



Thank you for requesting this registration pack from StoreMyTumor, the leading provider of Specimen preservation and coordination services.

Please carefully review the information provided in this package, complete, sign and return to us. Please either scan and e-mail the completed and signed registration forms **(ALL PAGES please) to cs@StoreMyTumor.com, or fax the forms to +1-425-944-6445.**

Kind Regards,
StoreMyTumor Service Team
+1-267-702-5501
cs@StoreMyTumor.com

FORM 1 - LOGISTICS INSTRUCTIONS

Patient Name: _____ Date Of Birth: _____
e-mail: _____ Phone nb. _____

Information on the Surgery

Hospital Name: _____ Surgery Date: _____ Time: _____
Surgeon Name: _____ Surgeon e-mail: _____
Oncologist Name: _____ Oncologist e-mail: _____

** Please make sure that your oncologist's and surgeon's e-mails are included **

Details on the Specimen to be collected

Cancer Type: _____ Cancer Stage: _____

Date of first diagnosis: _____ Recurrent Newly diagnosed

Tumor Type: Solid Tumor Fluid Tumor Solid & Fluid

If solid, size: biopsy ~sugar cube ~golf ball or bigger

Address to Ship the Specimen Transport Kit

It is recommended that you request the collection kit shipped to your home.

Name: _____
Street: _____

City, Zip: _____
Country: _____

e-mail: _____
Phone nb: _____

Once the Specimen collection kit is shipped, you will receive tracking notifications directly to your e-mail. The Kit will arrive with complete storage and handling instructions.

Signature: _____

Today's Date: _____

FORM 2 - PRICING AND PAYMENT AUTHORIZATION FORM

Pricing:

Transport kit & Media:	€895
Processing & cryo-preservation:	€6,750
Monthly storage:	€89/month
Shipping & Tracking:	Quoted after receiving your address

Other Considerations (only as applicable):

- **Specimens delivered on a holiday or on a weekend** (Saturday and Sunday) incur a €1,250 surcharge. This is because all specimens are processed on arrival, and will require special arrangements to process.
- **Digestion to cells** can be ordered anytime for additional €2,450. Digestion, or "single cells" are required for select trials (NOT all).
- **Emergency specimens received without an SMT approved transport kit** incur an additional one-time special handling and regulatory reporting fee of €750.
- **No specimens sent back for processing:** if a kit is mailed to Client and no Specimen is returned, patients are charged for: the kit and media, one-way shipping, and a one-time setup, consultation, and coordination fee of €750.
- **Individually labeled vials are processed as individual specimens:** your surgical staff may label the vials sent to us differently reflecting their belief that there are 2 different cancers and the specimens from each are to be handled, processed and stored individually. Since all specimens are processed on arrival, we will process as 2 independent specimens and reduce the Processing & Cryo-preservation fee of the second specimen by 25%.
- **Kits cannot be returned or reused because of risks of contamination**

Payment Authorization:

Credit Card #: _____ Exp Date: _____ / _____
(mm / yy)

Security Code: _____ Billing Zip Code: _____

Signature: _____ Date: _____

Name on Card: _____

Fees are due when the specimen is received.

FORM 3 - SERVICE AGREEMENT

I, the undersigned, Patient, legal guardian, or holder of valid Power of Attorney representing the Patient (referred to as "Client"), wish to engage AAA Health Solutions, DBA: StoreMyTumor (referred to as "SMT") services to collect, process, cryopreserve and store human tissue and/or fluid and/or blood collectively referred to as "Specimen" under the following terms (this "Agreement"). This Agreement is entered into on the date this agreement is signed by the Client.

1. Service

SMT provides Specimen-banking services including, collection, processing, cryopreservation and storage of Specimen obtained from surgery and collected at the time of surgery. When possible, SMT provides to Client a kit for the collection and transportation of the Specimen obtained by Client at the time of surgery/operation (the "Kit"). Client will arrange for courier transport of Kit following collection. Upon receipt of the Kit from Client, SMT will process, and cryogenically store the Specimen until Client or his clinician requests the Specimen or until the termination of this Service Agreement. SMT reserves the right not to process and/or store the Specimen if the Specimen is contaminated or for any reason SMT finds acceptable. Also, when applicable, SMT cannot guarantee that the non-SMT staff handling the Specimen will aliquot it in the exact formats requested by the Client and/or by SMT.

SMT does not directly offer diagnostics or treatments. SMT processes and cryopreserves the Specimen, and later takes instructions from the Patient or his qualified physician to transport parts of the Specimen to diagnostic labs or treatment centers, may that be for the purpose of additional testing, manufacturing, or any other medical or investigational indicated use. SMT reserves the right to refuse transfers to facilities deemed non-compliant with country laws and regulations.

2. Client Responsibilities

Client is responsible for executing all documentation in this registration pack and returning the signed documents to SMT, as well as payment of all fees. Client shall inform the healthcare provider (physician/surgeon) or other medical representative of Client's decision to collect this Specimen. The Client shall arrange for qualified Personnel to collect, prepare and label the Specimen for transportation back to SMT facilities. Client understands that the selection of the qualified personnel, and any associated payment, is the Client's sole responsibility. SMT may assist in explaining the service to the qualified Personnel, but is not responsible and does not cover any fees that healthcare providers may charge for the collection of the Specimen.

Client agrees to give SMT authorization to test the Specimen for infectious diseases (HIV, Hep B /C, & HTLV), at its, or its affiliates', facilities and agrees to the release of test results to Client and an identified physician/surgeon if required by law.

3. Release of Liability During the Collection

Consent is hereby granted to the professionals attending the Specimen surgery/operation to perform this collection. Client acknowledges that complications may occur during surgery/operation and could prevent or impede the collection of the Specimen or cause the medical professionals to collect an inadequate sample. The undersigned further acknowledges that medical judgment, with the best interest of the Patient in mind, could totally prevent the collection. Client releases and discharges all SMT and hospital/clinic staff from any liability for any and all loss, harm, damage or claim of any kind arising from or relating to the collection of, transport of, or processing of the Specimen. Client agrees to give up all rights to sue or otherwise seek monetary damages or other relief against SMT and hospital/clinic staff and for any reason.

4. Fees

(a) Transport Kits are not refundable because of the risk of contamination after being handled by the Client.

(b) SMT Processes all Specimens on arrival, and cannot refund Processing fees once processed. This is because SMT incurs the cost of processing specimens regardless of the quality or volume of the specimen received, or whether the Specimen proves cancerous or not, or whether the Specimen yield a large number of cells or not, or whether the specimen is accepted and/or used by the desired final application.

Signature: _____

(c) Storage Fees will be billed automatically on the beginning of the month. Monthly Fees cannot be pro-rated or refunded. A Client may opt out by either (1) instructing SMT to dispose the Specimen OR (2) instructing SMT to transfer the Specimen to another facility. Notification must be in writing.

5. Storage Location

SMT reserves the right to relocate the Specimen to any location of choice without informing the Patient. The Specimen will be stored as long as all fees have been timely paid.

6. Representations and Warranties of Client

Client represents and warrants that (a) he/she is the Patient or the parent or legal guardian of the Patient; (b) Client has had the opportunity to consult Client's own legal counsel to review this Agreement and related forms and Client has carefully read and understands all of the terms of this Agreement; (c) the decision to collect the Specimen, to process and to store the Specimen is a completely voluntary act of Client; (d) Client has discussed this Agreement with a competent medical professional, who is not an employee or agent of SMT; and (e) Client understands the risks related to collection, preservation and possible future use of the Specimen.

7. Assumption of Risk by Client

Client acknowledges that he/she has been fully informed of, accepts and agrees to the conditions, risks, limitations and costs of processing, and storage of the Specimen. Client also acknowledges that the Specimen may not be utilizable, yield sufficient cells, or be acceptable by future centers. Client assumes all risks associated with the collection, preparation and delivery of the Specimen back to SMT. Client also acknowledges and agrees that the selected transport courier is not an agent of SMT and SMT is not liable for any deterioration, loss or destruction of the Specimen prior to receipt by SMT.

8. Rights to the Specimen

Client and Patient agrees that SMT will have the exclusive ownership right and deed to Specimen, and SMT to award the Client and Patient full access and control to the Specimen while this Agreement is valid as per Section 11. If this Agreement is terminated in accordance with Section 11, both Client and Patient relinquish all rights in and to the Specimen and all results and waive all claims to the Specimen, and SMT shall have the sole and exclusive right to own and utilize Specimen for ANY purpose, including, and not limited to: any research (in the USA, internal, external, international, or any other), cell line creation, any innovations and discoveries, commercial purposes, or disposition of the Specimen at its complete discretion, and for the exercise of which it shall be liable to no one.

9. Release, Transfer and Reprocessing

(a) Release & Transfers: client is required to pay an additional release and transfer fee. Frozen transfers are sent in liquid nitrogen, and start from € 3,400 for USA to European destinations (per transfer request). The estimate depends on the complexity of the requested transfer in terms of logistics, courier fees, and coordination, and may be higher. Transfer fees do not include re-processing (digestion for example) if necessary, and shipping may vary. Transfer Fees are in addition to the Fees paid at the time of collection and storage. Client will be billed separately for these transfers. Payment and any previous balance are due before transfers are executed.

(b) Re-processing: Solid Specimens can be preserved viably as tissue or as single cells. SMT routinely preserves Solid Specimens as tissue. Since a small percentage of Clients may require digestion for certain applications, digestion is offered when requested and for an additional cost.

10. Disclaimers

Neither SMT nor any of its officers, directors, shareholders, employees, agents or consultants have made any representations, guarantees, warranties or assurances, express or implied, to Client regarding the success of the collection, transportation, testing, processing, cryopreservation, storage process or use of the Specimen afterwards. Client acknowledges the following:

(a) While some members of the medical community may advocate the storing of Specimen to be available for use in potential medical advances, SMT expressly disclaims any warranty or guaranty that the Specimen will ever be of therapeutic or of other value and expressly states potential uses may be experimental or innovative.

(b) SMT expressly disclaims any warranty or guaranty that the specimen collected and/or preserved by SMT will be accepted by, will qualify for, or will be used by all or any clinical trial(s), diagnostic labs, or any investigational or clinical therapies that require specimen. such

Signature: _____

qualification and other requirements are not determined by SMT and thus, SMT cannot guarantee conformance of client's specimen for all applications.

(c) SMT expressly disclaims any warranty or guaranty that the collected Specimen will yield sufficient viable cells for use. Specimen volume is not an indicator of viable cell count yield, and there is no way to predict how many viable cells will result from a certain volume before processing.

(d) SMT expressly disclaims any liability if the personnel selected by Client are unable to collect the Specimen or if such personnel are unable to collect a sufficient volume of Specimen for testing, processing and storage or subsequent use.

(e) SMT expressly disclaims any liability for damage to, or destruction or loss of, the Specimen by SMT or by the courier recommended by SMT.

(f) SMT does not perform medical services, give any clinical advice, or otherwise perform any functions other than those expressly indicated; SMT expressly disclaims any responsibility to provide any other services.

11. Termination of Agreement

This Agreement terminates if:

- (a) SMT exercised its right to refuse the Specimen storage for any reason; or
- (b) by mutual agreement of Client and SMT; or
- (c) by either party upon 3 months prior written notice to the other party hereto; or
- (d) if Client does not pay the monthly storage fee for 3 months (notice from SMT is not required);** or
- (e) upon the patient's death; or
- (f) if Client's Account is not timely paid and such failure to pay is not cured within 90 days of such payment due date.

It is the Client's responsibility to maintain a zero balance on the account. All fees paid by Client to SMT shall be non-refundable. Upon termination of this Agreement, Client waives all claims, and agrees that this Agreement shall be null and void, with SMT having no further liability to Client.

12. Limitation of Liability

This Agreement and the exhibits hereto constitute the entire agreement between SMT, Client and, if different, the Patient and supersedes any prior agreements or understandings, oral and written. Client agrees that SMT's liability for any loss, harm, damage or claim of any kind in connection with this agreement or the services provided by SMT shall be limited to the return of all fees paid by Client to SMT. The parties agree that in the event of a default by either party, the amount of damages suffered by the other will not be easy to ascertain with certainty and, therefore, the parties agree that the amount of the fees paid by Client represents a reasonable estimate of the damages likely to be suffered. Also, Client agrees that in no event shall SMT be liable to Client or any party for any punitive, special, incidental, consequential or similar damages of any kind arising out of or in any way connected with this agreement or the services provided by SMT. Client expressly waives any rights to any such damages to the maximum extent permitted by law.

13. Force Majeure

Client agrees that SMT shall not be liable for any loss, deterioration or destruction of all or any part of the Specimen resulting from causes or circumstances beyond SMT's reasonable control, including, but not limited to fire, explosions or power outages, natural disasters, terrorist acts or acts of war.

14. Indemnity and Hold Harmless

Client indemnifies and holds SMT and their respective agents, employees, officers, directors, shareholders and affiliates (collectively, the "Indemnities") harmless from any and all claims, liabilities, demands and causes of action asserted against Indemnities by any person or entity, including any third party beneficiary of this Agreement, Patient or Client.

15. Governing Law and Arbitration

This Agreement is governed by Maryland law. Subject to the compulsory arbitration provisions per below, any judicial proceedings brought against either SMT or Client under this Agreement will be brought in a court in Maryland. SMT and Client consent to the exclusive jurisdiction of the aforesaid courts, waive any objection to venue therein and irrevocably agree to be bound by any judgment rendered thereby.

Signature: _____

The prevailing party in any such proceeding will be entitled to an award of its attorney's fees, paralegal fees, costs and expenses incurred in such proceeding. SMT is also entitled to terminate this Agreement to the extent required by law without any liability or recourse to Client. SMT is entitled to modify its procedures and take actions needed to comply with changes in or new laws, regulations, standards and procedures, without liability or recourse to Client. All disputes arising out of or relating to this Agreement will be resolved by arbitration as provided in this Section. Client agrees that prior to arbitration, Client and SMT will attempt to resolve the dispute through good faith negotiations. If Client and SMT are unable to resolve a dispute, Client or SMT may pursue arbitration by sending a written demand for arbitration to the American Arbitration Association and to the other party. The arbitration will take place in Maryland unless Client and SMT otherwise agree. The Maryland Rules of Civil Procedure and Evidence will apply to the arbitration unless Client and SMT otherwise agree. All decisions of the arbitrator(s) are final, binding, and conclusive and arbitration constitutes the only method of resolving disputes to this Agreement. The fees of the arbitration shall be shared equally by SMT and Client.

16. Confidentiality and Non-Compete

SMT keeps records of and acknowledges the confidential nature of the information provided by any testing or medical facility, hospital, laboratory, company, physician, Client and, if different, the Patient, agrees to use its reasonable best efforts to maintain the confidentiality of the information except as required by law or to release to the hospital, laboratory, company or physician providing services to the Client or, if different, to the Patient. In any event, Client and Patient agree to the release of information about the Specimen in an anonymized aggregate data set describing SMT's services and facilities.

Client agrees not to directly or indirectly compete with the business of SMT and its successors and assignees during the period of this Agreement and for a period of 3 years following Termination and notwithstanding the reason for Termination. Client shall not start, own, manage, operate, consult or to be employed in a business substantially similar to, or competitive with, the present business of SMT or such other business activity in which SMT may substantially engage. Client acknowledges that SMT may, in reliance of this agreement, provide Client access to trade secrets, customers and other confidential data and good will. Client agrees to retain such information as confidential and not to use such information on his or her own behalf or disclose it to any third party during the period of this Agreement and for a period of 3 years following Termination and notwithstanding the reason for Termination.

17. Assignment

SMT may assign this Agreement to any individual or entity providing a similar service. If SMT is acquired by or merged with or into another company, SMT shall require that the terms of this Agreement continue in full force and effect.

18. Infectious disease testing

Some cellular and tissue-based therapies (clinical trials) require that the patient's blood is tested for infectious diseases within 7 days before or 7 days after the Specimen collection. Infectious disease testing is routinely done at hospitals and is NOT done by SMT. If you want to make sure you are not excluded from any cellular and tissue base therapy, you have the option to ask your oncologist or your surgeon to order the below tests, and send the results to SMT. These tests are: 1) HIV, type 1 and 2, 2) Hepatitis B and C, 3) Treponema pallidum (Syphilis), 4) West Nile Virus, 5) HTLV type 1 and 2, and 6) CMV (Cytomegalovirus)

19. Pathology and Medical Records Release Request

Client authorizes SMT to collect a copy of the pathology report(s) and medical record(s). Client requests copies Faxed to +1-425-944-6445 or e-mailed to cs@StoreMyTumor.com

_____	_____
Client Signature	Date
_____	_____
Full Name	Relationship to Patient (if not patient)

FORM 4 - CLINICAL BACKGROUND

Please fill as much information as you can bellow.

Feel free to attach any clinical results such as imaging, pathology results, doctor's opinions, molecular profiling, etc..

The more information you send, the better..

A) PATIENT PROFILE

Patient Name: _____ Date Of Birth: _____

Male Female, Race: _____, Highest level of education: _____

Allergies: _____, Exercise (hours/week): _____

Tobacco: _____ # cigarettes/week _____ years, Alcohol (drinks/week): _____

Vegetarian: Yes No, Vegan: Yes No, Supplement use: Yes No

B) PATHOLOGY FINDINGS

Cancer Type: _____ Cancer Stage: _____

Date of first diagnosis: _____ Recurrent Newly diagnosed

Lymph node status: _____

*feel free to send a copy of the pathology report

C) CLINICAL SUMMARY

Most patients have a summary of their case, please feel free to summarize your case below or to send as an attachment.

D) PRIOR SURGICAL HISTORY

DATE OF SURGERY (mm/dd/yyyy)	REASON AND TYPE OF SURGERY	NAME OF SURGEON AND PLACE SURGERY WAS PERFORMED

E) TREATMENT HISTORY (IMPORTANT TO FILL THIS SECTION)

Include medications you have taken and treatments you are currently on. Include chemotherapy, targeted drugs, radiation, immunotherapy, alternative, and any other experimental drug treatments.

DRUG / TREATMENT NAME	STARTED DATE (mm/dd/yyyy)	ENDED DATE (mm/dd/yyyy)	DOSE AND ROUTE (INTRAVENOUS, ORALLY, ETC)	RESPONSE TO TREATMENT	OTHER NOTES /SIDE EFFECTS

F) TREATMENT STRATEGY AFTER SURGERY

What does your oncologist plan to treat you with? Please include chemotherapy, targeted drugs, radiation, immunotherapy, alternative, and any other ... and please include as much detail as possible.

FORM 5 - FOR THE SURGEON - PRE-SURGERY INSTRUCTIONS

Please print and share with your Surgeon before the surgery

Dear Surgeon,

I have decided to preserve my Tumor with **StoreMyTumor**. StoreMyTumor is a private company, specialized in collecting, processing and preserving Tumor tissue or fluid VIABLY so that patients can utilize their own cancer cells for advanced diagnostics (ex: chemo sensitivity or genetic testing) or personalized immunotherapy that require live cancer cells.

StoreMyTumor has a Specimen collection kit, which I will bring it to surgery. The kit contains instructions explaining how to pack the Tumor into the kit and will take a few minutes.

I bring your attention to the following important instructions:

Liability: I have signed a Consent and Release of Liability clause with StoreMyTumor, releasing you and all involved parties from any liability.

Pathology Policy: It is standard practice for Pathology to take a small piece of the Tumor Specimen first. The kit should contain all the remaining. The tissue specimen packed into the kit is not in conflict with Pathology's policy.

Specimen Preparation: While instructions will accompany the kit, the main thing to remember is to chop and mince the Tumor into as small pieces as you can (1-2mm diameter pieces). Also, the Tumor should be handled under sterile conditions at all times. StoreMyTumor suggests that you pack the Tumor and seal it in the operating room. Some hospitals have strict policies that dictate all tissue be transferred to Pathology first. In such cases, please instruct pathology to transfer and handle the Tumor under sterile conditions.

Infectious Disease Testing: to maximize the potential use of the tissue for cellular and tissue-based therapies, please order the following tests and send results to StoreMyTumor: 1) HIV, type 1 & 2, 2) Hepatitis B & C, 3) Treponema pallidum (Syphilis), 4) West Nile Virus, 5) HTLV type 1 & 2, 6) CMV (Cytomegalovirus). * Tests must be done 7 days before or 7 days after the Specimen collection *

Releasing the Specimen: If the hospital requires any additional or special release forms that I must sign, please bring them to my attention prior to the surgery/operation.

Return Shipping: The kit comes with a pre-paid return postage container to have the tissue shipped back to StoreMyTumor's facility. I will designate a family member to coordinate a courier pick up or drop off. You only have to hand the sealed kit to that person after surgery.

Please feel free to call StoreMyTumor at +1-267-702-5501 with any questions.

StoreMyTumor Service Team: cs@StoreMyTumor.com, +1-267-702-5501