



### DONOR SCREENING 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 contact your medical professional.

**Have you ever:**

- |     |  | <u>Circle One</u> |    |
|-----|--|-------------------|----|
|     |  | Yes               | No |
| 1.  | Been diagnosed with HIV or AIDS or had a positive test for HIV (AIDS virus) or for HTLVI (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>                  | Yes               | No |
| 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 test)?                              | 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?<br>_____   | Yes               | No |
| 13. | Donated blood or cord blood under a different name? If yes, under what name, and when?<br>_____  | Yes               | No |
| 14. | Taken any of the following medications:  | Yes               | No |
|     | A. Propecia (finasteride) in the last month?   |                   |    |
|     | B. Accutane (isotretinoin) in the last month?  |                   |    |
|     | C. Soriatane (acitretin) in the last 12 months?  |                   |    |
|     | D. Hepatitis B Immune Globulin (HBIG) in the last 12 months?   |                   |    |
|     | E. Insulin from cows (bovine or beef insulin) since 1980?  |                   |    |
|     | F. Tegison (etretinate) (ever)?  |                   |    |
|     | G. Growth hormone from human pituitary gland (ever)?   |                   |    |



If yes for any of the above, specify \_\_\_\_\_

**Have you:**

- 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**, describe \_\_\_\_\_

**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 concentrate 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, 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 \_\_\_\_\_

**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: Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, Nigeria

36. **Since 1980**, have you ever lived in or traveled to Europe? Yes No  
 If yes, answer questions 36. A to C. **If no**, skip to question 37.

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 spent 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 United States military, a civilian military employee, or a dependent of a member of the U.S. military? Yes No  
 If yes, answer questions 37. A & B. **If no**, skip to question 38.

A. **From 1980 through 1990**, did you spend 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 to any African country listed above? Yes No  
 If yes, answer questions 38A. **If no**, skip to question 39.

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

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
- 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
- 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  
\_\_\_\_\_
- 46. Are you currently being treated for any disease or disorder? Yes No
- 47. Are you having any complications with this pregnancy? Explain: Yes No  
\_\_\_\_\_
- 48. Are you having a planned Caesarean delivery? If yes, what is the scheduled delivery date? Yes No  
\_\_\_\_\_
- 49. Are you and the baby's father blood relatives? Yes No
- 50. Did this pregnancy use either a donor egg or donor sperm? Yes No
- 51. Are you or the baby's father adopted? Yes No
- 52. Is this your first pregnancy? (If yes, select NO for questions 53-56). Yes No
- 53. Have you had any children who died within the first 10 years of life? Yes No
- 54. Have you ever had a miscarriage? Yes No
- 55. Have you ever had a stillborn child? Yes No
- 56. Have you ever had an abnormal prenatal test result? If yes, what was the abnormal test result? 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)

Circle One

Circle One

**Have you, the baby’s father or any of the baby’s immediate family members ever:**

- 57. Had hemolytic anemia? Yes No M F MS FS GP S
- 58. Required chronic blood transfusion? Yes No M F MS FS GP S
- 59. Had a spleen removed to treat blood disorder? Yes No M F MS FS GP S
- 60. Had a gallbladder removed before the age of 30? Yes No M F MS FS GP S
- 61. Had Red Blood Cell diseases? Yes No

*If yes, have you or any family member had:*

- A. Sickle Cell disease? M F MS FS GP S
- B. Thalessemia? 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

- 62. Had White Blood Cell siseases? Yes No

*If yes, have you or any family member had:*

- A. Chronic Granulomatous Disease? M F MS FS GP S
- B. Wiskott-Aldrich? M F MS FS GP S
- C. Other or unknown type of White Blood Cell diseases? M F MS FS GP S

- 63. Had immune deficiencies? Yes No

*If yes, have you or any family member had:*

- 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's Syndrome? M F MS FS GP S
- E. DiGeorge's Syndrome? M F MS FS GP S
- F. Other or Unknown Type immune deficiency? M F MS FS GP S

64. Had metabolic/storage disorders? Yes No  
*If yes, have you or any family member had:*

- A. Tay-Sachs? 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 Disease? M F MS FS GP S
- E. San Filippo's Disease? 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

65. Had platelet diseases? Yes No  
*If yes, have you or any family member had:*

- 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

66. Had Immune System disorders? Yes No  
*If yes, have you or any family member had:*

- 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

67. Had neurological disorders? Yes No  
*If yes, have you or any family member had:*



A. Creutzfeldt-Jacob Disease (CJD)? M F MS FS GP S

B. Other or unknown type of neurological disorder? M F MS FS GP S

68. Had cancer or Leukemia? Yes No
If yes, have you or any family member had:

A. Brain or other Nervous System cancer? M F MS FS GP S

B. Bone and joint cancer? M F MS FS GP S

C. Kidney (including renal pelvic) cancer? M F MS FS GP S

D. Skin cancer? M F MS FS GP S

E. Thyroid cancer? M F MS FS GP S

F. Hodgkin's Lymphoma? M F MS FS GP S

G. Non-Hodgkin's Lymphoma? M F MS FS GP S

H. Acute Myelogenous / Myeloid Leukemia? M F MS FS GP S

I. Acute Lymphocytic / Lymphoblastic Leukemia? M F MS FS GP S

J. Other cancer / Leukemia? M F MS FS GP S
Specify \_\_\_\_\_

69. Other diseases affecting family? Yes No M F MS FS GP S

\_\_\_\_\_

Please explain any and all "Yes" answers in the space provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

BIOLOGICAL MOTHER:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/year)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/year)