CBU COLLECTION AND RECEIPT FORM

COMPLETE AT COLLECTION:

1. Collector’s ID number

2. Date of collection

3. Collection bag lot #

4. Did the placenta have a 3-vessel umbilical cord? 1 Yes 2 No

5. Was the placenta free from tears, pus or inflammation? 1 Yes 2 No

6. Time of collection: Start:

   hrs mins (24-hr clock)

   Finish:

   hrs mins (24-hr clock)

7. CBU collection weight (cord blood only)

8. Number of umbilical cord punctures

   1 One 2 Two 3 Three 9 Unknown

   Comments: ____________________________________________________________

   Collector’s signature __________________________ Date ____________

COMPLETE AT RECEIPT:

9. Date and time of receipt at CBB:

   mm dd yyyy

   hrs mins (24-hr clock)

   Time from collection to receipt

10. Is the paperwork complete and the label on the collection bag fully legible? 1 Yes 2 No

11. Is/are the collection bag(s) undamaged and free from tears? 1 Yes 2 No

   Number of collection bags: ________________

12. CBU weight (cord blood only) at receipt gm

   Verifier’s Study ID __ __ __ __

   Comments: ____________________________________________________________

   Signature of Receiver __________________________ Date ____________

   Receiver’s Study ID __ __ __ __

V04, 10/99