

**DONOR INFORMED CONSENT  
CORD BLOOD DONATION**

By signing below, I request that blood be collected from my child's umbilical cord and placenta ("cord blood") at the time of my child's delivery in accordance with this Consent. I further request that the cord blood be processed and stored through the services provided by M.A.Z.E. Cord Blood Laboratories, Inc. ("M.A.Z.E."). I understand that certain processing services shall be provided through M.A.Z.E.'s arrangements with third party vendors, including, but not limited to New York Blood Center ("Vendors"). I understand that this Donor Informed Consent gives me information regarding the collection, processing, and storage of my child's cord blood.

1. Purpose: I am agreeing to the collection, processing, and storage of my child's cord blood so that the cord blood can be transplanted into an individual in the future, provided such individual's transplanting physician writes an appropriate prescription.
2. Use of Stem Cells: I understand that cord blood contains special cells called "stem cells" that may restore blood-forming elements when transplanted in association with treatment of certain types of cancer and blood disorders. Other sources of stem cells exist, including bone marrow and peripheral blood, and some stem cells harvested from these other sources have been used successfully to treat some diseases. I also understand that other ways of treating these diseases may be found in the future perhaps rendering unnecessary the stem cells in my child's cord blood.
3. Risks of Storage: I understand that cord blood can be safely stored for a number of years, although the exact length of time that safe storage can be maintained is not known. Although the freezing technique used for cord blood has been used for many years to preserve bone marrow and other blood cells successfully, it has been used to freeze cord blood only relatively recently.
4. No Guarantee: I understand that the use of stem cells collected from umbilical and placenta blood is still considered experimental even though the same type of cells harvested from other sources, such as bone marrow, have been used to treat diseases

successfully for many years. There is no guarantee that the cord blood stem cells will be a match for any particular member of my family or that cord blood transplant will provide a cure. As with any transplant therapy, therapeutic success depends upon many factors beyond the stem cells themselves including patient condition, type of disease, recipient-donor relationship and matching, and other factors.

5. Risks and Benefits: I understand there are risks and benefits to the collection of cord blood and natural blood samples. Possible current benefits are that the stem cells could be used in the treatment of certain life-threatening diseases, including leukemia, certain other cancers, and blood disorders. Potential risks include the possibility that this type of treatment may not be effective, and bruising or discomfort accompanying the taking of my blood from my arm.
6. Consent to Prior Blood Testing: I consent to my obstetrician or attending physician testing or ordering a test of my blood before the estimated date of my delivery for infectious diseases, such as HIV, hepatitis, human t-lymphotrophic virus, cytomegalovirus, syphilis, and other tests required by the FDA and other applicable regulatory agencies. I further consent to M.A.Z.E., following my delivery, testing or ordering a test of my blood for infectious diseases in connection with the processing and testing of the cord blood unit. I understand that this testing may be done through a separate or affiliated laboratory.
7. Results of Blood Testing: I understand that if my blood tests positive for any infectious disease tests, my baby's cord blood may be ineligible for processing, storage, and transplantation and I will be notified by M.A.Z.E regarding such ineligibility. I understand that determination of the eligibility of the cord blood shall be made by M.A.Z.E., in its sole discretion, and that I should consult my physician regarding treatment for any such infectious disease.

8. Release of Blood Test Results: I hereby consent to the release of the results of the infectious disease tests and the release of my own and my baby's medical records to M.A.Z.E. and its Vendors and to such results becoming a permanent part of the cord blood record. I understand that the results of these tests will not be disclosed to any other party without my written consent, except to the extent disclosure is required or permitted by law.
9. Request for Cord Blood Collection: I will request that my obstetrician or nurse midwife, following the birth of my child, collect the cord blood using the collection kit provided by M.A.Z.E. I understand my obstetrician or nurse practitioner will collect the cord blood while waiting for the placenta to be delivered or after the placenta has been delivered.
10. Decision to Collect Cord Blood: I agree that my health and the health of my child are the first priorities. Therefore, there is no guarantee that my child's cord blood will be collected. I understand that my obstetrician or certified nurse midwife will make the final decision as to when and if my child's cord blood will be collected. I understand that, although infrequent, complications may occur at birth and it may not be possible for my obstetrician or certified nurse midwife to collect my child's cord blood. I understand that the collection process will not start until my obstetrician or certified nurse midwife has determined that the collection process will not harm my child. After considering the foregoing, I am consenting:
- a. to have my obstetrician or certified nurse midwife collect the cord blood after the birth of my child; and
  - b. to have M.A.Z.E. or its Vendors perform cell viability, total cell number, stem cell concentration, blood typing, and bacteria and fungus tests on my child's cord blood unit to assist in determining the nature and quality of the cord blood.
11. Ability to Store Cord Blood: I have been told that after collection, the cord blood unit has to be processed before it can be frozen. I understand that there is no way of knowing if the cord blood unit is suitable for storage until it has undergone processing by M.A.Z.E. or its Vendors and my blood has been tested for infectious diseases by M.A.Z.E. or its Vendors. There is no guarantee the cord blood will be stored.
12. Cord Blood Ineligible for Storage: If M.A.Z.E. determines that the cord blood unit is ineligible, or if test results or other documentation is not available, M.A.Z.E. will attempt to find out my instructions as to disposition of the cord blood. M.A.Z.E. also maintains the right to reject any cord blood unit. Some examples of unsuitable cord blood units include, without limitation, the following:
- a. The cord blood unit has fungal or bacterial contamination.
  - b. The cord blood may clot prior to, or during, the collection process.
  - c. The volume of the cord blood may be inadequate, or the number of stem cells may be inadequate to support transplantation.
  - d. The placenta delivery may take an unacceptably long time after delivery of the newborn infant.
  - e. Unforeseen circumstances beyond the control of the physician or of M.A.Z.E.
  - f. After processing or storage, the stem cells may lose viability and usefulness.
  - g. My blood may test positive for an infectious disease.
13. Cord Blood Eligible for Storage: If the cord blood is eligible for storage, M.A.Z.E. and its Vendors will label it with a unique identifier and freeze, and store the cord blood unit.
14. Retesting of Donor and Cord Blood: I understand that I may be asked to be retested for infectious diseases or to provide an additional sample of blood for possible retesting as new standards, guidelines or regulations may require. I also understand that M.A.Z.E. may, from time to time and in its sole discretion, perform additional periodic testing on stored cord blood, which would reduce the amount of cord blood stored.

15. Consent to Transport of Cord Blood: At any time during the storage period, only I, the child's legal guardian, the child after he/she is no longer legally a minor, or a proper court order can request that M.A.Z.E. retrieve and prepare the stored cord blood for transport to another designated location. All such requests must be in writing sent by certified mail. I further understand that a request for transplantation requires a written prescription from transplanting physician.
16. Cord Blood Financial and Storage Agreement: In signing this Consent I acknowledge that I have also signed the Cord Blood Financial and Storage Agreement, the terms of which are incorporated herein. I understand the fees charged in connection with M.A.Z.E.'s service are set forth in the Cord Blood Financial and Storage Agreement.
17. Records: I understand that appropriate confidentiality will be maintained for all patient records concerning M.A.Z.E.'s service, but that the Food & Drug Administration, Department of Health and Human Services, or other government agencies may inspect records in accordance with applicable federal, state, or local laws or other regulatory authoritative regulations.
18. Rights to Cord Blood. Subject to the orders of any court of competent jurisdiction and to the terms and conditions of this Consent and the Cord Blood Financial and Storage Agreement, I understand that all right, title, and interest in the Cord Blood shall belong to me until my child reaches the age of majority recognized in the child's domicile ("age of majority", typically at age 18), whereupon such right, title, and interest in the Cord Blood shall belong to the child.

**I have read and understand this Consent and know that I can refuse M.A.Z.E.'s service without prejudice. I am signing below prior to the collection of cord blood. I understand that my decision to collect and store my child's cord blood is voluntary. I understand that by my signature below I am verifying that I have been given an opportunity to and have read all of the information in this Consent. I recognize that before signing this Consent I had the opportunity to call M.A.Z.E. at (914) 683-0000 to ask questions regarding the processing and storage of cord blood. I also recognize that before signing this Consent I should consult with my obstetrician and/or attending physician regarding questions concerning the collection of blood or my treatment during delivery, including clarification of medical terms, and that M.A.Z.E. is not my physician nor providing me with professional or medical services.**

\_\_\_\_\_  
Signature of Donor (Legal Name)

\_\_\_\_\_  
Print Name of Donor (Legal Name)

\_\_\_\_\_  
Date

**Where applicable:**

\_\_\_\_\_  
Signature of Child's Father (Legal Name)

\_\_\_\_\_  
Print Name of Child's Father (Legal Name)

\_\_\_\_\_  
Date