



Collection Partner of Lifeforce Cryobanks

**DONATION INFORMED CONSENT AND RELEASE - HOSPITAL/BIRTHING CENTER**

I, the undersigned, desire the collection of my unborn baby's cord blood for donation. I have elected to utilize the services of Lifeforce Cryobanks to achieve the desired donation. For the donation to occur it is necessary to collect and save the blood from the placenta and umbilical cord after the birth of my baby, rather than discard the blood as medical waste. The collected cord blood will be shipped to Lifeforce Cryobanks for processing and placement into storage.

My physician, physician's designee, midwife or a Lifeforce Cryobanks trained and collection specialist will perform the collection of the cord blood after the delivery of my baby, while the delivery of the placenta occurs. He/she will use methods provided by Lifeforce Cryobanks in their standard operational procedures. Medical conditions may arise which preclude the collection of the cord blood and will be decided at the sole discretion of the attending physician.

I understand that the donation of cord blood includes medical procedures and that there can be no guarantee or assurance of success of the results of the service. I further, on behalf of myself and my unborn baby, our respective heirs, successors and assigns, hereby release and forever hold harmless the Hospital / Birthing Center, and its affiliates, successors, assigns, officers, directors, employees and agents from any and all actions, causes of action, claims, debts, demands, liabilities, covenants, controversies, omissions and damages and any and all other claims of every kind, nature, and description whatsoever, both in law and equity, which may arise relating to the collection of the cord blood on behalf of me and my unborn baby.

I approve the sharing of any/all testing results with other medical or research facilities that are in partnership with Lifeforce Cryobanks and whose standards and policies follow all confidentiality measures as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**PHYSICIAN - DONATED SAMPLE**

My patient desires the collection of her unborn baby's cord blood for donation to Lifeforce Cryobanks. For the donation to occur, it is necessary to collect and save the blood from the placenta and umbilical cord after the birth of my patient's baby, rather than discard the blood as medical waste. The cord blood obtained will be shipped to Lifeforce Cryobanks for processing and placement into storage.

Myself or a Lifeforce Cryobanks trained and approved collection specialist will perform the collection of the cord blood after the birth of her baby, while the delivery of the placenta occurs. The collection will use the methods provided by Lifeforce Cryobanks in their standard operational procedures. The collection period will be brief and Lifeforce Cryobanks will provide the protocols and collection equipment in the kit. Every effort will be used to acquire as much cord blood as is feasible and will minimize the risk of fungal, bacterial or maternal blood contamination.

**The health and welfare of my patient and her baby are the primary concern and responsibility and accordingly I reserve the right to forgo the collection of the cord blood if my best medical judgment indicates this to be necessary.**

I understand that the donation of cord blood includes medical procedures and that there can be no guarantee or assurance of success of the results of the service. I, on behalf of myself, my heirs and successors and assigns hereby release and forever discharge Lifeforce Cryobanks and its affiliates, successors, assigns, officers, directors, employees and agents from any and all actions, causes of actions, demands, debts, claims liabilities, covenants and damages and any and all other claims of every kind, nature and description whatever, both in law and equity, which may arise relating to my performing the collection of the cord blood.

Lifeforce Cryobanks, on behalf of itself, its affiliates, assigns, officers, directors, employees and agents releases and forever discharges me and each of my heirs, successors and assigns from any and all actions, causes of actions, demands, debts, claims, liabilities, covenants and damages and any and all other claims of every kind, nature and description whatever, both in law and equity, which may arise relating to my performing the collection of the cord blood.

My patient, \_\_\_\_\_, releases me and each of my heirs, successors, and assigns from any and all actions, causes of action, claims, debts, demands, liabilities, covenants, controversies, omissions and damages and any and all other claims of every kind, nature and description whatsoever, both in law and equity, which may arise relating to my performing the collection of the cord blood.

In addition, I understand that the donation of cord blood is a voluntary program, and as such, I will **not** receive reimbursement from Lifeforce Cryobanks for my services in the collection of the cord blood unit. I hereby agree to perform the cord blood collection for my patient on behalf of Lifeforce Cryobanks as outlined herein.

\_\_\_\_\_  
Signature of Expectant Mother (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician/Midwife ((Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name of Expectant Mother

\_\_\_\_\_  
Print Name (Physician/Midwife)

**IMPORTANT:** THIS PAGE IS **REQUIRED** TO BE SIGNED BY YOU AND YOUR PHYSICIAN/MIDWIFE IN ORDER TO RECEIVE A LIFEFORCE CRYOBANKS CORD BLOOD DONATION COLLECTION KIT. TO AVOID ANY DELAYS IN YOUR PAPERWORK REVIEW, PLEASE ENSURE THAT ALL REQUIRED SIGNATURES ARE PRESENT PRIOR TO SUBMITTING YOUR FORMS.



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**INFORMED CONSENT FOR THE INFECTIOUS DISEASE TESTING**

**HUMAN IMMUNODEFICIENCY VIRUS AND TRANSMISSION:**

Human Immunodeficiency Virus (HIV) is a virus which can be transmitted from individuals through body fluids, primarily blood and semen. The spread is not through air or food or by casual social contact. It is passed on when the blood or body fluids of an infected person mix with your own. Sexual transmission is mainly the result of the transfer of and exposure to infected semen. Women as well as men can transmit the virus sexually. The HIV virus has also been detected in vaginal secretions, tears, and saliva, but exposure to saliva has not been proven to transmit the infection. Intravenous drug users and persons receiving blood transfusions can be exposed to the virus through infected blood or body products. A baby may become infected during pregnancy, delivery, or when breast feeding if its mother has the disease. A person may carry the virus for months before testing positive and may carry the virus for months or years before the symptoms appear. An HIV positive person can still spread the disease even though he or she may appear healthy.

When HIV enters the blood stream it invades and destroys cells in the body's infection and cancer fighting system and reduces the body's ability to fight infections. The HIV virus leads to the depletion of the immune system to a point that infections which one wouldn't normally get (opportunistic infections) start developing, at which point the patient has AIDS. The HIV virus is not what kills a person with AIDS, it is the opportunistic infections which cause death.

**BEHAVIORS THAT INCREASE YOUR RISK OF BEING EXPOSED TO HIV:**

Recent blood, plasma, or blood product transfusion, intravenous drug use, especially with sharing of needles or syringes, or having sexual contact with someone who: has tested positive for HIV infection, is at risk of infection through sexual practices, IV drug use, or recent blood transfusion, uses illicit intravenous drugs, received blood transfusions, plasma, or clotting factor before 1985 or within the last twelve months, has more than one sexual partner, especially ones who could be at risk of HIV infection, or is a man who has had sexual relations with another man.

**THE HIV TEST AND VOLUNTARY TESTING**

The HIV tests are blood tests for the presence of the HIV virus and antibodies to the HIV virus. A positive test result means that you have been exposed to the virus, and either have made antibodies or are infected. It may not mean that you have AIDS now or that you will become sick with AIDS in the future. A negative test means that you are probably not infected with the virus. It takes about 12 days to detect the virus from time of infection to time of detection.

Taking the HIV test is voluntary, and results are confidential by law. Results can only be given to people you allow, and a release form must be signed prior to releasing this information. The law requires Lifeforce Cryobanks to report any positive HIV test result to the County Health Department.

**CONSENT (REQUIRED)**  
I have read the above information and have had my questions about the HIV test answered. I agree to take the HIV test. I allow the test results to be made available to Lifeforce Cryobanks and to my private physician, Dr. \_\_\_\_\_.  
Printed Full Name of Expectant Mother's: \_\_\_\_\_ Date: \_\_\_\_\_  
Expectant Mother's Signature (full name as printed above): \_\_\_\_\_

**PHYSICIAN'S ORDER FOR BLOOD TESTING (REQUIRED)**  
**Rx** Patient Name: \_\_\_\_\_  
➡ It is an FDA requirement that Lifeforce Cryobanks performs maternal blood testing. **Tubes will be included with the cord blood collection kit to be drawn at the hospital/birthing center during labor and delivery.**  
**ORDER: Maternal Blood Draw for:**  
HIV-1 and HIV-2 (antibody to the AIDS virus)      HCV/HIV NAT (Hepatitis C and AIDS virus by Nucleic Acid Test)  
HEPATITIS B (HBsAg & HBcAb)                      HEPATITIS C VIRUS (Anti-HCV)  
HTLV-I and HTLV-II                                      SYPHILIS,  
CMV,    ABO Rh  
WNV    CHAGAS DISEASE  
Printed Name of Physician or Midwife: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Physician or Midwife: \_\_\_\_\_

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