

Registration Packet  
Instructions

## Check List

## Contact Information Form

## Client Service Agreement

## Order Form

## Payment Form

Thank you for requesting the Alpha Cord Registration Packet. You will find all of the materials you need to complete your order for collection, shipping and storage of your baby's cord blood. Once we receive your forms, a collection kit will be rushed to you.

## Follow These 4 Easy Steps:

**Fill Out**.....Contact Information Form  
**Sign**.....Client Service Agreement  
**Fill Out**.....Order Form  
**Fill Out**.....Payment Form

## Send us your order by using one of the following methods:

**Order by fax:** Fax the completed forms above to us at 404-795-9126 (credit card required)

**Order by phone:** Place your order over the phone: 866-396-7283 (credit card required)

**Order Online:** Go to [www.alphacord.com](http://www.alphacord.com). Once at our home page, click on the link named "Order Online". Online orders take approximately 5 minutes to complete. Kits are shipped out the same day for online orders received before 3pm Eastern Time.

**Order by Mail:** Mail your completed forms and your check, or money order or credit card number to our address at the left margin.

*If you have any questions or need assistance with the required documents, please contact us by phone at: 1-866-396-7283 or by email at [contact@alphacord.com](mailto:contact@alphacord.com). We will be happy to assist you.*

Alpha Cord  
2200 Century Parkway  
Atlanta • Georgia • 30345  
United States of America

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\_\_\_\_\_ **Signed Client Service Agreement.**

- Completed Contact Information Form, Order Form and Payment Form.
- Faxed or mailed these to Alpha Cord. Fax: 1-404-795-9126

\_\_\_\_\_ **Received collection kit. Opened it. Checked it for completeness.**

- Familiarized ourselves with kit procedures.
- Informed doctor we are collecting cord blood.

\_\_\_\_\_ **Completed the forms inside the collection kit.**

- Mailed or faxed these back to Alpha Cord.

\_\_\_\_\_ **Brought collection kit to the Birthing Center.**

- Informed Nursing Staff we are collecting cord blood.

\_\_\_\_\_ **Health care provider collected cord blood according to instructions.**

\_\_\_\_\_ **Brought the kit back to my post partum room.**

- Kept at room temperature.

\_\_\_\_\_ **Called transportation service for pick up.**

- Kit picked up by courier.

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## CONTACT INFORMATION FORM

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### MOTHER'S INFORMATION

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Due Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/ Other: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### COLLECTION KIT- SHIPPING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FATHER'S INFORMATION

Full Name: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### CLINICAL INFORMATION

Dr./ Midwife Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Delivery Hospital: \_\_\_\_\_

City & State of Delivery Hospital: \_\_\_\_\_

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Each undersigned, Legal Guardian, on their behalf and the behalf of their unborn child ("Child"), request under this Agreement, that Alpha Cord, LLC. ("Alpha Cord" or "We" or "Our" or "Us") arrange for the processing, storage and testing of Umbilical Cord Blood and/or Placental Cord Blood ("Cord Blood") subsequent to the birth of their Child. Each of the undersigned understands and acknowledges the following, legally binding terms of this Agreement, between Alpha Cord and each undersigned, Legal Guardian or Parent (hereinafter, the "Client" or "You" or "Your").

- 1. Nature of Services.** These services include but are not limited to Your Healthcare Provider collecting a unit of Cord Blood immediately following the birth of the Child. Subsequent to a successful collection, the Cord Blood will be shipped to, tested and processed at the laboratory You have designated on the Order Form (hereinafter the "Designated Laboratory"). Finally, it will be cryopreserved (placed into a long term frozen state), and stored for future use.
- 2. Purpose.** Cord Blood is cryopreserved for possible therapeutic use in the event that the 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 that 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 Your Child's Cord Blood is being stored for the possible use by the Child or other family members who may need a stem cell transplant in the future. You understand that cryopreservation of cord blood is a relatively new procedure, and, while laboratory tests and studies thus far have indicated it is a successful method of preservation of cord blood, no long-term assurances can be made about the effectiveness of preservation. You also acknowledge that successfully collecting, storing and transplanting stem cells from Cord Blood does not guarantee successful treatment (s), and that stem cells used in a clinical setting require the prescription of a licensed physician. You also understand that the physician or regulations may require supplemental testing if a transplant occurs.
- 3. Collection of Cord Blood.** We will provide You with a Collection Kit prior to the birth of Your Child, a Collection Worksheet that must be filled out by you, and instructional materials to You and Your physician/midwife. 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 Cord Blood. You will also be responsible for making sure the Collection Worksheet is completely filled out and returned with the Cord Blood so that it can be properly identified and stored by the Designated Laboratory. Failure to return a fully completed Collection Worksheet could result in your Cord Blood not being stored by the Designated Laboratory or being stored in such a way that it cannot be located in the future if and when needed.
- 4. Shipment of Cord Blood.** You are responsible for the shipment of the collected Cord Blood to the Designated Laboratory you have selected on the attached Order Form, which is incorporated by reference and now made a part of this Agreement. You are responsible for following the enclosed directions and properly packing the Cord Blood for shipment to the Designated Laboratory. Alpha Cord representatives will be available by telephone if you need assistance with this process.
- 5. Testing and Storage of Cord Blood.** Upon receipt at the Designated Laboratory, the Cord Blood and any required maternal samples will undergo any tests required by the Designated Laboratory. You will receive notification whether the Cord Blood meets standard requirements for storage. It is unlikely yet possible that re-testing for infectious diseases after the delivery of the Child may be required in accordance with new regulations or new industry standards. If the Cord Blood is eligible for processing and storage, the Designated Laboratory will process and maintain the Cord Blood at cryogenic temperatures. We reserve the right to transfer the stored Cord Blood to another licensed storage facility during the term of this Agreement at Our expense.
- 6. Ownership of Cord Blood.** You agree to be the custodian of the Cord Blood until the Child reaches eighteen (18) years of age. When the Child becomes eighteen (18) he or she will become the custodian of the Cord Blood. In the event of nonpayment of any fees that are or become due under the terms of this Agreement, all rights to, title to, and ownership of the Cord Blood will be relinquished to Us. We may, at Our discretion, utilize, donate or dispose of the Cord Blood after this Agreement has been terminated for nonpayment.
- 7. Retrieval of Sample for Use.** In the event the Cord Blood is requested by a licensed physician for treatment, You shall provide written notification to Us. The notice shall include the name and address of the physician and hospital receiving the Cord Blood. You shall be responsible for any and all preparation, shipping or transfer fees or costs incurred by Us. In addition, all fees due to Us must be paid in full prior to a transfer of the Cord Blood.
- 8. Fees.** You agree to pay to Us the following fees associated with processing and storage of Cord Blood at the Designated Laboratory, pursuant to the Storage Plan You have chosen on the Order Form. Furthermore, You agree to pay these fees according to the method of payment and Payment Plan You have selected on the attached Payment Form, which is incorporated by reference and now made a part of this Agreement. After the initial term of this Agreement has expired, and during any subsequent renewal periods, We reserve the right to change Your annual storage fee to reflect any reasonable cost increases We may incur. If a written refund request, signed by You, is received by Us prior to or 60 days after the Child's birth, all fees You have paid except \$250 will be refunded.
- 9. Term of Agreement.** This Agreement shall commence upon the date written next to the Alpha Cord Representative's signature below. This Agreement shall remain in force for the length of time specified by the Storage Plan you have selected and 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 this Agreement. A non-renewal notice must be sent at least sixty (60) days prior to the anniversary date of this Agreement.
- 10. Termination of Agreement by Client.** If You choose to terminate this Agreement, You may elect to have Your Child's Cord Blood transferred to a different facility. Any expenses relating to the transfer of the Cord Blood as a result of the termination of this Agreement by anyone for any reason will be incurred by You. If You decide to terminate this Agreement, You will not be entitled to a refund of any amounts previously paid under this Agreement. If You do not make arrangements to transfer the Cord Blood to a licensed storage facility by the effective date of the termination, then all rights to, title to, or and ownership of the Cord Blood will be relinquished to Us, in which event We may, at Our discretion, utilize, donate or dispose of the Cord Blood.
- 11. Termination of Agreement by Alpha Cord.** We may terminate this Agreement upon written notice to You if You fail to pay any fees within thirty (30) days of the due date. Upon termination of this Agreement for nonpayment, all rights to, title to, and ownership of the Cord Blood will be relinquished to Us, in which event Alpha Cord may, at its discretion, utilize, donate or dispose of the Cord Blood.
- 12. Assignment.** Alpha Cord May assign this Agreement to any partnership, association, individual, corporation or other entity that provides similar services or intends, after such assignment to provide such services. In order to provide the best possible services to You, Alpha Cord may delegate responsibilities hereunder to one or more subcontractors who perform similar services as part of their regular business activities. This Agreement is not assignable by the Client without written notification to and written consent of Alpha Cord.
- 13. No Warranty or Guarantee; Limitation of Liability.** You acknowledge that neither Alpha Cord nor the Designated Laboratory nor any of their respective officers, directors, shareholders, executives, employees, agents or consultants 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, nor have there ever been any representations, warranties or guarantees with respect to (i) suitability of Cord Blood for future treatment of diseases; (ii) successful treatment of diseases by Cord Blood transplantation; (iii) any advantage(s) of Cord Blood transplantation over other treatments using stem cells; and (iv) the merchantability or fitness for a particular purpose or use of any product or service hereunder. Client agrees that any claim against Alpha Cord or the Designated Laboratory or the assignee of either, including any claim for loss, injury, damage or destruction directly caused by Alpha Cord's failure to exercise reasonable care in the storage of the Cord Blood, shall be limited to the total amount of fees paid by the Client to Alpha Cord under this Agreement.



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- Select only one option from each section below.
- Write the total cost for each section in the box to the right.
- Add the totals for both sections and place in the "Grand Total" box at the bottom right of this form.
- If you have any questions, feel free to call: 1-866-396-7283

**DESIGNATED LAB** (choose only one)

- Chicago Stem Cell Bank** ..... Total Cost: \$1395
- New Jersey Stem Cell Bank** ..... Total Cost: \$1395
- Massachusetts Stem Cell Bank** ..... Total Cost: \$1197
- Colorado Stem Cell Bank** ..... Total Cost: \$1395
- Indiana Stem Cell Bank** ..... Total Cost: \$999
- California Stem Cell Bank** ..... Total Cost: \$1250
- Utah Stem Cell Bank** ..... Total Cost: \$775

\$ \_\_\_\_\_  
Total Cost:  
Lab

**Your lab selection above includes:**

- All enrollment and administrative fees • The cord blood collection kit •
- 24 hour support for you and your physician • All lab processing and testing •
- Bedside pickup and delivery of the cord blood to the lab •

**STORAGE PLAN** (choose only one)

- 1 Year** ..... \$115
- 5 Years** ..... \$545
- 10 Years** ..... \$1090
- 20 Years** ..... \$2180

\$ \_\_\_\_\_  
Total Cost:  
Storage

At the end of the storage plan selected, your account will be renewed on an annual basis.  
Your child's cord blood will **NEVER** be disposed unless you have defaulted on your payments or we have received a signed disposal letter from you.

**GRAND TOTAL**

\$ \_\_\_\_\_  
Total Cost: Both Boxes

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- If you have selected Full Payment, complete the Check section and write a check for the Grand Total amount you have calculated on the Order Form. Or, complete the Credit Card Section below and your card will be charged the full amount.
- If you have selected the Monthly Payment Plan, complete the Credit Card Section below. Upon receipt of these forms, your card will be charged the first of the six payments.
- If paying by check, mail the completed Contact Information Form, Client Service Agreement, Order Form and Payment Form with your check to the address below. If you are paying by credit card, feel free to mail or fax these items. Our fax number is: 1-404-795-9126.
- If you have any questions, feel free to call us at 1-866-396-7283. Or, email us at: [contact@alphacord.com](mailto:contact@alphacord.com)

**NO FINANCE CHARGES ARE ASSESSED TO OUR PAYMENT PLANS****PAYMENT PLAN** (choose only one)

- Full Payment**
- Six equal payments, each billed monthly**
- Nine equal payments, each billed monthly**

The plan above requires a credit card. A processing fee of \$2 will be added to each payment. The first payment will be charged upon enrollment.

**CHECK** Check information

- Check #** \_\_\_\_\_
- Check Amount (U.S. Funds):** \_\_\_\_\_

**CREDIT CARD** Payment Authorization Form

I, the undersigned, authorize AlphaCord, LLC. to charge my credit card according to the Payment Plan selected above.

**VISA**       **MasterCard**       **Discover**

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

street      apt.#      City      State      Zip

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