

# PARENTAL CONSENT FORM

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## For the client to complete and return to CordBank

1. On behalf of my unborn baby, and myself, I wish to apply for the individual cord blood storage service offered by CordBank. I understand that I am giving this consent on behalf of my child, who is yet to be born. I undertake that when my child becomes old enough to give his or her own consent to these terms, I will supply him or her with all the information supplied to me by CordBank at that time, (including this form) to enable my child to make an informed decision.

2. **THIS CONSENT AGREEMENT CONVEYS THAT I FULLY UNDERSTAND THE FOLLOWING:**

a) That the individual service offers storage for blood cells contained in cord blood. The samples will be uniquely identified, stored and maintained at a cryogenic storage facility. CordBank will retrieve these cells at my request as per the client service agreement, or the request of my adult child.

b) That if the mother fails screening procedures (including testing for HIV, Hepatitis B or C or Syphilis) the baby's cord blood will be ineligible for storage.

3. **COLLECTION OF CORD BLOOD**

**I understand that:**

a) It is not possible to determine whether my child will develop a disease in the future which can be treated by these cells. However, collecting and storing my baby's cord blood cells may benefit my baby should he/she need them in the future to treat certain diseases.

b) These cord blood cells are a perfect match with my baby and while there is no guarantee my baby will ever need them, the fact they are a perfect match can reduce serious complications should stem cell therapy ever be needed.

c) There is a possibility that the baby's cord blood stem cells may be suitable for use for the treatment of other family members. Whether this can be done will depend on the law at the time of need.

d) Complications can arise at birth and it may not be possible or prudent for my lead maternity carer to collect the cord blood. Collection of cord blood can therefore not be guaranteed. My health and the health of my baby is my lead maternity carer's chief priority. I agree that my lead maternity carer's judgment shall be absolute and final.

4. **RECEIPT AND PROCESSING OF CORD BLOOD**

**I understand that:**

a) The cord blood sample will be processed on receipt by CordBank and the fees for processing incurred as per the CordBank Ltd Cord Blood Processing and Storage Contract.

b) There is no way of knowing if the cord blood sample can be stored until it is processed and assessed at CordBank's laboratory. For safety reasons CordBank must maintain the right to reject any cord blood sample due to the presence of viral, bacterial or other contamination or if the maternal blood tests indicate the presence of Hepatitis B or C, HIV or Syphilis. If the blood sample is rejected, CordBank will take all reasonable steps to contact me regarding the destruction of the sample.

c) CordBank may refuse to store cord blood if the sample is too small, or if it arrives too late after the birth.

**5. INFECTIOUS DISEASE TESTS ON MATERNAL BLOOD**

I the mother, agree to provide a vial of my blood at the time of birth. This blood will be tested for HIV, Hepatitis B antigen and Hepatitis C antibodies and Syphilis. CordBank will use this information for the sole purpose of determining the suitability of the cord blood sample for storage. CordBank will not disclose this information to any person other than the mother (including me, if I am the father) without the mother's written authorisation.

**6. OTHER ALTERNATIVES**

I understand that other sources of stem cells exist, including bone marrow and peripheral blood, and that stem cells harvested from these sources have been used successfully to treat the same diseases. In the future, other ways of treating these diseases may be found, so that these cord blood cells may not be useful.

While bone marrow is currently the most common source of stem cells, collecting stem cells from bone marrow, requires an invasive procedure and carries the risk of infection and surgical complications. Should a stem cell donor be needed later, finding a suitable match can be lengthy or unsuccessful.

**7. STORAGE OF CORD BLOOD CELLS**

I understand that the freezing and storage process used to preserve cells harvested from cord and placental blood is similar to the process that is currently used for storing other human cells, and that although this freezing technique has been used for many years to successfully preserve bone marrow and other blood cells, it has only been used to store cord blood stem cells for the past 20 years. Laboratory studies and transplants utilising frozen stem cells suggest that this process can be used successfully with cord blood cells. I consent to the cord blood being stored for the minimum term of the contract, but there is always a risk that stem cells will not be viable after removal. I accept that risk.

**8. USE OF CORD BLOOD**

I understand that cord blood stem cells have been used to successfully treat diseases such as leukaemia, certain other cancers and blood disorders. Potential risks include the possibility that this type of treatment may not be effective. I understand that cord blood cells are not the treatment of choice for all diseases or conditions and that should the need arise, the decision to use the cord blood cells stored under the individual account is strictly between me (or my adult child) and my doctor. It is possible that in the future better therapies may be developed.

I certify that I have read this consent form and the information provided to me by CordBank.

Any questions have been answered to my satisfaction.

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**Signature of parents**

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**Name of parent(s)**

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**Date**