

Wings of Hope Medical Need Program

Inception Lifebank Cord Blood Program established this program to offer compassionate support to Canadian families with a child needing a stem cell transplant. This is the largest program of its kind in Canada, with more than 400 participants who have benefited from free cord blood processing, and storage of the cord blood unit until the child's 18th birthday. Inception Lifebank is committed to the Wings of Hope Medical Need Program which provides hope to the family and offers an alternate treatment option to the treating physician.

Eligibility

Approval is on a case-by-case basis on the recommendation of the treating Oncologist or Hematologist with the condition that:

- The cord blood unit may be required for transplant by a sibling of the expected baby
- The parents of the expected baby are the same as the affected sibling

Instructions for Application

1. The treating Oncologist or Hematologist will:

- Fax completed form to Inception Lifebank at 1-905-206-2798, OR
- Email form to clinicalconsultants@insception.com

2. The Family must:

- Register online for Cord Blood Banking at www.insception.com
- Record "Wings of Hope" in the "For Internal Use" field
- Indicate they are applying for the Wings of Hope Medical Need Program when contacted by Inception Lifebank's Client Services after registration has been submitted

Approval

Upon receipt of the Medical Need Cord Blood Referral form from the treating Oncologist or Hematologist:

- Our Medical Director will review the referral and provide a decision regarding approval
- Inception Lifebank will notify the family about the decision

Questions or Concerns?

Contact our Clinical Consultant 1-866-606-2790 (Client Services)
clinicalconsultants@insception.com

www.insception.com

Dr. Robert Casper
 Medical Director
 Inception Lifebank Cord Blood Program
 1620 Tech Avenue, Unit 1
 Mississauga, ON L4W 5P4

Phone: 1-866-606-2790
 Fax: 905-206-2798
 Email: clinicalconsultants@inception.com

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 Birth Mother	
Parents of expected baby are the same as potential transplant recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dear Dr. Casper,

_____ was diagnosed with _____ in _____

Patient's Name
Diagnosis
Month/Year

and is currently being followed by our service. The cord blood of the expected child may be used for transplant purposes as part of the continuing management of our patient. I ask that you assess this patient for inclusion in your Medical Need Program. I have instructed the mother to contact Inception Lifebank Cord Blood Program to arrange for registration and to obtain a kit for the collection of 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/Hematologist (if different from above)	<input type="checkbox"/> N/A	Phone Number	

For Inception Lifebank Use Only				
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by:		Date (mmm/dd/yyyy)	
		<small>Signature</small>		
Client notified	<input type="checkbox"/> Yes <input type="checkbox"/> Voice Mail		Date (mmm/dd/yyyy)	
		<small>Signature</small>		