### A. Background Information

1. a. Date of Medical History Interview:  
   ![Date Format]

   b. Approximate ages:  
   - mother: ____________ years
   - father: ____________ years

2. **Ethnicity of Baby:**  
   - [ ] Hispanic/Latino  
   - [ ] Not Hispanic or Latino

3. **Parent’s Background:**  
   (Check all that apply)

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
</tr>
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<tbody>
<tr>
<td>![Asian]</td>
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Puget Sound Blood Center and Program, Seattle, WA  
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B. Maternal Screening Questions

PLEASE ENSURE THAT YOU ARE ALONE OR THAT NO ONE CAN READ YOUR ANSWERS WHILE COMPLETING THIS FORM

1. Have you ever donated or attempted to donate blood or cord blood using your current name or a different name here or anywhere else?  
   □ Yes  □ No
   If a different name was used, what name? ________________________________

2. Have you ever been deferred or refused as a blood or cord blood donor, or been told not to donate blood or cord blood?  
   □ Yes  □ No
   If yes, why? ________________________________

3. Have you taken any of the following medications:  
   □ Yes  □ No
   3a. Insulin derived from cows (bovine or beef insulin) since 1980?  
   3b. Growth hormone from human pituitary glands ever?  
   3c. Rabies vaccination in the past year?

4. In the past 8 weeks, have you had any shots or vaccinations? If yes, please list.  
   □ Yes  □ No

5. Have you had contact with someone who has received the smallpox vaccine within the past 12 weeks?  
   □ Yes  □ No
   (Examples of contact include physical intimacy, touching the vaccination site, touching the bandages or covering of the vaccination site, or handling bedding or clothing that had been in contact with an unbandaged vaccination site.)

6. In the past 4 months, have you experienced 2 or more of the following:  
   □ Yes  □ No
   6a. Fever (over 100.5°F or 38.0°C)  
   6b. Headache  
   6c. Muscle weakness  
   6d. Skin rash on the trunk of the body  
   6e. Swollen lymph glands  
   6f. If yes, which symptoms and when? ________________________________

7. Have you ever had any kind of cancer, including leukemia?  
   □ Yes  □ No

8. In the past 5 years, have you had a bleeding problem, such as hemophilia or other clotting factor deficiencies, and received human-derived clotting factor concentrates?  
   □ Yes  □ No

9. During your pregnancy, have you been diagnosed with West Nile Virus or had a positive test for West Nile Virus?  
   □ Yes  □ No

10. Have you had a past diagnosis of clinical, symptomatic viral hepatitis after the age of 11?  
    □ Yes  □ No
11. Have you ever had a parasitic blood disease such as Leishmaniasis, Chagas disease or Babesiosis or any positive tests for Chagas or T. cruzi, including screening tests?  □ Yes □ No

12. Have you been diagnosed with Creutzfeld-Jakob disease (CJD) or variant CJD, or do you have a degenerative neurological condition such as dementia where the cause has not been identified? □ Yes □ No

13. Have any of your blood relatives ever been diagnosed with Creutzfeld-Jakob disease (CJD), or have you been told that your family has an increased risk for CJD? □ Yes □ No

14. Have you ever received a dura mater (brain covering) graft? □ Yes □ No

15. Have you ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? □ Yes □ No

16. Have you ever lived with 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

17. In the past 3 years, have you had malaria? □ Yes □ No

18. In the past 3 years, have you been outside the United States or Canada? □ Yes □ No

18a. If yes, please list when, for how long, and where:

<table>
<thead>
<tr>
<th>Dates (Mo/Year)</th>
<th>Duration</th>
<th>Country/Region</th>
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19. In the past 12 months prior to collection of the cord blood unit, have you had a blood transfusion? □ Yes □ No

20. In the past 12 months, have you had a transplant or tissue graft from someone other than yourself such as organ, bone marrow, stem cell, cornea, bone, skin, or other tissue? □ Yes □ No

21. In the past 12 months, have you had a tattoo or ear, skin, or body piercing? □ Yes □ No
   If yes, answer question 22.
   If no, skip to question 23.

22. Were shared or non-sterile inks, needles, instruments, or procedures used for the tattoo or piercing? □ Yes □ No

23. In the past 12 months, have you had an accidental needle stick or have you come in contact with someone else’s blood through an open wound (for example, a cut or sore), non-intact skin, or mucous membrane (for example, into your eye, mouth, etc.)? □ Yes □ No

24. In the past 12 months, have you had or been treated for a sexually transmitted disease, including syphilis? □ Yes □ No

25. In the past 12 months have you given money, drugs, or other payment to anyone to have sex with you? □ Yes □ No

26. In the past 12 months have you had sex with anyone who has taken money, drugs, or other payment in exchange for sex in the past 5 years? □ Yes □ No

27. In the past 12 months, have you had sexual contact or lived with a person who has active or chronic viral Hepatitis B or Hepatitis C? □ Yes □ No
28. In the past 12 months, have you had sex, 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

29. In the past 12 months, have you had sex with a male who has had sex with another male, even once, in the past 5 years? □ Yes □ No

30. In the past 12 months, have you had sex, even once, with anyone who has taken human-derived clotting factor concentrates for a bleeding problem in the past 5 years? □ Yes □ No

31. In the past 12 months, have you had sex, even once, with anyone who has HIV/AIDS or has had a positive test for the AIDS virus? □ Yes □ No

32. In the past 12 months, have you been in juvenile detention, lockup, jail, or prison for more than 72 continuous hours? □ Yes □ No

33. In the past 5 years, have you engaged in sex in exchange for money or drugs? □ Yes □ No

34. In the past 5 years, have you used a needle, even once, to take drugs, steroids, or anything else not prescribed for you by a doctor? □ Yes □ No

35. Do you have AIDS or have you ever tested positive for HIV (including screening tests)? □ Yes □ No

36. Do you have any of the following:
If so, circle the symptom(s) and provide additional information in the space below.

36a. Unexplained night sweats?
36b. Unexplained blue or purple spots on or under the skin or mucous membranes?
36c. Unexplained weight loss?
36d. Unexplained persistent diarrhea?
36e. Unexplained cough or shortness of breath?
36f. Unexplained temperature higher than 100.5° F (38.0° C) for more than 10 days?
36g. Unexplained persistent white spots or sores in the mouth?
36h. Multiple lumps in your neck, armpits, or groin lasting longer than one month?
36i. Or have you had any infections during your pregnancy?
If 36i is yes, please list infection(s):

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Dates</th>
<th>Resolved?</th>
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</table>

37. Have you ever tested positive for HTLV, human T-cell lymphotrophic virus, (including screening tests) or had unexplained paraparesis (partial paralysis affecting the lower limbs)? □ Yes □ No

38. If a person has the AIDS virus, do you understand that the person can give it to someone else even though they may feel well and have a negative AIDS test? □ Yes □ No
39. **Since 1980**, have you ever lived in or traveled to any of the following European countries, including the United Kingdom?  
   If yes, answer questions 40 through 42.  
   If no, skip to question 43.

<table>
<thead>
<tr>
<th>Country</th>
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<tbody>
<tr>
<td>Albania</td>
<td>Ireland (Republic of Ireland)</td>
<td>Sweden</td>
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<tr>
<td>Austria</td>
<td>Italy</td>
<td>Switzerland</td>
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<tr>
<td>Belgium</td>
<td>Liechtenstein</td>
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<td>Bosnia-Herzegovina</td>
<td>Luxembourg</td>
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<td>Bulgaria</td>
<td>Macedonia</td>
<td>United Kingdom:</td>
</tr>
<tr>
<td>Croatia</td>
<td>Netherlands (Holland)</td>
<td>England, Northern Ireland,</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>Norway</td>
<td>Scotland, Wales, the Isle of</td>
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<tr>
<td>Denmark</td>
<td>Poland</td>
<td>Man, the Channel Islands,</td>
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<tr>
<td>Finland</td>
<td>Portugal</td>
<td>Gibraltar, the Falkland</td>
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<tr>
<td>France</td>
<td>Romania</td>
<td>Islands</td>
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<tr>
<td>Germany</td>
<td>Slovak Republic</td>
<td>Yugoslavia (Federal Republic</td>
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<td>Greece</td>
<td>Slovenia</td>
<td>of)</td>
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<tr>
<td>Hungary</td>
<td>Spain</td>
<td>Kosovo</td>
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<td>Montenegro</td>
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<td>Serbia</td>
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</table>

40. **From 1980 to 1996**, did you spend time that adds up to 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands)? If yes, please provide dates.

41. **Since 1980**, have you received a transfusion of blood or blood components while in the United Kingdom or France?

42. **Since 1980**, have you spent time that adds up to 5 years or more in Europe (refer to chart above), including time spent in the United Kingdom between 1980 and 1996? If yes, please list countries and dates.

43. **From 1980 through 1996**, were you a member of the U.S. military or their dependent or a civilian military employee or their dependent?  
   If yes, answer questions 44 and 45.  
   If no, skip to question 46.

44. **From 1980 through 1990**, did you spend a total of 6 months or more associated with a military base in any of the following countries: United Kingdom, Belgium, Netherlands, or Germany?

45. **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?

46. **Since 1977**, were you born in, have you lived in, or have you traveled to any African country listed below?  
   If yes, please provide dates in this space AND answer question 47.  
   If no, answer question 48.

<table>
<thead>
<tr>
<th>Country</th>
<th>Country</th>
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<tbody>
<tr>
<td>Benin</td>
<td>Congo</td>
<td>Niger</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Equatorial Guinea</td>
<td>Nigeria</td>
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<tr>
<td>Central African Republic</td>
<td>Gabon</td>
<td>Senegal</td>
</tr>
<tr>
<td>Chad</td>
<td>Kenya</td>
<td>Togo</td>
</tr>
</tbody>
</table>

47. While in one of the African countries listed above, did you receive a blood transfusion or any other treatment with a product made from blood?  

48. Have you had sexual contact with anyone who was born in or lived in any African country listed above since 1977?
C. Family Medical History Questions

1. Were you and/or the baby’s father adopted at early childhood? If yes, please indicate which/both. □ Yes □ No
   1a. If yes, is a family medical history available for the adoptee/s? □ 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?
   3a. If yes, please indicate which, and the name of the bank from which you obtained the donated egg or sperm:
   3b. If yes, is a medical history available for the donor? □ Yes □ No

4. Have you ever had an abnormal prenatal test result from a prenatal test (e.g. amniocentesis, blood test, ultrasound)? □ Yes □ No
   If yes, please 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
   4d. If yes, what was the 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? ______________________________________________________
   6b. Are you having more than one baby with this pregnancy? □ Yes □ No
7. **Is there any cancer or leukemia in the immediate family?**
   If yes, please specify all that apply in 7a-7j. If no, go to question 8.

<table>
<thead>
<tr>
<th></th>
<th>Mother's name and date of birth</th>
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</tbody>
</table>

- **7a. Brain or other nervous system cancer**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7b. Bone or joint cancer**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7c. Kidney (including renal pelvic) cancer**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7d. Thyroid cancer**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7e. Hodgkin's lymphoma**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7f. Non-Hodgkin's lymphoma**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7g. Acute or chronic myelogenous / myeloid leukemia**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7h. Acute or chronic lymphocytic / lymphoblastic leukemia**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7i. Skin cancer**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

- **7j. Other cancer / leukemia**
  - Baby's Mother
  - Baby's Father
  - Baby's Sibling

Specify type: __________________________

---

For the remaining of the questions, please use the following codes to describe the relationship between the baby and a family member with a disease:

**Family Relationship Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>BM</td>
<td>Baby's Mother</td>
</tr>
<tr>
<td>BF</td>
<td>Baby's Father</td>
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<tr>
<td>BS</td>
<td>Baby's Sibling</td>
</tr>
<tr>
<td>BGP</td>
<td>Baby's Grandparent (grandmother or grandfather)</td>
</tr>
<tr>
<td>BMS</td>
<td>Baby's Mother's Sibling</td>
</tr>
<tr>
<td>BFS</td>
<td>Baby's Father's Sibling</td>
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</tbody>
</table>

(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.)

8. **Red Blood Cell Diseases**
   If yes, please specify all that apply in 8a-8d. If no, go to question 9.

- **8a. Diamond-Blackfan Syndrome**
  - BM
  - BF
  - BS
  - BGP
  - BMS
  - BFS

- **8b. Elliptocytosis**
  - BM
  - BF
  - BS
  - BGP
  - BMS
  - BFS

- **8c. G6PD or other red cell enzyme deficiency**
  - BM
  - BF
  - BS
  - BGP
  - BMS
  - BFS

- **8d. Spherocytosis**
  - BM
  - BF
  - BS
  - BGP
  - BMS
  - BFS

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<table>
<thead>
<tr>
<th>Question Number</th>
<th>Disease Description</th>
<th>BM</th>
<th>BF</th>
<th>BS</th>
<th>BGP</th>
<th>BMS</th>
<th>BFS</th>
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<tr>
<td>9.</td>
<td><strong>White Blood Cell Diseases</strong></td>
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<tr>
<td>9a.</td>
<td>Chronic Granulomatous Disease</td>
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<td>9b.</td>
<td>Kostmann Syndrome</td>
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<td>9c.</td>
<td>Schwachman-Diamond Syndrome</td>
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<td>9d.</td>
<td>Leukocyte Adhesion Deficiency (LAD)</td>
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<td>10.</td>
<td><strong>Immune Deficiencies</strong></td>
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<td>10a.</td>
<td>ADA or PNP Deficiency</td>
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<td>10b.</td>
<td>Combined Immunodeficiency Syndrome (CID), Common Variable Immunodeficiency Syndrome (CVID)</td>
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<td>10c.</td>
<td>DiGeorge Syndrome</td>
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<td>10d.</td>
<td>Hereditary Hemophagocytic Lymphohistiocytosis (HLH) including FEL</td>
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<td>10e.</td>
<td>Hypoglobulinemia</td>
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<td>10f.</td>
<td>Nezelhoff Syndrome</td>
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<td>10g.</td>
<td>Severe Combined Immunodeficiency (SCID)</td>
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<td>10h.</td>
<td>Wiskott-Aldrich Syndrome</td>
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<td>11.</td>
<td><strong>Platelet Diseases</strong></td>
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<td>11a.</td>
<td>Amegakaryotic Thrombocytopenia</td>
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<td>11b.</td>
<td>Glanzman Thrombasthenia</td>
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<td>11c.</td>
<td>Hereditary Thrombocytopenia</td>
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<tr>
<td>11d.</td>
<td>Platelet Storage Pool Disease</td>
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<tr>
<td>11e.</td>
<td>Thrombocytopenia with absent radii (TAR)</td>
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<tr>
<td>11f.</td>
<td>Ataxia-Telangiectasia</td>
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<tr>
<td>11g.</td>
<td>Fanconi Anemia</td>
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</table>
12. Other Blood Disease or Disorder
   □ Yes □ No

   12a. If yes, please specify type and family member affected: ____________________________

13. Sickle cell disease, such as sickle-cell anemia or sickle thalassemia
   □ Yes □ No

   13a. If yes, which family member?
        □ BM □ BF □ BS □ BGP □ BMS □ BFS

14. Thalassemia, such as alpha thalassemia or beta thalassemia
   □ Yes □ No

   14a. If yes, which family member?
        □ BM □ BF □ BS □ BGP □ BMS □ BFS

15. Metabolic / Storage Disease
   If yes to question 15, please specify all that apply in 15a-15q. If no, skip to question 16.
   □ Yes □ No

   15a. Hurler Syndrome (MPS I) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15b. Hurler-Scheie Syndrome (MPS I H-S) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15c. Hunter Syndrome (MPS II) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15d. Sanfilippo Syndrome (MPS III) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15e. Morquio Syndrome (MPS IV) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15f. Maroteaux-Lamy Syndrome (MPS VI) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15g. Sly Syndrome (MPS VII) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15h. I-cell Disease □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15i. Globoid Leukodystrophy (Krabbe’s) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15j. Metachromatic Leukodystrophy (MLD) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15k. Adrenoleukodystrophy (ALD) □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15l. Sandhoff Disease □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15m. Tay-Sachs Disease □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15n. Gaucher Disease □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15o. Niemann-Pick Disease □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15p. Porphyria □ BM □ BF □ BS □ BGP □ BMS □ BFS
   15q. Other or unknown metabolic / storage disease, please specify type and family member affected:

16. HIV/AIDS
   □ Yes □ No

   If yes, which family member?
        □ Baby’s Mother □ Baby’s Father □ Baby’s Sibling
17. Baby's mother only: **Severe Autoimmune Disorder?**
   If yes, please specify all that apply in questions 17a – 17d. If no, skip to question 18.
   
   17a. Crohn's Disease or Ulcerative Colitis  □ Baby's Mother
   17b. Lupus  □ Baby's Mother
   17c. Multiple Sclerosis (MS)  □ Baby's Mother
   17d. Rheumatoid Arthritis  □ Baby's Mother

18. Do you, the baby's father, or baby's sibling(s) have any other or unknown immune system disorder? □ Yes □ No
   18a. If yes, please specify type and family member affected:

19. Have any family members ever required chronic blood transfusions?  □ Yes □ No
   19a. If yes, which family member? □ BM □ BF □ BS □ BGP □ BMS □ BFS

20. Have you been told you or your family members have hemolytic anemia? □ Yes □ No
   20a. If yes, which family member?  □ BM □ BF □ BS □ BGP □ BMS □ BFS

21. Have any family members ever had their spleen removed to treat a blood disorder? □ Yes □ No
   21a. If yes, which family member?  □ BM □ BF □ BS □ BGP □ BMS □ BFS

22. Have any family members ever had their gallbladder removed before age 30? □ Yes □ No
   22a. If yes, which family member?  □ BM □ BF □ BS □ BGP □ BMS □ BFS

23. Have any family members ever had Creutzfeld-Jakob disease (CJD)? □ Yes □ No
   23a. If yes, which family member? □ BM □ BF □ BS □ BGP □ BMS □ BFS

24. Any other serious or life-threatening diseases affecting the family? □ Yes □ No
   24a. If yes, please specify diagnosis and family member(s) affected:

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25. In answering these questions, have you answered for both your family and the baby's father's family? □ Yes □ No
D. Interview Information

Did you complete this questionnaire by yourself?

- [ ] Yes
- [ ] No
- [ ] Completed by Phone
- [ ] Interviewed in Person

I would like someone from the Cord Blood Program to give me a call:

- [ ] Yes
- [ ] If Needed for Clarification
- [ ] N/A

How did you hear about the Cord Blood Program?

- [ ] Doctor/Midwife
- [ ] Labor and Delivery Nurse
- [ ] Childbirth Educator/Hospital Tour
- [ ] Media
- [ ] Friend/Relative
- [ ] Other: __________________________

By signing below, I affirm that all answers provided above are true to the best of my knowledge.

___________________________  ___________________________
Mother's Signature         Mother's Printed Name

Date completed

Signature of Interviewer /Reviewer: ___________________________ Date: ___________________________

Comments: ____________________________________________________________

END OF DONOR INTERVIEW

E. QA Review Information

For Puget Sound Blood Center Use Only

Information recorded here requires Medical Director's attention: [ ] No  [ ] Yes

If yes, see following section & question or describe concern:

Comments: ____________________________________________________________

QA Review Specialist: ___________________________ Date: ___________________________

F. Medical Director Review

Comments: ____________________________________________________________

Cord Blood Program Medical Director: ___________________________ Date: ___________________________

Reviewed by: ___________________________ Date: ___________________________