1. Report month ......................................................... 

2. Total number of mother/donors screened and not approached for consent .............................................
   
   If any mother/donors were screened but will not be approached for consent, record the number excluded for the following:
   
   Ineligible - Pregnancy-related .....................................
   Ineligible - Family history ........................................
   Ineligible - Personal medical history ............................... 
   Ineligible - Personal risk behavior .................................
   Other, specify: ________________________________________ .......

3. Total number of mother/donors refusing consent ..........................................

4. Total number of mother/donors consented during the report month ..........................................

5. Total number of consented mother/donors excluded prior to delivery during the report month 
   
   If any consented mother/donors were excluded prior to delivery, record the number excluded for the following:
   
   Ineligible - Pregnancy-related .....................................
   Ineligible - Family history ........................................
   Ineligible - Personal medical history ............................... 
   Ineligible - Personal risk behavior .................................
   Other, specify: ________________________________________ .......

6. Total number of consented mother/donors who delivered and CBU not collected (placentas not obtained) 
   
   If any CBUs were not collected, record the number excluded for the following:
   
   Delivery exclusion ..................................................
   Collection staff not at center at delivery ........................
   Collection staff at center but unavailable ......................... 
   Placental abruption ..............................................
   Other, specify: ________________________________________ .......

Comments: ______________________________________________________

________________________________________  _______________ __________
Signature                        Date                    Study ID