

CORD BLOOD BANK OF ARKANSAS (CBBA)

DONOR INFORMED CONSENT FOR CORD BLOOD COLLECTION AND TESTING

I, the undersigned, desire the collection of my unborn baby's cord blood for public donation. I have elected to utilize the services of CBBA to achieve the desired donation. For the donation to occur it is necessary to collect and save the blood from the placenta and umbilical cord after the birth of my baby, rather than discard the blood as medical waste. The collected cord blood will be shipped to CBBA for processing and placement into storage.

My physician, physician's designee, midwife or a CBBA trained collection specialist will perform the collection of the cord blood after the delivery of my baby, while the delivery of the placenta occurs. He/she will use methods provided by CBBA in their standard operational procedures. Medical conditions may arise which preclude the collection of the cord blood and will be decided at the sole discretion of the attending physician.

I understand that the donation of cord blood includes medical procedures and that there can be no guarantee or assurance of success of the results of the service. I further, on behalf of myself and my unborn baby, our respective heirs, successors and assigns, hereby release and forever hold harmless the Hospital / Birthing Center, and its affiliates, successors, assigns, officers, directors, employees and agents from any and all actions, causes of action, claims, debts, demands, liabilities, covenants, controversies, omissions and damages and any and all other claims of every kind, nature, and description whatsoever, both in law and equity, which may arise relating to the collection of the cord blood on behalf of me and my unborn baby.

I approve the sharing of any/all testing results with other medical or research facilities that are in partnership with CBBA and whose standards and policies follow all confidentiality measures as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PHYSICIAN/MIDWIFE INFORMED CONSENT

My patient desires the collection of her unborn baby's cord blood for public donation to CBBA. For the donation to occur, it is necessary to collect and save the blood from the placenta and umbilical cord after the birth of my patient's baby, rather than discard the blood as medical waste. The cord blood obtained will be shipped to CBBA for processing and placement into storage.

Myself or a designee will perform the collection of the cord blood after the birth of her baby, while the delivery of the placenta occurs. The collection staff will use the methods provided by CBBA in their standard operational procedures. The collection period will be brief and CBBA will provide the protocols and collection equipment in the kit. Every effort will be used to acquire as much cord blood as is feasible and will minimize the risk of fungal, bacterial or maternal blood contamination.

I understand that my patient is voluntarily donating her baby's cord blood for public use and that she will not be charge by CBBA for the processing or storage of the cord blood.

By checking below I am indicating whether I will charge the patient for the collection of the cord blood with the understanding that CBBA will not reimburse me for my services and that the patient is liable for paying for my services:

☐ ***Not charge the patient for the collection of the cord blood***
or
☐ ***Will charge the patient for the collection of the cord blood.***

The health and welfare of my patient and her baby are my primary concern and responsibility and accordingly I reserve the right to forgo the collection of the cord blood if my best medical judgment indicates this to be necessary.

I understand that the donation of cord blood includes medical procedures and that there can be no guarantee or assurance of success of the results of the service. I, on behalf of myself, my heirs and successors and assigns hereby release and forever discharge CBBA and its affiliates, successors, assigns, officers, directors, employees and agents from any and all actions, causes of actions, demands, debts, claims liabilities, covenants and damages and any and all other claims of every kind, nature and description whatever, both in law and equity, which may arise relating to my performing the collection of the cord blood.

CBBA, on behalf of itself, its affiliates, assigns, officers, directors, employees and agents releases and forever discharges me and each of my heirs, successors and assigns from any and all actions, causes of actions, demands, debts, claims, liabilities, covenants and damages and any and all other claims of every kind, nature and description whatever, both in law and equity, which may arise relating to my performing the collection of the cord blood.

My patient, _____, releases me and each of my heirs, successors, and assigns from any and all actions, causes of action, claims, debts, demands, liabilities, covenants, controversies, omissions and damages and any and all other claims of every kind, nature and description whatsoever, both in law and equity, which may arise relating to my performing the collection of the cord blood.

Signature of Expectant Mother (*Required*)

Date

Signature of Physician/Midwife (*Required*)

Date

Print Full Name of Expectant Mother

Print Name (Physician/Midwife)

IMPORTANT: THIS PAGE IS REQUIRED TO BE SIGNED BY YOU AND YOUR PHYSICIAN/MIDWIFE IN ORDER TO RECEIVE A CBBA CORD BLOOD DONATION COLLECTION KIT. TO AVOID ANY DELAYS IN YOUR PAPERWORK REVIEW, PLEASE ENSURE THAT ALL REQUIRED SIGNATURES ARE PRESENT PRIOR TO SUBMITTING YOUR FORMS.

INFORMED CONSENT FOR INFECTIOUS DISEASE TESTING

HUMAN IMMUNODEFICIENCY VIRUS AND TRANSMISSION:

Human Immunodeficiency Virus (HIV) is a virus which can be transmitted from individuals through body fluids, primarily blood and semen. The spread is not through air or food or by casual social contact. It is passed on when the blood or body fluids of an infected person mix with your own. Sexual transmission is mainly the result of the transfer of and exposure to infected semen. Women as well as men can transmit the virus sexually. The HIV virus has also been detected in vaginal secretions, tears, and saliva, but exposure to saliva has not been proven to transmit the infection. Intravenous drug users and persons receiving blood transfusions can be exposed to the virus through infected blood or body fluids. A baby may become infected during pregnancy, delivery, or when breast feeding if its mother has the disease. A person may carry the virus for months before testing positive and may carry the virus for months or years before the symptoms appear. An HIV positive person can still spread the disease even though he or she may appear healthy.

HEPATITIS (Hepatitis C Virus, Hepatitis B Virus)

Hepatitis is a virus which can be transmitted from individuals through body fluids. The virus is passed on when the blood or body fluids of an infected person mix with your own.

BEHAVIORS THAT INCREASE YOUR RISK OF BEING EXPOSED TO HIV AND OTHER INFECTIOUS DISEASES:

Recent blood, plasma, or blood product transfusion, intravenous drug use, especially with sharing of needles or syringes, or having sexual contact with someone who: has tested positive for HIV, Hepatitis, sexually transmitted infection, is at risk of infection through sexual practices, IV drug use, or recent blood transfusion, uses illicit intravenous drugs, received blood transfusions, plasma, or clotting factor before 1985 or within the last twelve months, has more than one sexual partner, especially ones who could be at risk of HIV, Hepatitis or other sexually transmitted infections.

VOLUNTARY TESTING

The voluntary tests are blood tests testing for the presence of the HIV virus, HBV and other infectious diseases. A positive test result means that you have been exposed to the virus, and either have made antibodies or are infected.

Infectious Disease testing is voluntary, and results are confidential by law. Results can only be given to people you allow, and a release form must be signed prior to releasing this information. The law requires CBBA to report any positive Infectious Disease test results to the Arkansas Department of Health.

CONSENT (REQUIRED)

I have read the above information and have had my questions about the Infectious Disease tests answered. I agree to take the Infectious Disease tests. I allow the test results to be made available to CBBA and to my private physician, Dr. _____.

Printed Full Name of Expectant Mother's: _____ Date: _____

Expectant Mother's Signature (full name as printed above): _____

PHYSICIAN'S ORDER FOR BLOOD TESTING (REQUIRED)

Rx Patient Name: _____



It is an FDA requirement that CBBA performs maternal blood testing. **Tubes will be included with the cord blood collection kit to be drawn at the hospital/birthing center during labor and delivery.**

ORDER: Maternal Blood Draw for:

HIV-1 and HIV-2 (antibody to the AIDS virus)
HEPATITIS B (HBsAg & HBcAb)
HTLV-I and HTLV-II
CMV,
WNV

HCV/HIV NAT (Hepatitis C and AIDS virus by Nucleic Acid Test)
HEPATITIS C VIRUS (Anti-HCV)
SYPHILIS,
ABO Rh
CHAGAS DISEASE

Printed Name of Physician or Midwife: _____ Date: _____

Signature of Physician or Midwife: _____

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