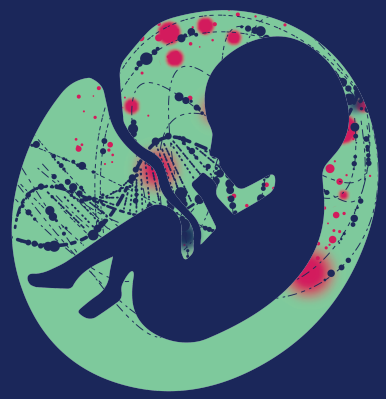
NEXT Pregnancy Journey

10 weeks



01

TriScreen Non-Invasive Prenatal Testing:

A safe screening test from 10 weeks of pregnancy for detecting chromosomal abnormalities in your unborn baby.

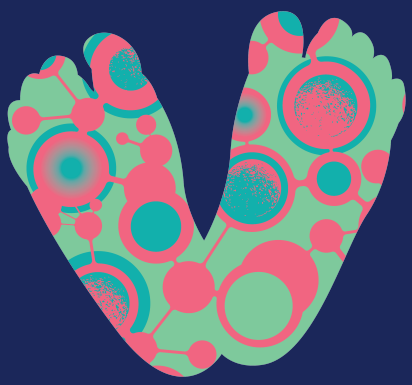
At birth

02

Netcells Stem Cell Banking:

Preservation of a baby's umbilical cord blood and tissue stem cells for potential future lifesaving treatments.

Post birth



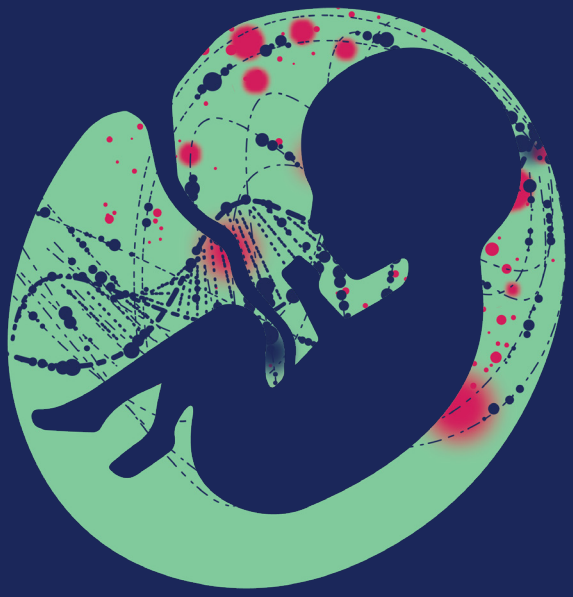
03

FirstScreen Newborn Screening:

A screening test for genetic and metabolic disorders in a newborn baby, often not apparent at birth, to ensure early detection.

NEXT GENETICS

TriScreen Non-Invasive Prenatal Test (NIPT)



Rethink Prenatal Screening. Think NIPT.

Humans typically have 23 pairs of chromosomes (46 in total) within almost every cell in our body. One chromosome of each pair comes from our mother, and the other from our father. The chromosome pairs are numbered from 1 -22 and the last pair determines gender. Females typically have two X chromosomes, and males typically have an X and a Y chromosome.

A change in the number of chromosomes can lead to a change in development. Having an extra copy of a chromosome is called a trisomy (three copies), while missing a copy of a chromosome (having only one copy) is called a monosomy. A trisomy or monosomy can result in a genetic condition, such as Down syndrome. Individuals with Down syndrome have three copies of chromosome 21 (Trisomy 21).

Prenatal testing

Prenatal testing assesses a woman's chance of carrying a pregnancy with certain chromosomal abnormalities. There are a variety of prenatal testing options available to find out if there is a chromosomal abnormality present in a pregnancy. These tests can be divided into 2 categories:

Diagnostic Test:
Such as an amniocentesis or chorionic villus sampling can confirm the presence of a chromosomal abnormality. These types of tests are done by invasive means which have residual miscarriage risks.

Screening Test:
Such as an ultrasound or a blood test, such as NIPT or maternal serum screening, can evaluate if there is a higher or lower chance that the pregnancy is affected by a chromosomal abnormality. As these tests are not invasive, there is no risk to you or the pregnancy. However, these tests cannot confirm or completely rule out the presence of a chromosomal condition.

TriScreen NIPT

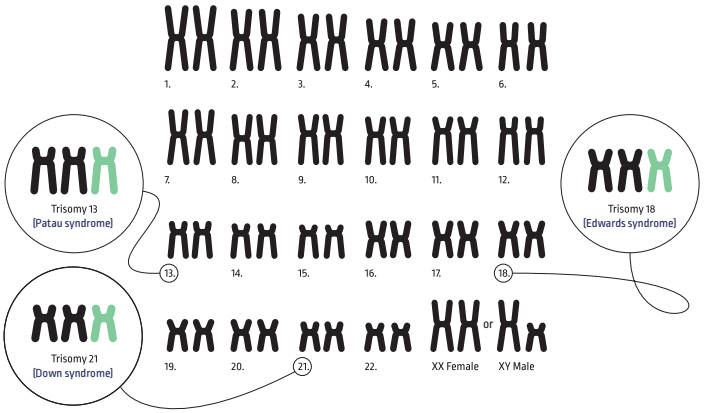
TriScreen (NIPT) safely and noninvasively screens for the most common chromosomal abnormalities from as early as 10 weeks gestation.

TriScreen uses a single maternal blood draw from the mothers arm, it is more accurate than maternal blood tests and ultrasound in the detection of chromosomal abnormalities, providing a greater sense of comfort.

Patient Signature

TriScreen can screen for the following chromosomal abnormalities*:

TriScreen (Standard Panel)
Trisomy 21 – Down syndrome
Trisomy 18 – Edwards syndrome
Trisomy 13 – Patau syndrome



TriScreen+ (All Chromosome testing)*
In addition to screening for the most common chromosomal abnormalities, TriScreen+ screens all chromosomes from 1 – 22 as well as the sex chromosomes and can also screen for extra or missing pieces of chromosomes larger than 7Mb. For anyone considering TriScreen+, we strongly advise having a detailed discussion with your healthcare provider or a genetic counsellor who can provide you with more information about the possible outcomes of the test, as these results may be more complex than the results obtained by testing for the more common chromosome abnormalities.

Additional Options

Sex chromosome abnormalities
Turner syndrome (monosomy X), Triple X syndrome (XXX), Jacobs syndrome (XYY) and Klinefelter syndrome (XXY)

Microdeletions*
22q11 deletion (Di George); 15q11 deletion (Angelman/Prader-Willi); 1p36 deletion; 4p- (Wolf-Hirshhorn); 5p- (Cri-du-chat)

*Dependant on the options selected by your Healthcare Provider
*Extra costs and longer turnaround time involved in additional options
*Genetic Counselling is advised for additional options

TriScreen can be performed on:

- Singleton pregnancies
- Twin pregnancies
- Donor pregnancies
- IVF pregnancies
- Surrogate pregnancies

Why TriScreen (NIPT)?

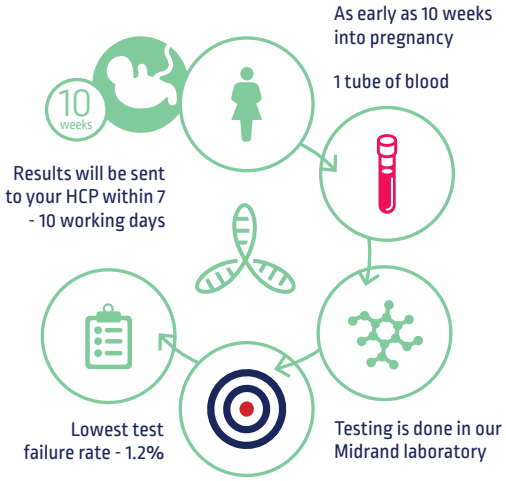
- Performed from as early as 10 weeks gestation
- Only requires a single blood draw from patient
- Non-Invasive – no risk of miscarriage
- Convenient 3 and 6 month payment plans
- Bespoke blood draw service – blood draw in the convenience of your own home
- High detection rates for conditions tested
- Very low false positive rates and low false negative rates compared with traditional serum screening tests.
- All patients who receive positive results following TriScreen are offered a free genetic counselling session to discuss the implications of the result and the available options in more detail.

It is recommended that suspected or abnormal results are confirmed with a Chorionic Villus Sampling (CVS) or Amniocentesis to make a definitive diagnosis.

How is the test done?

1. Blood is collected from the mothers' arm as early as 10 weeks of gestation
2. Testing is done in our Laboratory in Midrand, Johannesburg**
3. Results will be sent to your Healthcare Provider within 7-10 working days

** Certain testing options may result in the sample being tested in the Illumina Laboratory in California



I, hereby, declare that I have been informed about and understand the benefits, risks and limitations of non-invasive prenatal testing (NIPT). I would like to have the NIPT test done on my blood sample:

Yes ☐ No ☐

Patient Signature

POWERED BY illumina

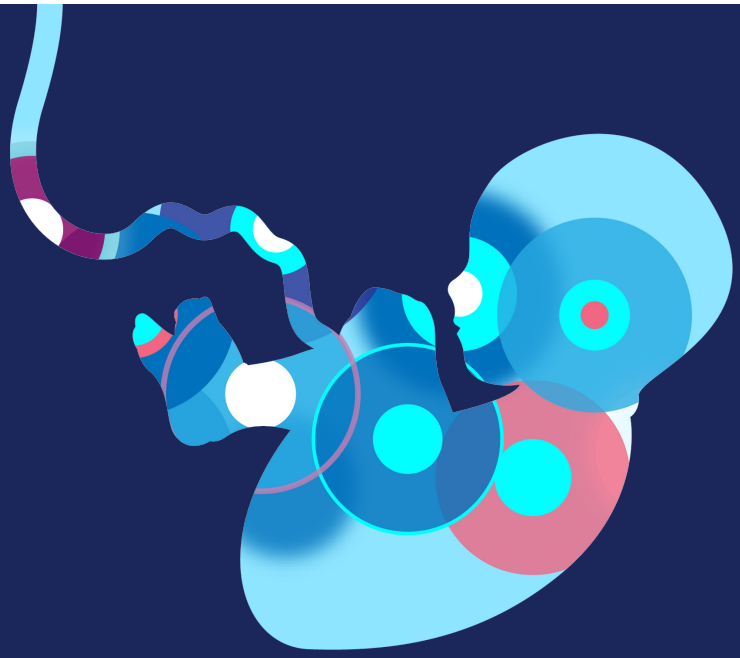
Fair and Balance: Noninvasive prenatal testing (NIPT) based on cell-free DNA analysis from maternal blood is a screening test; it is not diagnostic. Test results must not be used as the sole basis for diagnosis. Further confirmatory testing is necessary prior to making any irreversible pregnancy decision.

+27 (0)11 697 2900 | triscreen@nextbio.co.za | nextbio.co.za
Scan the QR code on the right to request more information.

By NEXT BIOSCIENCES *Nothing is inevitable. Anything is possible.*

NEXT BIOBANK

Netcells Stem Cells
Cord Blood and
Tissue Fact Sheet



Next Biobank offers expectant parents the opportunity to collect and store the umbilical cord blood and tissue at the birth of their baby. The cells found in the umbilical cord blood have huge regenerative potential and could be used in the treatment of over 80 life threatening blood and immune disorders. The cells found in the umbilical cord tissue are being researched in many ground-breaking medical treatments.

Umbilical Cord Blood

The cord blood is rich in haematopoietic (blood forming) stem cells that are used to treat over 80 blood related diseases. Cord blood stem cells are an alternative source of stem cells for the regeneration of damaged bone marrow, due to disease or medication. Cord blood is collected immediately after the birth of your baby by your obstetrician or midwife. The umbilical cord is cut and clamped, a needle is inserted into the umbilical vein and blood is collected into a sterile collection bag. Cord blood collection is quick, safe and painless for both mother and baby.

Umbilical Cord Tissue

The cord tissue is rich in stem cells that can develop into various connective tissues in the body such as skin, muscle, bone, cartilage, nerve and fat. These connective tissue stem cells are referred to as Mesenchymal stem cells (MSCs). MSCs are being investigated in research environments for a wide variety of aesthetic and medical conditions. Cord tissue is collected after the cord blood has been collected and the placenta has been delivered. A 10-15cm piece of umbilical cord is cut, cleaned and placed in a sterile collection tube.

BABY CITY

R500 BABY CITY VOUCHER

Register to bank your baby's stem cells with the **Netcells Private Bank** and receive a **R500 Baby City Voucher.**

PROMO CODE: DPREGPACK

T&Cs Apply

Cord Blood Uses

Of the 80 blood related diseases that stem cells are currently being used to treat, the most common are:

- Bone marrow cancers (leukaemia, lymphoma)
- Anaemias (sickle cell anaemia, thalassaemia, fanconi anaemia and aplastic anaemia)
- Immune deficiency syndromes
- Inborn errors of metabolism

It must be noted that autologous transplantations (using your own stem cells) cannot be used in the treatment of inherited blood disorders.

Internationally cord blood is being researched for potential use in improving the quality of life for people affected by a number of diseases that currently have no cure:

- Cerebral Palsy
- Brain Injury
- Stroke
- Autism
- Auto-immune diseases
- Acquired hearing loss

Cord Tissue Uses

Cord Tissue contains unique stem cells capable of differentiating into many different types of cells, which also have powerful anti-inflammatory properties. Internationally there are many clinical trials investigating the use of MSCs from cord tissue in treating:

- Skeletal injury (including bone, cartilage, muscle, tendon and ligament repair)
- Auto-immune disease
- Heart and vascular disease
- Gastrointestinal disease
- Diabetes
- Neurological disease and spinal cord injury
- Wound Healing
- Transplant complications (improving graft vs. host disease)
- Cosmetic uses

For more information on specific clinical trials visit ***www.clinicaltrials.gov***

Why should one store both cord blood and cord tissue?

Cord blood and cord tissue contain different stem cells with different clinical uses and are therefore not interchangeable. Cord blood stem cells are needed for bone marrow transplants and new emerging therapies mentioned above. Cord tissue stem cells regenerate connective tissue.

Who can use the Stem Cells?

100%

match for your baby.

25%

chance of being a match for a sibling.

Why should I consider banking my baby's stem cells?

1. **Stem Cells collected at birth** are biologically younger than stem cells collected later in life and therefore have better regenerative potential and a lower risk of disease relapse post transplant.

2. To date there have been over

   >40 000

   cord blood stem cell transplants .

3. Currently there is only a

   1 in **100 000**

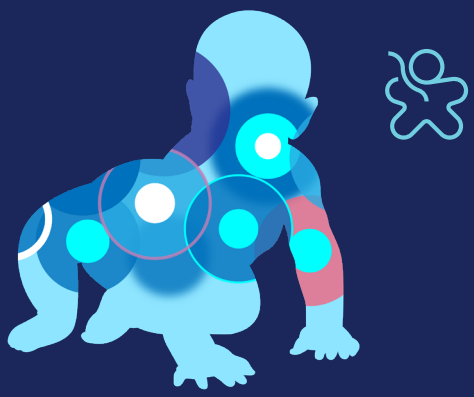
   chance of finding a matching bone marrow stem cell donor and the chance for patients of mixed ethnic decent is

   1 in **400 000**

4. **The cost to search for a matching donor can be a financial challenge** for most families, with the minimum cost being over R250 000.

NEXT BIOBANK

Netcells Community Bank
Patient Information



About Next Biobank

Next Biobank is the cryopreservation division of Next Biosciences. The facility uses advanced technologies to store and preserve a wide range of human biological material for potential life-saving treatments in the development of ground-breaking medical therapies.

Despite being highly technical in nature, we never lose sight that our business is about families and **safeguarding** their future health. We, therefore, continually strive to deliver a **personalised service** that gives clients direct access to our **in-house Medical Team** to inform, guide, and reassure them every step of the way.

As part of the Next Biosciences group, Next Biobank has access to all the resources needed to remain at the **leading edge of scientific, medical and technical advancements**. We also benefit from Next Biosciences' international partnerships and collaborations. Next Biosciences is committed to proving the highest quality standards and is internationally **accredited by the AABB** for the banking of cord blood.

In line with the stated purpose of Next Biosciences, we believe in making the world a better place and serving humanity. To this end, we have launched a **community-based** umbilical cord stem cell storage service, giving more South Africans in need of life-saving transplants, a better chance of finding a match.

About South African Bone Marrow Registry

Established in 1991, the South African Bone Marrow Registry (SABMR) is a non-profit organisation which conducts highly specialised searches to find matching bone marrow donors for critically ill South African children and adults. These patients need a stem cell transplant to survive and often do not find a suitable match within their own family.

SABMR is based at Groote Schuur Hospital in Cape Town but works closely with national collection, harvest and medical centers and laboratories, in identifying matching donors for patients and is responsible for making all logistical arrangements to have bone marrow cells collected ("harvested") from a donor and safely delivered to the patient.

"SABMR is here to save lives. That is the ultimate goal. If we give stem cells to a patient, it is often a life-saving intervention." Dr Charlotte Ingram (SABMR CEO and Medical Director).

SABMR is the only Donor Registry in Africa accredited by the World Marrow Donor Association: ***https://www.wmda.info***

This brochure gives more information to help you make an informed decision about signing up with the Netcells Community Bank. **SABMR and Netcells encourages you to sign up only if you are 100% sure that you are able and willing to do this.**

What are stem cells?

Expectant parents are faced with many decisions during pregnancy and at the birth of their baby. One of the most important decisions is whether to bank your baby's stem cells or not? The collection and storage of cord blood and tissue taken from the umbilical cord of a baby at birth is becoming increasingly common.

We like to think of stem cells as the original building blocks of life. They are the cells that make up the embryo and develop into different cell types in your body such as skin, blood cells, muscle, bone, nerves and cartilage. After birth, stem cells are found all over our bodies and they serve to repair and maintain our body's cells throughout our lives.

Your baby's umbilical cord blood is rich in blood-forming stem cells (haematopoietic stem cells), which can be used to help treat over 80 blood-related diseases. These stem cells make it possible to rebuild a person's blood and immune system. Cord blood is a valuable source of stem cells for a bone marrow transplant and can be used to replace diseased cells with healthy new cells and rebuild an individual's blood and immune system.

What can cord blood stem cells be used to treat?

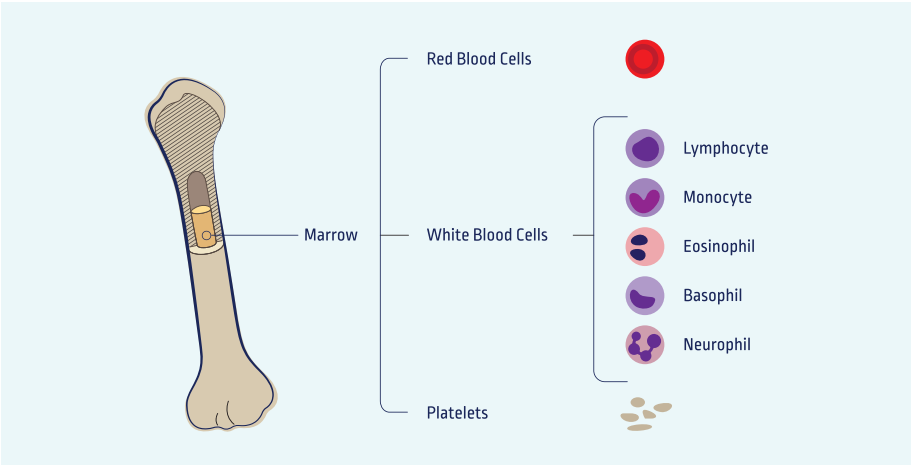
In our bodies, bone marrow is the source of all blood cells. It is considered to be the factory for producing red blood cells (which carry oxygen in our bodies), white blood cells (which help the body fight infection) and platelets (which help our bodies stop bleeding). Bone marrow stem cells, also called haematopoietic stem cells, continuously make new blood cells to replace old ones, ensuring our bodies can fight infection, carry oxygen to tissues and stop bleeding. If bone marrow is damaged by disease or medication, it cannot make these essential blood cells, leading to fatal consequences. Therefore, haematopoietic stem cells must be replaced as part of the treatment. This is done via a whole bone marrow or stem cell transplant.

During a transplant, doctors use drugs and radiation to destroy the diseased bone marrow. Healthy stem cells, from a donor, are infused into the patient in the same way as a blood transfusion. Stem cells, from a healthy donor, travel to the large bones and proceed to produce normal, healthy blood cells.

Bone marrow or stem cell transplants can help treat and even cure some life-threatening illnesses, including:

- **Leukaemia** (cancer of the white blood cells).
- **Non-Hodgkin's Lymphoma** (cancer of the lymphatic system).
- **Bone Marrow Failure** (severe aplastic anaemia).
- Some genetic **blood and immune system disorders**

These illnesses can affect anyone, no matter their age, gender, religion, race or nationality. Although bone marrow transplants are not always successful, they often give someone their only chance of recovery.



How does the Community Bank work?

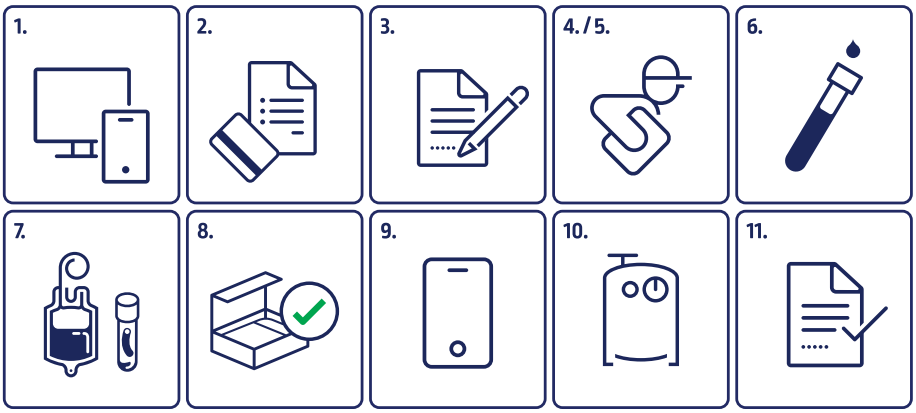
- The cord blood and cord tissue will be stored at the Next Biosciences Laboratory
- Parents will have personal access to the cord blood and tissue samples; however the cord blood sample will be listed on the South Africa Bone Marrow registry, making it available to others in need of lifesaving transplants. As a result, this type of cord banking is offered at a subsidized rate, by Next Biosciences and SABMR.
- If the cord blood unit is used by a recipient, the parents will be reimbursed the value that they paid for stem cell banking.
- The parents will be contacted should a match be identified to inform them that the sample will be used.

The Process

1. **Ensure you meet the donation criteria** – this can be found on our website.
2. **Register on-line** via the easy to use on-line registration platform and make payment.
3. Complete the **Family Health Questionnaire** and return it to our client services team.
4. **We will deliver** a Collection Kit to you.
5. You **take the Collection Kit with you** to the hospital for your Gynae/Midwife to do the collection.
6. When arriving at the hospital for the birth, ensure the **maternal bloods are drawn**, by a nurse.
7. At the birth your **Gynae/Midwife will do the collection** (there are collection protocols in the collection kit).

The umbilical cord is cut and clamped and a needle is inserted into the umbilical cord vein and the blood is collected into a sterile bag. 100 – 150ml of cord blood needs to be collected for it to be successfully stored, and a 10 – 15cm piece of the umbilical cord is cut and placed in a sterile tube with saline solution.

8. Ensure everything has been **packaged correctly** and documents have been completed.
9. You must then call the Netcells Client Services Team on **084 664 4646** to arrange for the collection kit to be collected and brought to the lab for processing.
10. The stem cells are **processed, cryogenically frozen and stored** in the vapour phase of liquid nitrogen in our state-of-the-art storage tanks.
11. You will receive an email with your **results certificate** and a **storage certificate** once full payment has been received.



If your Gynaecologist, Doctor or Midwife is not familiar with the process, we are happy to send them a video that takes them through the process in detail.

The collection process causes no harm or pain to the mother or baby. However, if there is any complication with the birth **the doctor will prioritize the health and wellbeing of the mother and baby** over the collection of the cord blood and tissue. Therefore, there are rare circumstances where collection cannot happen, for which no one is at fault.

Criteria

In order to qualify for being a cord blood donor on the SABMR registry the following criteria needs to be met:

- The biological mother and father of the child **cannot be related by blood** (by being 1st cousins or closer)
- The biological mother **cannot currently be infected** with one of the following;
  - **blood transmissible diseases:** Hepatitis B or C, Syphilis, HIV, Cytomegalovirus (CMV) Human T-lymphotropic virus I or II or Epstein–Barr virus.
  - **Viruses:** Zika virus or West Nile virus
  - **Tuberculosis** (an infectious bacterial disease).
  - **disease caused by a parasite:** Toxoplasmosis or Malaria.
- The biological mother or father of the child cannot have/had a blood related cancer, an inherited blood, bleeding or haematological disorder, an autoimmune disease, neurological disorder or an inherited metabolic/storage disorder. **A total family history for these conditions will also be taken in order to understand the risk of them affecting the cord blood unit.**

Your Privacy: The SABMR Policy is to ask all patients and donors to keep information about the donation process confidential. This means that patients and donors, or their family members, should not give any information about the timing and location of the procedure to newspapers, television stations or any other media including social media platforms.

The reason for the confidentiality is that SABMR does not want any assumptions made about the donor or patient since this would break the right to anonymity especially for the donor or patient.

However, should patients wish to write a Thank You letter to their donor, this is permitted and facilitated by SABMR.

Disclaimer: The contents of this brochure do not constitute medical advice. Anyone considering becoming a donor or needing medical advice prior to application should consult with his/her Healthcare Professional first.

SABMR Registration
Non-Profit Company
2013/152553/08
Public Benefit Organisation
930045321
Non-Profit Organisation
004-300NPO

SABMR Contact Details
J57 Old Outpatients' Building
Groote Schuur Hospital
Observatory
Cape Town 7925

T +27 21 447 8638
E admin@sabmr.co.za

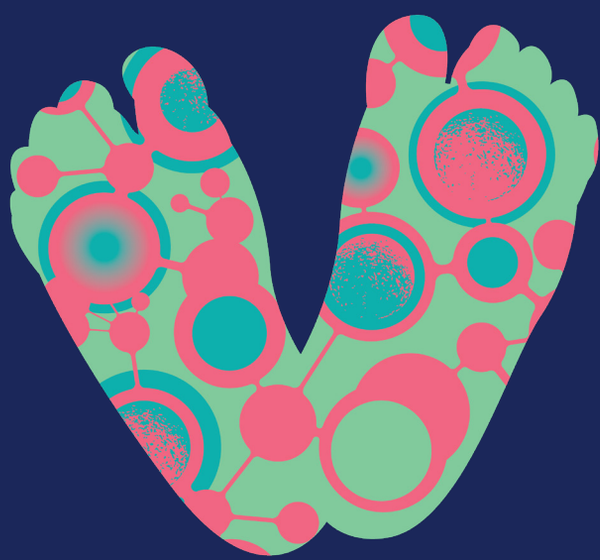
Netcells Stemcells (Pty) Limited
trading as Next Biobank
Registration No.: 2016/341111/07
Galaxy Building
International Business Gateway
Corner New Road and 6th Road
Midrand, 1685, Johannesburg
PO Box 53, Halfway House, 1685

T +27 (0) 11 697 2900
F +27 (0) 11 697 2901
www.nextbio.co.za

Scan the code below for easy access to more information.

NEXT GENETICS

FirstScreen
Newborn Screening Patient Information



Newborn screening (NBS) is recognised all over the world as a form of preventative healthcare. Newborn screening tests babies in the first few days of life for selected genetic and metabolic diseases that are often not apparent at birth. These congenital (from birth) diseases can progress rapidly to severe illness if not detected early and treatment started. Severe complications such as brain damage and possibly even death, can be prevented by this simple test.

Essential Information

Should all newborns be screened?
Since we do not know which child may be at risk of a metabolic disease, international practice recommends that all children undergo newborn screening. By testing all children, we are assured of finding the few that are affected, for whom early detection and treatment of the disease is vital.

When should my newborn be screened?
The ideal time is between 24-72 hours after birth, but up to a week after birth is still acceptable. Your baby needs to have had a few feeds and started the digestion and metabolism of proteins, carbohydrates and fats (all found in breast milk and formula milk) to bring the disorder to light.

Tests done outside the ideal timeframe may still be useful but they become less accurate.

What does it mean if a re-test is required?
Sometimes, the laboratory at North-West University may request that the test is repeated. It does not necessarily mean there is anything wrong with your baby – it may be that the sample was not collected properly and not enough blood was available for testing. Repeat tests may be requested in about 10% of cases.

What conditions are screened for?
24 conditions are screened for using the Newborn Screening Test, including Cystic Fibrosis and Galactosaemia.

What if my baby's result is abnormal?
If something is found to be abnormal with the results, a repeat test and sometimes additional blood and urine tests may be required. The request for further testing must not alarm you as it does not mean that there is something wrong with your baby. Often, when the first test suggests a problem, the results cannot be considered final until a repeat test is done. This requires a new blood sample. The Medical Team at Next Biosciences and your paediatrician will discuss the need for further tests with you.

What happens if my baby is diagnosed with a disorder?
If a test comes back positive for any of the disorders, your paediatrician will contact you immediately. Each disorder is treatable in its own way even though they are not curable. Your paediatrician will guide you through the explanation of the disease and the ways in which it can be treated. Next Genetics is also able to organise a genetic counsellor to counsel you about the implications of the disease.

How are these conditions treated?
In most instances, treatment consists of dietary modifications, dietary supplementation, hormones and sometimes medication. If your baby has one of these conditions, it is very important that treatment is started as soon as possible.

Are there risks involved in NBS?
Your baby will feel a little discomfort during the blood collection procedure and may cry a bit, however, the testing is not harmful at all.

Full list of the disorders that are screened.

Amino Acid Disorders

1. Citrullinaemia, Type I
2. Classic Phenylketonuria
3. Homocystinuria
4. Maple Syrup Urine Disease
5. Tyrosinaemia, Type I

Organic acid disorders

6. 3-Hydroxy-3-Methyglutaric Aciduria
7. 3-Methylcrotonyl-CoA Carboxylase Deficiency
8. Glutaric Acidaemia Type I
9. Holocarboxylase Synthase Deficiency
10. Isovaleric Acidaemia
11. Methylmalonic Acidaemia (Cobalamin disorders)
12. Methylmalonic Acidaemia (methylmalonyl-CoA mutase)
13. Propionic Acidaemia
14. ß-Ketothiolase Deficiency

Disorders of fatty acid oxidation

15. Carnitine Uptake Defect/Carnitine Transport Defect
16. Long Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHAD)
17. Multiple Acyl-CoA Dehydrogenase Deficiency (MADD or Glutaric Acidaemia II)
18. Medium-chain Acyl-CoA Dehydrogenase Deficiency
19. Very Long-chain Acyl-CoA Dehydrogenase Deficiency

Disorders of carbohydrate metabolism

20. Classic Galactosaemia

Endocrine disorders

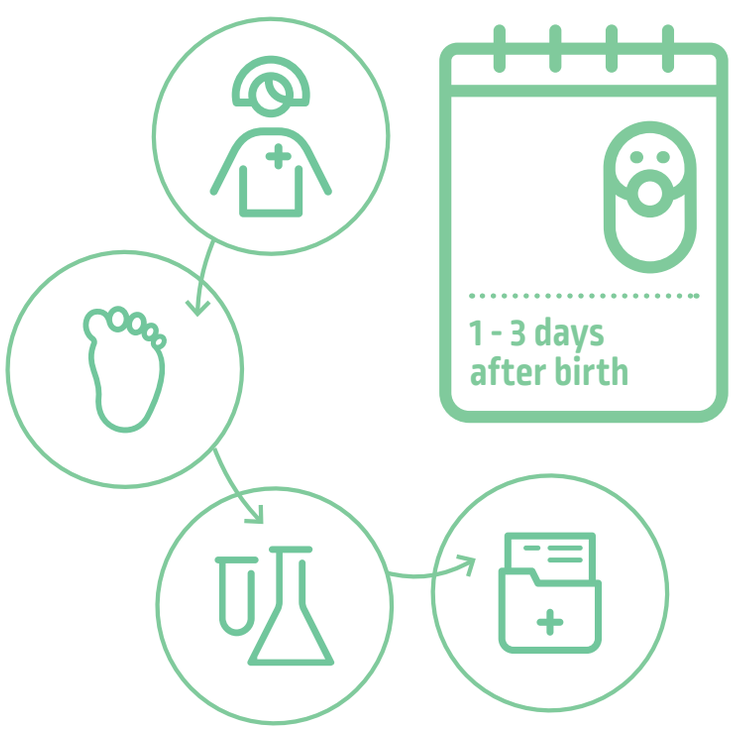
21. Congenital Adrenal Hyperplasia
22. Primary Congenital Hypothyroidism

Other Disorders

23. Biotinidase Deficiency
24. Cystic Fibrosis

How is the screening performed?

Next Genetics offers FirstScreen - a newborn screening test done in collaboration with North-West University and includes tests relevant to the South African population.



- The test must be done **1-3 days after birth**.
- Ask your paediatrician to **request the test**.
- **A nurse will come to your hospital bed** to do the test. If you leave the hospital before the advised timeframe, you will have to bring your baby back to the hospital for a test within the first week of life.
- **Blood is collected by a heel prick** to the baby. Sometimes, instead of a heel prick, blood may need to be drawn from the baby's vein. This causes minimal discomfort to the baby. 5 drops of blood are needed to be blotted on the card provided.
- The card will be couriered to North-West University where the **testing will be done**.
- Next Genetics will inform you and your **paediatrician of the results**.

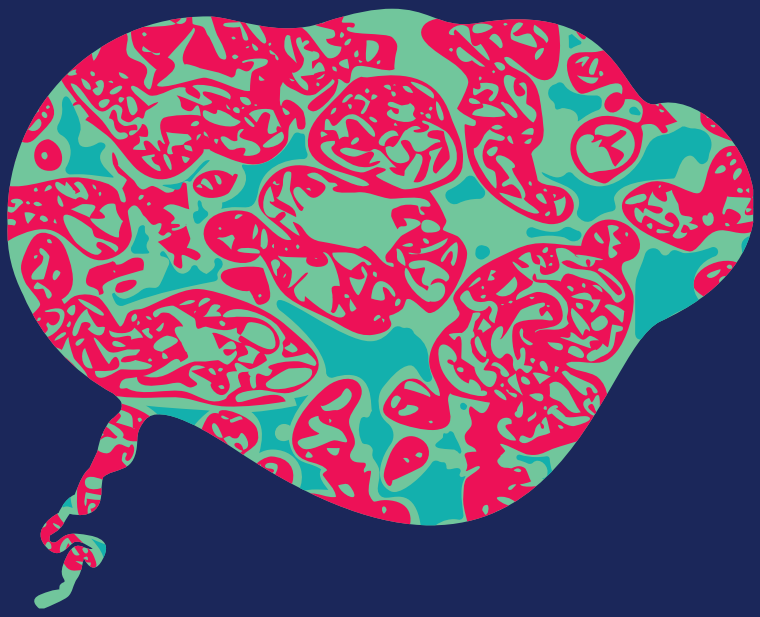
Visit the Next Biosciences website for more information on these disorders and to book a test - ***www.nextbio.co.za***

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

NEXT BIOLOGICS

The placenta – medical waste or medical wonder?

Did you know you can donate your placenta and umbilical cord blood?



What is the placenta used for?

The placenta contains an amniotic membrane which is the innermost layer of the placenta that lines the amniotic cavity in which the baby develops. This membrane contains cellular components, growth factors and cytokines that are beneficial to wound healing.

Next Biologics uses the amniotic membrane to manufacture a number of products that are used in eye surgery and to treat wounds such as diabetic foot ulcers, venous leg ulcers, bed sores and burns.

What is the process?

- You will be required to sign a formal informed consent giving permission for the donation of the placenta and umbilical cord blood once your baby is born.
- During the informed consent procedure, there will be a series of questions pertaining to your medical and social history. These will be used for medical purposes only and review of your medical information is confidential.
- A blood sample will be taken during your stay in hospital to check for blood transmissible diseases.
- There is no cost involved and you will not be remunerated for your donation as this is in line with SATiBA regulations.

Other important factors to note:

- You can still donate your placenta to Next Biologics if you are doing private stem cell banking. For more information on banking your baby's stem cells, visit the Netcells website.
- There is no risk to you or your baby during the donation process.

You are only able to donate if you are giving birth at the following hospitals:

1. Sandton Medi Clinic
2. Wilgeheuwel
3. Pretoria East
4. Unitas
5. Waterfall
6. Parklane

What do we use the umbilical cord blood for?

The blood found in the umbilical cord contains high concentrations for growth factors and cytokines that are beneficial to the wound healing process. Next Biologics extracts the serum from the umbilical cord blood to manufacture eyedrops.

These eyedrops, known as OptiSerum, are then used in the treatment of extreme dry eye and defects such as eye ulcers and chemical burns, providing lubrication and essential growth factors to heal the eye.

Who can donate?

- Expecting mothers who are giving birth via elective caesarean section.
- Expecting mothers who are of gestation of more than 34 weeks.
- Mothers not at risk of transmissible diseases such as; HIV or HIV related diseases, HTLV, Hep. B, Hep. C, Syphilis.
- Mothers who do not lead a high-risk lifestyle (drug and alcohol abuse, recent imprisonment, promiscuity).
- Mothers who have not had a blood transfusion in the past 12 months.
- Mothers with no medical condition such as cancer, connective tissue disorder, septicemia, autoimmune diseases and neurological conditions.

If you would like to find out more,
complete the below form and send it back to Next Biologics - ***clientservices@placelta.co.za***
Alternatively, you can scan the QR code and submit a digital form.

Name:
Surname:
Email address:
Cell phone number:
Gynecologists:
Hospital:
Due Date: