NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

Cord Blood Registration:
Family Medical History Questionnaire

Bank Use Only

Place NMDP CBU ID Bar Code Label Here

NMDP CBU ID

Place Local CBU ID Bar Code Label Here

Local CBU ID

Place NMDP Maternal ID Bar Code Label Here

NMDP Maternal ID

Place Local Maternal ID Bar Code Label Here

Local Maternal ID

Please read questions carefully and answer to the best of your knowledge.

M M / D D / Y Y Y Y

Today's Date

Baby's Mother's Initials

1. Were you and/or the baby's father adopted at early childhood? ☐ Yes ☐ No

   1a. If yes, is a family medical history available for you and/or the baby's father? ☐ Yes ☐ No

2. Are you and the baby's father related, except by marriage? (e.g. first cousins) ☐ Yes ☐ No

3. Did this pregnancy use either a donor egg or donor sperm? ☐ Yes ☐ No

   3a. If yes, is a family medical history questionnaire available for the egg or sperm donor? ☐ Yes ☐ No

4. Have you had an abnormal result from a prenatal test (e.g. amniocentesis, blood test, ultrasound)? ☐ Yes ☐ No

   If yes, answer the following questions. **If no**, skip to question 5.

   4a. Which test was abnormal? _____

   4b. What was the abnormal test result? _____

   4c. Was a diagnosis made? ☐ Yes ☐ No

   If yes, specify diagnosis: _____

5. Have you had any children who died within the first 10 years of life? ☐ Yes ☐ No

   5a. If yes, what was the cause? _____

6. Have you ever had a stillborn child? ☐ Yes ☐ No

   6a. If yes, what was the cause? _____

For the remainder of the questionnaire, describe the relationship between the baby and the immediate family member with the disease. Please refer to the following codes:

BM Baby's Mother
BF Baby's Father
BS Baby's Sibling (full or half brother or sister)
BGP Baby's Grandparent (grandmother or grandfather)
BMS Baby's Mother's Sibling*
BFS Baby's Father's Sibling*

*(Parents' siblings (BMS and BFS) refer to the baby's aunts and uncles by blood and do not include aunts and uncles who are in-laws of the parents.)

7. **Cancer or leukemia?** ☐ Yes ☐ No	BM	BF	BS
If yes, please specify all that apply in 7a-7j. **If no,** skip to question 8.			
7a. Brain or other nervous system cancer	☐	☐	☐
7b. Bone or joint cancer	☐	☐	☐
7c. Kidney (including renal pelvic) cancer	☐	☐	☐
7d. Thyroid cancer	☐	☐	☐
7e. Hodgkin's lymphoma	☐	☐	☐
7f. Non-Hodgkin's lymphoma	☐	☐	☐
7g. Acute or chronic myelogenous/myeloid leukemia	☐	☐	☐
7h. Acute or chronic lymphocytic/lymphoblastic leukemia	☐	☐	☐
7i. Skin cancer	☐	☐	☐
7j. Other cancer/leukemia:			
Specify type: _____	☐	☐	☐
Specify type: _____	☐	☐	☐

Answer questions 8–12 for any blood disorders or diseases. If yes, please specify as applicable.

8. **Red blood cell disease?** ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
8a. Diamond-Blackfan Syndrome	☐	☐	☐	☐	☐	☐
8b. Elliptocytosis	☐	☐	☐	☐	☐	☐
8c. G6PD or other red cell enzyme deficiency	☐	☐	☐	☐	☐	☐
8d. Spherocytosis	☐	☐	☐	☐	☐	☐

9. **White blood cell disease?** ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
9a. Chronic Granulomatous Disease	☐	☐	☐	☐	☐	☐
9b. Kostmann Syndrome	☐	☐	☐	☐	☐	☐
9c. Schwachman-Diamond Syndrome	☐	☐	☐	☐	☐	☐
9d. Leukocyte Adhesion Deficiency (LAD)	☐	☐	☐	☐	☐	☐

10. **Immune deficiencies?** ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
10a. ADA or PNP Deficiency	☐	☐	☐	☐	☐	☐
10b. Combined Immunodeficiency Syndrome (CID), Common Variable Immunodeficiency Disease (CVID)	☐	☐	☐	☐	☐	☐

Immune deficiencies (continued)	BM	BF	BS	BGP	BMS	BFS
10c. DiGeorge Syndrome	☐	☐	☐	☐	☐	☐
10d. Hereditary Hemophagocytic Lymphohistiocytosis (HLH), including FEL	☐	☐	☐	☐	☐	☐
10e. Hypoglobulinemia	☐	☐	☐	☐	☐	☐
10f. Nezeloff Syndrome	☐	☐	☐	☐	☐	☐
10g. Severe Combined Immunodeficiency (SCID)	☐	☐	☐	☐	☐	☐
10h. Wiskott-Aldrich Syndrome	☐	☐	☐	☐	☐	☐
11. Platelet disease? ☐ Yes ☐ No	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
11a. Amegakaryocytic Thrombocytopenia	☐	☐	☐	☐	☐	☐
11b. Glanzmann Thrombasthenia	☐	☐	☐	☐	☐	☐
11c. Hereditary Thrombocytopenia	☐	☐	☐	☐	☐	☐
11d. Platelet Storage Pool Disease	☐	☐	☐	☐	☐	☐
11e. Thrombocytopenia with absent radii (TAR)	☐	☐	☐	☐	☐	☐
11f. Ataxia-Telangiectasia	☐	☐	☐	☐	☐	☐
11g. Fanconi Anemia	☐	☐	☐	☐	☐	☐
12. Other blood disease or disorder? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
Specify type: _____						
Hemoglobin problems	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
13. Sickle cell disease, such as sickle-cell anemia or sickle thalassemia? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
14. Thalassemia, such as alpha thalassemia or beta-thalassemia? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
15. Metabolic/storage disease? ☐ Yes ☐ No	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
If yes to question 15, please specify all that apply in 15a–15q. **If no,** skip to question 16.						
15a. Hurler Syndrome (MPS I)	☐	☐	☐	☐	☐	☐
15b. Hurler-Scheie Syndrome (MPS I H-S)	☐	☐	☐	☐	☐	☐
15c. Hunter Syndrome (MPS II)	☐	☐	☐	☐	☐	☐
15d. Sanfilippo Syndrome (MPS III)	☐	☐	☐	☐	☐	☐
15e. Morquio Syndrome (MPS IV)	☐	☐	☐	☐	☐	☐
15f. Maroteaux-Lamy Syndrome (MPS VI)	☐	☐	☐	☐	☐	☐
15g. Sly Syndrome (MPS VII)	☐	☐	☐	☐	☐	☐
15h. I-cell disease	☐	☐	☐	☐	☐	☐
15i. Globoid Leukodystrophy (Krabbe Disease)	☐	☐	☐	☐	☐	☐
15j. Metachromatic Leukodystrophy (MLD)	☐	☐	☐	☐	☐	☐
15k. Adrenoleukodystrophy (ALD)	☐	☐	☐	☐	☐	☐

Metabolic/storage diseases (continued)	BM	BF	BS	BGP	BMS	BFS
15l. Sandhoff Disease	☐	☐	☐	☐	☐	☐
15m. Tay-Sachs Disease	☐	☐	☐	☐	☐	☐
15n. Gaucher Disease	☐	☐	☐	☐	☐	☐
15o. Niemann-Pick Disease	☐	☐	☐	☐	☐	☐
15p. Porphyria	☐	☐	☐	☐	☐	☐
15q. Other or unknown metabolic/storage disease	☐	☐	☐	☐	☐	☐
Specify type: _____						

Acquired immune system disorders	BM	BF	BS
16. HIV/AIDS? ☐ Yes ☐ No	☐	☐	☐
17. Severe autoimmune disorder? ☐ Yes ☐ No			
If yes, please specify all that apply in questions 17a–17d. **If no**, skip to question 18.			
17a. Crohn's Disease or Ulcerative Colitis	☐		
17b. Lupus	☐		
17c. Multiple Sclerosis (MS)	☐		
17d. Rheumatoid Arthritis	☐		
18. Other or unknown immune system disorder ☐ Yes ☐ No	☐	☐	☐
Specify type: _____			

Answer questions 19–25	BM	BF	BS	BGP	BMS	BFS
19. Required chronic blood transfusions? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
20. Been told you or family member(s) have hemolytic anemia? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
21. Had spleen removed to treat a blood disorder? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
22. Had gallbladder removed before age 30? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
23. Had Creutzfeldt-Jakob disease (CJD)? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
24. Other serious or life-threatening diseases affecting the family? ☐ Yes ☐ No						
If yes, list affected family member(s) and type of disease.						
Specify type: _____	☐	☐	☐	☐	☐	☐
Specify type: _____	☐	☐	☐	☐	☐	☐
Specify type: _____	☐	☐	☐	☐	☐	☐
25. In answering these questions, have you answered for both your family and the baby's father's family? ☐ Yes ☐ No						