

<b>Bank Use Only</b>	
Place NMDP CBU ID Bar Code Label Here  <input type="text"/> - <input type="text"/> - <input type="text"/> NMDP CBU ID	Place Local CBU ID Bar Code Label Here  <input type="text"/> Local CBU ID
Place NMDP Maternal ID Bar Code Label Here  <input type="text"/> - <input type="text"/> - <input type="text"/> NMDP Maternal ID	Place Local Maternal ID Bar Code Label Here  <input type="text"/> Local Maternal ID

**Forms Received:**

Maternal Demographic Information .....   /   /

Maternal Risk Questionnaire .....   /   /

Family Medical History Questionnaire .....   /   /

Cord Blood Donation Consent Form .....   /   /

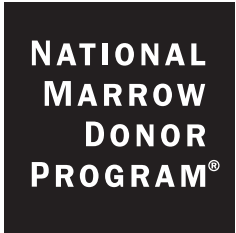
**Reviewed By:**

Last Name

First Name

Today's Date  
  /   /

Signature \_\_\_\_\_



## Cord Blood Registration: Maternal Demographic Information

### Cord Blood Donor Registration

This packet contains information for you to complete in order to donate your baby's cord blood. Once you have agreed to become a donor, you will be asked to answer questions related to you and your family's health. These questions are used in the cord blood bank's evaluation of the cord blood donation to minimize risks to the patient. For this reason, it is important that you carefully read and complete the enclosed forms to the best of your knowledge. Only authorized staff from the cord blood bank will have access to your personal information.

- Maternal Demographic Information
- Maternal Risk Questionnaire
- Family Medical History Questionnaire

If you have any questions about the forms or cord blood donation, please contact the cord blood bank.

**Baby's Mother's Information**

Last Name(s)  Maiden Name

First Name  Middle Name  Date of Birth  MM / DD / YYYY  Age

Due Date  MM / DD / YYYY  Delivering Hospital  Multiple Birth Pregnancy  Yes  No

Language Preference (for future contacts)  Social Security Number (optional)

E-mail Address

(Area Code) Home Telephone  -  -  (Area Code) Alternate Phone  -  -

**Baby's Mother's Current Mailing Address**

Address

City  State  Zip/Postal Code

**Baby's Father's Information**

Last Name(s)  First Name

Address (If different from baby's mother's address)

City  State  Zip/Postal Code

(Area Code) Home Telephone  -  -  (Area Code) Alternate Phone  -  -  Date of Birth  MM / DD / YYYY

**Baby's Race and Ethnicity Information**

Since certain HLA types may be more common in each ethnic group, the information below will help in selecting a cord blood unit for transplant.

**Baby's Ethnicity:** Response is required, please check one.  Hispanic or Latino  Not Hispanic or Latino

**Baby's Race:** Of which group(s) is your baby a member? (Select all that apply.)

<p><b>American Indian or Alaska Native</b></p> <p><input type="checkbox"/> 33 Alaska Native or Aleut</p> <p><input type="checkbox"/> 34 North American Indian</p> <p><input type="checkbox"/> 46 American Indian South or Central American</p> <p><input type="checkbox"/> 47 Caribbean Indian</p>	<p><b>Black or African American</b></p> <p><input type="checkbox"/> 12 African</p> <p><input type="checkbox"/> 13 African American</p> <p><input type="checkbox"/> 14 Black Caribbean</p> <p><input type="checkbox"/> 15 Black South or Central American</p>	<p><b>Asian</b></p> <p><input type="checkbox"/> 01 Chinese</p> <p><input type="checkbox"/> 02 Filipino (Phillipino)</p> <p><input type="checkbox"/> 04 Japanese</p> <p><input type="checkbox"/> 05 Korean</p> <p><input type="checkbox"/> 06 South Asian</p> <p><input type="checkbox"/> 45 Vietnamese</p> <p><input type="checkbox"/> 07 Other Southeast Asian</p>
<p><b>Native Hawaiian or Other Pacific Islander</b></p> <p><input type="checkbox"/> 48 Guamanian</p> <p><input type="checkbox"/> 60 Hawaiian</p> <p><input type="checkbox"/> 49 Samoan</p> <p><input type="checkbox"/> 50 Other Pacific Islander</p>	<p><b>White</b></p> <p><input type="checkbox"/> 51 Eastern European</p> <p><input type="checkbox"/> 52 Mediterranean</p> <p><input type="checkbox"/> 59 Middle Eastern</p> <p><input type="checkbox"/> 53 North Coast of Africa</p> <p><input type="checkbox"/> 54 North American</p>	<p><input type="checkbox"/> 55 Northern European</p> <p><input type="checkbox"/> 56 Western European</p> <p><input type="checkbox"/> 57 White Caribbean</p> <p><input type="checkbox"/> 58 White South or Central American</p> <p><input type="checkbox"/> 61 Other White</p>

Place NMDP CBU Bar Code Here

**Obstetrician / Midwife Information**

Last Name  First Name  MD  RN, CMN

Clinic Name  (Area Code) Work Telephone  -  -

Address

City  State  Zip/Postal Code

**Pediatrician Information**

Last Name  First Name

Clinic Name  (Area Code) Work Telephone  -  -

Address

City  State  Zip/Postal Code

**Signature**

I have received information from the cord blood bank necessary to complete the following forms:

- Maternal Demographic Information
- Maternal Risk Questionnaire
- Family Medical History Questionnaire

I have completed these forms to the best of my knowledge. I understand that only authorized staff from the cord blood bank will have access to my personal information.

Forms completed by: \_\_\_\_\_

Today's Date  MM / DD / YYYY

Signature \_\_\_\_\_

Thank you for registering to donate your baby's cord blood. The blood in the umbilical cord and placenta is unique because it contains a large number of blood-forming cells. Seriously ill patients, whose bodies cannot make healthy cells of their own, can be helped by a donation of healthy blood cells from a matched cord blood unit. Cord blood donations give more patients hope of finding a match.

In the event that an illness affecting the immune system or a blood related disease should develop in your baby, please contact the cord blood bank. This may impact a patient receiving the cord blood unit for transplantation.