

Boston Stem Cell Center

RedSun Institute of Medicine

Mother's Name _____ Date of Birth ____/____/____

Mother's ID # _____

Mother's Maiden Name (for Security) _____

Father's Name _____ Father's ID _____

Home Address # _____, _____ Street
_____ City _____ State _____ Zip, **MEXICO**

Home Phone (____) _____ Work Phone (____) _____

Fax number (____) _____ E-mail _____

Newborn Child's Due Date _____

Newborn Child's Name (if possible) _____

Name of Hospital to Be Delivered _____

Name of OB/GY Doctor _____

Doctor's Phone No. _____

Deliver Hospital Phone No. _____, Labor Room Phone No. _____

Name of Contracted Person _____

Signature _____ Date _____

Send These Signed 3 Pages by Express Mail To

**RedSun Institute head Office
242 Dorchester Street
South Boston, Boston, MA 02127, USA**

Registration Form - 2

Boston Stem Cell Center
RedSun Institute of Medicine

Table with 2 columns: Description and Amount. Rows include Registration fee, Processing fee, Bacterial Culture, and Annual store fee.

Total you pay only \$775
(As compared to the fee at other facilities, you pay \$1,200 to \$1,500)

One-time prepay store programs:
5-year prepay store fee = \$375 - \$75 = \$300
10-year prepay store fee = \$750 - \$200 = \$550
20-year prepay store fee = \$1500 - \$700 = \$800

The full fee of \$775 must be paid to RedSun Institution when the registration and agreement sheets are submitted. If this agreement is cancelled, \$150 registration fee is non-refundable. The remaining \$625 will be refunded after signing out of the Agreement.

Credit Card Authorization

I, the undersigned, accept full financial responsibility for all charges incurred by me for services rendered by RedSun Institute of Medicine, 242 Dorchester Street, South Boston, Boston, MA 02127, USA

Mother's Name _____ Mother's ID _____

Newborn Child's Name _____ Sex M / F

I Pay With My Check [] Write Check To Pay To RedSun Institute

Total = US\$ 775 + US\$ _____ for _____ year prepay store fee = US\$ _____).

I Pay With My Credit Cards [] My Name On The Credit Card Is _____

Total = US\$ 805 + US\$ _____ for _____ year prepay store fee = US\$ _____).

(If you pay with your credit card, 3.85% bank transaction fee will be added, i.e., 775 x 0.0385 = \$30 + \$775 = \$805)

- [] American Express [] Visa [] MasterCard [] Discover [] Others

Credit Card No. _____ Expiration Date _____

Signature _____ Date _____

Home Address # _____, _____ Street

_____ City _____ State _____ Zip, MEXICO

Home Tel. _____ Work Tel. _____ Fax _____

Registration Form - 3
Cord Blood Storage Agreement

This Agreement is made on _____ / _____, 200__ between the RedSun Institute of Medicine (Corporation), 242 Dorchester Street, Boston, MA 02127, USA and the "Client" _____(Child's mother/father). The RedSun Institution is providing the service for collection, testing, processing and cryopreservation of cord bloods after the birth of a child. The Client desires to collect and storage the cord bloods of the Client's child in The Stem Cell Bank of The RedSun Institution. The parties agree to the following provisions:

1) Collection, Processing and Cryopreservation of Cord Bloods. The Client has requested her obstetrics doctor or nurse to collect cord bloods upon the birth of the Client's child. The Client shall assure that the cord blood is collected using the blood collection kit provided by RedSun Institution and that send the collected cord blood by Overnight-Guaranteed Express Mail (with a return-receipt to prevent the loss of the cord blood during transportation) to RedSun Institution. After the cord blood package has been received by RedSun Institution, RedSun shall be responsible for processing and cryopreservation of the child's cord blood in liquid nitrogen tank for the term of this Agreement.

2) Property of Stored Cord Blood. The stored cord blood is the property of the Client. RedSun Institution shall recognize the Client as the custodian of the stored cord blood until the child reaches eighteen (18) years of age. After the child grows up to legal adult age, RedSun Institution shall recognize any claims for the cord blood stored made by the child-self.

3) Availability and Liability. The stored cord blood is immediately available when the child's health condition is indicated. The Client understands that banking cord blood stem cells is a new science and successful method, even though high-tech of cell biology is used in cryopreservation of cord bloods, no long-term assurances can be made by RedSun Institution. Even though RedSun Institution has a secured system with alarm devices, and RedSun Institution has been insured by the Insurance Company, no insurance for each child's cord blood shall be made for the damage from un-resisted natural disasters (earthquake, fire, storm, explosion, war and others).

4) Term of Agreement. The term of this Agreement shall be for a period of one (1) year or five (5) years or ten (10) years or twenty (20) years depending upon the payment programs selected by the Client, effective the date of birth of the Client's child. This Agreement will be automatically extended for one-year period or unless either party gives a written notice of its intent to terminate this agreement at least sixty (60) days prior to the expiration of this Agreement.

5) Transfer and Shipment. The cord blood stored hereunder will be ready for delivery during regular business days. When the child's health condition needs the cord blood stem cells stored for self-treatment or other intent, the Client or the child-self (over 18 years of age) should ask the child's doctor to provide a written notice with the child's name, date of birth, social security number (ID), cord blood bank-ID at RedSun Institution, mother's Maiden name and doctor's phone number to RedSun Institution. For security, multiple checks will be made before shipping the stored cord bloods. The cord bloods will be shipped in a dry-ice box (-80°C) to the designed doctor in hospital by courier, not to the Client's home. All fees related to the transfer and shipment must be paid in full by the Client prior to transfer of the cord bloods.

6) Termination For Failure To Pay Fees. This Agreement shall be terminated (A) If this Agreement is cancelled, terminated or expired, or failed to pay the store fee to RedSun Institution within thirty (30) days of its due date; (B) Either party delivers a written notice to the other party terminating this Agreement (at least sixty (60) days ahead).

7) Waiver of Claims. In the event this Agreement is terminated, the Client shall give a written notice to RedSun Institution at least sixty (60) days ahead. The Client shall bear any costs related to the disposition. RedSun Institution shall reserve all rights to the stored cord blood if the Client or the grown-up-child fails to notify and pay.

8) Refund. Except that the \$150 registration fee, all other fees will be refunded if the Client decides to retrieve this Agreement prior to the collection of child's cord blood. *** *** *** *** *** *** *** *** *** *** *** *** *** ***

Newborn Child's Name _____ **Sex** M / F

Mother's Name _____ **Signature** _____ **Date** _____

Home Address: # _____ **City** _____ **State** _____ **Zip** _____

Home Tel. _____ **Work Tel.** _____ **Fax** _____

RedSun Representative _____ **Signature** _____ **Date** _____