Puget Sound Blood Center
CORD BLOOD PROGRAM

Donor Screening Form
English

Mother's name and date of birth
(please include on each page of this form)

A. Background Information

1. a. Date of Medical History Interview: ☐☐/☐☐/☐☐☐☐
m m d d y y y y

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)

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

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:

Dates (Mo/Year)	Duration	Country/Region

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: ❑ Yes ❑ No

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):

Diagnosis	Treatment	Dates	Resolved?

37. Have you ever tested positive for HTLV, human T-cell lymphotropic 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? ❑ **Yes** ❑ **No**

If yes, answer questions 40 through 42.
If no, skip to question 43.

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

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. ❑ Yes ❑ No

41. **Since 1980,** have you received a transfusion of blood or blood components while in the United Kingdom or France? ❑ Yes ❑ No

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. ❑ Yes ❑ No

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? ❑ **Yes** ❑ **No**
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? ❑ Yes ❑ No

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? ❑ Yes ❑ No

46. **Since 1977**, were you born in, have you lived in, or have you traveled to any African country listed below? ❑ **Yes** ❑ **No**

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

If yes, please provide dates in this space AND answer question 47.
If no, answer question 48.

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? ❑ Yes ❑ No

48. Have you had sexual contact with anyone who was born in or lived in any African country listed above **since 1977**? ❑ **Yes** ❑ **No**

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? ❑ Yes ❑ No

   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?** ❑ **Yes** ❑ **No**
If yes, please specify all that apply in 7a-7j. If no, go to question 8.

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:

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

8. **Red Blood Cell Diseases** ❑ **Yes** ❑ **No**
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

9. **White Blood Cell Diseases** ❑ **Yes** ❑ **No**
If yes, please specify all that apply in 9a-9d. If no, go to question 10.

9a.	Chronic Granulomatous Disease	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
9b.	Kostmann Syndrome	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
9c.	Schwachman-Diamond Syndrome	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
9d.	Leukocyte Adhesion Deficiency (LAD)	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS

10. **Immune Deficiencies** ❑ **Yes** ❑ **No**
If yes, please specify all that apply in 10a-10h. If no, go to question 11.

10a.	ADA or PNP Deficiency	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
10b.	Combined Immunodifiency Syndrome (CID), Common Variable Immunodifiency Syndrome (CVID)	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
10c.	DiGeorge Syndrome	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
10d.	Hereditary Hemophagocytic Lymphohistiocytosis (HLH) including FEL	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
10e.	Hypoglobulinemia	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
10f.	Nezelhoff Syndrome	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
10g.	Severe Combined Immunodeficiency (SCID)	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
10h.	Wiskott-Aldrich Syndrome	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS

11. **Platelet Diseases** ❑ **Yes** ❑ **No**
If yes, please specify all that apply in 11a-11g. If no, go to question 12.

11a.	Amegakaryocitic Thrombocytopenia	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
11b.	Glanzman Thrombasthenia	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
11c.	Hereditary Thrombocytopenia	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
11d.	Platelet Storage Pool Disease	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
11e.	Thrombocytopenia with absent radii (TAR)	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
11f.	Ataxia-Telangiectasia	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
11g.	Fanconi Anemia	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS

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** ❑ **Yes** ❑ **No**
If yes to question 15, please specify all that apply in 15a-15q. If no, skip to question 16.

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?** ❑ **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 ❑ 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
Reason for removal?

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:

	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS
	❑ BM	❑ BF	❑ BS	❑ BGP	❑ BMS	❑ BFS

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

For Puget Sound Blood Center Use Only

E. QA Review Information

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: _____