

## 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 HCT/P (human cells, tissues, and cellular and tissue-based products) unit, I request that the ViaCord Processing Lab perform testing or provide samples for testing and/or release associated records and test results to the party listed below. The records may include but are not limited to **cord blood information** (NC Count, CD34<sup>+</sup>, 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).

Release Information to (Name): \_\_\_\_\_

Title/Affiliation (when applicable): \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Print Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian      Date

\_\_\_\_\_  
Print Name of Second Legal Guardian (*If Applicable*)

\_\_\_\_\_  
Signature of Second Legal Guardian      Date

**Please return completed form to ViaCord.**  
**Fax: 781-240-5968 or Email: [ViaCord.InquiryDistribution@Revvity.com](mailto:ViaCord.InquiryDistribution@Revvity.com)**