

APPLICATION FORM

DENTAL STEM CELLS BANKING

SERIAL NO:

1. APPLICANT INFORMATION	2. DONOR INFORMATION
APPLICANT NAME :	NAME :
NRIC / PASSPORT NO. :	GENDER : <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS :	RACE :
CITIZENSHIP :	HOME ADDRESS (IF DIFFERENT) :
OCCUPATION :	DATE OF BIRTH :
CONTACT NOS :	PLACE OF BIRTH :
EMAIL ADDRESS :	REMARKS :

3. HEALTH DECLARATION

i) BLOOD TYPE / GROUP

ii) BIRTH DEFECTS & HANDICAPS

iii) PRE-EXISTING & CURRENT MEDICAL CONDITION

	YES	NO
a. DIABETES	<input type="text"/>	<input type="text"/>
b. HEART / CARDIAC	<input type="text"/>	<input type="text"/>
c. GENETIC BLOOD DISEASES	<input type="text"/>	<input type="text"/>
d. HIV POSITIVE	<input type="text"/>	<input type="text"/>
e. MUSCULAR DYSTROPHY	<input type="text"/>	<input type="text"/>
f. DOWN SYNDROME	<input type="text"/>	<input type="text"/>
g. CANCER	<input type="text"/>	<input type="text"/>

h. OTHERS/ REMARKS _____

FORM A

CONFIRMATION & AGREEMENT

I, the aforesaid Applicant named in this Application declare the above information to be true and hereby request that Prolife Biobank proceed to open this account. I understand that any information that are wilfully withheld may affect the final result of the process required in the laboratory as well as the possibility of rejection by the company to bear any responsibility or continue the biobanking services to the aforesaid without any compensation or refund.

Authorized Signature
Name & Date

Authorized Signature
Name & Date

FOR BANK USE ONLY

Cheque No :	\$	Bank :
CASH IS ONLY ACCEPTED OVER THE COUNTER. CROSSED CHEQUES SHOULD BE MADE TO PROLIFE BIOBANK PTE LTD		
Attended by Biobanker :	Approved by :	
DSC Account No :	Date :	Deposit \$
If payment is by instalment please indicate mode:		FULL \$ Per Month \$
Instalment Mode : Cheque/GIRO/NETS/ VISA/Mastercard/AMEX/Diners	Start Date :	

FOR BANK USE ONLY		
Followup action required:	Date:	
Scientific Affairs Director:	Approved:	Reject:

Terms & Conditions

- 1 All payments to Prolife Biobank Pte Ltd are non refundable
- 2 Extenuating circumstances may result in a request for cancellation by the Client/Patient.
In such event, all requests must be submitted in writing to Prolife Biobank Pte Ltd
- 3 Approved cancellation of applications prior to any tooth extraction will be subject to a processing fee.
Tooth Extraction may attract further processing costs on a case by case basis
- 4 All amounts due including but not limited to instalments to Prolife Biobank shall be fully and unconditionally settled upon due dates
- 5 Any amendment to the signatory (s) may be made by the original applicant or his or her appointed power of attorney, in writing to Prolife Biobank Pte Ltd
- 6 This authority will be superceded in the event of any court ruling on custody of the Donor, or on conditions of Will, or when the Donor attain a legal age of 21 years to take ownership of his / her specimen.
In those circumstances, a new agreement may be required with the relevant party (s), or addendum to the original contract be included, subject to the approval of the Prolife Biobank management.
- 7 Prolife Biobank Pte Ltd has been requested to open the account, on behalf of the Donor, as specified by Client in the application
- 8 Client agree to comply with all statutory regulations and prevailing laws on bioscience services and will not commit such specimen that the Donor has provided, be used or subjected for commercial gains other than on medical grounds for the benefit of the Donor or family upon its release.
- 9 Client agree to be bound by the Prolife Biobank's prevailing terms and conditions.
- 10 Client named in this Application declare the information provided to be true
- 11 Client understands that any information that are wilfully withheld may affect the final result of the process required in the laboratory as well as the possibility of rejection by the company to bear any responsibility or continue the biobanking services to the aforesaid without any compensation or refund.
- 12 The Client may not assign any rights or liabilities to any person or entity without the written consent of the Prolife Biobank Pte Ltd