



Wings of Hope Medical Need Program

Insception Lifebank Cord Blood Program was established 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 500 participants who have benefited from free cord blood processing, and storage of the cord blood unit until the child's 18th birthday. Insception 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
- Cord blood transplantation is a standard therapy for treatment
- The parents of the expected baby are the same as the affected sibling

Note: Use of cord blood in a clinical trial setting does not qualify for the Medical Need Program

Instructions for Application

The treating Oncologist or Hematologist will:

- Fax completed Referral Form to Insception Lifebank at 905-206-2798 OR
- Email form to <u>info@insception.com</u>

Review

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
- Insception Lifebank will notify the family about the decision by phone or email

Following Approval

The Family must:

- Register online for Cord Blood Banking at www.insception.com
- Record "WINGS OF HOPE" in the "For Internal Use" field
- When contacted by Insception Lifebank's Client Services after registration has been submitted, inform that they are applying for the Wings of Hope Medical Need Program

Questions or Concerns?

Contact our Clinical Consultant 1-866-606-2790 Option 5

info@insception.com

www.insception.com



Medical Need Program Cord Blood Referral

Insception Lifebank CANADA'S #1 CORD BLOOD PROGRAM

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

Phone: 1-866-606-279	an.

Fax: 905-206-2798

Email: info@insception.com

	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •							
			Birth I	Mother's lı	nforma	ation			
Mother's Last N	ame					First Name			
Mother's Date o	f Birth (mmm	/dd/yyyy)							
Address									
Phone Number					ı	Mother's Email			
Due Date (mmm/do	d/yyyy)				Н	ospital for Birth			
		P	otential Trans	plant Rec	ipient'	s Information			
Recipient's Last	t Name			•	-	First Name			
Recipient's Date	of Birth (m	mm/dd/yyyy)			•				
Hospital ID Num	nber								
Relationship to	Birth Mothe	r							
Parents of expe	cted baby a	re the sai	ne as potential tr	ansplant red	ipient?		☐ Yes	□ No	
Dear Dr. Casper	,								
		was	s diagnosed with			osis	in	Month/Year	
Patient	's Name		_		Diagn	neie		Month/Year	
					Diagii	10313		month, roa	
	being follow	wed by o	ur service. The c	ord blood of	f the ex	pected baby may	be used for	transplant	purposes as
part of the cont	being following	wed by o	ur service. The co	ord blood of lease asses	f the ex	pected baby may patient for inclusion	be used for on in your I	transplant /ledical Nee	purposes as d Program. I
part of the cont have instructed	being follow inuing mana the mother	wed by or agement to conta	ur service. The co	ord blood of Please asses bank Cord I	f the ex	pected baby may	be used for on in your I	transplant /ledical Nee	purposes as d Program. I
part of the cont have instructed	being follow inuing mana the mother	wed by or agement to conta	ur service. The coordinate of our patient. For the contract of	ord blood of Please asses bank Cord I	f the ex	pected baby may patient for inclusion	be used for on in your I	transplant /ledical Nee	purposes as d Program. I
part of the cont have instructed of umbilical core	being follow inuing mana the mother	wed by or agement to conta	ur service. The coordinate of our patient. For the contract of	ord blood of Please asses bank Cord I	f the ex	pected baby may patient for inclusion Program to registe	be used for on in your I er and obtai	transplant /ledical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely,	being follow inuing mana the mother	wed by or agement to contain he time or	ur service. The coof our patient. Foot Insception Life her baby's birth	ord blood of Please asses bank Cord I	f the ex	pected baby may patient for inclusion	be used for on in your I er and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely,	being follow inuing mana the mother d blood at th	wed by or agement to contain he time or	ur service. The coof our patient. Foot Insception Life her baby's birth	ord blood of Please asses Bebank Cord I	f the ex s this p Blood P	pected baby may patient for inclusion Program to registe Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely,	being follow inuing mana the mother d blood at the ferring Physic	wed by or agement to contain he time or	ur service. The coof our patient. For Insception Life her baby's birth	ord blood of Please asses Bebank Cord I	f the ex s this p Blood P	pected baby may patient for inclusion Program to registe Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely,	being follow inuing mana the mother d blood at the ferring Physical e (Print)	wed by or agement to contain he time or	ur service. The coof our patient. For Insception Life her baby's birth	ord blood of Please asses Bebank Cord I	f the ex s this p Blood P	pected baby may patient for inclusion register Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely, Ref	being followinuing manathe mother deferring Physical (Print)	wed by or agement to contain he time or	ur service. The coof our patient. For Insception Life her baby's birth	ord blood of Please asses Bebank Cord I	f the ex s this p Blood P	pected baby may patient for inclusion rogram to registe Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely, Ref Physician Name	being followinuing manathe mother deferring Physical (Print)	wed by or agement to contain he time or	ur service. The coof our patient. For Insception Life her baby's birth	Please asses Please Asses Please Asses Please Asses Please Assess Please Assess Please Assess Please Assess Please Assess Please Assess Please Assess Please Asses Please Asses Please Please Asses Please	f the exps this pBlood P	pected baby may patient for inclusion rogram to registe Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely, Ref Physician Name Institution Name	being followinuing manathe mother deferring Physical (Print) e (Print) e ling manathe mother deferring Physical (Print)	wed by or agement to contain he time or	ur service. The coof our patient. For Insception Life her baby's birth	ord blood of Please asses Bebank Cord I	f the exps this pBlood P	pected baby may patient for inclusion rogram to registe Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely, Ref Physician Name Institution Name Institution Address Name of Consul Oncologist/Hem	being followinuing manathe mother deferring Physical (Print) e (Print) e ling manathe mother deferring Physical (Print)	wed by or agement to contain he time or	ur service. The coof our patient. For Insception Life her baby's birth	Please asses Please Asses Please Asses Please Asses Please Assess Please Assess Please Assess Please Assess Please Assess Please Assess Please Assess Please Asses Please Asses Please Please Asses Please	f the exps this pBlood P	pected baby may patient for inclusion rogram to registe Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely, Ref Physician Name Institution Name Institution Address Name of Consul Oncologist/Hem	being followinuing manathe mother deferring Physical (Print) e (Print) e ling manathe mother deferring Physical (Print)	wed by or agement to contain he time or	ur service. The confour patient. For the confour patient. For the conformal patient in the conformal patient. For each of the conformal patient in	Please asses Please Asses Please Asses Please Asses Please Assess Please Assess Please Assess Please Assess Please Assess Please Assess Please Assess Please Asses Please Asses Please Please Asses Please	f the exps this pBlood PI	pected baby may patient for inclusion rogram to registe Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core of umbilical core Sincerely, Ref Physician Name Institution Name Institution Address Name of Consul Oncologist/Hem (if different from ab	being followinuing manathe mother deferring Physical (Print) e (Print) e ling manathe mother deferring Physical (Print)	wed by or agement to contain he time or	For Insce	eption Life	f the exps this pBlood PI	Date: Credentials Department Phone Number	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core Sincerely, Ref Physician Name Institution Name Institution Address Name of Consul Oncologist/Hem	being followinuing manathe mother deferring Physical (Print) e (Print) e ess lting matologist ove)	wed by or agement to containe time or cian Signar	ur service. The confour patient. For the confour patient. For the conformal patient in the conformal patient. For each of the conformal patient in	eption Life	f the exps this pBlood PI	pected baby may patient for inclusion rogram to registe Date:	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I
part of the cont have instructed of umbilical core of umbilical core Sincerely, Ref Physician Name Institution Name Institution Address Name of Consul Oncologist/Hem (if different from ab	being followinuing manathe mother deferring Physical (Print) e (Print) e ess lting matologist ove)	wed by or agement to contain he time or	For Insce	eption Life	f the exps this pBlood PI	Date: Credentials Department Phone Number Date Date	be used for on in your Ner and obtai	transplant //edical Nee n a kit for th	purposes as d Program. I