



CBB MONTHLY RECRUITMENT REPORT

MCC Use Only
Date Recd.:

Cord Blood Bank ID:

Cord Blood Bank Name: _____

1. Report month /
mo yyyy

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