

Date:.....

**ENROLMENT FORM – to be filled by Mother / Father**  
(Please fill this form in bold letters)

1. Name -----(Mother / Father)
2. W/o./ H/o.-----
3. Address -----  
-----  
Contact Phone no-----  
E-mail-----
4. Place of Delivery -----  
Address -----  
-----  
Contact phone -----
5. Expected Date of Delivery-----
6. Consulting Doctor's Name & Address -----  
-----  
Contact Phone No.:-----

*I agree voluntarily to participate in the umbilical cord blood stem cell cryopreservation programme launched by **CRYO STEMCELL KARNATAKA PVT. LTD.** Under serial No. \_\_\_\_\_ as per the table below & registration fee of Rs5000/- is enclosed vide Cash / DD / Cheque Bearing No..... Dated..... drawn on.....Bank*

Sl. No.	Particulars	Single Baby		Twin Babies	
		One Yr* (1)	21 Yrs (2)	One Yr* (3)	21 Yrs (4)
A	UCB	35,000/-	65,000/-	70,000/-	1,30,000/-
B	UCB & Cord	45,000/-	75,000/-	90,000/-	1,50,000/-

\* After the expiry of one year, preservation charges will be Rs.2,500/- for single Baby & Rs.5,000/- for Twin Babies.

*Signatures.*

*FROM:*  
*PARENT'S NAME & ADDRESS*

*PLACE:*  
*DATE:*

*TO:*  
*DR.*

*Dear Doctor,*

**HANDING OVER OF COLLECTED UMBILICAL CORD / CORD BLOOD.**

With reference to the above I hereby voluntarily permit you to draw Umbilical Cord / Cord Blood and handover the same to M/s Cryo Stemcell Karnataka Pvt. ltd., 'Shreyas', 1872, 38<sup>th</sup> A cross, 11<sup>th</sup>A main, 4<sup>th</sup> T block, Jayanagar, Bangalore – 560 041 for enrichment of stemcells and cryopreservation which I have opted with them.

Please oblige and do the needful.

Thanking you,

Yours faithfully,

( )

*FROM:*  
*PARENT'S NAME & ADDRESS*

*PLACE:*  
*DATE:*

TO,  
M/s Cryo Stemcell Karnataka Pvt. Ltd.,  
'Shreyas', 1872, 11<sup>th</sup> A main, 38<sup>th</sup> A cross,  
4<sup>th</sup> T block, Jayanagar,  
BANGALORE – 560 041

Dear Sirs,

**Sub: Request for enrichment and cryopreservation of stemcells from umbilical Cord / Cord blood under cGMP conditions.**

Further to my discussions with your representative & application dated \_\_\_\_\_ I request you to cryopreserve the Umbilical Cord& Cord Blood stem cells for enrichment with you under cGMP conditions:

1. I am herewith permitting you to collect umbilical cord / cord blood from Dr \_\_\_\_\_ and request you to take necessary steps to enrich the stemcells and for cryopreserving the same.
2. I agree to pay Rs \_\_\_\_\_ (Rupees \_\_\_\_\_) towards the collection charges, investigation charges connected with infective diseases, etc., stemcell enrichment charges and cryopreservation charges as per my application.
3. I am paying herewith registration amount by cash / cheque for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) bearing No \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_
4. I agree that in case for any reason, after collecting the umbilical Cord / Cord Blood, if the cryopreservation of stemcells cannot be done, then I am liable to pay only Rs.5,000/- (Rupees Five Thousand only) towards your Expenses, cost of collection kit etc & nothing more.
5. I accept that till the stemcells are enriched and cryopreserved at your place, there will be no liability of whatsoever nature / kind on you.
6. You are only acting as cryopreservator for the enriched stemcells.
7. I am the absolute owner of the enriched stemcells and I can use on my own discretion in disposing off the same.
8. I request you to give me a certificate with all the details including the quality and quantity of the enriched stemcells cryopreserved.
9. I agree to pay annual maintenance charges as per the plan agreed by me in my application Dated \_\_\_\_\_

10. This annual maintenance charges is subject to change with prior notice. I shall pay the same one-month before the expiry of the period. In case, I am unable to pay or communicate or instruct in writing within two months after the expiry of the preservation period then the stemcells so cryopreserved will be at your sole discretion and you can use the same for the research purpose or can destroy the same.
11. I agree that in case of any “force majeure” i.e. if any time during the period of this agreement the cryopreservation place or premises where umbilical cord blood stemcells is enriched and cryopreserved shall be destroyed or damaged by earthquake, air raid, violence of any army or mob civil commotion or any act of God or irresistible force so as to damage and therefore make it unfit for use of the cryopreserved stemcells then there will be no liability of any sort / kind / money whatsoever on you.
12. I accept that you are doing only cryopreservator of enriched stemcells and nothing more. In case the enriched stem cells so preserved is put to any medical use for any treatment under my instructions in writing then you are in no way responsible \ liable for the method employed and the result of the treatment.
13. I agree that in case, after cryopreserving the stem cells and in spite of maximum care by the company, if the stemcells becomes unfit to use then the liability on you is restricted as under & Plus the annual maintenance charges paid by me on pro-rata basis for the years not cryopreserved.and nothing else.
  - a. For **Each Child's** Cord Blood Stemcell Rs.20,000/-
  - b. For **Each Child's** Cord Mesenchymal Stemcell Rs.5,000/-
14. I agree that after cryo preservation of Cord Blood Stemcells for some / my own reason, if I intend to cancel / withdraw above Stemcells preserved with you, then preservation charges will be Rs.2,500/- for Cord Blood Stemcells per year and Rs.5,000/- per year if it is twins for years preserved and any excess paid as preservation charges will be refunded to me.
15. This request is out of my own volition and none has influenced me or there is no pressure of any kind from any person.
16. I agree, in case of dispute jurisdiction will be BANGALORE only.

Please acknowledge.

Thanking you.  
Yours faithfully

( )

PERMANENT ADDRESS