

Attachment No. 1
REPRESENTATIONS AND CONSENTS OF THE PARENTS
 (*consents and representations which are required for the conclusion of the Agreement)

<p>1. *We represent and warrant that by entering into this Agreement for the provision of processing and cryopreservation (liquid nitrogen vapour storage) of the Stem Cell Deposit of our child by nOvum, we are acting in agreement and in mutual understanding on behalf of our unborn child.</p>	<input type="checkbox"/> YES
<p>2. *We represent and warrant that the data and information we have provided as indicated in the Agreement Form, in particular: Date of childbirth, Planned Place of Childbirth, Doctor providing prenatal care, as well as residential, mailing and e-mail addresses, are true and up-to-date as of the date of signing of the Agreement.</p>	<input type="checkbox"/> YES
<p>3. * We give our consent for nOvum to collect our child's Biological Material.</p>	<input type="checkbox"/> YES
<p>4. * We give our consent for nOvum to carry out the following laboratory tests of our Child's Biological Material (also referred to in paragraph 8.1 of the GTC), necessary for the performance of the Agreement, within the framework of this Agreement:</p> <ol style="list-style-type: none"> 1. morphology of the Biological Material, 2. volume and Cellularity of the Biological Material, 3. microbiological tests of the Biological Material. 	<input type="checkbox"/> YES
<p>5. *We give our consent for nOvum to process and isolate the preparation of the Biological Material that will contain our Child's Stem Cells - the Deposit and for nOvum to cryopreserve the Deposit under the terms of the Agreement.</p>	<input type="checkbox"/> YES
<p>6. *We give our consent for additional laboratory tests of the Deposit, in the event that the Mother obtains the results of the laboratory tests referred to in paragraph 8.4.2. of the GTC, confirming the detected infections in the Peripheral Blood, as referred to in paragraph 8.4.4. of the GTC.</p>	<input type="checkbox"/> YES
<p>7. *We give consent for additional laboratory tests to be performed on the Deposit in the event that the Mother fails to provide nOvum, within the timeframe specified in the GTC, with the results of the Mother's laboratory tests recommended by nOvum to the Mother in accordance with paragraph 8.4.1 of the GTC, as referred to in paragraph 8.4.5 of the GTC.</p>	<input type="checkbox"/> YES
<p>8. *We give our consent for nOvum to commence the provision of services under this Agreement before the expiry of the 14-day time limit for us to withdraw statutorily from the Agreement, consisting in particular of:</p> <ol style="list-style-type: none"> 1. provision of the Collection Pack to us; 2. collection of the Biological Material on the Day of Childbirth and collection of Peripheral Blood from the Mother after the Childbirth, 3. transportation of the Biological Material and Peripheral Blood from the Actual Place of Childbirth to the laboratory of nOvum; 4. performance of the laboratory tests of the Biological Material and Peripheral Blood referred to in paragraph 8 of the GTC; 5. isolation from the Biological Material of the preparation with Stem Cells - Deposit. <p><i>pursuant to Article 15(3) or Article 21(2) of the Consumer Rights Act of 30 May 2014 (Journal of Laws of 2020, item 287, as amended).</i></p>	<input type="checkbox"/> YES
<p>9. * We agree that nOvum may dispose of the Deposit or part thereof if:</p> <ol style="list-style-type: none"> 1. after conducting the laboratory tests of the Biological Material to which we have consented above and which are also referred to in paragraph 8.1 of the GTC, it turns out that the Cellularity of the Umbilical Cord Blood or the Cellularity of the Placental Blood does not exceed the Limit Value as referred to in paragraph 8.2.4 of the GTC; 2. the results of laboratory testing of the Biological Material or the Deposit indicate that the Biological Material or the Deposit is infected or that an Infection is present in the Deposit, and we do not submit an Instruction to nOvum in the manner set out in paragraph 8.11.1 and paragraph 8.11.2 of the GTC, as referred to in paragraph 8.12 of the GTC; 3. we withdraw from the Agreement after nOvum has obtained the Biological Material (paragraph 14.5.2 of the GTC). 	<input type="checkbox"/> YES

<p>10. * We give our consent for nOvum to process the personal data of our Child provided by us for the purpose of the performance of the Service Agreement to the extent necessary for the preparation and cryopreservation of the Stem Cells, including the sensitive data indicated in the results of the laboratory tests we agreed to perform above and in the protocol drawn up after the collection of the Biological Material - on the basis of Article 6(1)(a) and 9(2)(a) of Regulation EU 2016/679 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 (GDPR) and pursuant to the provisions of applicable law. We represent that we have been informed of the right to withdraw this consent.</p>	<input type="checkbox"/> YES
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INDIVIDUAL REPRESENTATIONS AND CONSENTS OF THE MOTHER AND FATHER

	Mother	Father
<p>11. * I give my consent for nOvum to carry out an interview concerning my state of health and to make this information available only to nOvum and to public authorities or other entities entitled to request it on the basis of generally applicable acts of law.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<p>12. * I give my consent for my venous blood (Peripheral Blood) to be collected for nOvum on the Day of Childbirth in the amount necessary for laboratory tests of Peripheral Blood.</p>	<input type="checkbox"/> YES	
<p>13. * I give my consent for nOvum to carry out the following laboratory tests on my Peripheral Blood as necessary for the performance of the Agreement:</p> <ol style="list-style-type: none"> 1. testing for HBsAg antigen - for hepatitis B infection; 2. testing for anti-HBc antibodies (anti-HBc) - for hepatitis B infection; 3. anti-HBc IgM antibody test (p/c anti-HBc IgM) (if anti-HBc is positive) - for hepatitis B infection; 4. anti-HCV antibody test (anti-HCV) - for hepatitis C infection; 5. serological screening for HIV infection (HIV Ag/Ab (Combo)); 6. testing for syphilis infection (WR testing). 	<input type="checkbox"/> YES	
<p>14. I give my consent for my Peripheral Blood test results to be collected by the Father.</p>	<input type="checkbox"/> YES	
<p>15. *I give my consent for nOvum to process my personal data for the purpose of performing the Service Agreement for the preparation and storage of Stem Cells, including the sensitive data indicated in the results of the laboratory tests I have agreed to perform above - on the basis of Art. 6 (1) (a) and Article 9(2)(a) of Regulation EU 2016/679 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 (GDPR) and on the basis of the provisions of the applicable law. I represent that I have been informed of the right to withdraw this consent.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> YES

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MOTHER

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FATHER