



LEGAL GUARDIAN CONSENT TO RELEASE INFORMATION

ViaCord Child ID#: _____ Collection Date: _____

Cord Blood Unit

Cord Tissue Unit

As the Legal Guardian of the above listed cord blood/tissue unit(s), I request that the ViaCord Processing Lab release the associated records to the party listed below. These records include but are not limited to **cord blood information** (NC Count, CD34+, viability, bacterial/fungal test results, HLA Results), **cord tissue information** (CD45-, viability, bacterial/fungal test results) and **maternal information** (demographics, infectious disease test results, health history).

Name: _____

Title/Affiliation (when applicable): _____

Address: _____

Phone Number: _____ Fax Number: _____

Print Name of Legal Guardian

Signature Legal Guardian

Date

Print Name of second Legal Guardian (if Applicable)

Signature of second Legal Guardian

Date

Upon completion of this form, please return to ViaCord

Fax: 781-663-8077 or 859-689-9150
Email: ViaCord.InquiryDistribution@Perkinelmer.com