood is a relatively new procedure and laboratory tests and studies have to date indicated it is a successful method of preservation of Cord Blood; however, no long term assurances can be made about the effectiveness of preservation.

4. Maintaining Information. The Client agrees to provide UKCBB and its agents and representatives with complete and accurate information in writing concerning the full name, address, phone numbers and other contact information of the Client and the Child. The Client also agrees to provide such other information that UKCBB may require for the testing of the Cord Blood, maternal blood, performance of its services, compliance with laws, regulations, permits and certifications, as well as for the proper identification of the Client and the Child. If any information that the Client has provided to UKCBB changes or is no longer valid, the Client agrees to give UKCBB prompt written notice of all such changes and invalidity.

5. Term. The initial term of this Agreement will start on the date that UKCBB receives the Cord Blood and will continue for one year (“Storage Period”). This contract will automatically renew at the end of each Storage Period; unless the Client selects a prepaid storage option, or unless either party provides written notice to the other of its intent not to renew at least sixty (60) days before the end of the current Storage Period.

6. End of Agreement. Cancellation or withdrawal service fees will apply for ending the Agreement. (See Service Fee Schedule.) This Agreement will terminate upon the happening of any one of the following events:

- A. Blood test indicating that the Cord Blood collected is not appropriate for storage.
- B. Either party delivers sixty (60) days written notice to the other party terminating this Agreement.

- C. Failure of the Client to pay the processing and storage fees.
- D. Failure of the Client to provide maternal blood for testing.

7. Disposal on Ending of Agreement. Upon ending of this Agreement, the Client will arrange for the disposal of the Cord Blood, and the Client will bear any costs associated with such disposal. (See Service Fee Schedule.) UKCBB will retain all rights to the Cord Blood if the Client fails to arrange for and notify UKCBB of disposal of the Cord Blood within thirty (30) days of ending the Agreement.

8. Payment Terms. The Client agrees to the following payment terms:

A. **Administration Fee.** Before transporting a Cord Blood Sample Collection Kit, the standard administration and collection kit fee is payable to UKCBB in full and is non-refundable. (See Service Fee Schedule.)

B. **Processing Fee.** This fee must be paid prior to or at the time of processing the Cord Blood. If the Client supplies UKCBB with a valid credit or debit card, UKCBB will automatically charge the processing fee and any outstanding balance within five (5) days of receiving the Cord Blood. (See Service Fee Schedule.)

C. **Collection Kit.** This kit is required for Cord Blood collection. It includes all materials needed including the anti-coagulant blood bag specified for the preservation of the Cord Blood during transportation. (See Service Fee Schedule.)

D. **Transport Charge.** UKCBB will assist in transporting the Cord Blood from mainland UK to UKCBB's laboratory via overnight service and this cost is included in the Processing Fee. *Saturday and Sunday courier pick-up and transportation and that from outside the UK mainland may be subject to an additional charge.* If necessary, UKCBB may also provide details of alternative courier services, the fees for which the Client will be responsible. The Client may also elect to arrange delivery of the Cord Blood to UKCBB's laboratory in Newton, MA, USA personally but they will be liable for all such charges that may then arise.

E. **Storage Fee.** The Client agrees to pay UKCBB for storage and can choose renewable annual storage ("Annual Storage") or long-term storage ("Long-Term Storage"). Any increase to the Annual Storage fee will be limited to the proportionate percentage increase in material costs and to increases in the cost of living index. If the Client supplies UKCBB with a valid credit or debit card, UKCBB will charge the annual storage fee and any outstanding balance within five (5) days of the Annual Storage fee becoming due. (See Service Fee Schedule.) If the Client selects Long-Term storage, storage of the Cord Blood will expire at the end of twenty-five (25) years. At such expiration date there is no automatic renewal.

F. **Credit Card Refusal.** If the Client's credit or debit card issuer refuses to honour a UKCBB charge request for any reason and the Client fails to arrange for another method of payment prior to the expiration of the Agreement's current term, this Agreement will be subject to termination by UKCBB, as provided in item 6 on Page 3 of this Agreement.

9. Refund. UKCBB will refund all fees paid by the Client with the exception of the administration fee if tests indicate that collection and storage is not advisable. If either party delivers sixty (60) days written notice to the other party terminating this Agreement, UKCBB will refund a pro rata portion of the Long-Term Service fee after deduction of any costs and expenses involved with the disposition of the Cord Blood in accordance with the Client's instructions. If the Client fails to comply with its obligations in items 6 and 7 above, UKCBB reserves the right to retain the entire Long-Term Service fee. Except as explicitly provided herein, fees paid by the Client are not refundable.

9. No Warranty. The Client acknowledges that neither UKCBB, NECBB, its Processing Laboratory at NECC, Newton, MA, USA, nor any of its officers, directors, shareholders, executives, employees or consultants has made any other representations or warranties to the Client of any kind or nature, including, without limiting the generality of the foregoing, any representations or warranties with respect to (i) suitability of Cord Blood for future treatment of diseases; (ii) successful treatment of diseases through Cord Blood transplantation; and (iii) advantages of Cord Blood transplantation over other types of treatment using stem cells.

10. Indemnify and Hold Harmless. The Client agrees to indemnify, defend and hold harmless UKCBB, NECBB, its Processing Laboratory at NECC, Newton, MA, USA, its shareholders, directors, officers, employees, agents and other representatives from and against any and all liability, loss, expense, legal fees, or claims from injury or damages, arising out of the services provided under this Agreement. The Client further acknowledges that UKCBB is not responsible for the actions of others including her medical staff, the birthing hospital, hospital staff, laboratory staff and transporters of the Cord Blood.

11. Delivery Time Frame. The Client agrees to make every reasonable effort to ensure delivery of the Cord Blood to UKCBB's laboratory in Newton, MA, USA.

12. Preparation, Transfer and Transportation. In the event that the Cord Blood is needed for treatment, the Client will provide written notification to UKCBB for the Cord Blood to be transferred for transplant or any other reason. The notification will include the name and address of the doctor and hospital receiving the Cord Blood. UKCBB will prepare the Cord Blood for transport according to industry standards. The Client will bear all cost related to the preparation and transportation of the Cord Blood. (See Service Fee Schedule.)

13. Assignability. This Agreement is assignable by UKCBB to any individual, association, partnership or other corporation, which is either providing a similar service or intends subsequent to such assignment to provide similar service. UKCBB will provide advance written notification to the Client if such an assignment were to result in the Cord Blood being transferred from the Processing Laboratory at NECC, Newton, MA, USA to another storage facility.

14. 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 herein set forth. This Agreement will be binding upon the parties and their respective heirs, spouses, executors, administrator, agents, representatives, successors, assigns, shareholders, directors, officers and employees. The Agreement will be construed in accordance with the laws of the Commonwealth of Massachusetts. If any provision of this Agreement is deemed unenforceable, the remaining provisions hereof will nevertheless be fully enforceable in accordance with their terms.

On behalf of myself (ourselves) and the Child, I hereby grant permission to UKCBB to collect, process and store the Cord Blood after delivery of my Child.

Pursuant to the terms and conditions outlined in UKCBB's Informed Consent and Client Service Agreement, I request that UKCBB store my (our) Child's umbilical cord blood stem cells.

I understand that according to UKCBB's Informed Consent and Client Service Agreement, I may modify my decision to store my Child's umbilical cord blood stem cells with UKCBB at any time after the cells are stored. I further understand that upon modifying my decision to store my Child's umbilical cord blood stem cells, I will not receive a refund from UKCBB, except as explicitly provided herein.

Sign and return this page to UKCBB (please ensure all questions are completed)
Section 3 – Medical and Health History Profile

A Medical Health Profile is required by regulatory agencies. Please complete the information below to the best of your knowledge.

Birth Type: Standard Caesarean Induction If scheduled, date & time: _____

Mother's full name		National Insurance No.		Date of birth	
Address 1		Address 2		Town	Post code
Home phone		Work phone		Mobile phone	
				Email	

Expected delivery date		Mother's maiden name		Marital status	
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Father/Partner's Name		National Insurance No.		Date of birth	
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Midwife/Consultant name		Phone		Fax	
Address 1		Address 2		Town	Post code
				Country	

Delivery hospital		Phone			
Address 1		Address 2		Town	Post code
				Country	

Of which ethnic group do you consider yourself a member? Please circle one (M = Mother; F = Father).

White M F	Mixed M F	Black M F	Asian M F	Chinese M F	Other M F
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Health of biological mother:	Yes	No	Have you or the baby's biological father ever:	Yes	No
Are you in good general health?	<input type="checkbox"/>	<input type="checkbox"/>	Tested positive for hepatitis B or C?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>	Tested positive for HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having any complications with this pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	Tested positive for HTLV-I or II?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having a planned caesarean delivery?	<input type="checkbox"/>	<input type="checkbox"/>	Been turned down as a blood donor or been diagnosed with Creutzfeldt-Jacob disease or West Nile virus?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 12 months, have you or the baby's father:			Received human pituitary growth hormone?	<input type="checkbox"/>	<input type="checkbox"/>
Had any body piercings, a tattoo, an accidental needle stick or been an intravenous drug user?	<input type="checkbox"/>	<input type="checkbox"/>	Had malaria, Chagas disease or other parasitic disease?	<input type="checkbox"/>	<input type="checkbox"/>
Been exposed to anyone who has been diagnosed with hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	Had anti-malarial medication or clotting factors for a bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Been incarcerated in a correctional facility for more than seventy-two hours?	<input type="checkbox"/>	<input type="checkbox"/>	Had unexplained fever, swollen lymph nodes or purple spots on your skin?	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed with or exposed to tuberculosis or been in a malarial endemic country?	<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in the maternal or paternal family had:		
Had sexual contact with someone who is HIV positive or at high risk for HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	Aplastic anaemia, thalassaemia, Fanconi's anaemia, sickle-cell anaemia, any metabolic/storage disorder or any other genetic or inherited disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed with a sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>	Leukaemia, SCID, Wiskott-Aldrich syndrome, Hurler syndrome, or chronic granulomatosis?	<input type="checkbox"/>	<input type="checkbox"/>
Been bitten by an animal suspected of having rabies?	<input type="checkbox"/>	<input type="checkbox"/>			
Had a blood transfusion or undergone an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers that need further clarification: _____

Acknowledgement of Terms and Conditions

I have read the *Informed Consent* (Section 1), the *Client Service Agreement* (Section 2), and completed the *Medical and Health History Profile* (Section 3). All of my questions regarding the service have been answered to my satisfaction. I agree to the terms and conditions set forth in the aforementioned documents.

_____ Signature of Mother	_____ Date	_____ Signature of Father / Partner	_____ Date
_____ Medical Director or Designee (for UKCBB use only)	_____ Date		

Section 4 – Payment Authorisation

Please ensure the payment information below is filled out completely.

<p>I, the undersigned, accept full financial responsibility for all charges incurred by me, or my dependents, for services rendered by UKCBB.</p>								
<input type="checkbox"/> Maestro® <input type="checkbox"/> MasterCard® <input type="checkbox"/> VISA® <input type="checkbox"/> American Express® <input type="checkbox"/> Cheque <input type="checkbox"/> Other	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 40%; border-bottom: 1px solid black;">Card number</td> <td style="border: none; width: 30%; border-bottom: 1px solid black;">Valid from date</td> <td style="border: none; width: 30%; border-bottom: 1px solid black;">Expires end</td> </tr> <tr> <td style="border: none; border-bottom: 1px solid black;">Issue no. <i>(where applicable)</i></td> <td colspan="2" style="border: none; border-bottom: 1px solid black;">Cardholder's signature</td> </tr> </table>		Card number	Valid from date	Expires end	Issue no. <i>(where applicable)</i>	Cardholder's signature	
Card number	Valid from date	Expires end						
Issue no. <i>(where applicable)</i>	Cardholder's signature							
Storage Options (please select one)	<input type="checkbox"/> Annual Storage Option* Processing Fee: £620 Annual Storage Fee: £50 Total first-year fees: £670	<input type="checkbox"/> 25-Year Prepaid Storage Option* Processing Fee: £620 Storage Fee: £875 (£ 35 per year x 25 years, for a £375 savings) Total fees: £1,495						

*A £160 non-refundable administration fee will be charged at the time of enrolment. The balance will be charged upon receipt of cord blood. Fees apply to single-birth, UK and EU customers only. Please contact UKCBB if you are having a multiple birth as discounts are available. Prices are subject to change. If paying by cheque, all fees are due at the time of enrolment. **If you are an existing UKCBB client enrolling for your next child, you will receive a £150 discount off your cord blood processing fee.**

PLEASE COMPLETE THE SECTIONS BELOW

Your UKCBB contact: _____															
How did you hear about UKCBB?															
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> I am a current client</td> <td style="width: 33%;"><input type="checkbox"/> Magazine advertisement:</td> <td style="width: 33%;"><input type="checkbox"/> Childbirth class</td> </tr> <tr> <td><input type="checkbox"/> I was referred by a current client</td> <td><input type="checkbox"/> NHS Mother & Child</td> <td><input type="checkbox"/> Midwife / consultant</td> </tr> <tr> <td><input type="checkbox"/> Tradeshow</td> <td><input type="checkbox"/> At Home Celebrity Baby</td> <td><input type="checkbox"/> Doctor's office</td> </tr> <tr> <td><input type="checkbox"/> Internet search</td> <td><input type="checkbox"/> BUPA Teddies</td> <td><input type="checkbox"/> Antenatal care facility</td> </tr> <tr> <td><input type="checkbox"/> Friend / family member</td> <td><input type="checkbox"/> ChildSafe</td> <td><input type="checkbox"/> Other (please specify) _____</td> </tr> </table>	<input type="checkbox"/> I am a current client	<input type="checkbox"/> Magazine advertisement:	<input type="checkbox"/> Childbirth class	<input type="checkbox"/> I was referred by a current client	<input type="checkbox"/> NHS Mother & Child	<input type="checkbox"/> Midwife / consultant	<input type="checkbox"/> Tradeshow	<input type="checkbox"/> At Home Celebrity Baby	<input type="checkbox"/> Doctor's office	<input type="checkbox"/> Internet search	<input type="checkbox"/> BUPA Teddies	<input type="checkbox"/> Antenatal care facility	<input type="checkbox"/> Friend / family member	<input type="checkbox"/> ChildSafe	<input type="checkbox"/> Other (please specify) _____
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<input type="checkbox"/> Internet search	<input type="checkbox"/> BUPA Teddies	<input type="checkbox"/> Antenatal care facility													
<input type="checkbox"/> Friend / family member	<input type="checkbox"/> ChildSafe	<input type="checkbox"/> Other (please specify) _____													

Next of kin information (This information is requested just in case we need help contacting you in the future. Please DO NOT nominate your spouse or partner as next of kin.)
Name: _____ Relationship to you: _____
Address: _____
Contact phone number(s): _____

Service Fee Schedule

At UK Cord Blood Bank, we offer the highest-quality services in preserving cord blood stem cells, yet are proud to be amongst the most affordable in the world. This remarkable combination of excellence and affordability makes UKCBB the best value in cord blood banking.

Fee	Description	When due	Amount
Processing	A non-refundable administration fee.	Payable when you enrol.	£160
	This fee covers the cost of collection materials, cord blood processing and testing. It also covers transportation of the collected cord blood sample to our US laboratory.*	Payable when the cord blood is received by our laboratory.**	£460
Total UKCBB processing fee			£620

*Please note that collection kit transportation costs for non-UK clients are not included in the processing fee.

**Please note that UKCBB will refund the processing fee if tests indicate that storage is not advisable.

When you enrol, you have the choice of two storage options:

Annual storage	Begins at the time of birth and covers the cryogenic storage of your child's stem cells.	Payable with the processing fee for the first year of storage and every year around your child's birth date.	£50
Total first year fees with annual storage selected			£670

OR

25-year prepaid storage	Begins at the time of birth and covers the cryogenic storage of your child's stem cells.	Payable with the processing fee. Paying in advance saves you £375 (£35 per year).	£875
Total fees with 25-year prepaid storage selected			£1495

The following fees may also apply:

Withdrawal service	A fee covering the preparation of your child's stem cells for transportation. This fee does not include transport costs.	Payable on UKCBB's receipt of your written request for withdrawal.	£60
Cancellation	A fee covering the termination of the Client Service Agreement.	Payable on UKCBB's receipt of your written request for cancellation.	£75
Transfer	A fee covering the costs of transporting your child's stem cells to another facility. * This fee will be calculated on a case by case basis.	Payable on UKCBB's receipt of your written request for transfer.	*

Please note the following:

- Weekend collection and transportation of cord blood from within mainland UK to our laboratory may be subject to an additional charge.
- UKCBB will provide details of alternative courier services on request. Charges for these courier services may not be covered by the processing fee.
- The processing fee above applies to single birth, UK and EU only.
- The processing fee does not include any fees that your medical team may charge for cord blood collection.
- The collection kit comes with a FedEx International Air Waybill to cover air freight from the UK mainland to laboratory in the US. If you vary the terms of the International Air Waybill, you will be liable for any additional charges.

Saving Cord Blood. Saving Lives.

Fax cover page

Fax to: +44 (0)20 7291 4570

Date: _____ Page(s): _____

To: _____ From: _____

Sender's phone: _____ Sender's fax: _____

Subject: UKCBB Enrolment Documents

This facsimile contains privileged and confidential information intended only for the use of the recipient named above. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify UKCBB on **+44 (0)20 7291 4569** and return the original facsimile to UKCBB, 1 Harley Street (Suite 102), London W1G 9QD, United Kingdom. This information has been disclosed to you from records whose confidentiality is protected by law. Any further disclosure of this information without the prior written consent of the person to whom it pertains may be prohibited.

UK Cord Blood Bank Ltd, 1 Harley Street (Suite 102), London W1G 9QD
Phone +44 (0)20 7291 4569
Fax +44 (0)20 7291 4570