

Cord Blood Storage Agreement – Overview

Overview

This agreement sets out the terms under which Cryosite will provide collection, processing and storage of your baby's cord blood. Please read this information carefully, it is important that you understand exactly what is involved in the process of collection and storage of cord blood. If after reading this document you have any questions, do not hesitate to contact one of our representatives (1800 220 410). The Agreement comprises a number of sections including:

- **Client Details & Declaration – Page 2-5:** this provides contact details and other important information about the birth, together with the terms under which your baby's cord blood will be collected and stored.
- **Consent for Collection – Page 6:** You will need to confirm with your obstetrician or midwife that he/she is willing to collect the cord blood at the time your baby is delivered. You and your collector must both sign the Consent for Collection of cord blood. In some cases your hospital may also ask you to sign a Release document. This is requested by some Hospitals and must be signed before they will permit the collection to proceed. Cryosite will provide this Release document if required by your Hospital.
- **Medical History – Page 7-8:** You must complete the Medical History questionnaire. It is similar to the form completed when a person donates blood. This is an important document and you should take care when answering these questions. If you require assistance to complete this section please contact Cryosite. Furthermore, if relevant medical information becomes known to you in the future, you should let Cryosite know.
- **Payment Options & Authorisation – Page 9:** There are a number of payment options available. You need to select your preferred payment option and fill in the payment details and if elected, the Direct Debit Request Form (Page 10).

What do I do when I have completed the documents?

Fax completed forms to 1800 210 410 or mail to 13A Ferndell Street, South Granville, NSW 2142

- It is preferable to send Cryosite your Agreement (Pages 2-10 of this document) at least 6 weeks prior to your estimated date of delivery. This allows Cryosite to prepare and send your unique Cord Blood Collection Kit to the delivery suite of your nominated hospital. Occasionally it may be necessary to send the kit directly to your home address, if this is the case then we will contact you to arrange a suitable time. If your due date is less than 4 weeks away, you should fax this Agreement to Cryosite (1800 210 410) so that we can immediately arrange for the delivery of your Collection Kit.
- Cryosite will also contact your hospital and your obstetrician/midwife to notify them of your intention to collect your baby's cord blood, and if required, to provide training.
- Cryosite will acknowledge receipt of your Storage Agreement and provide you with the details of the Cord Blood Pick Up service whom you must contact after the birth of your baby.

What happens after my baby's cord blood is collected?

- After the collection of your baby's cord blood you or your birthing partner must contact our Cord Blood Call Centre, and we will arrange for our Courier to pick up the sample and transport it to our laboratory for processing and long-term storage.
- Your courier will verify the contents of your shipping container in your presence before sealing for shipment. You (or a family member) will be asked to sign a packing slip and consignment note, releasing the sample for shipment to Cryosite.
- Please note that cord blood samples have 36 hours from the time of collection to when processing must commence. Because of this window, you may find that your sample is not picked up immediately, especially for births that have taken place during the night. Please do not worry, our couriers are trained and aware of this time frame and will plan the pick up time to coincide with flight times (if applicable).

Cord Blood Storage Agreement – Overview

Please print clearly. All information is required.

Parents Details			
Mother's Full Name:		Mother's Maiden Name:	
Under which name are you booked into the hospital? <i>(if different from above)</i>		Mother's Date of Birth:	
Father's Full Name <i>(optional)</i> :			
Home Address:		Suburb:	State: Postcode:
Telephone:		Mobile:	
Email:		Occupation <i>(optional)</i> :	
Mother's Country of Birth:		Mother's Ethnic Background:	
Father's Country of Birth:		Father's Ethnic Background:	

Delivery Details	
Estimated Due Date:	Single Birth / Twins / Triplets <i>(please circle)</i>
Elective Caesarean Date & Time <i>(if applicable)</i> :	

Name of Obstetrician / Midwife / Collector:			
Address:	Suburb:	State:	Postcode:
Telephone:	Fax:		

Hospital Name:	Private / Public Patient <i>(please circle)</i>		
Hospital Address:	Suburb:	State:	Postcode:
Telephone:			

How did you hear about Cryosite? <i>(If ^ please give details)</i>			
Obstetrician	www.cryosite.com	Antenatal Class^	Baby Fair^
I am a repeat customer	Pregnancy Magazine^	Internet Search Engine^	Hospital^
Personal referral^	Ultrasound Clinic^	TV/Radio^	Other^

Office Use Only
Client ID:
Date Received:

Cord Blood Storage Agreement – Client Declaration

^ Please give details:

Initial:

I/We, _____ (insert name(s)) agree to have our child's cord blood collected and stored with Cryosite Ltd.

We have read the written information about cord blood storage provided to us by Cryosite. Our decision to enter into this Cord Blood Storage Agreement with Cryosite has been made after a full consideration of that information. We have had an opportunity to ask any further questions we may have about cord blood storage, and those questions have been answered to our satisfaction by representatives of Cryosite.

A. WE UNDERSTAND THAT:

1. This is an autologous cord blood collection.
2. Cord blood collection and storage is a relatively new and experimental technique. Stem cells from our child's cord blood may assist in the treatment of future diseases our child may suffer, but this cannot be guaranteed.
3. There may be risks and complications associated with the future therapeutic use of our child's cord blood, which are as yet unknown. Decisions about the benefits and risk of this future treatment will be made by us at the time.
4. There are alternative source of stem cells, such as from bone marrow or peripheral blood.
5. No assurance has been given to us by Cryosite or its representatives about:
 - i. The effectiveness of cord blood storage;
 - ii. Whether our child's cord blood will be suitable for future therapeutic use; or
 - iii. Whether any diseases suffered by our child will be able to be successfully treated with stem cells from the cord blood.
6. The cord blood collection may be unsuccessful for a number of reasons, including, but not limited to:
 - i. That our doctor/collector is unable to perform the collection;
 - ii. That it is not possible to collect a sufficient quantity of cord blood for storage;
 - iii. That after collection, the cord blood is found to be unsuitable for storage; or
 - iv. Equipment, materiel or other failure that means the cord blood cannot be successfully processed.
7. The cord blood will only be collected if our doctor is confident that the collection will not pose a threat to the health of either mother or baby, and that our doctor has an absolute discretion to decide whether or not to proceed with the collection of the cord blood at the time.
8. While our doctor/collector will take measures to minimize the risk of bacterial contamination during the collection process, there is still a possibility that contamination may occur. Australian regulatory standards require all cord blood samples to be tested for bacterial contamination after processing has been completed. While cord blood testing positive for bacterial contamination can be stored and released for autologous use in accordance with Australian regulatory standards, its clinical application may be restricted. A determination on the suitability of the cord blood will be made by the treating doctor at the time of release. If our cord blood sample is bacterially contaminated, we will be advised in writing by Cryosite and it will continue to be stored in accordance with this agreement.
9. On receipt of the completed documentation, Cryosite will:
 - i. Provide us or our nominated hospital with a uniquely coded Cord Blood Collection Pack;
 - ii. Inform our nominated hospital of our decision to collect our baby's cord blood;
 - iii. Provide our nominated collector with cord blood collection guidelines and other training materials; and
 - iv. Provide us with details of the Cord Blood Pick up Service.

Cord Blood Storage Agreement – Client Declaration *continued*

10. It is our responsibility to contact the Cryosite nominated courier to arrange for the cord blood to be picked up as soon as possible after it has been collected. If there is a delay in our contacting the courier, this may affect the viability of the cord blood for storage.
11. Upon notification that the cord blood has been collected:
 - i. Cryosite will arrange to have the blood shipped to their own laboratory for processing;
 - ii. Cryosite will test the maternal blood sample for certain infections mandated by the TGA; including HIV (AIDS), HTLV, Hepatitis B and C, CMV and Syphilis. The TGA do not permit Cord Blood to be stored if the maternal sample tests positive for HIV. Mandatory tests may be subject to regulatory change. All results are confidential, but by law, some positive test results may have to be notified to the health authorities. Cryosite will disclose any positive test results to the doctor whose name appears on page 1 of this contract, or if no such doctor, then directly to you;
 - iii. Cryosite will test the cord blood sample for infections (mandated by the TGA) prior to release for supply. These tests currently include HIV, HTLV, Syphilis, Hepatitis B and Hepatitis C. Mandatory testing requirements for release may be subject to regulatory change;
 - iv. Occasionally, abnormal or unclear test results are obtained from the maternal blood sample and further testing may be required before testing whether the sample can continue to be stored. If this occurs, then we may be liable for any additional costs incurred; and
 - v. We consent to these tests and acknowledge that it is our responsibility to inform our doctor and Cryosite of any information relevant to the infection status of either mother or child, or if the child develops a serious disease.
12. We agree that Cryosite may dispose of cord blood samples that do not meet current regulatory requirements for therapeutic use.
13. Australian regulatory standards require that cord blood, maternal samples and associated collection records be appropriately labeled. If our doctor/collector does not adequately label these items the cord blood may have to be discarded. As this is out of Cryosite's control we will be charged as a "failed collection" see page 9).
14. Subject to the test results described above, Cryosite will store our baby's cord blood for an initial period of 18 years from the date of collection.
15. The medical history section must be completed by the birth mother (and if applicable, the surrogate/egg donor/sperm donor).
16. If we wish to retrieve our baby's cord blood sample in the future:
 - i. We must make the request in writing and provide the name of our treating physician who is requesting the cord blood.
 - ii. Cryosite will not charge us to prepare and release our baby's cord blood for use, but we will be responsible for any other costs, including courier fees to ship the blood to the destination requested by our treating physician; and
 - iii. Cryosite will refund the pro-rata amount of any pre-paid storage fees.
 - iv. We understand that once released for transfusion cord blood cannot be returned to storage.
17. We have the right to terminate the storage contract at any time by giving Cryosite 90 days written notice. We will remain liable to Cryosite for all outstanding payments and costs for the period from the start of the Agreement until the expiry of the notice period. Cryosite will provide us with a payout amount that will be based on our liability to pay a minimum total amount of \$2,000 plus \$175 for each year's storage[^]. If we have chosen to prepay for 18 years, we understand that the total amount that we are liable to pay is \$2,995 and any refund will be limited to \$2,995 less \$2,000 plus \$175 for each year's storage plus the Disposal Fee as below[^]. We also agree to pay to Cryosite all costs associated with the transfer or disposal of the blood. The current Disposal Fee is \$300[^]. If the sample is to be transferred to another storage site, Cryosite will provide a cost for this transfer at the time. Immediately after we advise Cryosite of our intention to cancel the Agreement, Cryosite will provide us with a Notice of Cancellation or Transfer Indemnity Form which we must sign and return to Cryosite before the transfer or destruction will be arranged. [^]Rates for multiple births will be adjusted accordingly.

Cord Blood Storage Agreement – Client Declaration *continued*

18. Cryosite has the right to terminate this storage contract:
- Immediately by giving written notice of termination if we fail to pay the annual storage fee within 30 days of its due date; or
 - At any time by giving not less than six months written notice so that we have time to make alternative arrangements for the storage of the blood. Cryosite will use its best endeavors to assist us to arrange alternative storage.
If we do not make alternative arrangements for storage of our child's cord blood in the event of termination of the storage contract, Cryosite is authorised to dispose of our child's cord blood
 - Cryosite also has the right to terminate this storage contract if it comes to Cryosite's knowledge that any information provided by us in this Agreement is false or we have intentionally withheld material information. In this case there will be no refund of fees paid by us. If we do not make alternative arrangements for storage of our child's cord blood in the event of termination of the storage contract, Cryosite is authorised to dispose of our child's cord blood.
19. Cryosite is aware of the need to protect our privacy in relation to our family's information and will treat all information on a confidential basis in accordance with the relevant Commonwealth, State and Territory privacy legislation.
20. Transfer of cord blood for any other purpose, or to a facility not appropriately licensed by the TGA, may mean that our baby's cord blood does not comply with TGA requirements for therapeutic release.
21. Prior to release for supply the treating doctor may require additional information regarding the history of the pregnancy and delivery details.

B. WE AGREE THAT:

- We as parents and guardians of our child are responsible for the storage of our child's cord blood until our child reaches the age of legal majority and is able at that time to give an informed consent regarding the storage and use of the cord blood.
- Cryosite will store our child's cord blood on the conditions set out in the Cryosite written "General Information for Expectant Parents about Cord Blood Collection & Storage" and this Storage Agreement.
- We will pay the agreed storage fees to Cryosite as and when they fall due.
- We must notify Cryosite of any changes to our contact details. If we fail to do this and Cryosite is unable to make contact, then Cryosite reserves the right to dispose of the cord blood at the end of the period for which the fees have been paid; and
- We authorize Cryosite to proceed with the storage of our child's cord blood even if a low volume of cells is collected. Yes No

We have read and fully understood the written information about cord blood storage provided to us by Cryosite. Our decision to enter into this Cord Blood Storage Agreement with Cryosite has been made after a full consideration of that information. We have had an opportunity to ask any further questions we may have about cord blood storage and those questions have been answered to our satisfaction by representatives of Cryosite. We certify that we have answered all questions truthfully and to the best of our knowledge.

Signature of Mother

Signature of Witness

Name

Name of Witness

Signature of Father (*optional*)

Signature of Witness

Cord Blood Storage Agreement – Client Declaration *continued*

Name

Name of Witness

I, (*insert name of Birth Mother*), request my doctor, midwife or authorised collector (as applicable) to collect the umbilical cord blood following the birth of my baby, to enable the cord blood to be stored with Cryosite.

I have decided to request the collection of the cord blood after reading and considering the information about cord blood storage provided to me by Cryosite. I have had an opportunity to contact Cryosite to discuss cord blood storage and to ask any further questions I may have. I agree that if the collector is not present at the time of delivery, another authorised collector may collect the cord blood.

I understand that at the time the cord blood is collected, my doctor will also take a blood sample from me which will be sent to Cryosite and tested for various infections, including HIV, HTLV, Hepatitis B and C and Syphilis. I consent to the taking of this blood sample and to the proposed tests.

Signature of Birth Mother

Signature of Witness

Date

Name of Witness

Doctor's/Collector's Consent

I agree to collect a sample of cord blood and maternal samples following the delivery of this patient's baby in accordance with protocols supplied by Cryosite.

Name of Doctor/Collector

Signature of Doctor/Collector

Date

Cord Blood Storage Agreement – Medical History

(To be completed by the birth mother)

This medical health questionnaire allows Cryosite to have a comprehensive medical history on file for your baby's cord blood sample. A positive response to any questions, does not, however necessarily, exclude you from collection. All personal information is held in accordance with the relevant Commonwealth, State and Territory privacy legislation. Please answer these questions honestly and to the best of your knowledge. Please print clearly and provide all requested information. In some circumstances, we may need further clarification of your answers, or may need to perform additional blood tests prior to the cord blood collection. If you require assistance to complete this section please contact Cryosite.

Maternal Health:	Yes	No
1 Are you in good general health?	<input type="radio"/>	<input type="radio"/>
2 Have you ever had a serious illness?	<input type="radio"/>	<input type="radio"/>
3 Are you currently taking any prescription medicine?	<input type="radio"/>	<input type="radio"/>
4 Have you had any problems with this pregnancy?	<input type="radio"/>	<input type="radio"/>
5 Ever received a transplant or a graft (organ, cornea, dura mater, bone etc)?	<input type="radio"/>	<input type="radio"/>
6 Received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986?	<input type="radio"/>	<input type="radio"/>
7 Have you spent a cumulative period of 6 months or more in the United Kingdom between 1 January 1980 and 31 December 1996?	<input type="radio"/>	<input type="radio"/>
8 Have you traveled overseas in the past 12 months?	<input type="radio"/>	<input type="radio"/>
9 Was this pregnancy a result of in vitro fertilization (IVF)? <i>If yes, please circle: Birth Mothers Egg / Donor Egg* / Partner Sperm / Donor Sperm*</i>	<input type="radio"/>	<input type="radio"/>
10 Was this pregnancy a result of artificial insemination? <i>If yes, please circle: Partner Sperm / Donor Sperm*</i>	<input type="radio"/>	<input type="radio"/>

** For Donor Egg or Donor Sperm, a separate medical history may be required. Cryosite will advise you following receipt of contract.*

In the past 12 months have you or your partner:	Yes	No
11 Had an illness with swollen glands and a rash, with or without fever?	<input type="radio"/>	<input type="radio"/>
12 Ever thought you could be infected with HIV or have AIDS?	<input type="radio"/>	<input type="radio"/>
13 Ever had treatment with clotting factors such as Factor VII or Factor IX?	<input type="radio"/>	<input type="radio"/>
14 Ever injected drugs that were not prescribed by a doctor?	<input type="radio"/>	<input type="radio"/>
15 Ever had a test, which showed you had Hepatitis B, Hepatitis C, HIV or HTLV?	<input type="radio"/>	<input type="radio"/>
16 Engaged in sexual activity with someone you might think would answer 'yes' to any of the questions 11-14?	<input type="radio"/>	<input type="radio"/>
17 Engaged in sexual activity with a new partner who currently lives or has previously lived overseas?	<input type="radio"/>	<input type="radio"/>
18 Had male-to-male sex?	<input type="radio"/>	<input type="radio"/>
19 Engaged in sexual activity with a male who you think might have answered yes to Question 18?	<input type="radio"/>	<input type="radio"/>

Cord Blood Storage Agreement – Medical History

		Yes	No
20	Received money, gifts or drugs in exchange for sex?	<input type="radio"/>	<input type="radio"/>
21	Engaged in sexual activity with someone who might have answered yes to Question 20?	<input type="radio"/>	<input type="radio"/>
22	Been injured with a used needle (needlestick)?	<input type="radio"/>	<input type="radio"/>
23	Had a blood or body fluid splash to eyes, mouth, nose or to broken skin?	<input type="radio"/>	<input type="radio"/>
24	Had a tattoo (including cosmetic tattooing), skin piercing, electrolysis or acupuncture?	<input type="radio"/>	<input type="radio"/>
25	Been arrested or imprisoned?	<input type="radio"/>	<input type="radio"/>
26	Had a blood transfusion?	<input type="radio"/>	<input type="radio"/>
27	Had yellow jaundice or hepatitis or been in contact with someone who has?	<input type="radio"/>	<input type="radio"/>
28	Had Malaria, or other parasitic disease?	<input type="radio"/>	<input type="radio"/>
29	Been refused as a blood donor?	<input type="radio"/>	<input type="radio"/>

Has anyone in the maternal or paternal family:
(including parents, grandparents, siblings and parents siblings)

		Yes	No
30	Had a blood or bleeding disorder?	<input type="radio"/>	<input type="radio"/>
31	Had any serious diseases?	<input type="radio"/>	<input type="radio"/>
32	Any congenital or genetic disease?	<input type="radio"/>	<input type="radio"/>
33	Had or have Creutzfeldt Jacob Disease (CJD)?	<input type="radio"/>	<input type="radio"/>
34	Had or have Gerstmann Straussler-Scheinker syndrome (GSS) or Fatal Familial Insomnia (FFI)?	<input type="radio"/>	<input type="radio"/>
35	Had any immune deficiency, platelet or metabolic diseases?	<input type="radio"/>	<input type="radio"/>
36	Had any cancers or other malignancies?	<input type="radio"/>	<input type="radio"/>

If you answered yes to any question (other than number 1) please specify which question and provide further information. If appropriate please attach additional paper or documentation.

I certify that I have answered all questions truthfully and to the best of my knowledge.

Signature of Mother

Signature of Witness

Name

Name of Witness

Cord Blood Storage Agreement – Payment Options & Authorisation

How much does it cost?

We appreciate that having a baby can sometimes be financially challenging but we also believe in the importance of storing your baby's cord blood and want to make sure that our service is financially accessible to everyone – that is why you can now choose our Baby Bonus or Installment options. It can also make a wonderful gift from grandparents.

Unlike other companies, **NO** additional charges will apply for collections that take place out of normal business hours, on weekends or on public holidays. (Late Registration: A fee may apply for late registrations requiring a collection pack to be shipped using a **Same Day** service to your nominated hospital. please contact Cryosite for details.)

Payment Plans

The cost of storing your baby's cord blood is split into two components – the Registration Fee, and the Processing and Storage Fee. The Registration Fee covers administration costs, the cost of the Collection Kit, the courier fees (to and from the hospital) and the costs of training collection staff. The Processing & Storage Fee includes the costs of processing and testing your baby's cord blood and storage for 18 years. This may be paid in installments (see below). The Processing & Storage price for twins is shown in brackets.

Plan A – Full Payment Option^{§*}

- \$500 registration fee - payable at the time of enrolment
- \$2495 (\$4250) - payable at the time of birth

Plan B – Baby Bonus Option^{§*}

- \$500 registration fee - payable at the time of enrolment
- \$1000 (\$1750) - payable at the time of birth
- 5 monthly payments of \$350 (\$550) commencing one month after the birth of your baby

Plan C – Installment Option^{§*^}

- \$500 registration fee - payable at the time of enrolment
- \$1500 (\$2500) - payable at the time of birth
- 17 annual payments of \$175 (\$350) commencing the year after the birth of your baby

[§]Total Plan A - \$2995 (Twins \$4750); Total Plan B - \$3250 (Twins \$5000); Total Plan C - \$4975 (Twins \$8950).

* Discounts (if applicable) are only available for Plan A - Full Payment Option and are not applied against the registration fee. No discount available for the Baby Bonus or Installment Option.

^ Annual payments will be indexed by CPI each year. The annual storage fee of \$175 (twins \$350) is subject to review. Any change to this fee will be advised with 30 days prior written notice.

Payment Authorisation

I have read and understood and agree to pay the fees as set out in this Schedule of Fees. I have selected the following Payment Plan (please tick).

- | | |
|---------------|----------------------------|
| Plan A | Full Payment Option |
| Plan B | Baby Bonus Option |
| Plan C | Installment Option |

Signed: _____

Name: _____

Payment by Cheque:

Please make cheques payable to Cryosite Ltd

Payment by Direct Debit:

Please complete Direct Debit Request (following page)

Payment by EFT:

Account BSB 012 003, account number 349792629

Payment by Credit Card (please circle):

Visa/Master Card

Cardholder Name: _____

Credit Card No.: _____ Expiry Date: _____

Telephone Number: _____

Cardholder Signature: _____

Minimum Charge

If the collection of your baby's Cord Blood is unsuccessful, the maximum amount you will be charged will be the \$500 Collection Fee (this includes the preparation and dispatch of a unique collection pack for your baby's cord blood). If the maternal sample tests positive for HIV (the TGA does not permit the storage of HIV positive cord blood) you will be charged the collection fee of \$500 plus the processing and testing fee of \$1400.

Cord Blood Storage Agreement – Direct Debit Request Form

To: Cryosite

I/we request that moneys due in terms of the Payment Plans contained in the Schedule of Fees, forming one part of the Cord Blood Storage Agreement made between ourselves on .../.../..., be drawn under the Direct Debit System from my/our account as follows:

Account details:

Name of Bank: _____

BSB: _____

Account No: _____

Account Name: _____

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Client Service Agreement received from Cryosite Limited, Debit User ID number **216886**.

(Signature 1)

(Signature 2)

CRYOSITE PAYMENT PLAN – CLIENT SERVICE AGREEMENT

Our commitment to you, drawing arrangements:

The Cryosite Payment Plan drawing arrangements will commence on the last business day of the month in which your Cord Blood Storage Agreement is received.

- We will not change the amount or frequency of drawing arrangements without your prior written approval.
- We reserve the right to cancel the Cryosite Payment Plan drawing arrangements if three or more drawings are returned unpaid by your nominated financial institution, and to arrange with you, an alternate payment method.
- We will keep all information pertaining to your nominated account at the financial institution, private and confidential.

Your Rights:

- You may terminate the Cryosite Payment Plan drawing arrangements at any time by giving written notice directly to Cryosite, or through your nominated financial institution. Such notice should be received by us at least 5 business days prior to the due date.
- You may stop payment of a drawing under the Cryosite Payment Plan by giving written notice directly to Cryosite, or through your nominated financial institution. Such notice should be received by us at least 5 business days prior to the due date.
- You may request change to the drawing amount or frequency of Cryosite Payment Plan drawings by giving written notice directly to Cryosite. Such notice should be received by us at least 5 business days prior to the due date.
- If you consider that a drawing has been initiated incorrectly (outside the Cryosite Payment Plan arrangements), you should contact Cryosite or your nominated financial institution.

Your commitment to us, Your responsibilities:

It is your responsibility to ensure the following:

- Sufficient funds are available in the nominated account to meet a drawing on its due date.
- The authorization to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.
- Advise us if the account nominated by you to receive the Cryosite Limited Payment Plan drawings is transferred or closed.
- Arrange for a suitable alternate payment method if you wish to cancel the Cryosite Payment Plan drawing.