Healthcord
CANADA'S #1 CORD BLOOD BANK

FOR OFFICE USE ONLY

Registration Form
cord blood & cord tissue banking

To register for cord blood / tissue banking, complete this form and submit to Healthcord by email, fax or mail. Questions? Call 1-877-714-6361.

PART 1: EXPECTANT MOTHER'S INFORMATION

Surname	First Name	Date of Birth (yyyy/mm/dd)

Shipping Address

Street Address | Apt # | City | Province | Postal Code

Phone (Home)	Phone (Cell)	Email Address

Expected Due Date (yyyy/mm/dd)	Birth Type (check one)	Surrogate Name (if applicable)	Surrogate Date of Birth (if known)
	◯ Single ◯ Twins ◯ Triplets		

Expected Delivery Hospital	Expected Delivery Physician / Midwife	Family Physician

PART 2: ADDITIONAL CONTACT INFORMATION (optional)

Spouse / Partner Surname	First Name	Phone	Email Address

Alternate Contact Surname	First Name	Phone	Email Address

PART 3: FEE SCHEDULE For multiple births please contact Healthcord.

A Registration Fee $155 DUE NOW

B Storage Plan: DUE AT BIRTH
(pick one option only)

CORD BLOOD ONLY

Annual Storage Plan *

Pay in Full	$1,050	
Financing - 12 months	$95 / mo.	◯

20 Year Storage Plan

Pay in Full	$2,770	◯
Financing - 12 months	$240 / mo.	◯
Financing - 24 months	$122 / mo.	◯

Lifetime Storage Plan

Pay in Full	$5,775	◯
Financing - 12 months	$490 / mo.	◯
Financing - 24 months	$247 / mo.	◯

OR

CORD BLOOD & CORD TISSUE

Annual Storage Plan *

Pay in Full	$1,780	◯
Financing - 12 months	$156 / mo.	◯

20 Year Storage Plan

Pay in Full	$4,835	◯
Financing - 12 months	$412 / mo.	◯
Financing - 24 months	$208 / mo.	◯

Lifetime Storage Plan

Pay in Full	$10,175	◯
Financing - 12 months	$856 / mo.	◯
Financing - 24 months	$430 / mo.	◯

PART 4: SELECT PAYMENT METHOD

Payment Method (check one)

◯ Credit Card (complete below fields) ◯ Cheque / Money Order (payable to Healthcord Cryogenics Corporation) ◯ Cash (accepted on-site only)

Credit Card Type (check one)	Credit Card Number	Expiry Date	CVC
◯ VISA ◯ MasterCard ◯ AMEX			

Cardholder Name	I authorize Healthcord to bill the credit card for the fees referred above. Cardholder Signature:

PART 5: SUBMIT COMPLETED FORM

Email: info@healthcord.com **OR** **Fax:** 1-888-655-8877 **OR** **Mail:** Healthcord Lab, 100-2806 Kingsway, Vancouver BC V5R 5T5

* Annual Storage Plan includes first year of storage; thereafter, the Annual Storage Fee is $125 / year for Cord Blood Only, and $235 / year for Cord Blood and Cord Tissue, and is charged annually and subject to change. Prices are in Canadian currency and subject to relevant taxes. The Registration Fee is non-refundable and will be charged upon registration. The balance will be charged after receipt of cord blood / cord tissue.