



Newborn Stem Cell Storage

El Camino Women's Medical Group would like you to be informed of your options regarding newborn stem cells, both cord blood and tissue banking. We encourage you to research the options available to you regarding your child's stem cells.

In 2005, the Institute of Medicine (IOM) issued a comprehensive report on cord blood banking, hematopoietic stem cells (HSC's) that included specific recommendations that healthcare providers offer expectant parents information on their options for saving a newborn's cord blood stem cells after birth. In the 20 years since this report, newborn stem cell science has evolved to include other cell types, including cord tissue mesenchymal cells (MSCs).

We recommend you start by reading the patient education page on newborn stem cells on our website. The page is called "Newborn Stem Cells" and is under the "Resources" menu option.

If you would like further information and would like to discuss it with a newborn stem cell bank representative, please fill out the information below and turn in this form to the front desk at any time during your pregnancy. Please note, if you chose to collect stem cells, we recommend calling the company of your choice, and order a collection kit that you will bring to the hospital on the day of delivery.

I would like to have a stem cell bank's representative contact me during my pregnancy to discuss cord blood banking. (Check if you have a preference for a specific cord blood bank)

- StemBanc
- CryoCell
- VitalCells
- StemCyte
- CBR

Patient's name: _____

Patient's due date: _____

Preferred contact method: Email: _____

Phone: _____

Acknowledgement of notices of privacy practices (HIPAA)

I acknowledge that I have reviewed the notice of privacy practices. I understand that this notice describes how medical information about me may be used and disclosed and how I can access this information and that it is available in the office and on the website of El Camino Women's Medical Group. I understand that if I wish to inspect and copy, request to amend the information, receive an accounting of disclosures, or request confidential communications, that I may contact the privacy officer within this office at admin@elcaminowomen.com. Filling out this form will NOT result in my medical information being shared with any cord blood banks.

Patient's Signature: _____

Date: _____