1. Mother’s approximate age....................................................................................................... years
   If > 35, is there a normal amniocentesis or chorionvillous sampling test?......................... 1 Yes 2 No
2. Was there evidence of placental infection (maternal amnionitis)?........................................ 1 Yes 2 No
3. Were antibiotics given for membranes ruptured greater than 24 hours before delivery?....... 1 Yes 2 No
4. Were prenatal antibiotics (within 24 hours of delivery) used for suspected amnionitis?....... 1 Yes 2 No
5. Was the mother afebrile (≤ 38.5°C) pre-delivery?................................................................. 1 Yes 2 No
6. Date and time of Delivery ........................................ mm / dd / yyyy / hrs • mins (24-hr clock)
7. Type of delivery...................................... 1 Vaginal 2 C-Section
8. Gestational age at birth ......................... weeks
9. Infant: Gender................................. 1 Male 2 Female
   Birth weight and length......... g • cm
10. Was this a single birth?............................. 1 Yes 2 No
11. Was the infant afebrile (≤ 38.5°C) post-delivery?............................................................... 1 Yes 2 No
12. Was there evidence of infant sepsis (positive blood/spinal fluid in first 24 hours)?.......... 1 Yes 2 No
13. Is the infant free of evidence of congenital infection; petechial rash, hepatosplenomegaly, thrombocytopenia (Blueberry muffin syndrome)?......................................................... 1 Yes 2 No
14. Is the infant free of congenital abnormalities?.................................................................... 1 Yes 2 No (from Physician’s examination)
15. Were there other pregnancy or birth complications which may preclude use of unit?........ 1 Yes 2 No
   Specify: ________________________________________________________________
   Approved for donation? 1 Yes 2 No  Study ID: ___________________________

Comments: ______________________________________________________________________

Collector’s Signature ___________________ Date ___________________ Study ID: ___________

V03, 07/99