

Informed Consent to Testing of the Maternal Sample

I am pregnant with a child. I understand and agree to the following:

- I must allow for the collection of samples of my own blood to be drawn at the time of the child's delivery. The blood samples will be collected by a doctor, nurse, phlebotomist or midwife.
- I will have the opportunity to ask questions about my blood draw with a health care provider.

I understand that there are risks to having a sample of my own blood drawn, which may include bruising, redness, discomfort, or inflammation around the needle site as well as, in very limited cases, more significant complications.

I authorize ViaCord to test my blood for certain infectious diseases including but not limited to:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B Virus
- Hepatitis C Virus
- Human T-Lymphotropic Virus (HTLV)
- Cytomegalovirus (CMV)
- Syphilis
- And any other infectious/communicable disease as required under federal or state law or regulation.

I understand that I will be contacted by ViaCord in the event that test results for my sample are confirmed positive for HIV, Hepatitis B or C Virus, HTLV, Syphilis, or any other relevant communicable disease as required under federal or state law.

I authorize ViaCord to provide me and my physician with test results. I authorize ViaCord to provide the Results to the Child's physician. The test results may also be used for research purposes and for analyses and in publications, provided that they are aggregated with other data and do not contain donor identification.

If I am not the Legal Guardian, ViaCord may not disclose any health information about me to anyone but my physician, but I agree to ensure that the Child's physician and/or the Legal Guardian receive notice of the results of my testing through channels established by me and the Legal Guardian.

Appropriate confidentiality will be maintained for all patient records concerning the Maternal Sample. ViaCord may be required to release or make available information regarding certain positive test results, such as HIV, Hepatitis C, or other infectious disease to the U.S. Food and Drug Administration, the U.S. Department of Health and Human Services, the Center for Disease Control, or other federal, state, or local government agencies as required.

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I understand that I have the right to have my questions answered. If I have any questions regarding this Informed Consent, I may contact ViaCord Customer Services at **800-998-4226**.

I understand that I have that right to withdraw my consent to collect the Maternal Samples prior to the collection or testing of the samples and that by withdrawing my consent, the Newborn Stem Cells will not be collected, processed, and/or stored, as applicable.

Signature of Biological Mother or Surrogate

Print Name of Biological Mother or Surrogate

Date Signed