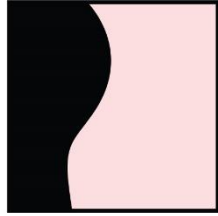


THE
WOMAN'S
HEALTH
PAVILION



Cord Blood Education Release
OFFICE: _____

I hereby acknowledge that:

- I have been informed of the potentially life-saving benefits of cord blood, and of the option of saving my newborn's cord blood at birth.
- I understand that the special cells found in cord blood can **only** be collected at the time of childbirth; if I choose NOT to collect cord blood, I will **not** have an opportunity to do so in the future.
- I have been informed about the benefits of preserving my newborn's umbilical cord blood not only for my baby, but for my family.

*Initial here: _____

Please check the appropriate box below:

I have viewed an educational video on cord blood collection

I do not wish to view the video

I understand that a fee of \$300.00 is charged for the collection and processing of the cord blood by The Woman's Health Pavilion. This fee must be paid by 28 weeks of pregnancy to ensure that a cord collection kit is available for your delivery. I understand that I will incur additional fees imposed by the cord blood storage company I choose.

*Initial here: _____

I wish to collect cord blood at delivery and reserve it for my family

I do not wish to collect and save my baby's cord blood

I'm not sure at this time

Patient Name (print)

Patient Signature

Date