



Discover the power
of your newborn's cord blood.

VIACORD | Cord Blood Banking
+ Research®
From PerkinElmer

What's so special about your newborn's cord blood?

Your baby's umbilical cord blood is a valuable source of

noncontroversial stem cells. Cord blood stem cells,

like bone marrow stem cells, are free of political and ethical debate.

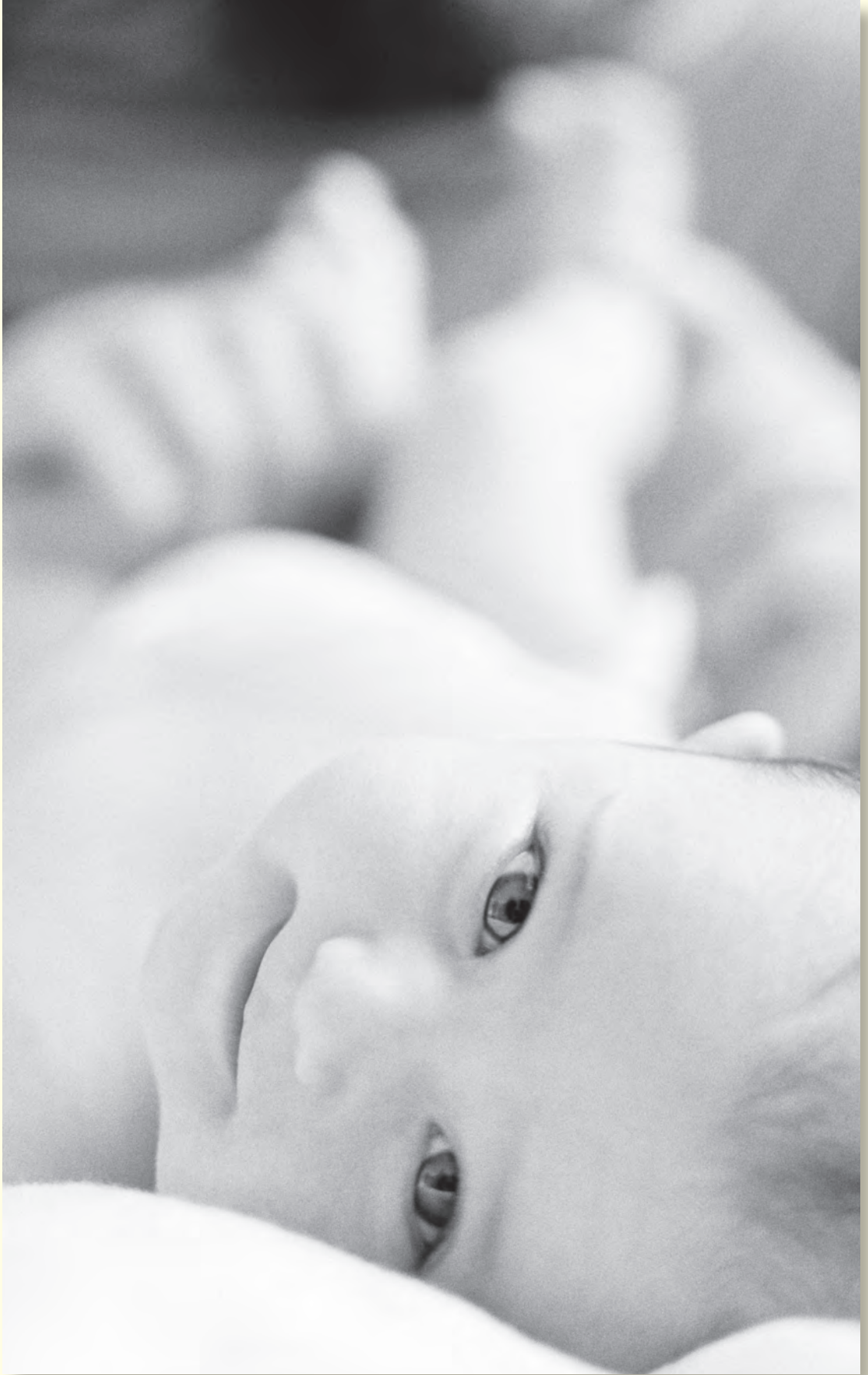
The benefits of cord blood stem cells are clear – cord blood has already

saved thousands of lives and medical researchers are now exploring

potential new uses for conditions like diabetes, heart disease and stroke.

We encourage you to read more about this remarkable

gift of nature and make an informed decision for your family.



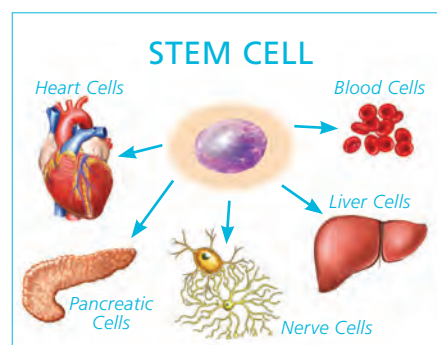


Stem Cells: The New Era in Medicine

Unlike most conventional medicines that treat symptoms, cellular medicines focus on correcting and/or replacing diseased or damaged cells.

Stem cells are the building blocks of organ tissue, blood and the immune system.

Stem cells can also turn into other types of cells including heart, muscle and nerve cells.



Future Potential of Stem Cells

Alzheimer's Disease
10% of those over age 65 will develop Alzheimer's, which currently includes 4.5 million Americans.

Stroke
Every 45 seconds, someone in America has a stroke.

Heart Disease
The leading cause of death in U.S. (1 million every year)
Currently, 12.6 million Americans suffer from Heart Disease.

Lou Gehrig's Disease (ALS)
Every year, 10,000 new cases are diagnosed in the U.S. Once diagnosed, a patient's life-expectancy ranges from 3 to 5 years.

Muscular Dystrophy
20,000-50,000 people are affected by Muscular Dystrophy annually.

Spinal Cord Injuries
243,000 Americans suffer from spinal cord injuries. Over 40% of all cases are caused by vehicle accidents.

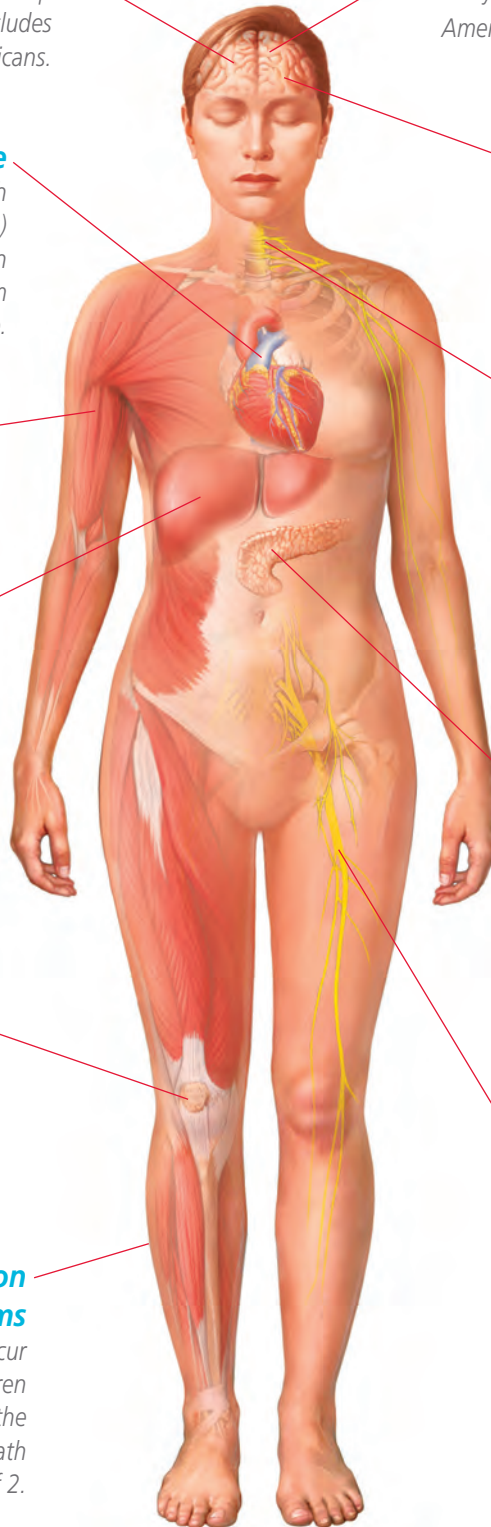
Liver Disease
25 million Americans (1 in 12) are or have been afflicted with liver and biliary diseases. Up to 50% have no symptoms and the first sign of liver disease may be an abnormal blood test.

Diabetes
In the U.S. alone, 17.9 million people suffer from Diabetes and it is the 7th leading cause of death.*

Bone Regeneration
Osteoporosis is a major public health threat for an estimated 44 million Americans, or 55% of people age 50 and older.

Multiple Sclerosis
An estimated 400,000 Americans are afflicted with MS. The cause is still unknown and relatives of affected people are 8 times more likely to contract the disease.

Skin & Tissue Regeneration for Burn Victims
80% of all burn injuries occur at home, primarily to children (250,000 per year). Burns are the leading cause of accidental death in children under the age of 2.



Disease statistics based on data acquired in 2006. Research into the ability of stem cells to treat these diseases is experimental. Cord blood stem cells may never be proven to be effective treatments for these diseases.
*CDC National Diabetes Fact Sheet, 2007. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf, accessed June 18, 2010.



Cord Blood: A Premier Source of Stem Cells

Your baby's cord blood stem cells are a valuable potential medical resource for your baby and family. These valuable cord blood stem cells, like the stem cells found in bone marrow, are non-controversial and free of political and ethical debate surrounding other types of stem cells. Here's what we know about cord blood stem cells today:

- ▶ Cord blood stem cells are now used to treat nearly 80 life-threatening diseases including many cancers.
- ▶ A baby's cord blood stem cells have the potential to be used for the baby, siblings and other family members.
- ▶ A stem cell transplant using cells from the family is recognized as the best treatment option. Transplants from a family member have twice the success rate as transplants using donated cells from outside the family.*
- ▶ New treatments with cord blood focus on regenerative medicine. This emerging field of medicine is centered around treatment for conditions such as juvenile diabetes, brain injury, and cerebral palsy, all of which have no cure today.

*Gluckman, et al., New England Journal of Medicine 1997, pp. 373-381.

Advancements in Cord Blood Stem Cells

| | 1988 | 2010 | 2020 |
|---|-----------------|------------|------|
| Diseases treatable with cord blood | 1 | 80 | ? |
| Number of cord blood transplants | 1 | 20,000* | ? |
| Number of family cord blood units banked | 0 | 700,000+ | ? |
| Lifetime probability (by age 70) of undergoing a stem cell transplant** | 1 in 1,700,000+ | 1 in 217** | ? |

- ▶ Cord blood stem cells are proven in the treatment of nearly 80 diseases. In the last 20 years, the number of diseases treated with cord blood stem cells has increased rapidly.
- ▶ New treatments with cord blood focus on regenerative medicine. This emerging field of medicine is centered around treatment for conditions such as juvenile diabetes, brain injury, and cerebral palsy, all of which have no cure today.

*Broxmeyer, "Cell Stem Cell 6". 8 January 2010. Pp. 21-24 **Nietfeld JJ et al. Biol Blood Marrow Transplantation. 2008;14:316-322.

Diseases Currently Treated With Cord Blood Stem Cells

Below is a list of nearly 80 diseases that have been treated with cord blood stem cells.* However, this list continues to grow as research advances.

Cancers

- Acute lymphoblastic leukemia (ALL)
- Acute myeloid leukemia (AML)
- Burkitt's lymphoma
- Chronic myeloid leukemia (CML)
- Juvenile myelomonocytic leukemia (JMML)
- Non-Hodgkin's lymphoma
- Hodgkin's lymphoma
- Lymphomatoid granulomatosis
- Myelodysplastic syndrome (MDS)
- Chronic myelomonocytic leukemia (CMML)

Bone Marrow Failure Syndromes

- Amegakaryocytic thrombocytopenia
- Autoimmune neutropenia (severe)
- Congenital dyserythropoietic anemia
- Cyclic neutropenia
- Diamond-Blackfan anemia
- Evan's syndrome
- Fanconi syndrome
- Glanzmann's thrombasthenia
- Juvenile dermatomyositis
- Kostmann's syndrome
- Pure red cell aplasia (PRCA)
- Shwachman-Diamond syndrome (SDS)
- Severe aplastic anemia
- Congenital sideroblastic anemia
- Thrombocytopenia with absent radius (TAR syndrome)
- Dyskeratosis congenita

Blood Disorders/Hemoglobinopathies

- Sickle-cell anemia (hemoglobin SS)
- HbSC disease
- Sickle β^0 thalassemia
- α -thalassemia major
- β^0 -thalassemia major (Cooley's anemia)
- β^0 -thalassemia intermedia
- E- β^0 thalassemia
- E- β^+ thalassemia

Metabolic Disorders

- Adrenoleukodystrophy
- Gaucher's disease (infantile)
- Metachromatic leukodystrophy

- Krabbe disease (globoid cell leukodystrophy)
- Gunther's disease
- Hermansky-Pudlak syndrome
- Hurler's syndrome
- Hurler-Scheie syndrome
- Hunter's syndrome
- Sanfilippo's syndrome
- Maroteaux-Lamy syndrome
- Mucopolidosis type II, III
- a-mannosidosis
- Niemann-Pick disease, type A, B
- Sandhoff's disease
- Tay-Sachs disease
- Batten disease (inherited neuronal ceroid lipofuscinosis)
- Lesch-Nyhan syndrome

Immunodeficiencies

- Ataxia-telangiectasia
- Chronic granulomatous disease
- DiGeorge's syndrome
- IKK gamma deficiency
- Immune dysregulation, polyendocrinopathy X-linked
- Mucopolidosis type II
- Myelokathexis
- X-linked immunodeficiency
- Severe combined immunodeficiency
- Adenosine deaminase deficiency
- Wiskott-Aldrich syndrome
- X-linked agammaglobulinemia
- X-linked lymphoproliferative disease
- Omenn's syndrome
- Reticular dysplasia
- Thymic dysplasia
- Leukocyte adhesion deficiency

Other

- Osteopetrosis
- Hemophagocytic lymphohistiocytosis
- Langerhans cell histiocytosis

Human Clinical Studies Using Cord Blood

- Type 1 diabetes
- Cerebral palsy
- Brain injury

*Although the potential use of umbilical cord blood is expanding rapidly, the odds that a family member without one of these diseases will need to use their child's cord blood are low. There is no guarantee that the umbilical cord blood will be a match for a family member or will provide a cure. As with any transplant therapy, therapeutic success depends upon many factors beyond the stem cells themselves including patient condition, type of disease, recipient-donor relationship and matching, and other factors. A patient's own cord blood stem cells is not guaranteed to be a suitable treatment option for treating these genetic diseases.

A real life story of cord blood helping families.



Geoff and Amber Patrick of Henderson, NV were

blessed with 2 beautiful girls – Paris and Taylor.

Life couldn't have been better. That was,

until Taylor was diagnosed with leukemia

and needed a stem cell transplant. After searching for a suitable donor, the best candidate

turned out to be her older sister, Paris. Taylor and Paris underwent the painful but necessary

bone marrow stem cell transplant which sent the Leukemia into remission. The Patrick's

life returned to normal and in November of the following year, they were blessed with a

third beautiful daughter, Trinity. Because of what they had been through with Taylor, they

decided to preserve Trinity's cord blood stem cells with ViaCord, just in case. Two years

later, that simple decision turned out to be a life-saver for Taylor. Her Leukemia came back

and her best chance for success was a cord blood stem cell transplant. Today, Taylor is a

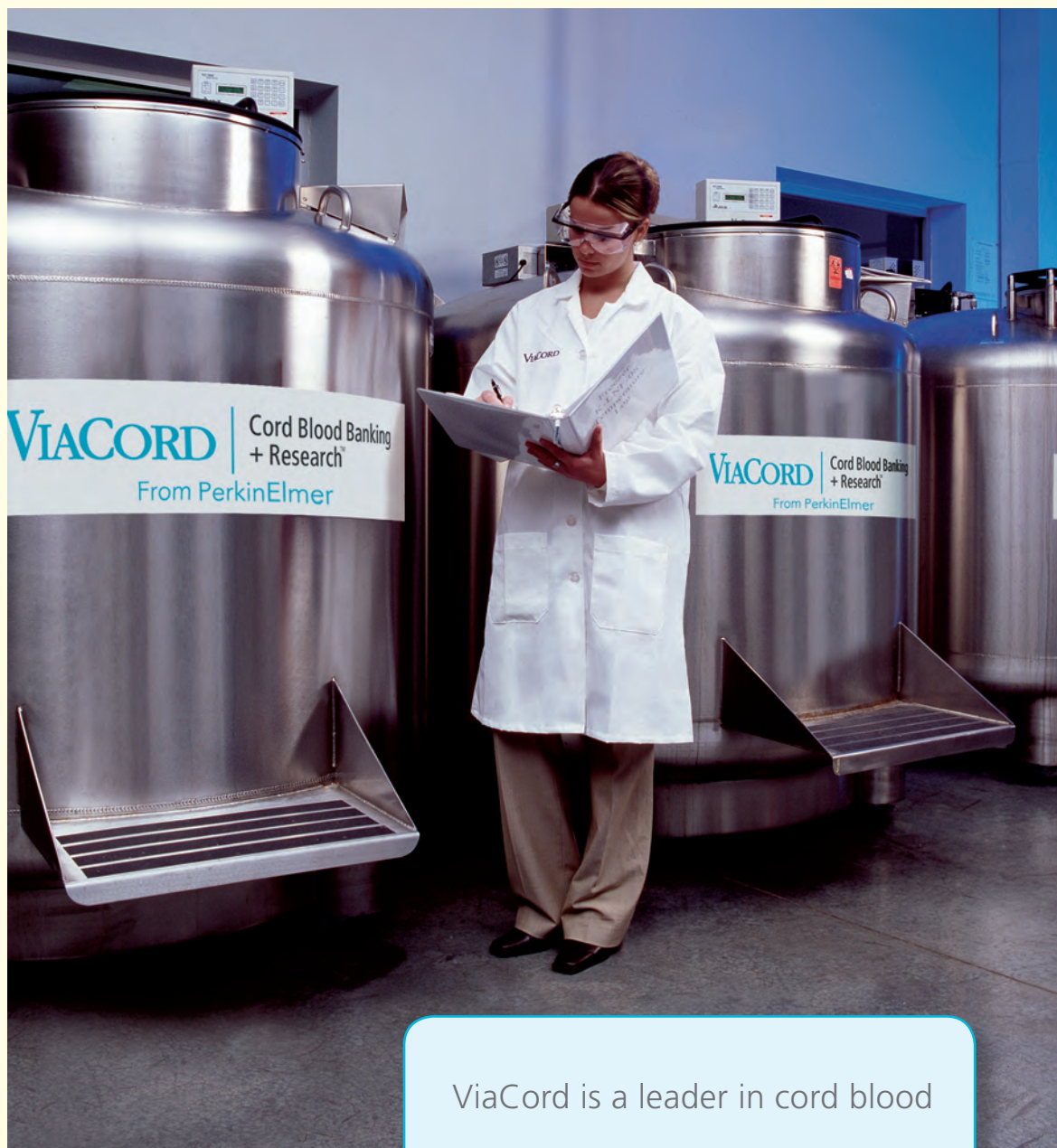
happy, healthy little girl – thanks to a seemingly simple decision by her parents to preserve her

sister's cord blood with ViaCord.

To view a video of the Patrick Family story and others, visit: www.viacord.com/stories/video

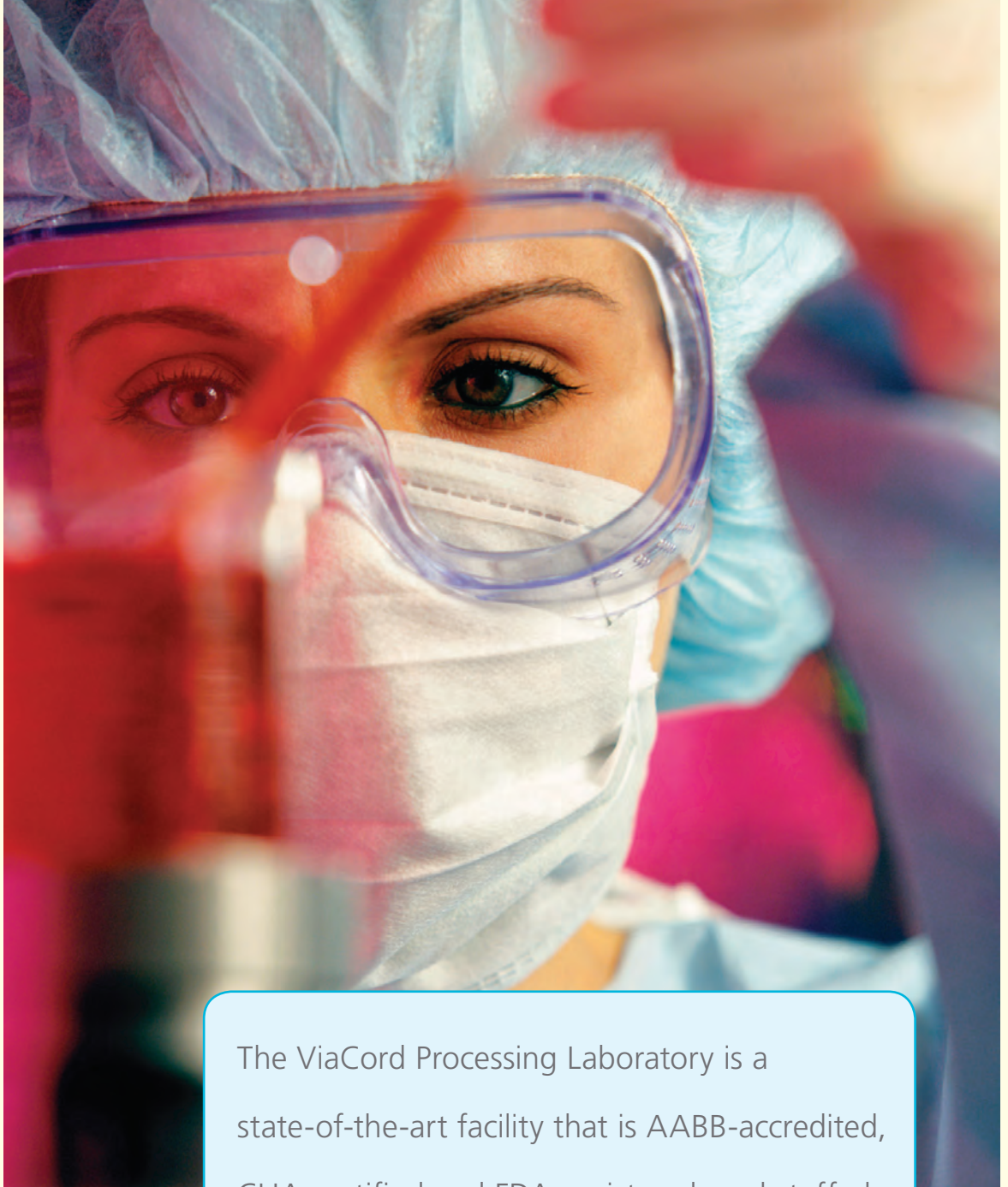
Individual results may vary. Although the potential use of cord blood is expanding rapidly, the odds that a family member without a disease currently treatable with cord blood stem cells will need to use their child's cord blood are low. There is no guarantee that the cord blood will be a match for a family member or will be an appropriate or effective treatment.

ViaCord: The Cord Blood Experts®



ViaCord is a leader in cord blood storage and a strong supporter of cord blood research focused on finding new treatments using cord blood stem cells.

ViaCord: The Cord Blood Experts®



The ViaCord Processing Laboratory is a state-of-the-art facility that is AABB-accredited, CLIA-certified and FDA-registered, and staffed by professionals trained in preparing stem cell samples for transplant.

ViaCord's Cord Blood Collection & Processing Expertise

Collection Expertise

Families choosing ViaCord have access to the Cell Sentinel™ Collection Bag – the first FDA-Approved collection bag for use in a sterile environment required by C-sections.

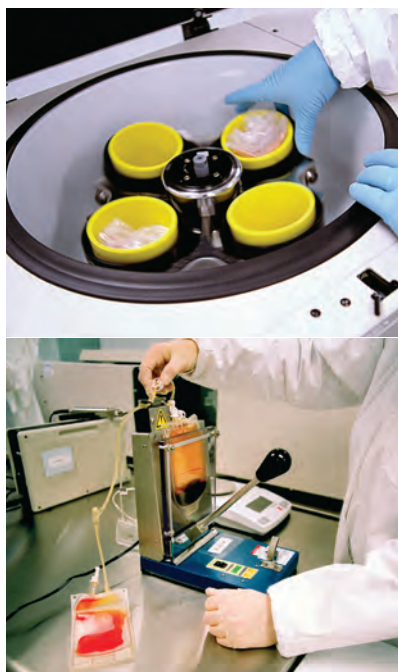


ViaCord's Cell Sentinel™
Cord Blood Collection Bag

*Did you know...
Approximately 30% of all babies
are delivered by C-section.*

ViaCord's Cell Sentinel™ was the first cord blood collection bag given FDA-approval and designed for use in C-section deliveries.

Processing Expertise



Only families choosing ViaCord have access to the expertise that comes from processing over 250,000 cord blood units in a Closed Processing System.

Each cord is processed by professionals trained in preparing stem cell samples for transplant. Our state-of-the-art processing laboratory is the first Family Bank to utilize FDA-cleared automated processing technology. The quality of our processing is demonstrated by our extensive history of cord blood transplants. (Please refer to insert for a complete listing of our transplant history.)

ViaCord's Cord Blood Testing & Storage Expertise

Testing Expertise

ViaCord uses an advanced, FDA-cleared microbial detection system designed to provide transplant physicians with the information required for appropriate treatment.



Storage Expertise

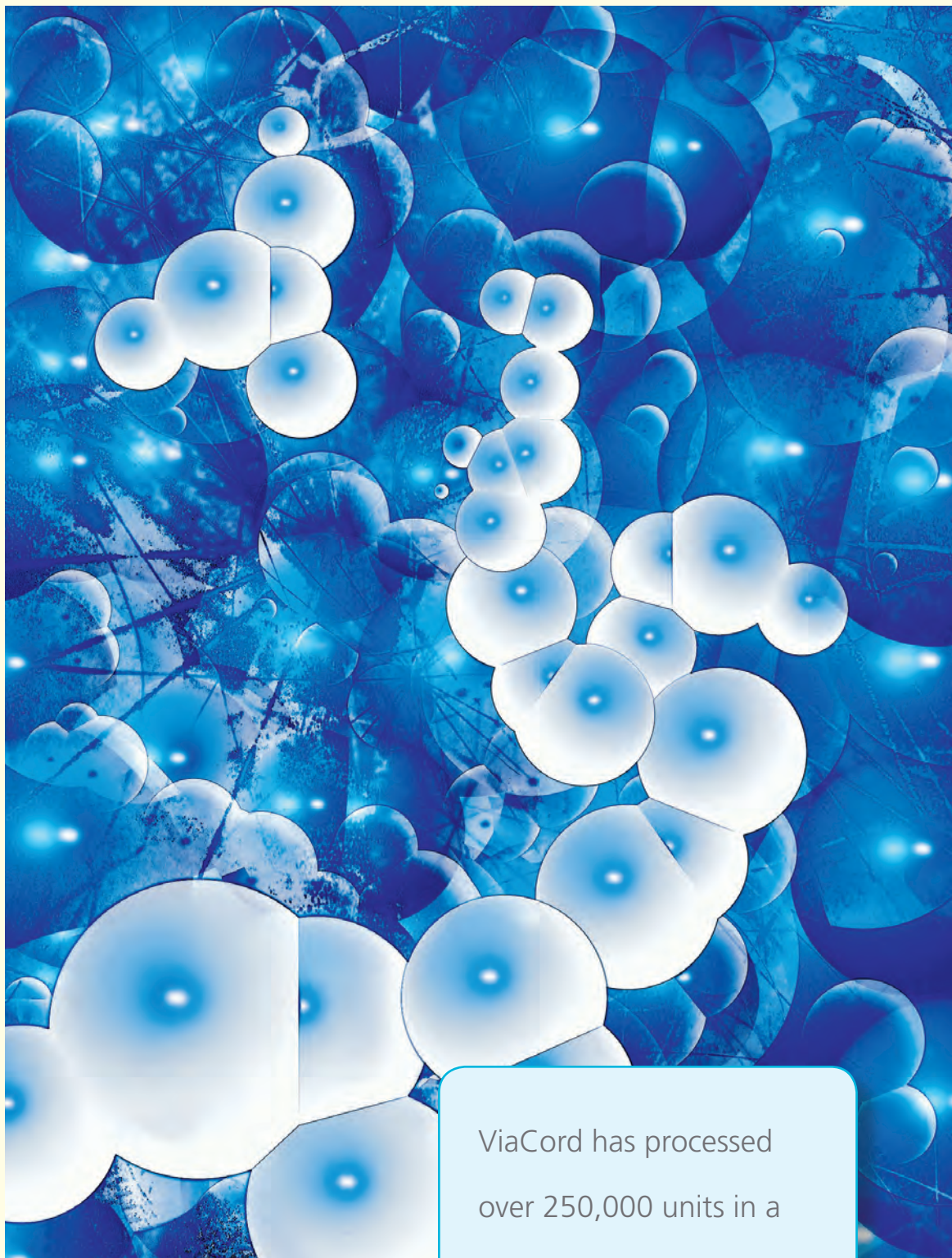


ViaCord's Processing Laboratory is a privately owned, state-of-the-art cord blood cryopreservation facility located just outside of Cincinnati. It is solely dedicated to processing and storing your baby's cord blood.



ViaCord's state-of-the-art Processing Laboratory is AABB-accredited, CLIA-certified and FDA-registered, and staffed by professionals trained in preparing stem cell samples for transplant. Our experience and expertise shows in our proven history of long-term cryobag storage and that we have now processed and stored the cord blood of over 250,000 newborns.

ViaCord:
The Cord Blood Experts®



ViaCord has processed
over 250,000 units in a
Closed Processing System.

A real life story of cord blood helping families.



The Cannon family's pediatrician said it was just a stomach virus and that 5 yr. old Tyrone would soon be himself again. But when his illness worsened, further diagnosis revealed the tragic news that Tyrone had developed aplastic anemia.

The Cannon's began to research drug treatment options, but quickly discovered that many of these options came with adverse side effects. Then, while watching TV one day, they saw a ViaCord commercial about preserving a newborn's cord blood stem cells. Since Tyrone's mother was expecting again, they decided to call ViaCord. Four months later, they gave birth to their daughter, Sania, and discovered her cord blood stem cells were a perfect match for Tyrone. A transplant was scheduled and Tyrone was infused with less than an ounce of his new sister's cord blood stem cells. Today, Tyrone's aplastic anemia is now in complete remission. For the Cannon family, what began with one simple phone call, turned out to be one of the smartest decisions they ever made.

To view video of this story and of other ViaCord success stories, visit: www.viacord.com/stories/video

Individual results may vary. Although the potential use of cord blood is expanding rapidly, the odds that a family member without a disease currently treatable with cord blood stem cells will need to use their child's cord blood are low. There is no guarantee that the cord blood will be a match for a family member or will be an appropriate or effective treatment.

ViaCord Research Institute®



Through the ViaCord Research Institute® (VRI), we support research focused on developing potential new uses for cord blood. VRI's mission to support science, technology and medical treatments using cord blood stem cells affirms our commitment to increase the value of cord blood to families. Our collaborations and support efforts also reflect our commitment to advancing science for our families.

ViaCord's Collaborators

M.D. Anderson Cancer Center

The ViaCord Research Institute® and The University of Texas M.D. Anderson Cancer Center research collaboration is focusing on cord blood stem cell expansion system in adult transplantation. The study seeks to develop a method of treating more adults using cord blood stem cells. M. D. Anderson's Clinical Research Trial explores ViaCord's Co-Culture Expansion Technology, which may make it possible to use stem cells to treat even more patients by increasing the total number of stem cells available from a single cord blood unit.

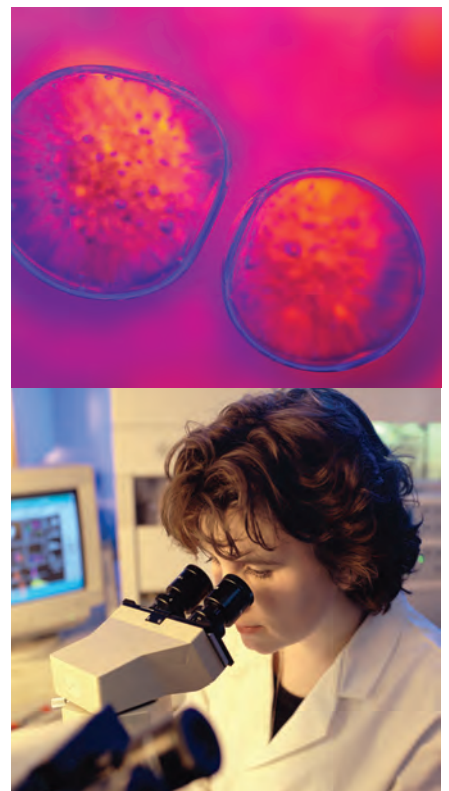
Pfizer

Pfizer, the world's largest research-based biomedical and pharmaceutical company, will use ViaCord's proprietary Unrestricted Somatic Stem Cell lines in a platform for screening small molecules that impact the renewability, differentiation and function of stem cells. This work is anticipated to provide valuable insight into stem cell regeneration, which may ultimately lead to drugs and/or cell-based products that regenerate damaged or diseased tissues in the body.

The University of Massachusetts Medical School

The ViaCord Research Institute® will support the University of Massachusetts Medical School in its research efforts into the potential use of umbilical cord blood-derived stem cells in treating type 1 diabetes. Type 1 diabetes, which accounts for between five and ten percent of all diagnosed cases of diabetes, is an autoimmune disease, that occurs most often in children and young adults.

*Pre-clinical Study; Kolger G., et al. *Journal of Experimental Medicine* 2004;200:123-135.



ViaCord The Cord Blood Experts®

In addition to our quality cord blood banking service and continued commitment to research, there are several other reasons why ViaCord is a proven cord blood leader:

- ▶ FDA-registered, AABB-accredited and CLIA-certified
- ▶ The first FDA-approved cord blood collection bag designed for use in a sterile environment required by C-sections.
- ▶ Proven history of delivering viable units for transplant
- ▶ ViaCord's Quality Product Guarantee
- ▶ The ViaCord Gift Registry makes it easy for family and friends to participate in this valuable gift for your newborn

To learn more, call toll-free to speak with one of our clinical consultants, available 24-7:

1-866-835-0968

ViaCord's Comprehensive Service.

Our comprehensive service takes care of every detail so you can focus on more important things – like enjoying the first precious moments with your newborn.

- 1. Enroll.** Enrolling with ViaCord couldn't be simpler. Just call one of our consultants or enroll on-line. No payment is due until the time of delivery.



- 4. Bedside pick-up by private courier.** A private courier picks up your baby's cord blood from your hospital room and delivers it directly to our laboratory.



- 2. Bring kit to hospital.** Soon after you enroll, you'll receive ViaCord's Collection Kit. Keep it with your pre-packed hospital luggage as a reminder to bring it along. Call our 24/7 hotline in route to the hospital.



- 5. Processing & cryopreservation.** Our state-of-the-art laboratory utilizes the most advanced science and technology to maximize the quality of your baby's cord blood stem cells.



- 3. Call ViaCord after you give birth.** After you give birth, the stem cell rich blood is collected from the cord in a simple 2-4 minute procedure. Then, just call us and we'll handle all the transportation logistics.



- 6. Long Term Storage.** You'll receive a certificate of cryopreservation from us letting you know your baby's cord blood is safely stored at our laboratory.



ViaCord® COMPLETE NEWBORN STEM CELL PACKAGE™

Cord Blood + Cord Tissue

ViaCord now stores stem cells from two primary sources in the umbilical cord – from the cord blood and from surrounding tissue.

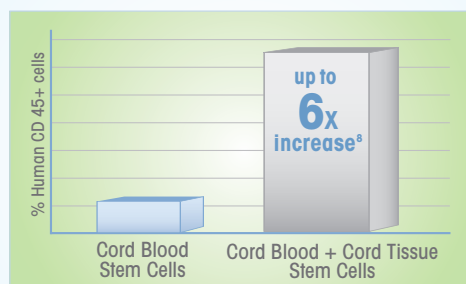
Storing stem cells from two sources offers more potential

More Treatable Diseases

- Type 1 Diabetes¹
- Liver Fibrosis²
- Lung Cancer³
- Parkinson's Disease⁴
- Rheumatoid Arthritis⁵
- Stroke⁶
- Sports Injuries (cartilage)⁷

Cord tissue stem cells are “regenerating” cells that have the potential to treat more diseases.

Better Outcomes



Combining cells from both the cord blood and cord tissue improves engraftment in transplants, which could lead to better patient outcomes.

Only ViaCord offers these exclusive advantages in family banking

- **Treatment-ready** – ViaCord extracts, processes and cryopreserves, cord tissue stem cells, which means your stem cells are ready for use when you need them.
- **Access to Cell Expansion** – Only ViaCord families have a license to expand their cord tissue-derived stem cells in the event that more cells are needed.

To learn more about the **ViaCord Complete Newborn Stem Cell Package™** or our standard **Cord Blood Banking service**, call toll-free:
1-866-835-0968

VIACORD®
From PerkinElmer

¹ Anzalone R, Lo Iacono M, Loria T, et al. Wharton's jelly mesenchymal stem cells as candidates for beta cells regeneration: extending the differentiative and immunomodulatory benefits of adult mesenchymal stem cells for the treatment of type 1 diabetes. Stem Cell Rev. 2010 Oct 23. [Epub ahead of print.] ² Tsai PC, Fu TW, Chen YM, et al. The therapeutic potential of human umbilical mesenchymal stem cells from Wharton's jelly in the treatment of rat liver fibrosis. Liver Transpl. 2009 May;15(5):484–495. ³ Maurya DK, Doi C, Kawabata A, et al. Therapy with un-engineered naive rat umbilical cord matrix stem cells markedly inhibits growth of murine lung adenocarcinoma. BMC Cancer. 2010;10:590. ⁴ Fu YS, Cheng YC, Lin MY, et al. Conversion of human umbilical cord mesenchymal stem cells in Wharton's jelly to dopaminergic neurons in vitro: potential therapeutic application for Parkinsonism. Stem Cells. 2006 Jan;24(1):115–124. Epub 2005 Aug 11. ⁵ OrthoSuperSite. Umbilical cord stem cells may treat RA. <http://www.orthosupersite.com/view.aspx?rid=78246>. Accessed December 15, 2010. ⁶ Ding DC, Shyu WC, Chiang MF, et al. Enhancement of neuroplasticity through upregulation of beta1-integrin in human umbilical cord-derived stromal cell implanted stroke model. Neurobiol Dis. 2007 Sep;27(3):339–353. Epub 2007 Jun 18. ⁷ Sports Injury (cartilage):Wang et al. Tissue Engineering: Part A, Vol 15, No. 8, 2009, A comparison of Human Bone Marrow-Derived Mesenchymal Stem Cells and Human Umbilical Cord-Derived Mesenchymal Stromal Cells for Cartilage Tissue Engineering. ⁸ TaghizadehRR, Pollok Ke, BetancurM, et al. Wharton's jelly derived mesenchymalstem cells: regenerative medicine beyond umbilical cord blood. Presented at: The First Meeting of the Placenta Stem Cell Society (IPLASS). From FetomaternalTolerance to ImmunomodulatoryProperties of Placenta-Derived Cells in Cell Therapy [poster abstract]; October 3–6, 2010; Brescia, Italy.



FOR IMMEDIATE RELEASE

PerkinElmer's ViaCord® Cord Blood Banking Business to Expand Stem Cell Harvesting Capabilities

ViaCord is entering into an exclusive licensing agreement with Tissue Regeneration Therapeutics to launch a research initiative and expand its existing offerings of stem cell harvesting capabilities

WALTHAM, Mass. – October 12, 2011 – PerkinElmer, Inc., a global leader focused on improving the health and safety of people and the environment, announced today that its family cord blood banking business, ViaCord®, will now offer families the ability to extract stem cells from the tissue surrounding the umbilical cord vessels, a very rich source of mesenchymal stem cells (MSCs).

This new capability is exclusive to ViaCord, the only cord blood banking service with patent rights to expand MSCs from cord tissue as well as extract and expand MSCs from the tissue around the cord vessels. This proprietary service will be offered, as part of the current cord tissue stem cell service offering, to expectant parents through an exclusive licensing agreement with Tissue Regeneration Therapeutics (TRT).

"The agreement between ViaCord and TRT provides our customers with access to a very rich source of MSCs from umbilical cord tissue, increasing their chances of potential success and benefit from possible therapeutic applications. In addition, the agreement will further distinguish ViaCord's portfolio of offerings in the area of cord tissue banking," said Morey Kraus, chief scientific officer for ViaCord. "ViaCord will also collaborate with TRT on a research initiative investigating the therapeutic benefits and anti-inflammatory properties of this rich source of MSCs. This research is intended to achieve results that may guide clinical studies of stem cell applications for joint diseases, including rheumatoid arthritis and osteoarthritis, as well as autoinflammatory diseases, such as irritable bowel syndrome."

"ViaCord has established a lead position in the study and identification of new uses for stem cell treatments within the clinical setting, and is an ideal complement to the robust scientific foundation that we, at TRT, have built in the MSC field," said John E. Davies, president and chief executive officer of Tissue Regeneration Therapeutics. "We are delighted that ViaCord customers will benefit from this exclusive licensing agreement and our collaborative research to advance therapeutic uses of MSCs."

The extraction is enabled through TRT's human umbilical cord perivascular cell (HUCPVC) technology, allowing ViaCord to extract the stem cells found around the umbilical cord vessels. This process creates access to perivascular MSCs, a highly potent type of stem cell, which offers a potentially significant medical advantage. ViaCord's added ability to expand the stem cells can also increase the available supply by tenfold or greater, providing more stem cells for more potential treatments.

Banking newborn cord tissue stem cells in addition to cord blood stem cells provides a greater number and variety of cells, increasing chances of potential success and benefit from possible therapeutic applications.

The partnership with TRT augments the proprietary position that was initiated by the agreement between ViaCord and AuxoCell Laboratories, Inc., which was entered into in March 2011. The combined agreements provide ViaCord customers with exclusive access to both MSC extraction and expansion technologies.

ViaCord family [cord blood banking](#) services currently offers expectant families the opportunity to preserve their baby's umbilical cord blood for potential medical use by the child or a related family member. To date, ViaCord has preserved the umbilical cord blood of more than 250,000 newborns. Twenty years ago, cord blood stem cells were used to treat just one disease, Fanconi's anemia. Today there are nearly 80 diseases treatable with cord blood stem cells, including cancers, certain blood disorders and immunodeficiencies.

About Tissue Regeneration Therapeutics (TRT)

TRT is a progressive biotechnology Canadian Controlled Private Corporation (CCPC) with a focus on the commercial development of their patented Human Umbilical Cord PeriVascular Cell (HUCPVC) platform technology, which represents the world's richest source of mesenchymal stem cells (MSCs). TRT is the first company in the world to have issued and allowed patents in both the USA and Europe for extraction of these unique cells from umbilical cord tissue. TRT provides license opportunities to collaborating partner companies in the regenerative therapeutics industry, including Family Banking. In June 2006, TRT exclusively licensed rights for the Canadian market to CReATe Cord Blood Bank in Toronto, who market HUCPVCs as Peristem™, making both TRT and CReATe leaders in the worldwide stem cell community. TRT's preclinical and clinical development programs are designed to develop therapies that address important health care issues of today. Additional information is available at www.verypowerfulbiology.com.

About PerkinElmer, Inc.

PerkinElmer, Inc. is a global leader focused on improving the health and safety of people and the environment. The Company reported revenue of approximately \$1.7 billion in 2010, has about 6,200 employees serving customers in more than 150 countries, and is a component of the S&P 500 Index. Additional information is available through 1-877-PKINYSE, or at www.perkinelmer.com.

UNITS RELEASED FOR
TRANSPLANT OR INFUSION

225

MORE STEM CELLS
MORE TRANSPLANTS
BETTER
OUTCOMES

HIGHEST PUBLISHED
SURVIVAL RATE

87%¹

ViaCord has the highest published transplant survival rates and is the only family cord blood bank that publishes short and long-term survival rates.¹

INFUSIONS – FOR EMERGING TREATMENTS

| Disease Treated | Facility | Date of Use | Recipient Age* (yrs) | Time Stored* (months) | Donor Relationship | Collection Volume Received** (mL) | Nucleated Cell Count (x10 ⁶) | Total CD34+ Cells (x10 ⁶) |
|-----------------|---|-------------|----------------------|-----------------------|--------------------|-----------------------------------|--|---------------------------------------|
| Cerebral Palsy | Duke University, Durham, NC | 09/11 | 4 | 44 | Autologous (Self) | 104 | 5.24 | 0.71 |
| Cerebral Palsy | Duke University, Durham, NC | 09/11 | 3 | 35 | Autologous (Self) | 85 | 7.12 | 1.74 |
| Cerebral Palsy | Duke University, Durham, NC | 09/11 | 3 | 34 | Autologous (Self) | 118 | 6.48 | 2.10 |
| Hydrocephalus | Duke University, Durham, NC | 09/11 | 3 Months | 3 | Autologous (Self) | 109 | 5.83 | 1.70 |
| Cerebral Palsy | Duke University, Durham, NC | 08/11 | 3 | 30 | Autologous (Self) | 63 | 3.10 | 0.46 |
| Cerebral Palsy | Duke University, Durham, NC | 08/11 | 5 | 58 | Autologous (Self) | 109 | 7.75 | 6.63 |
| Cerebral Palsy | Duke University, Durham, NC | 07/11 | 5 | 54 | Autologous (Self) | 56 | 1.20 | 1.01 |
| Cerebral Palsy | Duke University, Durham, NC | 05/11 | 1 | 8 | Autologous (Self) | 76 | 3.13 | 0.50 |
| Cerebral Palsy | Duke University, Durham, NC | 04/11 | 6 | 73 | Autologous (Self) | 100 | 4.04 | 0.45 |
| Cerebral Palsy | Duke University, Durham, NC | 04/11 | 3 | 37 | Autologous (Self) | 102 | 7.37 | 2.47 |
| Cerebral Palsy | Duke University, Durham, NC | 04/11 | 1 | 10 | Autologous (Self) | 59 | 2.00 | 0.68 |
| Cerebral Palsy | Duke University, Durham, NC | 01/11 | 1 | 16 | Autologous (Self) | 64 | 9.82 | 2.74 |
| Cerebral Palsy | Duke University, Durham, NC | 01/11 | 2 | 27 | Autologous (Self) | 110 | 11.60 | 3.64 |
| Cerebral Palsy | Duke University, Durham, NC | 01/11 | 2 | 25 | Autologous (Self) | 90 | 2.93 | 2.42 |
| Type 1 Diabetes | Shands University of Florida, Gainesville, FL | 12/10 | 10 | 116 | Autologous (Self) | 108 | 6.00 | 1.40 |
| Cerebral Palsy | Duke University, Durham, NC | 12/10 | 4 | 52 | Autologous (Self) | 72 | 5.00 | 5.10 |
| Cerebral Palsy | Duke University, Durham, NC | 11/10 | 2 | 25 | Autologous (Self) | 88 | 6.50 | 2.44 |
| Cerebral Palsy | Duke University, Durham, NC | 11/10 | 4 | 48 | Autologous (Self) | 85 | 2.46 | 0.87 |
| Cerebral Palsy | Duke University, Durham, NC | 11/10 | 2 months | 2 | Autologous (Self) | 57 | 1.90 | 1.68 |
| Cerebral Palsy | Duke University, Durham, NC | 11/10 | 1 | 14 | Autologous (Self) | 70 | 1.91 | 0.87 |
| Cerebral Palsy | Duke University, Durham, NC | 10/10 | 5 | 61 | Autologous (Self) | 134 | 8.23 | 3.36 |
| Cerebral Palsy | Duke University, Durham, NC | 08/10 | 8 | 100 | Autologous (Self) | 126 | 10.50 | 5.80 |
| Cerebral Palsy | Duke University, Durham, NC | 07/10 | 1 | 13 | Autologous (Self) | 112 | 5.20 | 1.01 |
| Cerebral Palsy | Duke University, Durham, NC | 06/10 | 2 | 27 | Autologous (Self) | 68 | 2.09 | 0.38 |
| Cerebral Palsy | Duke University, Durham, NC | 06/10 | 7 months | 7 | Autologous (Self) | 59 | 7.41 | 6.85 |
| Hydrocephalus | Duke University, Durham, NC | 05/10 | 2 months | 2 | Autologous (Self) | 59 | 1.93 | 0.23 |
| Cerebral Palsy | Duke University, Durham, NC | 02/10 | 1 | 13 | Autologous (Self) | 119 | 8.98 | 4.58 |
| Cerebral Palsy | Duke University, Durham, NC | 01/10 | 8 | 95 | Autologous (Self) | 76 | 6.40 | 2.10 |
| Cerebral Palsy | Duke University, Durham, NC | 01/10 | 3 | 40 | Autologous (Self) | 121 | 10.14 | 3.38 |
| Cerebral Palsy | Duke University, Durham, NC | 01/10 | 4 | 46 | Autologous (Self) | 126 | 13.78 | 3.28 |

INFUSIONS – FOR EMERGING TREATMENTS (cont.)

| Disease Treated | Facility | Date of Use | Recipient Age* (yrs) | Time Stored* (months) | Donor Relationship | Collection Volume Received** (mL) | Nucleated Cell Count (x10 ⁸) | Total CD34+ Cells (x10 ⁶) |
|-----------------------------------|---|-------------|----------------------|-----------------------|--------------------|-----------------------------------|--|---------------------------------------|
| Type 1 Diabetes | Shands University of Florida, Gainesville, FL | 12/09 | 7 | 83 | Autologous (Self) | 58 | 3.70 | NA |
| Cerebral Palsy | Duke University, Durham, NC | 12/09 | 2 | 27 | Autologous (Self) | 59 | 1.98 | 0.46 |
| Cerebral Palsy | Duke University, Durham, NC | 11/09 | 3 | 35 | Autologous (Self) | 77 | 8.35 | 2.50 |
| Cerebral Palsy | Duke University, Durham, NC | 11/09 | 3 | 39 | Autologous (Self) | 84 | 3.20 | 0.65 |
| Cerebral Palsy | Duke University, Durham, NC | 11/09 | 5 | 53 | Autologous (Self) | 98 | 6.44 | 2.78 |
| Cerebral Palsy | Duke University, Durham, NC | 10/09 | 1 | 17 | Autologous (Self) | 65 | 4.96 | 1.40 |
| Cerebral Palsy | Duke University, Durham, NC | 10/09 | 4 | 50 | Autologous (Self) | 81 | 2.66 | NA |
| Cerebral Palsy | Duke University, Durham, NC | 09/09 | 3 | 31 | Autologous (Self) | 158 | 11.88 | 6.38 |
| Cerebral Palsy | Duke University, Durham, NC | 09/09 | 4 | 48 | Autologous (Self) | 175 | 17.23 | 19.08 |
| Type 1 Diabetes | Shands University of Florida, Gainesville, FL | 09/09 | 7 | 77 | Autologous (Self) | 104 | 6.60 | NA |
| Cerebral Palsy | Duke University, Durham, NC | 09/09 | 4 | 42 | Autologous (Self) | 110 | 10.78 | 11.02 |
| Cerebral Palsy | Duke University, Durham, NC | 09/09 | 3 | 32 | Autologous (Self) | 115 | 7.49 | 1.39 |
| Cerebral Palsy | Duke University, Durham, NC | 09/09 | 3 | 31 | Autologous (Self) | 47 | 2.76 | 0.94 |
| Cerebral Palsy | Duke University, Durham, NC | 07/09 | 4 | 44 | Autologous (Self) | 86 | 5.40 | 0.84 |
| Cerebral Palsy | Duke University, Durham, NC | 07/09 | 2 | 24 | Autologous (Self) | 97 | 12.84 | 3.53 |
| Cerebral Palsy | Duke University, Durham, NC | 07/09 | 5 | 57 | Autologous (Self) | 52 | 3.23 | 0.67 |
| Cerebral Palsy | Duke University, Durham, NC | 06/09 | 3 | 32 | Autologous (Self) | 124 | 16.64 | 9.07 |
| Cerebral Palsy | Duke University, Durham, NC | 06/09 | 3 | 31 | Autologous (Self) | 48 | 1.80 | 0.10 |
| Cerebral Palsy | Duke University, Durham, NC | 06/09 | 2 | 21 | Autologous (Self) | 105 | 5.90 | 0.94 |
| Cerebral Palsy | Duke University, Durham, NC | 05/09 | 4 | 52 | Autologous (Self) | 111 | 7.57 | 4.53 |
| Cerebral Palsy | Duke University, Durham, NC | 04/09 | 8 months | 8 | Autologous (Self) | 126 | 7.78 | 2.08 |
| Cerebral Palsy | Duke University, Durham, NC | 04/09 | 3 | 34 | Autologous (Self) | 60 | 2.48 | 1.47 |
| Cerebral Palsy | Duke University, Durham, NC | 04/09 | 4 | 33 | Autologous (Self) | 101 | 9.15 | 2.44 |
| Cerebral Palsy | Duke University, Durham, NC | 03/09 | 5 | 58 | Autologous (Self) | 118 | 5.92 | 2.24 |
| Cerebral Palsy | Duke University, Durham, NC | 03/09 | 8 | 93 | Autologous (Self) | 89 | 6.20 | 0.80 |
| Cerebral Palsy | Duke University, Durham, NC | 03/09 | 2 | 23 | Autologous (Self) | 95 | 5.18 | 1.45 |
| Cerebral Palsy | Duke University, Durham, NC | 02/09 | 1 | 13 | Autologous (Self) | 137 | 12.71 | 5.75 |
| Cerebral Palsy | Duke University, Durham, NC | 02/09 | 7 | 79 | Autologous (Self) | 86 | 5.20 | 0.80 |
| Cerebral Palsy | Duke University, Durham, NC | 02/09 | 9 | 107 | Autologous (Self) | 51 | 12.20 | NA |
| Cerebral Palsy | Duke University, Durham, NC | 02/09 | 7 | 81 | Autologous (Self) | 92 | 15.40 | 5.10 |
| Cerebral Palsy | Duke University, Durham, NC | 02/09 | 4 | 47 | Autologous (Self) | 80 | 2.09 | 1.63 |
| Cerebral Palsy | Duke University, Durham, NC | 01/09 | 6 | 71 | Autologous (Self) | 126 | 10.10 | NA |
| Cerebral Palsy | Duke University, Durham, NC | 01/09 | 4 | 44 | Autologous (Self) | 88 | 5.00 | 1.75 |
| Cerebral Palsy | Duke University, Durham, NC | 01/09 | 3 | 38 | Autologous (Self) | 101 | 8.83 | 1.80 |
| Cerebral Palsy | Duke University, Durham, NC | 12/08 | 2 | 27 | Autologous (Self) | 76 | 3.45 | 1.20 |
| Cerebral Palsy | Duke University, Durham, NC | 12/08 | 4 | 46 | Autologous (Self) | 84 | 2.95 | 1.16 |
| Cerebral Palsy | Duke University, Durham, NC | 12/08 | 3 | 40 | Autologous (Self) | 92 | 5.42 | 1.25 |
| Cerebral Palsy | Duke University, Durham, NC | 11/08 | 4 | 44 | Autologous (Self) | 80 | 3.07 | 0.53 |
| Cerebral Palsy | Duke University, Durham, NC | 09/08 | 1 | 16 | Autologous (Self) | 124 | 6.58 | 2.86 |
| Cerebral Palsy | Duke University, Durham, NC | 09/08 | 1 | 16 | Autologous (Self) | 69 | 3.48 | 0.25 |
| Type 1 Diabetes | Shands University of Florida, Gainesville, FL | 08/08 | 5 | 64 | Autologous (Self) | 86 | 5.16 | 1.00 |
| Cerebral Palsy | Duke University, Durham, NC | 08/08 | 6 | 73 | Autologous (Self) | 131 | 8.38 | 13.62 |
| Cerebral Palsy | Duke University, Durham, NC | 07/08 | 8 months | 8 | Autologous (Self) | 58 | 5.81 | 2.28 |
| Cerebral Palsy | Duke University, Durham, NC | 07/08 | 2 | 21 | Autologous (Self) | 55 | 2.02 | 0.53 |
| Cerebral Palsy | Duke University, Durham, NC | 07/08 | 2 | 23 | Autologous (Self) | 119 | 9.70 | 2.90 |
| Traumatic Brain Injury | University General Hospital, Houston, TX | 06/08 | 4 | 44 | Autologous (Self) | 76 | 2.96 | 1.43 |
| Traumatic Brain Injury | Miami Children's Hospital, Miami, FL | 06/08 | 4 | 44 | Autologous (Self) | 134 | 7.57 | 4.25 |
| Type 1 Diabetes | Shands University of Florida, Gainesville, FL | 03/07 | 10 | 124 | Autologous (Self) | 82 | 6.10 | 3.90 |
| Dysgenesis of the Corpus Callosum | Duke University, Durham, NC | 03/07 | 1 | 17 | Autologous (Self) | 133 | 13.97 | 6.26 |

TRANSPLANTS

| Disease Treated | Facility | Date of Use | Recipient Age* (yrs) | Time Stored* (months) | Donor Relationship | Collection Volume Received** (mL) | Nucleated Cell Count (x10 ⁸) | Total CD34+ Cells (x10 ⁶) |
|-----------------------------------|---|-------------|----------------------|-----------------------|--------------------|-----------------------------------|--|---------------------------------------|
| Thalassemia Major | Lucile Packard Children's Hospital, Palo Alto, CA | 08/11 | 8 | 15 | Sibling | 91 | 4.32 | 1.82 |
| E Beta Thalassemia | Children's Medical Center, Dallas, TX | 07/11 | 14 | 22 | Sibling | 103 | 11.78 | 5.85 |
| E Beta Thalassemia | UCSF Medical Center, San Francisco, CA | 05/11 | 7 | 26 | Sibling | 89 | 6.19 | 2.31 |
| Acute Myeloid Leukemia | University of Minnesota Amplatz Medical Center, Minneapolis, MN | 05/11 | 2 | 2 | Sibling | 78 | 2.86 | 0.31 |
| Acute Lymphoblastic Leukemia | Cohen Children's Medical Center of New York | 03/11 | 7 | 27 | Sibling | 127 | 8.57 | 2.28 |
| Sickle Cell Disease | Mount Sinai Medical Center, New York, NY | 03/11 | 8 | 15 | Sibling | 100 | 4.32 | 1.48 |
| Sickle Cell Disease | Cohen Children's Medical Center of New York | 03/11 | 10 | 18 | Sibling | 117 | 9.34 | 4.09 |
| Sickle Cell Disease | Cincinnati Children's Hospital Medical Center, Cincinnati, OH | 02/11 | 7 | 26 | Sibling | 114 | 6.40 | 1.00 |
| Acute Myelogenous Leukemia | UCSF Medical Center, San Francisco, CA | 09/10 | 4 | 15 | Sibling | 141 | 11.05 | 5.55 |
| Aplastic Anemia | Children's Hospital of Alabama, Birmingham, AL | 09/10 | 4 | 49 | Autologous (Self) | 109 | 12.17 | 2.18 |
| Sickle Cell Disease | Children's Hospital & Research Center Oakland, Oakland, CA | 09/10 | 4 | 9 | Sibling | 51 | 2.92 | 1.17 |
| Sickle Cell Disease | Miami Children's Hospital, Miami, FL | 09/10 | 5 | 9 | Sibling | 111 | 7.50 | 3.78 |
| Acute Lymphoblastic Leukemia | Cook Children's Medical Center, Fort Worth, Texas | 08/10 | 4 | 5 | Sibling | 71 | 6.53 | 1.74 |
| Sickle Cell Disease | Vanderbilt University Medical Center, Nashville, TN | 07/10 | 6 | 24 | Sibling | 104 | 9.84 | 4.39 |
| Cartilage-Hair Hypoplasia | Lucile Packard Children's Hospital at Stanford, Palo Alto, CA | 07/10 | 2 | 10 | Sibling | 134 | 11.58 | 2.08 |
| Myelodysplastic Syndrome | University of Erlangen, Erlangen, Germany | 05/10 | 4 | 42 | Autologous (Self) | 74 | 5.57 | 3.07 |
| Thalassemia Major | Cincinnati Children's Hospital Medical Center, Cincinnati, OH | 03/10 | 6 | 9 | Sibling | 136 | 15.55 | 3.75 |
| Acute Lymphoblastic Leukemia | City of Hope, Duarte, CA | 12/09 | 5 | 4 | Sibling | 91 | 3.63 | 1.48 |
| Sickle Cell Disease | Medical University of South Carolina, Charleston, SC | 11/09 | 10 | 47 | Sibling | 112 | 9.60 | 2.97 |
| Acute Myeloid leukemia | Children's National Medical Center, Washington DC | 10/09 | 2 | 4 | Sibling | 141 | 12.73 | 4.48 |
| Acute Lymphoblastic Leukemia | Riley Children's Hospital, Indianapolis, IN | 08/09 | 3 | 3 | Sibling | 135 | 13.08 | 6.84 |
| Sickle Cell Disease | Dana-Farber Cancer Institute, Boston, MA | 07/09 | 6 | 6 | Sibling | 134 | 8.76 | 3.48 |
| Chronic Granulomatous Disease | Texas Children's Hospital, Houston, TX | 07/09 | 5 | 12 | Sibling | 110 | 8.65 | 2.58 |
| Sickle Cell Disease | Mt Sinai Medical Center, New York, NY | 07/09 | 9 | 11 | Sibling | 86 | 2.88 | 2.14 |
| Sickle Cell Disease | Children's Hospital & Research Center Oakland, Oakland, CA | 06/09 | 6 | 6 | Sibling | 101 | 5.92 | 0.96 |
| Sickle Cell Disease | Children's National Medical Center, Washington, DC | 06/09 | 6 | 46 | Sibling | 173 | 30.94 | 14.55 |
| Sickle Cell Disease | Miami Children's Hospital, Miami, FL | 04/09 | 8 | 43 | Sibling | 139 | 13.65 | 9.78 |
| Fanconi's Anemia | Memorial Sloan-Kettering Cancer Center, New York, NY | 04/09 | 5 | 19 | Sibling | 104 | 7.28 | 2.63 |
| Severe Aplastic Anemia | MD Anderson Cancer Center, Houston, TX | 01/09 | 5 | 54 | Autologous (Self) | 107 | 6.81 | 3.17 |
| Non-Hodgkin's Lymphoma | New York-Presbyterian Hospital, New York, NY | 12/08 | 7 | 42 | Sibling | 123 | 7.75 | 2.56 |
| Primitive Neuronal Tumor | Children's Memorial Hospital, Chicago, IL | 12/08 | 9 months | 9 | Autologous (Self) | 70 | 4.92 | 1.38 |
| Acute Lymphoblastic Leukemia | UCLA, Los Angeles, CA | 12/08 | 10 | 4 | Sibling | 140 | 9.55 | 1.30 |
| Acute Lymphoblastic Leukemia | Dana-Farber Cancer Institute, Boston, MA | 08/08 | 6 | 23 | Sibling | 134 | 12.80 | 10.12 |
| Sickle Cell Disease | Schneider Children's Hospital, New Hyde Park, NY | 08/08 | 9 | 91 | Sibling | 93 | 9.56 | 7.24 |
| Acute Myelogenous Leukemia | All Children's Hospital, St. Petersburg, FL | 07/08 | 2 | 2 | Sibling | 80 | 3.80 | 0.80 |
| Sickle Cell Disease | Children's Healthcare of Atlanta, Atlanta, GA | 07/08 | 2 | 7 | Sibling | 76 | 3.82 | 1.73 |
| Thalassemia Major | UCSF Medical Center, San Francisco, CA | 05/08 | 5 | 7 | Sibling | 124 | 14.04 | 2.44 |
| Thalassemia Major | University of Michigan, Ann Arbor, MI | 05/08 | 2 | 96 | Sibling | 133 | 30.00 | 10.29 |
| Acute Lymphoblastic Leukemia | Dana-Farber Cancer Institute, Boston, MA | 01/08 | 3 | 9 | Sibling | 138 | 11.70 | 4.86 |
| Thalassemia Major | City of Hope, Duarte, CA | 12/07 | 9 | 14 | Sibling | 130 | 10.18 | 5.38 |
| Fanconi Anemia | University of Minnesota, Minneapolis, MN | 10/07 | 3 | 9 | Sibling | 98 | 7.64 | 1.77 |
| Sickle Cell Disease | Duke University, Durham, NC | 10/07 | 10 | 29 | Sibling | 97 | 10.65 | 6.65 |
| Sickle Cell Disease | Miami Children's Hospital, Miami, FL | 09/07 | 1 | 2 | Sibling | 197 | 14.66 | 9.48 |
| Sickle Cell Disease | New York-Presbyterian Hospital, New York, NY | 09/07 | 3 | 14 | Sibling | 121 | 8.93 | 4.23 |
| Chronic Granulomatous Disease | University of Rochester, Rochester, NY | 06/07 | 5 | 9 | Sibling | 88 | 7.35 | 1.33 |
| Acute Lymphoblastic Leukemia | University of Michigan, Ann Arbor, MI | 06/07 | 6 | 3 | Sibling | 154 | 12.32 | 3.51 |
| Severe Aplastic Anemia | Children's Hospital of Wisconsin, Milwaukee, WI | 06/07 | 4 | 4 | Sibling | 141 | 15.20 | 0.30 |
| Severe Combined Immune Deficiency | Cincinnati Children's Hospital, Cincinnati, OH | 06/07 | 6 | 8 | Sibling | 108 | 6.70 | 0.25 |
| Acute Lymphoblastic Leukemia | University of North Carolina, Chapel Hill, NC | 05/07 | 6 | 39 | Sibling | 151 | 16.56 | 7.06 |

TRANSPLANTS (cont.)

| Disease Treated | Facility | Date of Use | Recipient Age* (yrs) | Time Stored* (months) | Donor Relationship | Collection Volume Received** (mL) | Nucleated Cell Count (x10 ⁸) | Total CD34+ Cells (x10 ⁸) |
|-------------------------------|--|-------------|----------------------|-----------------------|--------------------|-----------------------------------|--|---------------------------------------|
| Sickle Cell Disease | Nemours Children's Clinic, Jacksonville, FL | 04/07 | 10 | 24 | Sibling | 112 | 7.42 | 1.61 |
| Acute Lymphoblastic Leukemia | Duke University, Durham, NC | 04/07 | 7 | 22 | Sibling | 71 | 4.37 | 2.26 |
| Brain Cancer | Miami Children's Hospital, Miami, FL | 03/07 | 11 months | 11 | Autologous (Self) | 58 | 2.65 | 0.68 |
| Acute Lymphoblastic Leukemia | Children's Memorial Hospital, Chicago, IL | 03/07 | 7 | 39 | Sibling | 132 | 16.70 | 4.76 |
| Thalassemia Major | Children's Hospital & Research Center Oakland, Oakland, CA | 02/07 | 3 | 13 | Sibling | 105 | 11.22 | 4.09 |
| Severe Congenital Neutropenia | Schneider Children's Hospital, New Hyde Park, NY | 02/07 | 4 | 29 | Sibling | 76 | 3.08 | 0.92 |
| Acute Myelogenous Leukemia | Columbus Children's Hospital, Columbus, OH | 01/07 | 8 | 38 | Sibling | 66 | 2.77 | 1.30 |
| Sickle Cell Disease | Children's Hospital of Philadelphia, Philadelphia, PA | 01/07 | 14 | 22 | Sibling | 92 | 7.30 | 2.93 |
| Sickle Cell Disease | Mount Sinai Medical Center, New York, NY | 01/07 | 7 | 21 | Sibling | 127 | 7.77 | 3.03 |
| Acute Myelogenous Leukemia | Riley Hospital for Children, Indianapolis, IN | 12/06 | 3 | 3 | Sibling | 83 | 6.58 | 1.95 |
| Acute Myelogenous Leukemia | UCLA, Los Angeles, CA | 10/06 | 3 | 1 | Sibling | 117 | 7.70 | 3.33 |
| Sickle Cell Disease | New York-Presbyterian Hospital, New York, NY | 09/06 | 5 | 24 | Sibling | 101 | 11.74 | 7.22 |
| Thalassemia Major | Hackensack University Medical Center, Hackensack, NJ | 08/06 | 6 | 18 | Sibling | 109 | 14.77 | 5.32 |
| Sickle Cell Disease | Texas Children's Hospital, Houston, TX | 06/06 | 11 | 15 | Sibling | 119 | 11.66 | 3.19 |
| Sickle Cell Disease | Virginia Commonwealth University, Richmond, VA | 05/06 | 8 | 55 | Sibling | 120 | 9.80 | 4.51 |
| Shwachman-Diamond Anemia | Cincinnati Children's Hospital, Cincinnati, OH | 05/06 | 7 | 13 | Sibling | 86 | 5.61 | 3.88 |
| Acute Lymphoblastic Leukemia | Duke University, Durham, NC | 05/06 | 13 | 50 | Sibling | 126 | 12.66 | 2.84 |
| Acute Lymphoblastic Leukemia | Shands University of Florida, Gainesville, FL | 04/06 | 3 | 35 | Sibling | 124 | 22.45 | 3.93 |
| Thalassemia Major | Shands University of Florida, Gainesville, FL | 03/06 | 6 | 23 | Sibling | 111 | 8.42 | 2.19 |
| Myelodysplastic Syndrome | Children's Hospital of Philadelphia, Philadelphia, PA | 03/06 | 5 | 7 | Sibling | 121 | 9.09 | 0.91 |
| Acute Lymphoblastic Leukemia | Kapi'olani Medical Center for Women & Children, Honolulu, HI | 01/06 | 5 | 2 | Sibling | 154 | 16.66 | 3.28 |
| Severe Aplastic Anemia | New York Medical College, Valhalla, NY | 12/05 | 7 | 10 | Sibling | 83 | 7.70 | 10.00 |
| Sickle Cell Disease | University of Mississippi, Jackson, MS | 10/05 | 12 | 57 | Sibling | 172 | 18.80 | 2.86 |
| Adrenoleukodystrophy | Duke University, Durham, NC | 10/05 | 4 | 39 | Sibling | 95 | 6.96 | 2.62 |
| Sickle Cell Disease | University of Mississippi, Jackson, MS | 09/05 | 11 | 12 | Sibling | 85 | 3.42 | 0.56 |
| Thalassemia Major | Children's Hospital & Research Center Oakland, Oakland, CA | 09/05 | 5 | 8 | Sibling | 175 | 26.80 | 5.40 |
| Sickle Cell Disease | Children's Hospital & Research Center Oakland, Oakland, CA | 07/05 | 8 | 13 | Sibling | 99 | 9.48 | 0.77 |
| Beta Thalassemia Intermedia | Children's Memorial Hospital, Chicago, IL | 07/05 | 9 | 14 | Sibling | 120 | 5.02 | 1.34 |
| Acute Lymphoblastic Leukemia | UC Davis Medical Center, Sacramento, CA | 06/05 | 3 | 8 | Sibling | 105 | 15.32 | 5.87 |
| Acute Myelogenous Leukemia | Children's Hospital & Research Center Oakland, Oakland, CA | 05/05 | 3 | 2 | Sibling | 100 | 9.28 | 3.72 |
| Acute Myelogenous Leukemia | University Medical Center, Tucson, AZ | 03/05 | 4 | 28 | Sibling | 115 | 6.86 | 5.83 |
| Kostmann's Syndrome | Children's Hospital of Pittsburg, Pittsburg, PA | 03/05 | 3 | 8 | Sibling | 154 | 5.95 | 0.81 |
| Thalassemia Major | Children's Memorial Hospital, Chicago, IL | 03/05 | 5 | 13 | Sibling | 110 | 18.10 | 6.02 |
| Fanconi Anemia | Cincinnati Children's Hospital, Cincinnati, OH | 01/05 | 8 | 7 | Sibling | 88 | 3.15 | 1.00 |
| Thalassemia Major | University of Michigan, Ann Arbor, MI | 01/05 | 4 | 8 | Sibling | 144 | 15.14 | 3.86 |
| Thalassemia Major | Duke University, Durham, NC | 01/05 | 4 | 22 | Sibling | 96 | 7.30 | 2.48 |
| Thalassemia Major | Memorial Sloan-Kettering Cancer Center, New York, NY | 12/04 | 6 | 16 | Sibling | 137 | 8.22 | 2.23 |
| Thalassemia Major | Children's Hospital & Research Center Oakland, Oakland, CA | 12/04 | 5 | 25 | Sibling | 106 | 9.64 | 1.45 |
| Thalassemia Major | All Children's Hospital, St. Petersburg, FL | 11/04 | 15 | 37 | Sibling | 81 | 8.30 | 3.24 |
| Ectodermal Dysplasia | Dana-Farber Cancer Institute, Boston, MA | 10/04 | 5 | 7 | Sibling | 136 | 9.65 | 1.33 |
| Thalassemia Major | UCSF Medical Center, San Francisco, CA | 09/04 | 9 | 6 | Sibling | 127 | 13.32 | 13.78 |
| Thalassemia Major | Hackensack University Medical Center, Hackensack, NJ | 08/04 | 8 | 26 | Sibling | 84 | 5.10 | 1.40 |
| Acute Myelogenous Leukemia | Primary Children's Medical Center, Salt Lake City, UT | 02/04 | 2 | 4 | Sibling | 149 | 10.81 | 7.86 |
| Sickle Cell Disease | New York-Presbyterian Hospital, New York, NY | 01/04 | 2 | 7 | Sibling | 80 | 3.04 | 1.15 |
| Acute Lymphoblastic Leukemia | Children's Hospital, Denver, CO | 12/03 | 3 | 12 | Sibling | 157 | 16.58 | 4.57 |
| Thalassemia Major | Children's Hospital & Research Center Oakland, Oakland, CA | 12/03 | 5 | 9 | Sibling | 112 | 8.25 | 1.51 |
| Hurler Syndrome | University of Louisville, Louisville, KY | 11/03 | 2 | 5 | Sibling | 78 | 2.76 | 1.48 |
| Wiskott Aldrich Syndrome | Penn State Hershey Medical Center, Hershey, PA | 10/03 | 2 | 2 | Sibling | 78 | 9.08 | 1.70 |
| Acute Lymphoblastic Leukemia | Riley Hospital for Children, Indianapolis, IN | 09/03 | 8 | 17 | Sibling | 99 | 9.85 | 2.17 |

TRANSPLANTS (cont.)

| Disease Treated | Facility | Date of Use | Recipient Age* (yrs) | Time Stored* (months) | Donor Relationship | Collection Volume Received** (mL) | Nucleated Cell Count (x10 ⁸) | Total CD34+ Cells (x10 ⁶) |
|--|--|-------------|----------------------|-----------------------|--------------------|-----------------------------------|--|---------------------------------------|
| Fanconi Anemia | Cincinnati Children's Hospital, Cincinnati, OH | 08/03 | 5 | 80 | Sibling | 129 | 6.90 | 2.90 |
| Acute Lymphoblastic Leukemia | Cincinnati Children's Hospital, Cincinnati, OH | 08/03 | 6 | 44 | Sibling | 97 | 4.00 | 1.05 |
| Diamond- Blackfan Anemia | Dana-Farber Cancer Institute, Boston, MA | 08/03 | 7 | 14 | Sibling | 102 | 6.93 | 2.74 |
| Sickle Cell Disease | Medical University of South Carolina, Charleston, SC | 06/03 | 9 | 8 | Sibling | 120 | 16.50 | 12.96 |
| Acute Lymphoblastic Leukemia | Fred Hutchinson Cancer Research Center, Seattle, WA | 06/03 | 3 | 21 | Sibling | 96 | 6.20 | 5.51 |
| Severe Aplastic Anemia | Dana-Farber Cancer Institute, Boston, MA | 05/03 | 2 | 3 | Sibling | 109 | 10.51 | 2.94 |
| Thalassemia Major | San Francisco General Hospital, San Francisco, CA | 05/03 | 7 | 8 | Sibling | 83 | 5.83 | 1.34 |
| Acute Lymphoblastic Leukemia | Oregon Health & Science University, Portland, OR | 05/03 | 3 | 2 | Sibling | 134 | 22.32 | 9.86 |
| Acute Myelogenous Leukemia | New York-Presbyterian Hospital, New York, NY | 03/03 | 5 | 2 | Sibling | 187 | 17.41 | 9.35 |
| Acute Lymphoblastic Leukemia | Oregon Health & Science University, Portland, OR | 01/03 | 7 | 29 | Sibling | 103 | 13.10 | 5.21 |
| Myelodysplastic Syndrome | University of Mississippi, Jackson, MS | 01/03 | 6 | 8 | Sibling | 135 | 12.82 | 5.42 |
| Acute Myelogenous Leukemia | Texas Transplant Institute, San Antonio, TX | 12/02 | 2 | 3 | Sibling | 86 | 7.42 | 1.80 |
| Acute Lymphoblastic Leukemia | Lucile Packard Children's Hospital, Palo Alto, CA | 11/02 | 4 | 4 | Sibling | 79 | 15.39 | 8.37 |
| Sickle Cell Disease | Memorial Sloan-Kettering Cancer Center, New York, NY | 10/02 | 5 | 18 | Sibling | 95 | 7.00 | 2.68 |
| Immune Dysregulation, Polyendocrinopathy, Enteropathy, X-linked Syndrome | Fred Hutchinson Cancer Research Center, Seattle, WA | 09/02 | 2 | 6 | Sibling | 93 | 7.63 | 2.00 |
| Acute Myelogenous Leukemia | Children's Hospital & Research Center Oakland, Oakland, CA | 08/02 | 4 | 22 | Sibling | 109 | 4.40 | 1.31 |
| Acute Myelogenous Leukemia | University of Nebraska, Omaha, NE | 07/02 | 4 | 3 | Sibling | 157 | 11.54 | 4.89 |
| Sickle Cell Disease | Texas Transplant Institute, San Antonio, TX | 07/02 | 6 | 13 | Sibling | 72 | 5.40 | 2.52 |
| Acute Myelogenous Leukemia | UCSF Medical Center, San Francisco, CA | 06/02 | 2 | 1 | Sibling | 257 | 25.14 | 8.11 |
| Chronic Granulomatous Disease | Hackensack University Medical Center, Hackensack, NJ | 04/02 | 6 | 13 | Sibling | 98 | 7.20 | 0.86 |
| Fanconi Anemia | University of Minnesota, Minneapolis, MN | 04/02 | 3 | 16 | Sibling | 49 | 1.10 | 0.01 |
| Thalassemia Major | Children's Hospital & Research Center Oakland, Oakland, CA | 02/02 | 2 | 13 | Sibling | 147 | 17.80 | 2.78 |
| Acute Lymphoblastic Leukemia | Johns Hopkins University, Baltimore, MD | 01/02 | 5 | 5 | Sibling | 98 | 5.00 | 1.04 |
| Neuroblastoma | Texas Children's Hospital, Houston, TX | 12/01 | 6 | 67 | Autologous (Self) | 86 | 4.10 | 0.25 |
| Sickle Cell Disease | Hackensack University Medical Center, Hackensack, NJ | 12/01 | 14 | 32 | Sibling | 81 | 9.00 | 11.15 |
| Thalassemia Major | Hackensack University Medical Center, Hackensack, NJ | 11/01 | 7 | 8 | Sibling | 73 | 6.90 | 4.27 |
| Sickle Cell Disease | University of Oklahoma, Oklahoma City, OK | 11/01 | 7 | 20 | Sibling | 133 | 7.80 | 0.60 |
| Acute Lymphoblastic Leukemia | Johns Hopkins University, Baltimore, MD | 07/01 | 6 | 17 | Sibling | 112 | 9.40 | 1.15 |
| Severe Aplastic Anemia | Memorial Sloan-Kettering Cancer Center, New York, NY | 06/01 | 10 | 39 | Sibling | 122 | 10.80 | 5.40 |
| Severe Aplastic Anemia | Mount Sinai Medical Center, New York, NY | 04/01 | 2 | 20 | Autologous (Self) | 137 | 14.10 | 4.90 |
| Thalassemia Major | Miami Children's Hospital, Miami, FL | 12/00 | 4 | 23 | Sibling | 81 | 6.20 | 0.37 |
| Thalassemia Major | Duke University, Durham, NC | 12/00 | 3 | 11 | Sibling | 78 | 5.00 | 1.97 |
| Acute Myelogenous Leukemia | University of Minnesota, Minneapolis, MN | 11/00 | 3 | 4 | Sibling | 113 | 10.70 | 2.16 |
| Severe Aplastic Anemia | Children's Hospital & Research Center Oakland, Oakland, CA | 10/00 | 13 | 13 | Sibling | 96 | 7.32 | 0.44 |
| Thalassemia Major | Children's Hospital of Orange County, Orange, CA | 10/00 | 4 | 13 | Sibling | 114 | 13.00 | 4.46 |
| Sickle Cell Disease | Lucile Packard Children's Hospital, Palo Alto, CA | 07/00 | 4 | 25 | Sibling | 122 | 4.00 | 4.50 |
| Thalassemia Major | Children's Memorial Hospital, Chicago, IL | 06/00 | 4 | 16 | Sibling | 101 | 11.00 | 4.66 |
| Sickle Cell Disease | University of North Carolina, Chapel Hill, NC | 05/00 | 10 | 8 | Sibling | 132 | 15.00 | 3.72 |
| Sickle Cell Disease | St. Jude's Children's Research Hospital, Memphis, TN | 02/00 | 8 | 23 | Sibling | 140 | 10.60 | 2.30 |
| Sickle Cell Disease | Hackensack University Medical Center, Hackensack, NJ | 09/99 | 2 | 9 | Sibling | 134 | 10.80 | 0.46 |
| SKID/ Myelodysplastic Syndrome | Oregon Health & Science University, Portland, OR | 09/99 | 7 | 7 | Sibling | 117 | 18.00 | 5.14 |
| Fanconi Anemia | Johns Hopkins Hospital, Baltimore, MD | 06/99 | 4 | 6 | Sibling | 148 | 15.10 | 16.00 |
| Thalassemia Major | University of Chicago, Chicago, IL | 12/98 | 2 | 7 | Sibling | 99 | 9.00 | 0.40 |
| Thalassemia Major | UCSF Medical Center, San Francisco, CA | 06/98 | 4 | 6 | Sibling | 110 | 8.40 | 0.90 |
| Acute Myelogenous Leukemia | Rush University, Chicago, IL | 12/97 | 4 | <1 | Sibling | 94 | 7.10 | 1.10 |
| Wiskott Aldrich Syndrome | Fred Hutchinson Cancer Research Center, Seattle, WA | 11/97 | 3 | 4 | Sibling | 193 | 14.20 | 9.50 |
| Severe Aplastic Anemia | Duke University, Durham, NC | 09/97 | 3 | 9 | Sibling | 59 | 1.27 | N/A |
| Acute Lymphoblastic Leukemia | University of Miami, Miami, FL | 06/96 | 8 | 2 | Sibling | 95 | 7.40 | 2.40 |

TRANSPLANTS (cont.)

| Disease Treated | Facility | Date of Use | Recipient Age* (yrs) | Time Stored* (months) | Donor Relationship | Collection Volume Received** (mL) | Nucleated Cell Count (x10 ⁸) | Total CD34+ Cells (x10 ⁶) |
|-----------------|----------|-------------|----------------------|-----------------------|--------------------|-----------------------------------|--|---------------------------------------|
| Averages | | | 5 | 26 | | 105mL | | |

¹Walters MC, Edwards S, Robertson S, Falcon K, Briddell R, Lubin B. Sibling donor cord blood transplantation for hemoglobinopathies. Poster presented at: 8th International Umbilical Cord Blood Transplantation Symposium; June 3-5, 2010; San Francisco, CA. N=113, includes only sibling transplants.

*The recipient age and time stored have been rounded to the nearest whole number.

**Anticoagulant included.

Infusions – For Emerging Treatments: Cord blood stem cell research to treat these additional diseases is experimental. These diseases are currently not considered treatable with cord blood stem cells and may never be considered effective in treating such diseases. The odds are relatively low that cord blood you elect to store will be used to treat a family member.

Transplants: All transplant recipients were conditioned with chemo/radiation prior to treatment.

Although the potential use of umbilical cord blood is expanding rapidly, the odds that a family member without one of these diseases will need to use their child's cord blood are low. There is no guarantee that the umbilical cord blood will be a match for a family member or will provide a cure. Autologous cord blood stem cells will not guarantee suitable treatment for all inherited genetic diseases. As with any transplant therapy, therapeutic success depends upon many factors beyond the stem cells themselves including patient condition, type of disease, recipient-donor relationship and matching, and other factors.

Access to clinical trials is at the discretion of the clinical investigator.




PRICING

VIACORD SERVICE & STORAGE

Enroll today, no payment due until you deliver!

Service Fees:

| | Option 1: Cord Blood Banking | Option 2: Complete Newborn Stem Cell Package Cord Blood + Cord Tissue |
|------------------------------|-------------------------------------|---|
| One Time Processing Fee | \$1975 | \$2820 |
| Courier | \$150 | \$150 |
| First Year Storage* | \$125 | \$275 |
| Total First Year Fees | \$2250 | \$3245  |

*After first year fees, an annual storage charge of \$125 for cord blood banking, \$150 for cord tissue banking, or \$275 for the Complete Newborn Stem Cell Package applies. **Save \$600 when you buy cord blood and cord tissue stem cell banking together. Individually, cord tissue stem cell banking processing and extraction charge is only \$1295, plus shipping (\$150) and first year storage (\$150).

Monthly Payment Plan Options:

| | | |
|------------------------|-------|-------|
| 6 Months | \$385 | \$551 |
| 12 Months | \$203 | \$286 |
| 18 Months [†] | \$135 | \$190 |
| 48 Months [†] | \$68 | \$95 |

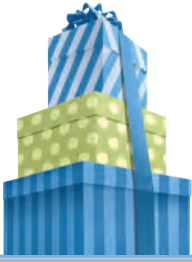
All payment plans include processing, private courier, and first year storage.

[†]18 and 48 month payment plans are subject to credit approval through Care Credit.

| | | |
|---|-------|-------|
| Annual Storage | \$125 | \$275 |
| Save \$825 off cord blood banking storage fees or \$1825 off Complete Newborn Stem Cell Package storage fees when you prepay the first 25 years! Call to find out more about our prepaid storage options | | |

NOTE: Pricing is for U.S., single births only. Same-day express delivery of kit is subject to additional fees. A \$150 fee will be charged if service is discontinued prior to delivery. The storage fee covers the long term cryogenic storage of your baby's stem cells at VPL™, ViaCord's private state-of-the-art processing and cryopreservation facility. Pricing subject to change

Introducing...



The ViaCord **Gift Registry**

What is the ViaCord Gift Registry?

The ViaCord Gift Registry is a free online registry to announce that you've chosen to preserve your baby's cord blood with ViaCord and invite friends and family members to contribute to this special gift for your baby. It's the perfect way to guide baby shower guests and grandparents to an important baby gift that you would like their help in purchasing.

How do I sign up?

Just visit www.viacord.com/giftregistry and create your own personal account using your Child ID number. If you have any further questions, click on the "Gift Registry FAQ's" link located at the bottom of the webpage or call 1-866-880-6563.

How can my family participate?

After you register with the Gift Registry, enter the e-mail addresses of your friends, family, baby shower guests and grandparents, write a quick note and send them an e-mail. Your friends and family will then receive your e-mail message and will have the ability to contribute online to your ViaCord account through our secure web site. It's personal, convenient and secure. You can also use the coupons on the next page to hand out to friends and family.

To learn more, visit www.viacord.com/giftregistry

VIACORD[®]

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EDUCATIONAL PROGRAMS

DO YOU KNOW SOMEONE ELSE WHO IS EXPECTING?

At ViaCord, we believe every expectant family deserves to know about the life-saving potential of cord blood – which is why we created our Referral Rewards Program:

The ViaCord Referral Rewards Program

Simply provide us with the names of your expectant friends and we'll send them an in-depth information packet so they can make an informed decision about preserving their baby's cord blood stem cells for their family.

As a special thanks, for every friend who banks with ViaCord, we'll send you a \$50 Gift Card to use anywhere American Express is accepted.

*To learn more about ViaCord's Referral Rewards Program,
call toll-free:*

1-866-835-0968

or visit www.viacord.com/refer