

## Wings of Hope Medical Need Program

Cells for Life established this program to offer compassionate support to Canadian families with a child needing a stem cell transplant. This program allows participants to benefit from free cord blood processing, and storage of the cord blood unit until the child's 18th birthday. Cells for Life 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 transplant 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 Cells for Life at 905-206-2798 OR
- Email form to [info.cfl@cellsforlife.com](mailto:info.cfl@cellsforlife.com)

### Review

Upon receipt of the Medical Need Referral Form from the treating Oncologist or Hematologist will:

- Our Medical Director will review the referral and provide a decision regarding approval
- Cells for Life will notify the family about the decision by phone or email

### Following Approval

**The Family must:**

- Register online for Cord Blood Banking at [www.cellsforlife.com](http://www.cellsforlife.com)
- Record "WINGS OF HOPE" in the "For Internal Use" field
- When contacted by Cells for Life'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

1-877-235-1997 Option 5

[info.cfl@cellsforlife.com](mailto:info.cfl@cellsforlife.com)

[www.cellsforlife.com](http://www.cellsforlife.com)

# Medical Need Program Cord Blood Referral



Dr. Robert Casper  
Medical Director  
Cells for Life  
1620 Tech Avenue, Unit 1  
Mississauga, ON L4W 5P4

Phone: 1-877-235-1997  
Email: [info.cfl@cellsforlife.com](mailto:info.cfl@cellsforlife.com)  
Fax: 905-206-2798

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 child 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 Cells for Life in order to register and 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

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 Cells for Life Use Only			
Reviewed by:	Signature	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If not approved, Reason:	Date (mmm/dd/yyyy)
Client Notified	<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Voice Mail	<input type="checkbox"/> Registration instructions provided <input type="checkbox"/> N/A Signature	Date (mmm/dd/yyyy)