

### **Program Overview**

With more than 30 years of experience in helping families, Xytex Cord Blood Bank believes in putting families first. As a public service, Xytex Cord Blood Bank is pleased to provide its cord blood banking services and up to 10 years of storage, free of charge, to families with a child diagnosed with a disease in which standard treatment is cord blood stem cells.

### **What's Covered**

- Cord blood enrollment, including collection kit
- Cord blood processing
- Maternal blood work and cord blood fungal/sterility testing
- Up to 10 years of storage
- Transportation of collected blood from hospital to lab
- Transportation to transplant facility within the continental U.S. (standard delivery fees)

### **What's Not Covered**

- Costs related to the transplant
- Transportation to transplant facility outside the continental U.S.
- Any other costs not related to cord blood enrollment, processing and storage

### **Eligibility Criteria**

Xytex Cord Trust will select participants based upon the following criteria:

- U.S. Citizen or Permanent Resident
- The transplant recipient must be a first- or second-degree relative
- Families must have a child diagnosed with a disease where cord blood stem cells are a standard treatment or an ultrasound abnormality in utero resulting in a diagnosis where cord blood stem cells are a standard treatment
- The family must be referred by an oncologist or other specialist who agrees that cord blood stem cells can be used as a standard treatment
- Xytex Cord Blood Bank retains the right of final approval for all participants in the Xytex Cord Trust program.

### **Other Information**

Families will also be asked to complete enrollment forms, which must be approved, before moving forward with the program.

Families acknowledge that because of the many other factors involved, there is no guarantee that the stored cord blood will be a match, that the amount stored will be suitable for transplant or that the cord blood stem cells will provide a cure.

### **For More Information**

For more information on the Cord Trust Program, please contact Xytex Cord Blood Bank at 800-277-3210.

**FOR TRANSPLANT RECIPIENT'S GUARDIAN:** Please complete the top portion, then provide to recipient's physician. The completed form should be returned with the remaining Xytex Cord Blood Bank enrollment forms.

**Transplant Recipient Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

I am a U.S. Citizen  
 I am a Permanent Resident

Relationship (Biological Sibling/1<sup>st</sup> Cousin) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 ( ) ( )

I authorize our physician to release the below information on my child to the Xytex Cord Trust Program for the purposes of referral and certification.  
 Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONCOLOGIST/SPECIALIST REFERRAL & CERTIFICATION FORM**

Please complete ALL fields and retain a copy for your records. Incomplete applications cannot be processed.

Please note that you should discuss with your patient and family the risks, side effects and other aspects of all treatment options before recommending the best course of treatment.

**Physician Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Title \_\_\_\_\_ State License Number \_\_\_\_\_ Clinic or Hospital Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 ( ) ( )

Contact Name \_\_\_\_\_

**Treatment Information**

Diagnosis (include prognosis): \_\_\_\_\_

Treatment Timeline: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

I, the treating physician, acknowledge and agree that it is highly recommended that the patient/child and family consider a cord blood stem cell transplant, which is a standard treatment for the above diagnosis.

Xytex Cord Blood Bank (XCB) is not itself a medical provider, and I, the treating physician, acknowledge and agree that XCB shall not be held liable for any aspect of the treatment of the patient I have referred to XCB for participation in XCB's Cord Trust program.

Signature: \_\_\_\_\_

Contact: Xytex Cord Blood Bank, Attn: Cord Trust, 1100 Emmett St., Augusta, GA 30904,  
 Phone: 800-277-3210, Fax: 706-736-9720.