

CORD BLOOD BANK OF ARKANSAS (CBBA)
REQUEST FOR CORD BLOOD COLLECTION TRAINING MATERIAL

Dear Healthcare Professional,

As you now know, your patient desires to have her baby's umbilical cord blood collected for either private storage or public donation. We must ensure in every way possible that the collection process is successful. A quality collection is the biggest predictor in converting a donated sample to a transplantable product.

To ensure a high quality, high volume sample, we would like to offer you, at no cost, self training materials for the collection procedure. The space below allows you to choose any/all materials that you feel would be useful. You also have the ability to state that you are well aware of the collection procedure and do not desire any further information. A one-page collection instruction sheet is also included in the collection kit sent to the donor mother. The donor mother will bring this kit to the hospital/birthing center at the time of delivery/collection.

We appreciate your willingness to help your patient provide this potentially life-saving donation to the common good. We understand that your time in this process is of the utmost importance. Without your efforts, we would not be able to meet the increasing demands for stem cell transplants around the world.

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IMPORTANT: Response to the following options is required for regulatory compliance. If not completed collection kit cannot be forwarded:

Physician/Midwife Name (printed): _____

Signature of Physician/Midwife: _____

___ I **do not** require training material(s). I have collected umbilical cord blood before, and I am comfortable with the procedure.

___ I will review the electronic, collection kit power point slide show and the cord blood collection kit instructions on the CBBA website www.cordbloodbankarkansas.org (*Professional Section*).

___ I would like a printout of the following materials to be sent to the address provided below:

___ Collection kit power point presentation

___ Cord blood collection kit instructions

___ I would like ___ additional copies for other staff members. (5 maximum per request)

Please send materials to the following clinic/hospital address:

For CBBA staff, only

Date materials sent: _____ Sent By: _____