

DONATION CONSENT FORM

Blood cells produced by your baby before birth circulate through the baby's body, umbilical cord, and placenta. Through the filter of the placenta, which keeps your blood from mixing with your baby's blood, nourishment and oxygen pass from you to your baby's blood, supporting growth and development. When your baby is born, the umbilical cord is cut, the baby is separated from the placenta, and the placenta is expelled from your body several minutes later. Usually, the umbilical cord, umbilical cord blood, placenta and placental blood ("Afterbirth") are discarded using normal clinical practices.

Recently, doctors and researchers have discovered that with certain processing, the Afterbirth may serve as a source of medical materials, such as certain cells, called "stem cells," that produce blood and other human tissue. Today, stem cells may be used to replace the blood-forming cells in a person who has, for example, leukemia or bone marrow failure. This is called "transplantation." Researchers believe that stem cells and other products of the Afterbirth may in the future have other uses that help persons who are ill, and are investigating using stem cells in ways to develop treatments for diseases such as cancer, heart disease, Parkinson's disease, spinal cord injury and inherited immune deficiencies.

We are Celgene Cellular Therapeutics, a company of the Celgene Corporation, and we are a human blood and tissue bank. With your consent, we would process your donated Afterbirth and use and make materials derived from your Afterbirth available to physicians, transplant centers, biomedical companies and others for transplantation, research and/or other clinical uses (collectively, "Public Use"). Your physician or other health professional responsible for your pregnancy and childbirth (your "Practitioner") would arrange for the collection of your Afterbirth and send it to us for these purposes. Please read this form carefully. It contains useful information and also certain agreements about Afterbirth donation. Understand your options, and make sure all of your questions are answered.

If you wish to donate, you and a witness must sign the Consent Form Signature Page. You will also need to complete a Maternal Health Screening Questionnaire and the Family Medical History Questionnaire. The signed forms are returned to us, and you would keep copies for your own records.

YOUR PARTICIPATION:

If you choose to proceed with Afterbirth donation, you will agree to the following:

Collection

We may send you a collection kit prior to delivery of your child. If so, you will keep and maintain the kit with proper care, in accordance with our instructions.

You will permit your Practitioner to collect your Afterbirth and send it to us. Generally, the Afterbirth is collected several minutes after your child is born, and only after the umbilical cord is clamped and cut. Some health professionals begin collecting blood from the umbilical cord

and placenta before the placenta is expelled from the mother's body. Others wait until after this occurs. Your Practitioner, in his or her sole professional judgment, determines how and whether to collect your Afterbirth, so please speak with your Practitioner about this process. In some cases your Practitioner may decide that collection is not wise for you or your child, and will not collect your Afterbirth. For example, the Afterbirth may not be collected because your Practitioner is not available to make the collection, or because your child's birth is complicated due to your having a fever, early rupture of your amniotic membranes, or a mixing of your blood with your child's blood. We will both abide by this judgment.

You will permit your Practitioner to arrange for the withdrawal of up to 30 milliliters of blood from your arm, and provide that blood to us.

Health Screening

You will answer truthfully and to the best of your ability a Maternal Health Screening Questionnaire and a Family Medical History Questionnaire. These questionnaires contain a number of questions concerning you and your family's medical history, past medical problems and risk behaviors. The questions are intended for early identification of circumstances that might prevent Public Use of your Afterbirth, and are the types of questions asked when a person donates blood. Many of the questions might not apply to you and your family, but we are required by law and professional standards to ask them. You will permit us to review and keep the questionnaires, and you will also permit us to review and keep information from your and your child's medical records.

Testing

You will permit us to arrange for your collected blood and your Afterbirth to be tested by a clinical laboratory for infectious diseases, such as Hepatitis B, Hepatitis C, cytomegalovirus (CMV), human T-lymphotropic virus (HTLV I and II), syphilis, and HIV (the virus that causes AIDS). In order to permit future matching of medical materials derived from your Afterbirth with potential patients, you will also permit us to arrange for a clinical laboratory to conduct DNA analysis and Human Leukocyte Antigen (HLA) typing, or white blood cell typing, of your collected blood and your Afterbirth. You will permit these laboratories to furnish their testing results to us, and us to furnish these testing results to your Practitioner and to persons who need to know them in connection with the Public Use of materials derived from your Afterbirth.

If tests indicate that you may have HIV or AIDS or another infectious disease, we will notify your Practitioner and in some cases laws may require notification of public health officials. You will permit us to notify your Practitioner and to ask your Practitioner to notify you if testing indicates that you or your child may have an infectious or other serious disease. You understand that we are not a clinic or hospital that treats patients, and that it will be the responsibility of your Practitioner or other health professional to counsel you regarding any test results.

Confidentiality

We will keep confidential and private any information that could identify you or your child, except to the extent required by law and professional practice. When we process your Afterbirth, your name, your child's name and other identifying information will be removed from the materials and tissue that we use and make available for Public Use, and instead these will be identified with a code number. However, to the extent required by law and professional practice, we will maintain a linkage between you, your child and this code number, because there may be medical reasons that will require us to contact you or to share this information with others, such as public health officials. You will permit us to make contact with you and to share information for these purposes.

Custody

Upon delivery of your Afterbirth to us, you will grant us all right, title and interest in your Afterbirth, and agree that we may maintain custody of your Afterbirth, in whole or in part, for an indefinite period of time, at our discretion. You also understand that certain Public Uses may result in the development of commercial biomedical products or methods, and by agreeing to donate your Afterbirth, you will not receive any payment or financial compensation relating to the development of such biomedical products with respect to your Afterbirth, and any material, product or process or any other intellectual property related to it.

Even if collected, Celgene Cellular Therapeutics may decide not to process or keep your Afterbirth because it is not suitable for Public Use. For example, the Afterbirth may not be sterile or it may be infected with disease. In these cases, your Afterbirth materials will be discarded using normal clinical practices.

Possible Risks and Discomforts

We will advocate that your Practitioner follow normal obstetrical protocols, and make no changes in standard care in an effort to affect the Afterbirth collection process. This is because there is always a risk that changes from standard practice could raise medical risks for you or your child.

If you donate your Afterbirth for Public Use, it may not be available to you or your family should it be needed later in life. There are organizations that collect, process, and store umbilical cord blood for use by close family members only ("Private Use"). These organizations charge a fee for this service. For example, conditions such as leukemia or severe hemoglobinopathy may indicate the advisability of Private Use umbilical cord blood banking for sibling cord blood transplantation. Ask your Practitioner if you should consider Private Use of your Afterbirth. If you choose to store your Afterbirth materials for Private Use, you should promptly make arrangements for this option. One of our divisions, called LifebankUSA, can provide this Private Use service to you for a fee, and we will provide you with information about this service upon request.

Taking blood from your arm may cause bruising, infection, fainting, pain, or discomfort. Your Practitioner should take all normal precautions to prevent these from happening.

Benefits

If your Afterbirth is suitable for Public Use, materials from your Afterbirth may help others. Also, in the unlikely event that your child becomes ill and needs a stem cell transplant, and provided that your Afterbirth is suitable for Public Use, then we will make best efforts to provide him or her with access to one (1) transplant unit of banked stem cells (which may not be the same unit that you donated) held by us, and as identified by your child's physician, and we will not charge for our services.

Alternatives to Participation

You may choose to use your Afterbirth for Private Use. Also, you may choose not to donate your Afterbirth for Public Use or otherwise use your Afterbirth for Private Use. If so, your Afterbirth may be discarded using normal clinical practices. You are free to choose any of these alternatives and it will not affect your access to medical care or result in any other penalty.

No Financial Obligation

You will not be charged by and will be under no financial obligation to us for your Afterbirth donation. You will not be paid for your Afterbirth donation.

Withdrawing Consent

Your consent to donation is voluntary, and you are free to withdraw consent at any time without affecting your access to medical care or incurring any penalty. However, if at the time you wish to withdraw your consent to donation, materials from your Afterbirth have already been processed for Public Use, you will not be able to withdraw consent with respect to those materials.

IF YOU HAVE ANY QUESTIONS:

If you have any questions, comments, or concerns about your Afterbirth donation, you may write us at Celgene Cellular Therapeutics Client Services, 45 Horsehill Road, Cedar Knolls, New Jersey 07927 or call Celgene Cellular Therapeutics during regular business hours at 973-267-8200.

CONSENT FORM SIGNATURE PAGE

I am 18 years of age or older. Prior to the onset of labor I have read, understood and agree to the terms of this Donation Consent Form, and it is written in a language that I understand. I have also spoken to my Practitioner. I have been given an opportunity to ask and have my questions answered to my satisfaction about Afterbirth donation to Celgene Cellular Therapeutics, and understand its risks and benefits. On behalf of my child and myself I agree to donate my Afterbirth to Celgene Cellular Therapeutics for Public Use following my child's birth.

Name of Donor (print)

Donor Address (print)

Signature

Date

WITNESS (SPOUSE OR OTHER)

I am 18 years of age or older. The Donor who signed this document is personally known to me and appears to be of sound mind and acting of her own free will. She signed this document in my presence.

Name of Witness (print)

Witness Address (print)

Signature

Date

Please complete this form as accurately as possible and write legibly in pen.

Mother

Mother's Name _____
Mother's SSN _____
Other Children (no.) _____ (ages) _____
Home Address _____
City/State/Zip _____
Home Phone _____
Home Fax _____

Mother's Maiden Name _____
Mother's DOB _____
Mother's Occupation _____
Mother's Employer _____
Work Telephone _____
Work Fax _____
E-mail _____

Father

Father's Name _____
Father's SSN _____
Father's DOB _____
Father's Occupation _____

Father's Employer _____
Work Telephone _____
Work Fax _____
E-mail _____

Delivery

Estimated Due Date _____ *(Pre-Enrolled Only)*
Delivery Hospital _____
Hospital Address _____

Hospital Phone _____
City/State/Zip _____

Obstetrician/Midwife

Name _____
Practice/Office Name _____
Office Address _____

Office Phone _____
City/State/Zip _____

Pediatrician/Family Practitioner

Name _____
Practice/Office Name _____
Office Address _____

Office Phone _____
City/State/Zip _____