

Cord Blood Banking Registration Instructions

Dear Parents,

We are delighted that you have selected Progenics Cord Blood Cryobank, a reputable leader in Canada in umbilical cord blood stem cell banking with experience in successful transplantation. Our cord blood banking program is dedicated to enhancing the health of your child and family. Progenics has a quality guarantee and issues a Certificate of Cryopreservation that contains results for the most important quality indicators. With our unique guarantee and certificate (the only one of its kind worldwide), our program assures superior quality and a higher chance that your baby's cord blood will be suitable for a transplant in the future.



A step-by-step guide to registration

1. Complete **Section A: Registration Form**.
2. Read **Section B: Cord Blood Banking Consent and Agreement** thoroughly and sign it. (Keep a copy for your reference.)
3. Complete and sign the following forms after you have read and understood them in their entirety.

Section C: Confidential Health History

Section D: Release of Medical Information

4. Read **Section E: Schedule of Fees**. Select your storage and payment options, where indicated.
5. Complete the **Pre-authorized Payment Form** if you will be making installment payments by credit card.
6. Return the signed agreement and the completed forms to Progenics by mail, fax, email, or in person as soon as possible to avoid a delay in receiving your Certificate of Cryopreservation.

Mail to:

Progenics Cord Blood Cryobank
701 Sheppard Avenue East, Suite310
Toronto, Ontario
M2K 2Z3
Canada

In person:

Office hours
Monday~Thursday:
9:00am ~ 8:00pm
Friday:
9:00am ~ 6:00pm
Saturday:
9:00am ~ 4:00pm

Fax to:

416-221-9727

For more information:

416-221-1666
1-866-921-1666
info@progenicscryobank.com
www.progenicscryobank.com

Progenics staff will contact you when the registration documents have been received and reviewed.

SECTION A: REGISTRATION FORM

Affix Bar Code
(Progenics Use Only)

MOTHER'S INFORMATION	
First Name (s)	_____
Last Name	_____
Health Card #	()
Ethnic Background	_____
Expected Due Date	dd / mm / yyyy
Date of Birth	dd / mm / yyyy
Address:	_____

City	Province/State:
Postal/Zip Code	Country:
Home No.	() -
Cellular No.	() -
Business No.	() -
Email address	_____

FATHER'S INFORMATION	
First Name (s)	_____
Last Name	_____
Ethnic Background	_____
Home No.	() -
Cellular No.	() -
Business No.	() -
Email address	_____

SECOND CONTACT INFORMATION	
Name	_____
Relationship	_____
Address	_____

City	Province/State:
Postal/Zip Code	Country:
Home No.	() -
Cellular No.	() -
Email address	_____

DELIVERY INFORMATION	
Delivery Hospital	_____
Address	_____

City	Province/State:
Postal/Zip Code	Country:
Physician/Midwife	_____
Tel.	() -

BILLING INFORMATION	
Payment by	<input type="checkbox"/> Visa <input type="checkbox"/> Cheque <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash <input type="checkbox"/> American Express <input type="checkbox"/> Direct Debit
Card #	_____
Expiry Date	mm / yyyy
Name on card	_____
Annual invoices will be sent by email unless you instruct Progenics to send them by mail	

REFERRAL INFORMATION	
Referrer Name	_____
Referrer Home No.	_____

For Progenics Cord Blood Cryobank office use only:

Telephone registration Date: _____ dd / mm / yyyy
 Low volume (<10mL): Bank regardless Contact mother
 Registration form completed by: _____ Signature: _____

SECTION B: CORD BLOOD BANKING CONSENT AND AGREEMENT

This Agreement between Progenics Cord Blood Cryobank and I _____ (mother) authorizes Progenics to process and store by cryopreservation (freezing) the blood from my child's umbilical cord after delivery. I (mother) authorize my health care providers, including, without limitation, the attending physician/midwife/nurse/laboratory technician/phlebotomist, to collect umbilical cord blood and placental blood (cord blood) and my maternal blood at or near the time of the birth of my child. I understand that in order to enter into this Agreement I must meet certain eligibility criteria and that the Agreement is subject to the terms and conditions indicated below.

I UNDERSTAND and AGREE that:

Progenics provides services for storing stem cells contained in my child's cord blood. The cord blood sample will be uniquely identified and stored at Progenics' cryogenic facility. Progenics agrees to retrieve these cord blood stem cells from storage at my request with the consent of the transplant recipient's health care provider (if applicable), in accordance with the terms and conditions of this Agreement.

1. Benefits of Cord Blood Banking and Therapy

I UNDERSTAND that:

Collecting and storing my child's cord blood stem cells may potentially benefit my child should he/she need them in the future to treat certain life-threatening diseases such as leukemia, cancers, blood disorders, or to repair damaged tissues or organs.

Cord blood stem cells are capable of producing more cells that are a perfect match for my child. This may make treatment easier and reduce the risk of complications should stem cell therapy be required.

There is a possibility that my child's cord blood stem cells may be a suitable match for siblings or other family members, and may also have other potential benefits.

Cord blood stem cells have advantages over other traditional sources of stem cells used for therapy, such as lower risk of viral contamination and lower incidence and severity of graft-versus-host disease (GVHD).

2. Risks or Constraints

I UNDERSTAND that:

There is no guarantee that my child's cord blood can be collected, especially under unexpected emergency circumstances or due to complications at birth. My (birth mother's) health and my child's health are the first priority. I agree that the judgement of my physician or health care provider under these circumstances shall be absolute and final.

There is no guarantee that my child's cord blood can be processed. This will depend on the timely transportation of the cord blood to Progenics' processing facility and the compliance with processing criteria and standards. If the cord blood sample is questionable and/or unsuitable for processing and banking, Progenics will notify me. In this case, the prepaid processing and storage fees will be refunded. If the processed cord blood does not pass the standards of acceptance set by Progenics and cannot be stored, only the paid storage fee will be refunded.

The efficacy of any stem cell treatment cannot be guaranteed for managing my child's or other family members' diseases. This includes diseases for which stem cell therapy has been indicated as a possible method of treatment. The cryopreserved cord blood stem cells may not be suitable for transplantation or may not match other family members. The decision to use cord blood stem cells will be made by the transplant recipient's health care provider with my consent or the consent of my child's legal guardian, or, if the child has reached the age of majority (18), by the transplant recipient's health care provider with the consent of my child.

Any beneficiaries for whom this cord blood is being stored or to whom it is later provided shall hold Progenics harmless and free from liability. In the future, better ways of treating diseases may arise and render the stored cord blood stem cells unnecessary.

3. Testing Procedures

I UNDERSTAND that:

By signing this agreement, I consent to having a sample of my blood (maternal blood) collected within 7 days before or after giving birth. This sample will be tested for HIV, hepatitis, and other transmitted diseases. I also consent to the disclosure and release of such blood test results to Progenics. The test results and records will not be disclosed to any other party without my prior written consent unless their disclosure is required by law.

If maternal blood tests positive for certain transmitted disease markers, I agree to provide Progenics with my consent to dispose of the stored cord blood. If I do not provide consent upon receiving a final request from Progenics, the cord blood will be destroyed and any prepaid storage fees will be refunded.

A sample of the umbilical cord blood will be tested for banking eligibility. Progenics reserves the right to reject any sample due to low volume, low cell count, bacterial contamination, the lack of test results, or the late delivery of the cord blood.

Under certain circumstances, such as a standard test prior to transplantation, small amounts of the processed cord blood in quality control vials or segments from a storage bag might be retrieved for testing during its storage. Should any storage machines malfunction, I also give my consent to Progenics to perform a quality control test for the stored cord blood unit. I will be notified if the results of the quality control test are unacceptable.

4. Collection and Transportation Procedures

I UNDERSTAND that:

Progenics will provide me with a cord blood collection kit when my registration is received and confirmed. It is my responsibility to read the "Instructions for Parents" and ensure that the health care providers involved in my child's delivery receive the collection kit.

The selection of my health care provider and institution to collect and package my child's umbilical cord blood is solely my responsibility.

Once collected, the cord blood must be stored at room temperature at my birthing facility and while being transported to Progenics. It is my responsibility to notify the designated courier and Progenics immediately after the cord blood is collected, as specified in the instructions from Progenics. The cord blood collection kit must reach the Progenics laboratory AS SOON AS POSSIBLE and be processed within 48 hours of collection.

If the cord blood is received at the Progenics laboratory later than 48 hours after collection, approval for processing must be obtained from the Laboratory and Scientific Director before processing.

5. Processing and Storage of Cord Blood

I UNDERSTAND that:

Progenics applies processing and storage techniques that have been used successfully in the past for banking cord blood stem cells. It has been proven that cord blood stem cells remain viable after being cryopreserved for over twenty (20) years. In theory, they can be stored in a liquid nitrogen freezer indefinitely.

Certain components of the cord blood, such as excess plasma and red blood cells, remain after processing by Progenics and are not cryogenically stored. I consent to having Progenics dispose of such components following Ontario's regulations for the management of biological waste.

6. Retrieval of Cord Blood from Storage

I UNDERSTAND that:

I am required to pay a cord blood retrieval fee in the event I request that my child's cord blood stem cells be removed from Progenics' storage facility. The cord blood retrieval fee does not apply if the cord blood is released for transplantation.

In the event my child's cord blood unit is required for treatment and has to be retrieved and released from storage, Progenics will provide me with a "Cord Blood Release Request Form". This form must bear my signature and the signature of my child from whom the cord blood was obtained, if he/she has reached the age of majority (18). Under such circumstances, any prepaid storage fees for the remaining term of the contract will be refunded accordingly.

If I decide to transfer the stored cord blood to another storage facility, I will be responsible for making arrangements with the other storage facility for shipment of the cord blood. Progenics will only assist in preparing the cord blood for shipment. I will accept financial responsibility for all fees involved.

If my child's cord blood is released for a transplant, Progenics will make arrangements for shipping. Fees for preparing and shipping the cord blood to the designated facility will be waived, but some conditions may apply.

By retrieving the cord blood unit from storage, I assume all risks involved in transporting it to another facility. Assuming compliance with industry standards, I will not hold Progenics liable for the loss or damage of the cord blood unit resulting from its transportation to another facility.

In order for Progenics to transfer my child's stored cord blood stem cells, I must provide written consent to the transfer. If my child has reached the age of majority (18) then he or she must also provide written consent to the transfer.

7. Term of Contract for Cord Blood Storage

I AGREE and CONSENT that:

This Agreement becomes effective once I have signed it, and shall continue to be in effect until Progenics or I terminate it in accordance with the provisions outlined below.

In the event I default on any payments, Progenics will provide me with a 60-day period in which to make the payment and will notify me using the contact information I have provided to Progenics. It is therefore my responsibility to notify Progenics of any changes in address, email address, or contact telephone numbers after registration. If payment is not made within 60 days after the payment due date on my storage renewal invoice (normally the child's birthday is the due date), Progenics retains the right to terminate this Agreement. In this event, Progenics and I are free from any obligations to one another and my child's cord blood will be destroyed.

Progenics will notify me of the impending renewal of this Agreement and the storage renewal fee. I may choose to renew this Agreement by paying the storage renewal fee to Progenics. If I decide not to renew this Agreement, I will provide Progenics with written instructions to (i) transfer the cord blood to another facility, (ii) dispose of the cord blood, or (iii) donate the cord blood for research or transplantation purposes. I will pay all costs from any of these instructions. Progenics will provide me with the appropriate forms to sign prior to release of the cord blood unit. If I do not provide Progenics with one of the above-mentioned directions within 60 days after the payment due date on my storage renewal invoice, then the cord blood will be destroyed.

8. Contract Termination

I UNDERSTAND that:

I may terminate this Agreement upon giving Progenics a written notice of intent at least 60 days in advance of my storage renewal. I will be responsible for paying all outstanding fees owed to Progenics. I also understand that if I terminate this Agreement prior to my storage renewal, I am not entitled to receive a refund and any prepaid fees will be kept by Progenics.

Progenics may also terminate this Agreement at any time upon giving me a written notice of intent at least 60 days in advance. In this case, I am entitled to receive a refund of any prepaid storage fees. The cord blood will be destroyed or transferred to another facility, according to my instructions.

9. Fees

I UNDERSTAND that:

Progenics charges fees for registration, processing, testing, and storage of my child's cord blood. I have been provided with and have read Progenics' "Schedule of Fees" and I agree to pay the fees in accordance with the payment plan agreed upon at the time of registration. If the fees are not paid according to my payment plan, then my child's cord blood will not be tested, processed, or stored, accordingly.

My health care provider may charge a fee for the collection of my child's cord blood. It is my responsibility to ask my health care provider about such fees and to pay the fees accordingly.

I agree to pay Progenics the required storage renewal fees plus applicable tax for the storage option I have chosen, before or on the payment due date on the storage renewal invoice sent by Progenics. The annual storage renewal date is the birth date of my child.

I agree to pay the storage fees according to Progenics "Schedule of Fees" that was in effect on the date of my registration. These fees will be honoured for twenty (20) years after the child's date of birth.

The storage fee for each storage option offered by Progenics is non-refundable once the cord blood has been successfully stored (unless the cord blood is used for a transplant).

10. Liability

I UNDERSTAND and AGREE that:

I hereby release Progenics, and their respective owners, board of directors, and employees from any loss, injury or damage to the blood sample caused by but not limited to fires, smoke, floods, explosions, theft, processing failures, non-negligent acts, and equipment failures. This excludes gross negligence, failure to exercise reasonable care in providing the service, and wilful default by Progenics.

I hereby release my health care providers including, without limitation, the attending physician/midwife/nurse/laboratory technician/phlebotomist, my birthing facility and hospital, and each of their owners, shareholders, directors, officers, and employees from all liability relating to the collection, failure to collect, and/or handling of the cord blood and maternal blood.

All parties (Progenics and I) agree that it would be impractical and extremely difficult to assess and compensate for actual damages for the loss, injury, damage or destruction of the client's cord blood stored under this Agreement. Progenics' liability shall be limited to the return of an amount equal to all fees I have paid Progenics in accordance with this Agreement.

11. Minimum Cord Blood Volume for Banking

Since a small volume of cord blood could be used in regenerative medicine or could be expanded in the future, all cord blood is processed and stored when the volume is 10 mL or higher. **However, if the volume of cord blood collected (rounded to the nearest whole number) is less than 20 mL, I will obtain a 50% discount on the cord blood storage fees.** The 50% discount will NOT apply to the first year of storage, in which the regular rate will apply, but no storage fee will be charged for the second year of storage. Thereafter, the 50% discount will apply for the next 20 years.

All cord blood samples with a volume lower than 10 mL will be discarded by Progenics unless you choose one of the following options:

- Bank the umbilical cord blood regardless of the volume.
- Contact me (within 24 hours of delivery) for my final decision as to whether the umbilical cord blood should be processed and banked. The cord blood will be discarded if I cannot be reached within 48 hours of delivery.

12. Guarantee

If the yield of total nucleated cells from processing is less than eighty percent (80%), I shall be entitled to free cord blood banking, including registration, testing, processing and storage of my child's cord blood for twenty (20) years.

This Agreement is governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, without giving effect to conflicts of laws, rules or principles. This Agreement has been prepared in the English language and the English language shall be applied in its interpretation.

I hereby certify that I have read and fully understand the contents of this Consent and Agreement, including the risks and benefits. All of my questions have been answered to my satisfaction. I sign this Agreement voluntarily and accept all the terms and conditions that apply.

Signature of Mother

Signature of Witness

Printed Name of Mother

Printed Name of Witness

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

SECTION C: CONFIDENTIAL HEALTH HISTORY

Mother's First Name(s): _____ Last Name: _____

	Yes	No / Comments
1. Are you the baby's genetic (biological) mother?	<input type="checkbox"/>	_____
2. Have you had any problems with this pregnancy?	<input type="checkbox"/>	_____
3. Have you had any problems with a previous pregnancy?	<input type="checkbox"/>	_____
4. Are you taking any prescribed medications?	<input type="checkbox"/>	_____
5. Do you currently have any sexually transmitted infections?	<input type="checkbox"/>	_____
6. Have you, your baby's father, or your baby's siblings ever		
6.1 Required chronic blood transfusions?	<input type="checkbox"/>	_____
6.2 Been diagnosed with any inheritable deficiencies of the immune system, or inheritable predisposition (tendency) to infections?	<input type="checkbox"/>	_____
6.3 Been diagnosed with cancer or leukemia?	<input type="checkbox"/>	_____
7. Have you had, or are you aware of your baby's father or any family member (brothers, sisters, grandparents) having had, any of the following diseases or family traits?		
7.1 Hemolytic anemia?	<input type="checkbox"/>	_____
7.2 Spleen removal to treat a blood disorder?	<input type="checkbox"/>	_____
8. Have you had, or are you aware of your baby's father or any family member (brothers, sisters, grandparents) having had, any of the following hereditary diseases or family traits?		
8.1 Red blood cell diseases	<input type="checkbox"/>	_____
8.2 White blood cell/immune deficiencies	<input type="checkbox"/>	_____
8.3 Platelet diseases	<input type="checkbox"/>	_____
8.4 Metabolic/Storage disease	<input type="checkbox"/>	_____
9. Have you ever		
9.1 Been refused as a blood donor or told not to donate blood?	<input type="checkbox"/>	_____
9.2 Had cancer, a blood disease or bleeding problem?	<input type="checkbox"/>	_____
9.3 Had yellow jaundice (excluding neonatal jaundice and jaundice secondary to mononucleosis), liver disease, hepatitis (after age 11), or a positive test for hepatitis B surface antigen (carrier) ?	<input type="checkbox"/>	_____
9.4 Had babesiosis or Chagas' disease?	<input type="checkbox"/>	_____
9.5 Been told that you or any of your blood relatives had Creutzfeld-Jacob disease (CJD)?	<input type="checkbox"/>	_____
9.6 Had a dura mater transplant?	<input type="checkbox"/>	_____
9.7 Been given pituitary-derived Growth hormone or taken Tegison for psoriasis?	<input type="checkbox"/>	_____
9.8 Used a needle, even once, to take a drug not prescribed by a physician (including steroids)?	<input type="checkbox"/>	_____
9.9 Taken clotting factor concentrations for a bleeding problem such as hemophilia?	<input type="checkbox"/>	_____
9.10 Had HIV/AIDS or a positive test for HIV/AIDS?	<input type="checkbox"/>	_____
9.11 Had an organ transplant?	<input type="checkbox"/>	_____
9.12 Had a tissue transplant from someone other than yourself?	<input type="checkbox"/>	_____
10. In the last three years have you:		
10.1 Been outside Canada or USA?		
10.1.1 Spent a total of three months or more in the United Kingdom (UK) from the beginning of 1980 through the end of 1996;	<input type="checkbox"/>	_____
10.1.2 Spent a total of five years or more in Europe from 1980 to the present;	<input type="checkbox"/>	_____
10.1.3 As current or former US military personnel, civilian military employees and their dependents, resided at US military bases in Northern Europe (Germany, UK, Belgium, and the Netherlands) for a total of six months or more from 1980 through 1990, or elsewhere in Europe (Greece, Turkey, Spain, Portugal, and Italy) from 1980 through 1996.	<input type="checkbox"/>	_____
10.1.4 Received any blood or blood component transfusions in the UK between 1980 and the present;	<input type="checkbox"/>	_____
10.1.5 Injected bovine insulin since 1980, without confirmation that the product was not manufactured after 1980 from cattle in the UK.	<input type="checkbox"/>	_____
10.2 Had malaria?	<input type="checkbox"/>	_____
11. In the last 12 months have you:		
11.1 Received blood from someone other than yourself?	<input type="checkbox"/>	_____
11.2 Had close contact with a person with yellow jaundice or hepatitis, or been given Hepatitis Immune Globulin (HBIG)?	<input type="checkbox"/>	_____
11.3 Received any shots or vaccinations?	<input type="checkbox"/>	_____
11.4 Had a tattoo, ear or skin piercing, acupuncture or an accidental needle stick?	<input type="checkbox"/>	_____
12. In the last 21 days have you:		
12.1 Had any diagnosed infections?	<input type="checkbox"/>	_____
12.2 Had any undiagnosed febrile illness?	<input type="checkbox"/>	_____
12.3 Been aware of anyone in your geographical area diagnosed with a West Nile virus infection? (WNV)?	<input type="checkbox"/>	_____
13. During your pregnancy have you had regular check-ups with your doctor or midwife?	<input type="checkbox"/>	_____
14. Are you aware of any abnormal findings, including evidence of transmissible diseases such as HIV, Hepatitis B, or Hepatitis C?	<input type="checkbox"/>	_____

If there are any changes to the mother's health history or if the mother is exposed to any infectious diseases between the date of registration and the date of delivery, please contact Progenics to notify us of the changes.

I certify that I have answered the above health history questions truthfully and to the best of my knowledge.

Printed Name of Mother _____

Signature _____

Date (dd/mm/yyyy) _____

SECTION E: SCHEDULE OF FEES

Progenics' fee schedule is clearly defined below with options allowing you to choose the payment method that is most convenient and affordable for you. If the cord blood is not processed, the paid fee except the registration fee will be refunded. If it is processed but cannot be stored because of positive results of infectious diseases, only the paid storage fee will be refunded.

FEES AND PAYMENT OPTIONS	Price (Canadian dollars)					
	1 st Child First time registration <input type="checkbox"/>		Siblings (Returning client) <input type="checkbox"/>		2 nd Twin 2 nd & 3 rd Triplet <input type="checkbox"/>	
BASIC FEES						
Registration Includes registration, collection kit and shipping of the collection kit to you (some conditions may apply). Due at registration (Non-refundable)	\$125		\$85		\$50	
Processing Processing (double processing with higher yield of stem cells), cryopreservation, CD34 ⁺ cell enumeration, viability assessment	\$550		\$480		\$380	
Testing (1) Maternal blood testing (viral markers, including West Nile Virus) (2) Cord blood testing (includes ABO, Rhesus factor and microbiological culture)	\$155		\$155		\$40 (Cord blood testing only)	
Storage Payment Options (Please Check One) These are payment options only and do not refer to how long cord blood can be stored. It has been proven experimentally that cord blood can be stored for over 20 years, and it could be stored indefinitely. The storage fee is non-refundable after cord blood is successfully stored. The STORAGE FEE (excluding tax) is guaranteed for 20 years.	Annual	10 Years	Annual	10 Years	Annual	10 Years
	<input type="checkbox"/> \$125	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$900	<input type="checkbox"/> \$80	<input type="checkbox"/> \$700
TOTALS (excluding HST) (Includes all initial fees and the first year of storage for babies who are born at hospitals in the GTA. Courier fee for pick-up of cord blood outside the GTA will be charged directly by the medical courier company but you will be partially compensated by Progenics. For hospitals outside the GTA, contact Air Logistics at 1-866-882-8865 (24 hours) for details on courier fees.)	\$955.00		\$1,930.00		\$550.00	

PAYMENT OPTIONS	
<input type="checkbox"/> One time payment (you will get \$20 off) Due at registration	Pay in full at registration
<input type="checkbox"/> Payment in two installments 1 st due at registration 2 nd due when your baby's cord blood is processed at Progenics	Pay registration fee Pay the balance on the 2 nd due date
<input type="checkbox"/> Payment in four installments (four equal payments) 1 st due at registration 2 nd due when your baby's cord blood is processed 3 rd due 3 months after the birth of the child 4 th due 6 months after the birth of the child	Pay 1/4 of total cost on each due date
<input type="checkbox"/> Monthly payment (a \$20 administration fee will apply) 1 st due at registration 2 nd to 11 th payment starting when baby's cord blood is processed	Pay registration fee Pay the balance in equal monthly installments

Please note:

- Subsequent installments can be paid by post-dated cheque(s) (\$20 will be charged for a non-negotiable payment, e.g., NSF) or by credit card but you will need to complete a credit card pre-authorized payment form and fax, mail, or email it to Progenics.
- Hospitals/physicians may charge a fee for cord blood collection and/or administration.
- A maternal blood collection fee may apply if maternal blood is not collected by your physician/midwife.
- Fees exclude tax and are subject to change without notice.

PRE-AUTHORIZED PAYMENT FORM
(for installment payment only)

First Name (s): _____		Last Name: _____	
Address: _____			City: _____
Province/State: _____	Postal/Zip Code: _____	Country: _____	
Home No.: () - _____	Business No.: () - _____	Cellular No.: () - _____	
Email address: _____			
Progenics Identification Number (available only after registration): _____			
Payment Options: <input type="checkbox"/> Two installments <input type="checkbox"/> Four installments <input type="checkbox"/> Monthly payment			

I, the undersigned, authorize **Progenics Cord Blood Cryobank** to charge the fee shown on the payment plan to my credit card on each due date.

<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard	
Credit Card Number: _____	Expiry date: <u> </u> mm / <u> </u> yyyy
Cardholder Name (Please Print) _____	
Cardholder Signature: _____	Date: <u> </u> dd / <u> </u> mm / <u> </u> yyyy

MAIL TO:
Progenics Cord Blood Cryobank 701 Sheppard Ave. East, Suite 310 Toronto, Ontario, M2K 2Z3 Canada

EMAIL TO:
info@progenicscryobank.com

OR FAX TO:
416-221-9727

Terms and Conditions:
I will notify Progenics in writing, at the address above, of any changes to my credit card information. This agreement can be cancelled by providing written notice to Progenics at the address above.