

## MATERNAL MEDICAL HISTORY FORM

**Instructions:** This form contains a number of questions concerning your (Biological Mother) medical history, past medical problems and risk behaviors. The questions are intended to identify potential diseases that might be transmitted by cord blood and are similar to the type of questions asked when a person donates blood. Many of the questions may not apply to you, but we are required by law to ask them. Please answer all questions completely and accurately. If you have any questions regarding this form, please call 1-888-STEMBANK.

### Have you ever:

Circle One

- |   |            |           |
|---|------------|-----------|
| 1. Been diagnosed with HIV or AIDS or had a positive test for HIV (AIDS virus) or the HTLV1 (including screening tests)?  | Yes        | No        |
| <b>If so, do you understand that if you have AIDS, you can give it to someone else even though you may feel well and have a negative AIDS test?</b>                       | <b>Yes</b> | <b>No</b> |
| 2. Had any type of cancer, including leukemia?  | Yes        | No        |
| 3. Been diagnosed with yellow jaundice, hepatitis or liver disease, or had a positive test result for hepatitis (including screening tests)?                              | Yes        | No        |
| 4. Had a bleeding problem such as hemophilia or other clotting factor deficiencies and received human-derived clotting factor concentrates?                               | Yes        | No        |
| 5. Been diagnosed with blood disease including aplastic anemia, thalassemia, Fanconi's anemia or sickle cell disease?   | Yes        | No        |
| 6. Been diagnosed with any parasitic disease, such as Chagas disease or Babesiosis?   | Yes        | No        |
| 7. Been diagnosed with West Nile Virus or Lyme disease?   | Yes        | No        |
| 8. Been diagnosed with Creutzfeldt-Jakob disease (CJD)?   | Yes        | No        |
| 9. Had a dura mater (brain covering) graft?   | Yes        | No        |
| 10. Had a xenotransplant (a transplant from an animal) or had a medical procedure that involved being exposed to live cells, tissues, or organs from an animal?           | Yes        | No        |
| 11. Lived or had sexual contact with anyone who had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? | Yes        | No        |
| 12. Been turned down as a blood or cord blood donor? If yes, why?   | Yes        | No        |
| <hr/>   |            |           |
| 13. Donated blood or cord blood under a different name? If yes, under what name, and when?  | Yes        | No        |
| <hr/>   |            |           |
| 14. Taken any of the following medications:   |            |           |
| A Propecia (finasteride) in the last month?   | Yes        | No        |
| B Accutane (isotretinoin) in the last month?  | Yes        | No        |
| C Soriatane (acitretin) in the last 12 months?  | Yes        | No        |
| D Hepatitis B Immune Globulin (HBIG) in the last 12 months?   | Yes        | No        |
| E Insulin from cows (bovine or beef insulin) since 1980?  | Yes        | No        |
| F Tegison (etretinate) ever?  | Yes        | No        |
| G Growth hormone from human pituitary gland ever?   | Yes        | No        |

If yes for any of the above, specify medication and last dose: \_\_\_\_\_

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### Have you:

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|---|-----|----|
| 15. In the past 4 weeks, experienced two or more of the following: fever (>100.5° F or 38° C), headache, muscle weakness, skin rash on trunk of body, or swollen lymph glands?  | Yes | No |
| If yes, which symptom and when? _____   |     |    |
| 16. In the past 8 weeks, had close contact with someone who has received the smallpox vaccine (examples of contact: physical intimacy, touching vaccination site, touching bandages covering the site, or handling bedding or clothing that had been in contact with an unbandaged vaccination site)? | Yes | No |
| 17. Had any shots or vaccinations in the past 12 weeks?   | Yes | No |
| If yes, list shot or vaccine and date received: _____   |     |    |

### Have you in the past 12 months:

- |   |     |    |
|---|-----|----|
| 18. Had any major illness or surgery?   | Yes | No |
| 19. Had a blood transfusion?  | Yes | No |
| 20. Had an organ, tissue, or bone marrow transplant or bone or skin graft?  | Yes | No |
| 21. Had any body piercing, tattoo, or acupuncture?  | Yes | No |
| 22. Been accidentally stuck by a hypodermic needle or been in contact with someone else's blood through an open wound, non-intact skin, or mucous membrane (example: into your eye or mouth)? | Yes | No |
| 23. Had or been treated for a sexually transmitted disease, including syphilis or gonorrhea?  | Yes | No |
| 24. Given money, drugs, or other payment to anyone to have sex with you?  | Yes | No |
| 25. Had sexual relations with anyone who has taken money, drugs, or other payment in exchange for sex in the past 5 years?  | Yes | No |
| 26. Had close contact (i.e., shared living quarters and/or sexual relations) with anyone who has active or chronic viral hepatitis or yellow jaundice?  | Yes | No |
| 27. Had sexual relations, even once, with anyone who has used a needle to take drugs, steroids, or anything else not prescribed by a doctor in the past 5 years?                              | Yes | No |
| 28. Had sex with a male, who has had sex with another male, even once, in the past 5 years?   | Yes | No |
| 29. Had sex, even once, with anyone who has taken clotting factor concentrates for a bleeding problem such as hemophilia?   | Yes | No |
| 30. Had sex, even once, with anyone who has HIV or AIDS or tested positive for the AIDS virus?  | Yes | No |
| 31. Been incarcerated in a correctional facility, juvenile detention center, jail, or prison for longer than 72 continuous hours?   | Yes | No |

### Have you in the past 3 years:

- |  |     |    |
|--|-----|----|
| 32. Had malaria?   | Yes | No |
| 33. Been outside the United States?                      | Yes | No |
| If yes, please list where, when, and for how long: _____ |     |    |
| _____  |     |    |

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### Have you in the past 5 years:

- |   |     |    |
|---|-----|----|
| 34. Received money, drugs, or other payment for sex?  | Yes | No |
| 35. Used a needle, even once, to take drugs, steroids, or anything else not prescribed for you by a doctor? | Yes | No |

For questions 36 through 39, please refer to the list of countries below.

Europe: Albania, Austria, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, Netherlands (Holland), Norway, Poland, Portugal, Romania, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, The Channel Islands, Gibraltar, or the Falkland Islands), Yugoslavia (Kosovo, Montenegro, Serbia).

Africa: Benin, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Kenya, Niger, Nigeria, Senegal, Togo, Zambia.

- |   |     |    |
|---|-----|----|
| 36. Since 1980, have you ever lived in or traveled to Europe? | Yes | No |
|---|-----|----|

If **yes**, answer questions 36 A through C. If **no**, skip to question 37.

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|--|-----|----|
| A From 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom (see list above)?  | Yes | No |
| B Since 1980, have you received a transfusion of blood, platelets, plasma, cryoprecipitate, or granulocytes while in the United Kingdom?                       | Yes | No |
| C Since 1980, have you spend time that adds up to 5 years or more in Europe (see list above) including time spent in the United Kingdom between 1980 and 1996? | Yes | No |

- |  |     |    |
|--|-----|----|
| 37. From 1980 through 1996, were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military? | Yes | No |
|--|-----|----|

If **yes**, answer questions 37 A and B. If **no**, skip to question 38.

- |  |     |    |
|--|-----|----|
| A From 1980 through 1996, did you spend a total of 6 months or more associated with a military base in any of the following countries: the United Kingdom, Belgium, Netherlands, or Germany? | Yes | No |
| B From 1980 through 1996, did you spend a total of 6 months or more associated with a military base in any of the following countries: Spain, Portugal, Turkey, Italy, or Greece?            | Yes | No |

- |  |     |    |
|--|-----|----|
| 38. Since 1977, were you born in, have you lived in, or have you traveled in any African country listed above? | Yes | No |
|--|-----|----|

If **yes**, answer question 38 A. If **no**, skip to question 39.

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|--|-----|----|
| A While in one of the African countries listed above, did you receive a blood transfusion or any other medical treatment with a product made from blood? | Yes | No |
|--|-----|----|

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|---|-----|----|
| 39. Since 1977, have you had sexual contact with anyone who was born in or lived in any African country listed above? | Yes | No |
|---|-----|----|

### Questions regarding Severe Acute Respiratory Syndrome (SARS):

- |   |     |    |
|---|-----|----|
| 40. In the past 28 days, have you been ill with SARS or suspected SARS? | Yes | No |
|---|-----|----|

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|--|-----|----|
| 41. In the past 14 days, have you cared for, lived with, or had direct contact with body fluids of a person with SARS or suspected SARS? | Yes | No |
|--|-----|----|

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| 42. In the past 14 days, have you traveled outside of the United States?   | Yes | No |
| 43. In the past 14 days, has someone you live with traveled to, traveled through, or resided in areas affected by SARS?  | Yes | No |
| 44. In the past 14 days, do you believe you have been exposed to SARS or to someone who has traveled to, traveled through, or resided in areas affected by SARS? | Yes | No |

### Additional Pregnancy-Related Questions:

- |  |     |    |
|--|-----|----|
| 45. Are you currently taking any medications (prescription or non-prescription)? If yes, which medications and what dosages? | Yes | No |
|--|-----|----|
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- |  |     |    |
|--|-----|----|
| 46. Are you currently being treated for any disease or disorder? If yes, please specify: | Yes | No |
|--|-----|----|
- 

### Family Medical History:

The questions below relate to blood relatives: Baby's Mother (M), Baby's Father (F), Mother's Sibling (MS), Father's Sibling (FS), Baby's Grandparents (GP), Baby's Sibling (S)

- | Have you, the baby's father, or any of the baby's immediate family members ever: | <u>Circle One</u> |    | <u>Circle One</u> |   |    |    |    |   |
|--|-------------------|----|-------------------|---|----|----|----|---|
| 47. Had hemolytic anemia?  | Yes               | No | M                 | F | MS | FS | GP | S |
| 48. Required chronic blood transfusions?   | Yes               | No | M                 | F | MS | FS | GP | S |
| 49. Had a spleen removed to treat a blood disorder?                              | Yes               | No | M                 | F | MS | FS | GP | S |
| 50. Had a gallbladder removed before the age of 30?                              | Yes               | No | M                 | F | MS | FS | GP | S |
| 51. Had red blood cell diseases?   | Yes               | No |                   |   |    |    |    |   |
| <i>If yes, have you or any family member had:</i>                                |                   |    |                   |   |    |    |    |   |
| A Sickle cell disease?   |                   |    | M                 | F | MS | FS | GP | S |
| B Thalassemia?   |                   |    | M                 | F | MS | FS | GP | S |
| C Fanconi's anemia?  |                   |    | M                 | F | MS | FS | GP | S |
| D G6PD or other red cell enzyme deficiency?                                      |                   |    | M                 | F | MS | FS | GP | S |
| E Spherocytosis?   |                   |    | M                 | F | MS | FS | GP | S |
| F Elliptocytosis?  |                   |    | M                 | F | MS | FS | GP | S |
| G Diamond-Blackfan syndrome?   |                   |    | M                 | F | MS | FS | GP | S |
| H Other or unknown type of red blood cell diseases?                              |                   |    | M                 | F | MS | FS | GP | S |
| 52. Had white blood cell diseases?   | Yes               | No |                   |   |    |    |    |   |
| <i>If yes, have you or any family member had:</i>                                |                   |    |                   |   |    |    |    |   |
| A Chronic granulomatous disease?   |                   |    | M                 | F | MS | FS | GP | S |
| B Wiskott-Aldrich syndrome?  |                   |    | M                 | F | MS | FS | GP | S |
| C Other or unknown type of white blood cell diseases?                            |                   |    | M                 | F | MS | FS | GP | S |

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53. Had immune deficiencies? <i>If yes, have you or any family member had:</i>	Yes	No	
A SCID?			M F MS FS GP S
B Hypoglobulinemia?			M F MS FS GP S
C ADA or PNP deficiency?			M F MS FS GP S
D Nezelof syndrome?			M F MS FS GP S
E DiGeorge syndrome?			M F MS FS GP S
F Other or unknown type of immune deficiency?			M F MS FS GP S
54. Had metabolic/storage disorders? <i>If yes, have you or any family member had:</i>	Yes	No	
A Tay-Sachs disease?			M F MS FS GP S
B Leukodystrophies?			M F MS FS GP S
C Ataxia-telangiectasia?			M F MS FS GP S
D Hurler's syndrome?			M F MS FS GP S
E Sanfilippo's syndrome?			M F MS FS GP S
F Gaucher's disease?			M F MS FS GP S
G Hunter's disease?			M F MS FS GP S
H Porphyria?			M F MS FS GP S
I Other or unknown type of metabolic/storage disorders?			M F MS FS GP S
55. Had platelet diseases? <i>If yes, have you or any family member had:</i>	Yes	No	
A Glanzmann's disease?			M F MS FS GP S
B Hereditary thrombocytopenia?			M F MS FS GP S
C Platelet storage pool disease?			M F MS FS GP S
D Other or unknown type of platelet disease?			M F MS FS GP S
56. Had immune disorders? <i>If yes, have you or any family member had:</i>	Yes	No	
A HIV/AIDS?			M F MS FS GP S
B Rheumatoid arthritis?			M F MS FS GP S
C Lupus?			M F MS FS GP S
D Other or unknown type immune system disorder?			M F MS FS GP S
57. Had neurological disorders? <i>If yes, have you or any family member had:</i>	Yes	No	
A Creutzfeldt-Jakob disease (CJD)? syndrome?			M F MS FS GP S

