



**FOR EXAMPLE ONLY
Do Not Use**

Dear _____

This letter is to notify you that the Cord Blood Laboratory at Vitalant Clinical Services, formerly Bergen County Community Blood Services in NJ, has frozen autologous hematopoietic stem cell products (“stem cells”) in its inventory that are in your name or otherwise affiliated with you. We need your help in determining what to do with these products moving forward. *We ask that you please reach out to us and inform us of what you would like us to do with the stored cord blood product by (date)_____.*

PRODUCT AND ACCOUNT SUMMARY

GROUP:	<i>Place name of where the products come from</i>
PARENT:	Last Name, First Name
PATIENT (CHILD):	Last Name, First Name
BIRTH DATE:	MM/DD/YYYY
MR#:	###-##-####
COLLECTION DATE:	MM/DD/YYYY
BAGS REMAINING:	##
COST TO STORE 1 YR:	\$120 x ## =
AMOUNT OWED:	[insert description of any past due amounts from 2019 or 2020]

Your options are:

1) Transfer all collected cells to another accredited facility at your expense.

If you choose to have your cells transferred to another facility, please provide the contact information for the facility in the space provided on the next page so we may coordinate the transfer with the designated facility. Please note, per regulations, we are only able to transfer these products to an accredited hematopoietic stem cell lab.

A Vitalant transfer fee of \$150 per bag will be billed to you and must be paid in advance of transfer. Please note that your account with Vitalant must be current and all outstanding amounts paid prior to transfer to a facility you designate.

2) Discard all collected cells or use them for research such as laboratory quality control and viability studies, at no cost to you.

If you choose to have your cells discarded or used for research purposes, please designate your election on the form provided, and return the form to us at your earliest convenience.

3) Extend the storage of your collected cells at our facility at a current cost of \$120 a year *per bag*.

If you choose to continue storing your stem cells at our facility, you must sign and **return page 3** of this letter in the enclosed envelope. Upon our receipt, a Vitalant Storage Agreement will be sent to you. *Bear in mind that a new agreement cannot be sent unless all past due payments are submitted and received by Vitalant.* You will be charged the current fee of \$120.00 a year

for each bag in our inventory, to cover the expense of long-term storage using liquid nitrogen. Storage may be subject to additional future price increases which you will be notified of any price increase in advance. You will continue to receive an invoice in January for the storage fees for the calendar year.

If your account is not current due to non-payment in a prior year, Vitalant must receive payment in full, if you wish to continue storage at our facility. *Please note, that if we do not hear from you in a reasonable amount of time to your selection option of the stored cord blood products, we will need to discard the cells or use them for research.*

If you have questions about this communication or the options described above, please contact Mary Wiegel at 412-209-7479 during normal business hours.

Sincerely,

Mary C. Wiegel
Senior Manager of Operations, Cord Blood Laboratory
Vitalant Clinical Services

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If the patient listed above is 18 or older, this form should be completed by the patient. If the patient is a minor (under the age of 18), this form should be completed by the patient’s parent or legal guardian. Please confirm, below, the age of the patient, and the individual completing this form:

- I am the patient identified above, I am 18 years old or older, and I am completing this form.
- The patient identified above is a minor, and I am a parent or legal guardian completing this form on the patient’s behalf.
- Other: _____

I elect the following arrangement for the remaining frozen cells:

- I wish to have them transferred to another facility, see contact information below.
- Please discard them or use them for research, I have no more use for them.
- Continue to store my cells at my request and at my additional expense. (You must sign and return this page)

Signature: _____ Date: _____

Name: _____

If the signatory is not the Patient, relationship to Patient: _____

Please provide updated contact information for the Patient (if 18 years old or older) or the Parent or Legal Guardian as appropriate:

Once completed, please send this page to the following address:

Vitalant
Attention; Mary Wiegel – Cord Blood Services
1 Pearl Court / Unit C
Allendale, NJ 07401

To continue storage of frozen cells at our facility, please send payment to:

Vitalant
Attention Mary Wiegel – Cord Blood Services
1 Pearl Court / Unit C
Allendale, NJ 07401