

AUTHORIZATION TO COLLECT CORD/BLOOD AND RELEASE FROM LIABILITY FORM

I, _____, the mother of the unborn child ("Child"), representing herself, the Child, its parents, and legal guardians, wish to cryogenic store the cells collected from the child's umbilical cord and cord blood following delivery. I hereby authorize my physician, gynecologist or nurse to collect my Child's cord and cord blood immediately following delivery as outlined in Tran-Scell Biologics Private Limited ("Tran-Scell") collection instructions.

Although this is a relatively simple process, I acknowledge that complications may occur during delivery which would prevent the collection of the cord blood. My physician's or gynecologists medical judgment shall be absolute and final in the decision whether or not to collect the cord blood.

I hereby release Tran-Scell including my physician, gynecologist, nurse, the birthing hospital, its shareholders, directors, officers, employees, agents, representatives, and affiliates and their respective legal representatives, estates, successors and assigns, its medical staff, medical facility, laboratory staff, and transporters of the cord/blood from and against any and all claims, causes of action or rights, known and unknown, that may arise from or relate to the collection, failure to collect, and handling of the cord blood. I understand that by agreeing to this release from liability, I am giving up rights that I might otherwise have now or in the future to seek money damages or other remedies or relief from Tran-Scell or birthing hospital, its affiliates, and other persons and entities named in this release from liability.

Date:

_____ (Signature)

Name of the Mother:

Witnesses:

1.

Name:

2.

Name: