

North Bay Regional Health Centre

Birthing Unit Collection of Cord Blood for Stem Cell Banking Agreement

I, _____ have (or will)* arranged to store my newborn's cord
Print Name of Patient

blood and/or cord segment with an external, third party organization. I am requesting that the delivering health care provider collect a sample of cord blood and/or cord segment, as per my collection kit's instructions, as provided by the contracted company (or the company that supplied them to the hospital)*.

I understand that collection of cord blood and/or cord segment may not always be possible or successful. I agree to accept full responsibility for my collection kit and its contents, including samples taken, and hereby release and agree to indemnify and save harmless the North Bay Regional Health Centre, its employees, and the practitioner collecting the requested samples in respect of all claims or demands for damages related to the use of the stem cell collection kit, or the collection of cord blood and/or cord segment.

Date: _____

Patient Signature: _____ Patient Print Name: _____

* In the event that birth was unexpected and/or patient unable to make arrangements with the bank of their choice prior to admission