



Inception Lifebank

CANADA'S #1 CORD BLOOD PROGRAM



Wings of Hope Medical Need Program



Inception Lifebank Cord Blood Program established this program to offer compassionate support to Canadian families who have an immediate family member possibly requiring a stem cell transplant within the first year following the expected baby's birth.

This is the largest program of its kind in Canada, with more than 370 participants who have benefited from free cord blood processing and storage for the first year courtesy of Inception Lifebank.

ELIGIBILITY

Approval is on a case-by-case basis on the recommendation of the treating Oncologist, Haematologist or Medical Geneticist with the condition that the cord blood unit might be required for transplant within the first year of storage.

INSTRUCTIONS FOR APPLICATION

1. The Treating Oncologist / Haematologist / Medical Geneticist Must:

- Complete the Medical Need Cord Blood Referral form (on other side of this document)
- Fax completed form to Inception Lifebank at 1-905-206-2798

2. The Family Must

- Register for Cord Blood Banking at www.inception.com. **Note:** We will update payment information if approved into Wings of Hope Program.
- Indicate they are applying for the Wings of Hope Medical Need Program when contacted by Inception Lifebank's Client Services.
- Pay only courier fee(s) for transport of the cord blood unit to Inception Lifebank's laboratory and for shipping of collection kit (if applicable). Note: If the cord blood unit is not used within the first year for treatment, the family will be responsible for the annual storage fee of \$125 starting on the child's first birthday.

[Call Inception Lifebank at 1-866-606-2790 with questions or concerns.](tel:1-866-606-2790)

APPROVAL

Upon receipt of the Medical Need Cord Blood Referral form from the referring Oncologist, Haematologist or Medical Geneticist, the Chair of the Medical Need Program will review the information and provide a decision regarding approval. Inception Lifebank will notify the family about the decision.

Inception Lifebank is committed to the Wings of Hope Medical Need Program, allowing Canadian families with a medical need to bank their cord blood, providing hope to the family and offering an alternate treatment option.

www.inception.com

Dr. Barbara Cruickshank
 Chair, Wings of Hope Medical Need Program
 Inception Lifebank Cord Blood Program
 1620 Tech Avenue, Unit 1
 Mississauga, ON L4W 5P4

Phone: 1-866-606-2790
 Fax: 905-206-2798

Birth Mother's Information	
Mother's Name	
Mother's Date of Birth	(mmm/dd/yyyy)
Address	
Phone Number	
Due Date	(mmm/dd/yyyy)

Potential Transplant Recipient's Information	
Recipient's Name	
Recipient's Date of Birth	(mmm/dd/yyyy)
Hospital ID Number	
Relationship to Mother (Donor)	

Dear Dr. Cruickshank,

This is a letter of referral to Inception Lifebank Cord Blood Program for _____
Mother's Name

_____ was diagnosed with _____ in _____
Patient's Name Diagnosis Month/Year

and is currently being followed by our service. We are considering the possibility of using the cord blood of the expected child for transplant purposes as part of the continuing management of our patient. I would request that you consider this individual as a "potential medical need patient." I have instructed the mother to contact Inception Lifebank Cord Blood Program to register so that she may receive the necessary instructions regarding the collection of the umbilical cord blood at the time of her baby's birth.

Sincerely,

Referring Physician Signature Date: _____
mmm/dd/yyyy

Institution Name/Referring Physician			
Physician Name (Print)		Credentials	
Institution Name		Department	
Institution Address			
Name of Consulting Oncologist/Haematologist (if different from above)		Phone Number	

For Inception Lifebank Use Only			
Approved by:		Date	(mmm/dd/yyyy)