

CORD BLOOD TRANSPLANTATION STUDY

DONOR AND DELIVERY INFORMATION FORM

Bar Code Label

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 ($\leq 38.5^{\circ}\text{C}$) 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 ($\leq 38.5^{\circ}\text{C}$) 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