

# POST DELIVERY INFORMATION

## FDA REQUIRED

### -TO BE COMPLETED BY CORD BLOOD COLLECTOR-

This form contains information used to evaluate the cord blood donation in order to minimize risk to the transplant recipient. Any observations made about the Mother's or Baby's health on the following form will allow for better evaluation of this potentially lifesaving donation. If you have any questions, please contact CBBA.

**PHYSICAL ASSESSMENT OF THE BABY'S MOTHER MUST BE DOCUMENTED.** The FDA recommends screening for signs that may indicate high-risk behavior and/or infection with a **relevant communicable disease**. Please take a few moments to fill out this form and **return it with the collected cord blood unit**. PLEASE PRINT in black or blue ink **ONLY**.

Section I – Mother's Information				
MOTHER'S HOSPITAL ID #:		DELIVERY MD/MIDWIFE:		
NAME: Last	First	Middle		
MOTHER'S DOB:		DELIVERY FACILITY:		
Mother's Health (May be completed prior to delivery)				
1	Antibiotics received during labor?	Y	N	<b>If Yes,</b> <i>Specific Type:</i> _____ <i>Reason:</i> <input type="checkbox"/> Group B Strep <input type="checkbox"/> Fever <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other:
2	Were any abnormal findings detected during the physical assessment to indicate risk of communicable disease or high risk behavior? (See reverse for examples)	Y	N	<b>If Yes, explain:</b>
3	Evidence of significant genital HPV, active genital herpes or suspected prodrome?	Y	N	
Labor & Delivery Information (Complete immediately following delivery)				
Mother's highest temperature during labor? _____ ° F / C		Delivery Date: _____ Time: _____ Zone: _____		
Delivery Type: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section, explain:				
4	Was the collection performed according to CBBA provided instructions?	Y		N
5	Excessive maternal bleeding?	Y	N	<b>If Yes, select:</b> <input type="checkbox"/> During Labor <input type="checkbox"/> During Delivery
6	Rupture of membranes before delivery?	Y	N	<b>If Yes, length of time?</b>
7	Malodorous placenta or amniotic fluid?	Y	N	
8	Placental trauma at delivery?	Y	N	
9	Presence or suspicion of Chorioamnionitis?	Y	N	
10	Fetal distress	Y	N	
11	Blood transfusion during labor or delivery	Y	N	
Section II Baby's Information (Complete immediately following delivery)				
Baby's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Weight: lbs. oz.		Gestational Age: Weeks
12	Three vessel umbilical cord?	Y	N	
13	Baby's Temperature >38°C.	Y	N	
14	Evidence of congenital infection (petechial rash, hepatosplenomegaly, thrombocytopenia)	Y	N	<b>If yes, explain:</b>
15	Evidence of congenital anomalies (metabolic disorders, chromosomal or structural abnormalities (See reverse for examples)	Y	N	<b>If yes, explain:</b>
16	Evidence of infant sepsis?	Y	N	
Section III Other Information (Complete immediately following delivery)				
Weight of collection bag after collection of cord blood: _____ gms.		Additional comments regarding pregnancy, labor delivery, mother's or baby's health:		
Mother's identification was confirmed at the bedside by the collector?				Y N
The identification number was confirmed identical on the unit, tubes and documentation?				Y N
Collector's Signature:			Date:	

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#### Reference Information

#### MOTHER'S PHYSICAL ASSESSMENT

##### CLINICAL SIGNS THAT MAY INDICATE A HIGH-RISK BEHAVIOR OF OR INFECTION WITH A RELEVANT COMMUNICABLE DISEASE.

Please use the following examples when filling out the "Mother's Health" # 2

<b>STDs:</b> genital ulcerative disease, herpes simplex, syphilis, chancroid	<b>ACTIVE ILLICIT DRUG USE:</b> needle tracks, tattoos that may be covering needle tracks
Recent tattooing or body piercing	Lymphadenopathy
Oral thrush	Blue or purple spots consistent with Kaposi's Sarcoma
Unexplained Jaundice, hepatomegaly or icterus	Physical evidence of sepsis, such as unexplained rash
Large scab, rash, or necrotic lesion consistent with immunizations	Generalized vesicular rash

#### BABY'S PHYSICAL ASSESSMENT

Please use the following examples when answering #15 of the Baby's information

Absent digits on hands or feet	Absent radii
Extra digits on hands or feet	Horseshoe kidney
Microcephaly	Dwarfism
Albinism	

#### ADDITIONAL CONSIDERATIONS

Cord blood is only collected from full term single births (multiple births and pre-term (< 34 weeks) deliveries are excluded.

Cord blood should not be collected when there is presence of placental tears, pus, foul odor, infection of placenta or amniotic fluid, placental abruption or trauma (i.e. partial avulsion of umbilical cord from the placental plate).

Please make note of any symptoms of **acute sepsis** or **infection** which may be present at the time of delivery in the Baby's and Mother's Health Comments section on the form.

#### IMPORTANT

CBBA CANNOT accept cord blood units for public donation that were collected between Friday 3:00PM (CST) through Sunday 3:00PM (CST) and major Holidays. Units for private storage are accepted at any time.

***CBBA greatly appreciates your efforts and support of this lifesaving endeavor.***

***Questions? 1-855-854-2222 (CBBA) or 501-766-4611***