

### FAMILY BANKING ENROLLMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STEM CELL BANKING COSTS			
QTY	SERVICE	DESCRIPTION	COST
1	Mandatory Blood Screening	Banking eligibility tests: HIV, Hep B, Hep C, Syphilis, PT, PTT w/INR Other Tests: HLA, Comprehensive Metabolic Panel, Comprehensive Lipid Panel	\$1,027
1	Banking Enrollment Fee	One-time-fee includes: - Fat Extraction - Mesenchymal stem cell (MSC) isolation - MSC processing - Quality control tests - Cells prepared for cryopreservation	\$5,323
1	Yearly Banking Fee	Cell maintenance fees are paid upfront for one year.	\$150
<i>BANKING TOTAL BEFORE DISCOUNT</i>			<i>\$6,500</i>
<b>TOTAL WITH FAMILY BANKING DISCOUNT OF 20%</b>			<b>\$5,200</b>

A credit card number is **REQUIRED** for yearly banking fees.

**NAME OF CARDHOLDER:** \_\_\_\_\_



**CARD NUMBER:** \_\_\_\_\_ **EXPIRATION:** \_\_\_\_/\_\_\_\_ **CCV:** \_\_\_\_\_

I authorize Celltex Therapeutics to charge my credit card according to the terms in the Celltex Banking Agreement.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I want to pay \$5,200 for the Banking Fees by Check or Money Order, payable to "Celltex Therapeutics".

**\*\*Please mail to: 2401 Fountain View Drive, Suite 416, Houston, Texas 77057\*\***