



**DECLARATION**  
**“Summer in Stem Cells Bank nOvum”**

Please send your completed declaration by e-mail ([info@novumbank.com](mailto:info@novumbank.com))

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**Given name and surname of child’s mother:**

.....

born in:

.....

given names of mother’s parents:

.....

PESEL [*personal ID number*]:

Contact telephone number:

E-mail:

.....

Permanent residence address:

.....

Address for correspondence:

.....

**Given name and surname of child’s father:**

.....

PESEL [*personal ID number*]:

Contact telephone number:

E-mail:

.....

Permanent residence address:

.....

Address for correspondence:

.....

**Expected date of delivery:**

.....

**in Hospital:**

.....

I declare that:

1. I am willing to have my child’s cord blood stem cells stored in the Novum Stem Cell Bank. Cord blood will be collected by hospital staff at the birth of my child.



2. I know the prices for stem cell preparation and storage by Novum Sp. z o.o.:

a) **Collection kit – PLN ~~650~~ 600** The fee will be reimbursed if no blood is collected, i.e. if the collection kit is not used.

b) **Standard fee** – a one-off fee to be paid after positive test results, which covers the costs of tests, preparation, cryopreservation and storage during the first year, which can be paid in two equal instalments month by month (*please select your option with an “x”*):

- PLN ~~1,600~~ 1200** – Standard Package – 1 cassette (1 portion)
- PLN ~~1,900~~ 1200** – Standard PLUS Package – 2 cassettes (2 portions)
- PLN ~~1,700~~ 1200** – Multi Regeneration Package – 1 cassette (4 portions)
- PLN ~~2,000~~ 1200** – Multi Regeneration PLUS Package – 2 cassettes (8 portions)

c) **Annual fee** for stem cell storage (*please select your option with an “x”*):

- PLN 492** – Standard Package – 1 cassette (1 portion)
- PLN 800** – Standard PLUS Package – 2 cassettes (2 portions)
- PLN 650** – Multi Regeneration Package – 1 cassette (4 portions)
- PLN 850** – Multi Regeneration PLUS Package – 2 cassettes (8 portions)

3. If the amount of collected cord blood is insufficient to be split between two blood cassettes under the Standard PLUS Package or Regeneration Plus Package (and it can be cryopreserved in 1 cassette), Parents choose the following option (*please select your option with an “x”*):

- Cord blood cryopreservation in 1 cassette (1 portion) under Standard Package
- Cord blood cryopreservation in 1 cassette (4 portions) under Multi Regeneration Package

4.  I am willing /  not willing to have my child's **placental** blood stem cells stored in one cassette in the Novum Stem Cell Bank (*please indicate your choice with an “x”*).

If you decide to opt for additional placental blood storage, the above prices will be increased by:

**PLN ~~250~~ 200** – Initial fee

**PLN ~~850~~ 600** – Basic fee

**PLN 140** – Annual fee

5. I will sign and return the Cord/Placental Blood Stem Cell Storage Contract to Novum Sp. z o.o. within 7 days from the date of receipt thereof.

6. I will pay the collection kit fee of PLN 600 (six hundred), or PLN 800 (eight hundred) if I decide to opt for additional placental blood collection, within 7 days from the date of signing of this declaration to the bank account of Novum Sp. z o.o.: Pekao S.A., IX Oddział w Warszawie, Filia nr 5, account number: 18 1240 1125 1111 0010 0171 2545 (the Contract number should be indicated where possible).

7. I authorise Novum Sp. z o.o. to receive the collection kit at the hospital, and to prepare and cryopreserve my child's stem cells.



8. I understand that if the Contract is not signed and delivered to Novum Sp. z o.o. or if the required fees are not paid within the prescribed time limits, Novum Sp. z o.o. will not perform the Contract, in which case I will be authorised to receive the collected stem cells or decide if they are to be destroyed by Novum or donated for research purposes. If I do not receive nor provide my decision concerning further use of the collected stem cells, Novum Sp. z o.o. will be authorised to decide how the collected stem cells are to be used (including in particular their destruction or donation for research purposes).
9. I give my consent to the processing of my personal data for the purpose of signing the Cord Blood Stem Cell Storage Contract and provision of the services relating to stem cell storage by Novum Sp. z o.o. (in accordance with Article 6 (1a) of the Regulation (EU) of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC).

For the purpose of this Contract, Novum Sp. z o.o. will create a database for storing personal data of Parents in accordance with the conditions set out in the law, including in particular Article 6 (1b) of the Regulation (EU) of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC.

In accordance with Article 13 (1) and (2) of the General Data Protection Regulation (GDPR) of 27 April 2016 you are advised that the Data Controller for your personal data is Novum Sp. z o.o., ul. Bociania 13, 02-807 Warszawa. The Personal Data Protection Officer is Mr Andrzej Peńsko, tel.: +48668906046. Your personal data will be processed for the purpose of tasks to be performed by Novum Sp. z o.o. in accordance with Article 6 (1a) of the General Data Protection Regulation (GDPR) of 27 April 2016. Your personal data will be stored for a period of 30 years from the end date of your Contract with Novum Sp. z o.o. You have the right to access your personal data, to have them rectified, to object to their processing, to have them erased or to transfer them. You have the right to submit complains to the Regulatory Authority if you consider that the processing of your personal data is contrary to the General Data Protection Regulation (GDPR) of 27 April 2016. You need to submit your personal data to ensure compliance with obligations under law and to enable implementation of your Contract with Novum Sp. z o.o. Your personal data will be processed by automatic means in IT systems of Novum Sp. z o.o.

Personal Data Controller  
NOVUM Sp. z o.o.  
Warsaw, 25 May 2018



**Standard information on child's Mother:**

Ms: .....

**Have you performed the following tests during pregnancy**

**(Please insert X as appropriate)**

	Negative result	Positive result	I do not remember if the test was performed
Syphilis test			
HBsAg			
Anti-HBc			
Anti-HCV			
Anti-HIV			
Toxoplasmosis Class IgG antibodies			
Toxoplasmosis Class IgM antibodies			
Cytomegaly Class IgG antibodies			
Cytomegaly Class IgM antibodies			

**Pregnancy Doctor:** \_\_\_\_\_

How did you find out about our Bank:

- Doctor (name and surname): .....
- Nurse (name and surname): .....
- School of childbirth (which?): .....
- Internet
- Leaflets / folders
- Family / friends
- Other: .....

Date: \_\_\_\_\_ Mother's signature: \_\_\_\_\_ and/or Father's signature: \_\_\_\_\_