Cord Blood Donor Short Screening Form

MATERNAL INFORMATION

Baby's Mother's Full Name (Please Print)	**Today's Date**	**Baby's Mother's Birth Date**
Previous/Other Name(s) Used (e.g., Maiden Name, Nickname)		**Baby's Mother's Email Address**

Mailing Address	**Apt.#**	**City**	**State**	**Zip Code**

Primary Phone	**Secondary Phone**	**Signature of Person Completing this Form and Relationship to Baby's Mother**
If interpreter used, add name and phone number here	**Language Spoken**	**Dialect**

BABY'S RACIAL/ETHNIC BACKGROUND

(Check all that apply)

	Asian/Pacific Islander		Hispanic/Latino	Black/African American	White	Amer. Indian/Alaska Native
Mother	☐	☐	☐	☐	☐	☐
Father	☐	☐	☐	☐	☐	☐

Have you (Baby's Mother) ever been told not to donate blood or cord blood? ***If yes, please explain why and when.***	**YES**	**NO**
In the past 12 months, did you (Baby's Mother) receive a transfusion of blood from someone other than yourself?	**YES**	**NO**
In the past 12 months, did you (Baby's Mother) receive a tattoo or piercing? ***If yes, were shared or non-sterile inks, needles, instruments or procedures used for the tattoo or piercing? YES/NO***	**YES**	**NO**
In the past 12 months, have you (Baby's Mother) participated in any activity that may pose a risk for the transmission of communicable diseases? (for example: IV drug use, sex in exchange for money) ***If yes, please explain.***	**YES**	**NO**
Do you, or any immediate family members (Baby's Mother, Baby's Father, or Baby's Sibling(s)) have any significant medical history issues (cancer, immune disorders, blood cell disorders, hepatitis virus or other serious illnesses)? ***If yes, please check which <u>immediate</u> family member(s) and list what illness(es).*** ☐ Baby's Mother ____________________ ☐ Baby's Father ____________________ ☐ Baby's Sibling ____________________	**YES**	**NO**
Have you had a medical diagnosis of ZIKA infection at any point during your pregnancy? or Resided in, or traveled to, an area with active ZIKA transmission at any point during your pregnancy?	**YES**	**NO**

Estimated Delivery Date: ____________________

OB Provider: ____________________