

INFORMED CONSENT

I, the “Biological Mother” as named below, sign this Informed Consent on behalf of myself and my unborn child, and hereby consent to having the umbilical cord blood (“Cord Blood”) of my unborn child collected by my physician, midwife, or nurse practitioner and tested, processed, and stored by NeoStem (“NeoStem”), or NeoStem-contracted facilities.

I hereby consent to allow my physician to collect my child’s Cord Blood after the birth of my child. I understand that, although infrequent, complications may arise at birth that may make it impossible for my physician to collect my child’s Cord Blood. I understand that my physician, in his/her sole professional judgment, determines how, when, and whether to collect my child’s Cord Blood. In some cases, my physician may decide that it is unwise to proceed with the Cord Blood collection due to complications during childbirth. I further understand that there are benefits and risks associated with the collection of my child’s Cord Blood. The benefits of collecting and storing my child’s Cord Blood are that the Cord Blood may be used as treatment for a variety of diseases and injuries, including certain cancers and blood disorders. Potential risks of collecting my child’s Cord Blood are that therapy using Cord Blood may not be effective and that the Cord Blood may never be needed or used. As with any medical treatment, the therapeutic success depends on many factors beyond the actual treatment itself.

I hereby consent to allow samples of my blood to be drawn at the time of my child’s birth and to allow NeoStem to perform tests on my blood. I further consent to allow NeoStem to perform tests on my child’s Cord Blood. I understand that NeoStem will test these blood

samples for infectious diseases, such as hepatitis, HIV or AIDS, human T-lymphotropic virus (HTLV) and syphilis, which could determine the nature and quality of my child’s Cord Blood, as well as the overall ability to store my child’s Cord Blood. I understand that these samples of my blood and the Cord Blood may be stored for any future testing that may be needed. I also understand that NeoStem will furnish these test results to persons who need to know these results in connection with the use and storage, the Cord Blood and to public health officials, as required by law.

I further understand that there are benefits and risks associated with the collection and testing of my blood and my child’s Cord Blood. The benefit of collecting and testing my blood and my child’s Cord Blood is that those test results will help determine the safety of the Cord Blood. Potential risks of collecting my blood are that bruising, redness, discomfort, or inflammation may occur around the needle site.

By signing below, I acknowledge that I have read and fully understand the information contained in this Informed Consent and in the Enrollment Agreement. I further acknowledge that I have been given the opportunity to ask any questions I may have regarding the proposed collection and testing of my child’s Cord Blood and the potential risks associated therewith. Additionally, I acknowledge that any questions that I may have had have been answered satisfactorily.

I knowingly and voluntarily agree to permit my physician, midwife, or nurse practitioner to collect and NeoStem to test my child’s Cord Blood.

BIOLOGICAL or SURROGATE MOTHER

Signature _____

Print Name _____

Social Security # _____

Date of Birth _____

Date _____

BIOLOGICAL FATHER (OPTIONAL)

Signature _____

Print Name _____

Social Security # _____

Date of Birth _____

Date _____



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YOUR CELLS • YOUR USE • YOUR LIFE