

Wings of Hope Medical Need Program

Inception 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. 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
- 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 Inception Lifebank at 905-206-2798 OR
- Email form to info@insception.com

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
- Inception 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 Inception 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

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: info@inception.com

Birth Mother's Information			
Mother's Last Name		First Name	
Mother's Date of Birth (mmm/dd/yyyy)			
Address			
Phone Number		Mother's Email	
Due Date (mmm/dd/yyyy)		Hospital for Birth	

Potential Transplant Recipient's Information			
Recipient's Last Name		First 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 baby may be used for transplant purposes as part of the continuing management of our patient. Please assess this patient for inclusion in your Medical Need Program. I have instructed the mother to contact Inception Lifebank Cord Blood Program to register and obtain a kit for the collection of umbilical cord blood at the time of her baby's birth.

Sincerely,

_____ Date: _____
Referring Physician Signature mmm/dd/yyyy

Referring Physician / Institution Name			
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			
Reviewed by:		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date <small>(mmm/dd/yyyy)</small>
Client Notified	<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Voice Mail	Signature	Date <small>(mmm/dd/yyyy)</small>

