

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

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
- 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

www.cellsforlife.com



F54 62-0010 Instructions for Referral Form





Effective Date: Sep.28, 2021



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 Fax: 905-206-2798

Mother's Last Name		Birth Mother's Inforn	nation		
			First Name		
Mother's Date of Bir	th (mmm/dd/yyyy)				
Address					
Phone Number			Mother's Email		
Due Date (mmm/dd/yyyy)			Hospital for Birth		
	Po	otential Transplant Recipien	t's Information		
Recipient's Last Name			First Name		
Recipient's Date of	Birth (mmm/dd/yyyy)				
Hospital ID Number					
Relationship to Birtl	n Mother				
Parents of expected baby are the same		as potential transplant recipient?		□ Yes	□ No
ear Dr. Casper,					
- W		was diagnosed with		in Month/Year	
Patient's Name d is currently being followed by our se					
ncerely,			Date:		
	hysician Signature			nmm/dd/yyyy	
	hysician Signature	Referring Physician / Instit	n		
		Referring Physician / Instit	n		
Referring P		Referring Physician / Instit	ution Name		
Referring P Physician Name (Pri		Referring Physician / Instit	cution Name Credentials		
Referring P Physician Name (Pr	int)	Referring Physician / Instit	Credentials Department		
Physician Name (Prinstitution Name Institution Address Name of Consulting Oncologist/Hematol	int)		Credentials Department A Phone Number		
Physician Name (Production Name Institution Address Name of Consulting Oncologist/Hematol	int)	□ N/	Credentials Department A Phone Number		