CORD BLOOD BANK OF ARKANSAS (CBBA)
Collection Partner of Lifeforce Cryobank Sciences, Inc.
DONOR INFORMATION AND HEALTH HISTORY

MOTHER'S LAST NAME	**FIRST NAME**	**M.I.**	**LAST 4 SS# DIGITS**	
BEST CONTACT PHONE:	**EMAIL**		**MOTHER'S DOB:**	
ADDRESS	**CITY**		**STATE**	**ZIP CODE**
FATHER'S LAST NAME	**FIRST NAME**	**M.I.**	**LAST 4 SS# DIGITS (OPTIONAL)**	
BEST CONTACT PHONE:	**EMAIL**		**FATHER'S DOB:**	
ADDRESS	**CITY**		**STATE**	**ZIP CODE**

BABY'S DUE DATE:

DELIVERY PHYSICIAN'S NAME		**PHONE**	
CLINIC NAME / ADDRESS			
DELIVERY HOSPITAL NAME		**PHONE**	
HOSPITAL ADDRESS	**CITY**	**STATE**	**ZIP CODE**

BABY'S RACE AND ETHNICITY INFORMATION

Certain HLA Types may be more common in each ethic group; the information below will help in selecting a cord blood unit for transplant.

Baby's Ethnicity: Response is required, please check one. □ **Hispanic or Latino** □ **Not Hispanic or Latino**

Baby's Race: Response is required. Of which group(s) is your baby a member? (Select all that apply.)

American Indian or Alaska Native

	Alaska Native or Aleut (ALANAM)
	North American Indian (AMIND)
	American Indian South or Central American (AMIND)
	Caribbean Indian (AMIND)

Black or African American

	African (AFB)
	African American (AAFA)
	Black Caribbean (CARB)
	Black South or Central American (SCAMB)

Asian

	Chinese (NCHI)
	Filipino (Philipino) (FILI)
	Japanese (JAPI)
	Korean (KOR)
	South Asian (SCSEAI)
	Vietnamese (SCSEAI)
	Other Southeast Asian (SCSEAI)

Native Hawaiian or Other Pacific Islander

	Guamanian (OPI)
	Hawaiian (HAWI)
	Samoan (OPI)
	Other Pacific Islander (OPI)

White

	Eastern European (CAU)
	Mediterranean (CAU)
	Middle Eastern (MENAFC)
	North Coast of Africa (MENAFC)
	North American (CAU)
	Northern European (CAU)

	Western European (CAU)
	White Caribbean (CAU)
	White South or Central American (CAU)
	Other White (CAU)

Please read the following Heath Questionnaire **carefully.** If you need help understanding any of the questions, please contact the Cord Blood Bank of Arkansas at: 1-855-854-2222 (toll free) or 1-501-686-6271.
Completion of all the requested information on the health questionnaire is required before a cord blood unit can be eligible for transplant. This is the only opportunity the cord blood center has to gather this important information from you. **An incomplete questionnaire will result in disqualification.** The questionnaire should be filled out privately by the expectant mother only, or in a private interview by an approved screener. Your answers to these questions are confidential. Please refer to CBBA's Notice of Privacy Practices included in this packet or located on the CBBA website at: www.cordbloodbankarkansas.org.
If after being accepted into this program or after your baby's cord blood is collected you learn of a reason which would exclude you from donating or feel that it should not be transfused to a patient, please call CBBA. You will not be penalized from withdrawing from the program at any time.

My signature below confirms that the information provided on Pages 1-8 of Form, B.1-1 is true and accurate to the best of my knowledge.

EXPECTANT MOTHER SIGNATURE: _____ DATE: _____

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MOTHERS LAST 4 SS# DIGITS: _____ MOTHER'S DOB: _____ MOTHER'S INITIALS: _____

	CORD BLOOD MATERNAL QUESTIONS **Please read carefully and answer each of the following questions individually "Y" for "YES" or "N" for "NO".** **Please provide details including dates, where requested, for all "Y" responses (except for #37, #44 and #73).**		
1	Have you ever donated or attempted to donate cord blood using your current or a different name to CBBA? Details:_____	**Y[]**	**N[]**
2	Have you, for any reason, been deferred or refused as a blood or cord blood donor, or been told not to donate blood or cord blood? ***If yes*****,** why? _____	**Y[]**	**N[]**
3	Have you taken any of the following medications (check all that apply): a. **[] Insulin from cows (bovine or beef insulin) since 1980?** b. **[] Growth hormones from human pituitary glands ever?**	**Y[]**	**N[]**
4	**In the past 8 weeks,** have you had any shots or vaccinations? ***If yes,*** details:_____	**Y[]**	**N[]**
5	**In the past 12 weeks,** have you had contact with someone who has received the smallpox vaccine? (Examples of contact include physical intimacy, touching the vaccination site, touching the bandages or covering the vaccination site, or handing bedding or clothing that had been in contact with an unbandaged vaccination site) Details: _____	**Y[]**	**N[]**
6	**In the past 4 months,** have you experienced **TWO (2)** or more of the following: a fever (>100.5°F or 38.6°C), headache, muscle weakness, skin rash or trunk of the body, swollen lymph glands? **If yes,** which symptoms and when? Details: _____	**Y[]**	**N[]**
7	Have **you** ever had any type of cancer, including leukemia? ***If yes***, details: _____	**Y[]**	**N[]**
8	During your pregnancy, have you been diagnosed with West Nile Virus or had a positive test for West Nile Virus?	**Y[]**	**N[]**
9	Have you ever had a past diagnosis of clinical, symptomatic viral hepatitis after age 11? ***If yes*****,** details, with dates: _____	**Y[]**	**N[]**
10	Have you ever had a parasitic blood disease such as Leishmaniasis, Chagas disease or Babesiosis or any positive test for Chagas or T. cruzi, including screening tests?	**Y[]**	**N[]**
11	Have you ever been diagnosed with Creutzfeldt-Jakob Disease (CJD), dementia, and degenerative or demyelinating disease of the central nervous system, or other neurological disease where the cause is unknown?	**Y[]**	**N[]**
12	Have any of your blood relatives ever been diagnosed with Creutzfeldt-Jakob Disease (CJD), or have you been told that your family has an increased risk for CJD?	**Y[]**	**N[]**
13	Have you received a dura mater (brain covering) graft?	**Y[]**	**N[]**
14	Have you ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an **animal**? Details: _____	**Y[]**	**N[]**
15	Have you ever lived with or had sexual contact with anyone who had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an **animal**? ***If yes*****,** details: _____	**Y[]**	**N[]**
16	**In the past 3 years,** have you had malaria? ***If yes*****,** details: _____	**Y[]**	**N[]**
17	**In the past 3 years,** have you been outside the United States or Canada? Where: _____ When: _____ How Long: _____	**Y[]**	**N[]**
18	**In the past 12 months,** have you had a blood transfusion? Details: _____	**Y[]**	**N[]**
19	**In the past 12 months,** have you had a transplant or tissue graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, bone, skin or other tissue?	**Y[]**	**N[]**
20	**In the past 12 months,** have you had a tattoo or piercing (ear, skin or body)? ***If yes***, please indicate type and answer question **21**. ***If no*****,** skip to question **22** **Type: [ ] Tattoo [ ] Piercing,** details:_____	**Y[]**	**N[]**
	21. *If yes***,** were shared or non-sterile instruments, needles, or inks used for the tattoo or piercing?	**Y[]**	**N[]**

MOTHERS LAST 4 SS# DIGITS: _____ MOTHER'S DOB: _____ MOTHER'S INITIALS: _____

22	**In the past 12 months,** have you had an accidental needle stick or have you come into contact with someone else's blood through an open wound (for example, a cut or sore), non-intact skin, or mucous membrane (for example, into your eye, month,etc.)? Details:_____	**Y ☐**	**N☐**
23	**In the past 12 months,** have you had or been treated for a sexually transmitted disease, including syphilis? **If yes,** details with dates:_____	**Y ☐**	**N☐**
24	**In the past 12 months** have you given money, drugs, or other payment to anyone to have sex with you?	**Y ☐**	**N☐**
25	**In the past 12 months** have you had sex with anyone who has taken money, drugs, or other payment in exchange for sex in the **past 5 years**?	**Y ☐**	**N☐**
26	**In the past 12 months,** have you had sexual contact or lived with a person who has active or chronic viral hepatitis B or Hepatitis C?	**Y ☐**	**N☐**
27	**In the past 12 months,** have you had sex, even once, with anyone who has used a needle to take drugs, steroids, or anything else not prescribed by a doctor in the **past 5 years**?	**Y ☐**	**N☐**
28	**In the past 12 months,** have you had sex with a male who has had sex with another male, even once, in the **past 5 years**?	**Y ☐**	**N☐**
29	**In the past 12 months,** have you had sex, even once, with anyone who has HIV/AIDS or had a positive test for the AIDS virus?	**Y ☐**	**N☐**
30	**In the past 12 months,** have you been in juvenile detention, lockup, jail or prison for more than 72 **continuous** hours?	**Y ☐**	**N☐**
31	**In the past 5 years** have you received money, drugs, or other payment for sex?	**Y ☐**	**N☐**
32	**In the past 5 years** have you used a needle, even once, to take drugs, steroids or anything else not prescribed for you by a doctor?	**Y ☐**	**N☐**
33	Do you have AIDS or have you ever tested positive for HIV (including screening tests)?	**Y ☐**	**N☐**
34	**Do you have any of the following?**		
	A) Unexplained night sweats?	**Y ☐**	**N☐**
	B) Unexplained blue or purple spots on or under the skin or mucous membranes?	**Y ☐**	**N☐**
	C) Unexplained weight loss?	**Y ☐**	**N☐**
	D) Unexplained persistent diarrhea?	**Y ☐**	**N☐**
	E) Unexplained cough or shortness of breath?	**Y ☐**	**N☐**
	F) Unexplained temperature higher than 100.5°F (38.6°C) for more than 10 days?	**Y ☐**	**N☐**
	G) Unexplained persistent white spots or sores in the mouth?	**Y ☐**	**N☐**
	H) Lumps in your neck, armpits, or groin lasting longer than one month?	**Y ☐**	**N☐**
	I) Any infection during your pregnancy?	**Y ☐**	**N☐**
35	Have you ever tested positive for HTLV-Human T-cell Lymphotrophic Virus (including screening tests) or had unexplained paraparesis (partial paralysis affecting the lower limbs)?	**Y ☐**	**N☐**

36	***Do you understand*** that if you have the AIDS virus, ***you can give it to someone else*** even though you may feel well and have a negative AIDS test?	**Y ☐**	**N☐**

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HEALTH QUESTIONNAIRE

MOTHERS LAST 4 SS# DIGITS: _____ MOTHER'S DOB: _____ MOTHER'S INITIALS: _____

FOR USE WITH QUESTIONS #38 – 41 – COUNTRIES DEFINED AS EUROPE

ALBANIA ___ Travel ___ Resident Date(s): Total Time:	**GREECE** ___ Travel ___ Resident Date(s): Total Time:	**ROMANIA** ___ Travel ___ Resident Date(s): Total Time:
AUSTRIA ___ Travel ___ Resident Date(s): Total Time:	**HUNGARY** ___ Travel ___ Resident Date(s): Total Time:	**SLOVAK REPUBLIC** ___Travel ___Resident Date(s): Total Time:
BELGIUM ___ Travel ___ Resident Date(s): Total Time:	**IRELAND (REPUBLIC OF)** __Travel __Resident Date(s): Total Time:	**SLOVENIA** ___ Travel ___ Resident Date(s): Total Time:
BOSNIA-HERZEGOVINA __Travel __Resident Date(s): Total Time:	**ITALY** ___ Travel ___ Resident Date(s): Total Time:	**SPAIN** ___ Travel ___ Resident Date(s): Total Time:
BULGARIA ___ Travel ___ Resident Date(s): Total Time:	**LIECHTENSTEIN** ___ Travel ___Resident Date(s): Total Time:	**SWEDEN** ___ Travel ___ Resident Date(s): Total Time:
CROATIA ___ Travel ___ Resident Date(s): Total Time:	**LUXEMBOURG** ___ Travel ___ Resident Date(s): Total Time:	**SWITZERLAND** ___ Travel ___ Resident Date(s): Total Time:
CZECH REPUBIC ___ Travel ___ Resident Date(s): Total Time:	**MACEDONIA** ___ Travel ___ Resident Date(s): Total Time:	**UNITED KINGDOM (UK)** **includes England, Northern Ireland, Scotland, Wales, Isle of Man, Channel Islands Gibraltar and Falkland Islands** ___ Travel ___ Resident Date(s): Total Time:
DENMARK ___ Travel ___ Resident Date(s): Total Time:	**NETHERLANDS (HOLLAND)** __Travel__Resident Date(s): Total Time:	**YUGOSLAVIA** ___ Travel ___ Resident Date(s): Total Time:
FINLAND ___ Travel ___ Resident Date(s): Total Time:	**NORWAY** ___ Travel ___ Resident Date(s): Total Time:	**KOSOVO MONTENEGRO SERBIA** __Travel__Resident Date(s): Total Time:
FRANCE ___ Travel ___ Resident Date(s): Total Time:	**POLAND** ___ Travel ___ Resident Date(s): Total Time:	
GERMANY ___ Travel ___ Resident Date(s): Total Time:	**PORTUGAL** ___ Travel ___ Resident Date(s): Total Time:	

37	**Since 1980,** have you ever lived in or traveled to Europe? (refer to chart above) **If no,** skip to question **42**. a) Use the chart above and place a check in all the appropriate box(es) above to identify the country(ies), reason, date(s) and total time that apply. b) Answer questions **38** through **40**.	**Y** ☐	**N** ☐
	38. **From 1980 through 1996,** did you spend time that adds up to 3 months or more in the United Kingdom (refer to chart above)?	**Y** ☐	**N** ☐
	39. Since 1980, have you received a transfusion of blood or blood components while in the UK or France?	**Y** ☐	**N** ☐
	40. Since 1980, have you spent time that **adds up to 5 years or more** in Europe (refer to chart above), including time spent in the UK between 1980 and 1996?	**Y** ☐	**N** ☐
41	**From 1980 through 1996,** were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military?	**Y** ☐	**N** ☐
42	**From 1980 through 1990,** did you spend a **total of 6 months or more** associated with a military base in any of the following countries: United Kingdom, Belgium, Netherlands or Germany?	**Y** ☐	**N** ☐
43	**From 1980 through 1996,** did you spend a **total of 6 months or more** associate with a military base in any of the following countries: Spain, Portugal, Turkey, Italy or Greece?	**Y** ☐	**N** ☐

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MOTHERS LAST 4 SS# DIGITS: _____ **MOTHER'S DOB: _____** **MOTHER'S INITIALS: _____**

FOR USE WITH QUESTIONS 45-47: AFRICAN COUNTRIES		
BENIN ___ Travel ___ Resident Date(s): Total Time:	**EQUATORIAL GUINEA** ___ Travel ___ Resident Date(s): Total Time:	**SENEGAL** ___ Travel ___ Resident Date(s): Total Time:
CAMEROON ___ Travel ___ Resident Date(s): Total Time:	**GABON** ___ Travel ___ Resident Date(s): Total Time:	**TOGO** ___ Travel ___Resident Date(s): Total Time:
CENTRAL AFRICAN REPUBLIC ___ Travel ___ Resident Date(s): Total Time:	**KENYA** ___ Travel ___ Resident Date(s): Total Time:	**ZAMBIA** ___ Travel ___Resident Date(s): Total Time:
CHAD ___ Travel ___ Resident Date(s): Total Time:	**NIGER** ___ Travel ___ Resident Date(s): Total Time:	
CONGO ___ Travel ___ Resident Date(s): Total Time:	**NIGERIA** ___ Travel ___ Resident Date(s): Total Time:	

44	**Since 1977,** were you born in, have you lived in, or have you traveled to any African country listed above? **If YES,** answer question **45. If NO,** skip to question **46.** a) Use the chart above and place a check in all the appropriate box(es) above to identify the country(ies), reason, date(s) and total time that apply.	**Y** ☐	**N** ☐
	45. While in one of the African countries listed above, did you receive a blood transfusion or any other medical treatment with a product made from blood?	**Y** ☐	**N** ☐
46	Have you had sexual contact with anyone who was born in or lived in any African country listed above **since 1977**?	**Y** ☐	**N** ☐
47	A. Were **you** and/or the **baby's father** adopted in early childhood?	**Y** ☐	**N** ☐
	B. ***If yes***, is a family medical history available for you and/or the baby's father?	**Y** ☐	**N** ☐
48	Are you and the baby's father related, except by marriage? (e.g. first cousins)	**Y** ☐	**N** ☐
49	Did this pregnancy use either a donor egg or donor sperm?	**Y** ☐	**N** ☐
	If yes, is a family medical history questionnaire available for the egg or sperm donor? (please attach copy) Name of the Clinic: _____	**Y** ☐	**N** ☐
50	Have you ever had an abnormal result from a prenatal test (e.g. amniocentesis, blood test, ultra sound)? If yes, answer the following questions. If no, skip to question **51**.	**Y** ☐	**N** ☐
	A) Which test was abnormal? _____		
	B) What was the abnormal test result? _____		
	C) Was a diagnosis made? Specify diagnosis: _____		
51	Have you had any children who died within the first 10 years of life?	**Y** ☐	**N** ☐
	***If yes*,** what was the cause? _____		
52	Have you ever had a stillborn child?	**Y** ☐	**N** ☐
	***If yes*,** what was the cause? _____		
53	Have you had a medical diagnosis of ZIKV (Zika) infection at any time during your pregnancy?	**Y** ☐	**N** ☐
54	Have you resided in, or traveled to, an area with active ZIKV (Zika) transmission at any point during your pregnancy?	**Y** ☐	**N** ☐
55	Have you had sex during your pregnancy with a male or female who is known to have: a) A medical diagnosis of ZIKV (Zika) within the six months prior to that contact. b) Resided in, or traveled to, an area with active ZIKV (Zika) transmission within the six months prior to that contact.	**Y** ☐	**N** ☐

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FAMILY MEDICAL HISTORY

For the following questions please use the following codes to describe the relationship between the baby and a family member with a disease:
Family Relationship Codes: BM - Baby's Mother BGP – Baby's Grandparent BMS – Baby's Mother Sibling
BF – Baby's Father BS – Baby's Sibling BFS – Baby's Father's Sibling
(Parents' sibling (BMS and BFS) refer to the baby's aunts and uncles by blood, and does *not* include aunts and uncles who are in-laws of the parents.)

56	Cancer or Leukemia? **Y ☐ N ☐**										
	***If yes*, please specify all that apply. *If no*, proceed to the next question.**	**BM**	**BF**	**BS**	**IMMEDIATE FAMILY ONLY**						
	A) Brain or other nervous system cancer	☐	☐	☐							
	B) Bone or joint cancer	☐	☐	☐							
	C) Kidney (including renal pelvic) cancer	☐	☐	☐							
	D) Thyroid Cancer	☐	☐	☐							
	E) Hodgkin's Lymphoma	☐	☐	☐							
	F) Non-Hodgkin's Lymphoma	☐	☐	☐							
	G) Acute or chronic myelogenous/myeloid leukemia	☐	☐	☐							
	H) Acute or chronic lymphocytic/lymphocytic/lymphoblastic leukemia	☐	☐	☐							
	I) Skin Cancer	☐	☐	☐							
	J) Other cancer/leukemia Specify Type: _____ Specify Type: _____	☐	☐	☐							
57	**Red Blood Cell Disease** **Y ☐ N ☐**										
	***If yes*, please specify all that apply. *If no*, proceed to the next question.**	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**				
	A) Diamond-Blackfan Syndrome	☐	☐	☐	☐	☐	☐				
	B) Elliptocytosis	☐	☐	☐	☐	☐	☐				
	C) G6PD or other red cell enzyme deficiency	☐	☐	☐	☐	☐	☐				
	D) Spherocytosis	☐	☐	☐	☐	☐	☐				
58	**White Blood Cell Disease?** **Y ☐ N ☐**										
	***If yes*, please specify all that apply. *If no*, proceed to the next question.**	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**				
	A) Chronic Granulomatous Disease	☐	☐	☐	☐	☐	☐				
	B) Kostmann Syndrome	☐	☐	☐	☐	☐	☐				
	C) Schwachman-Diamond Syndrome	☐	☐	☐	☐	☐	☐				
	D) Leukocyte Adhesion Deficiency (LAD)	☐	☐	☐	☐	☐	☐				
59	**Immune Deficiencies?** **Y ☐ N ☐**										
	***If yes*, please specify all that apply. *If no*, proceed to the next question.**	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**				
	A) ADA or PNP Deficiency	☐	☐	☐	☐	☐	☐				
	B) Combined Immunodeficiency Syndrome (CID), Common Variable Immunodeficiency Disease (CVID)	☐	☐	☐	☐	☐	☐				
	C) DiGeorge Syndrome	☐	☐	☐	☐	☐	☐				
	D) Hereditary Hemophagocytic Lymphohistiocytosis (HLH) including FEL	☐	☐	☐	☐	☐	☐				
	E) Hypoglobulinemia	☐	☐	☐	☐	☐	☐				
	F) Nezeloff Syndrome	☐	☐	☐	☐	☐	☐				
	G) Severe Combined Immunodeficiency	☐	☐	☐	☐	☐	☐				
	H) Wiskott-Aldrich Syndrome	☐	☐	☐	☐	☐	☐				
60	**Platelet Disease?** **Y ☐ N ☐**										
	***If yes*, please specify all that apply. *If no*, proceed to the next question.**	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**				
	A) Amegakaryocytic Thrombocytopenia	☐	☐	☐	☐	☐	☐				
	B) Glanzmann Thrombasthenia	☐	☐	☐	☐	☐	☐				
	C) Hereditary Thrombocytopenia	☐	☐	☐	☐	☐	☐				
	D) Platelet Storage Pool Disease	☐	☐	☐	☐	☐	☐				
	E) Thrombocytopenia with absent radii (TAR)	☐	☐	☐	☐	☐	☐				
	F) Ataxia-Telangiectasia	☐	☐	☐	☐	☐	☐				
	G) Fanconi Anemia	☐	☐	☐	☐	☐	☐				

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				BM	BF	BS	BGP	BMS	BFS
61	**Any other blood disease, disorder or problem?** Specific Type: _____	**Y ☐**	**N ☐**	☐	☐	☐	☐	☐	☐
Hemoglobin Problems				**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
62	Sickle cell disease, such as sickle-cell anemia or sickle thalassemia? Specify disease: _____	**Y ☐**	**N ☐**	☐	☐	☐	☐	☐	☐
63	Thalassemia, such as alpha thalassemia or beta-thalassemia?	**Y ☐**	**N ☐**	☐	☐	☐	☐	☐	☐
64	**Metabolic/Storage Disease?**	**Y ☐**	**N ☐**						
	***If yes*, please specify all that apply. *If no*, proceed to the next question.**			**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
	A) Hurler Syndrome (MPSI)								
	B) Hurler-Scheie Syndrome (MPS I H-S)								
	C) Hunter Syndrome (MPS II)								
	D) Sanfilippo Syndrome (MPS III)								
	E) Morquio Syndrome (MPS IV)								
	F) Maroteaux-Lamy Syndrome (MPS VI)								
	G) Sly Syndrome (MPS VII)								
	H) I-cell disease								
	I) Globoid Leukodystrophy (Krabbe Disease)								
	J) Metachromatic Leukodystrophy (MLD)								
	K) Adrenoleukodystrophy (ALD)								
	L) Sandhoff Disease								
	M) Tay-Sachs Disease								
	N) Gaucher Disease								
	O) Niemann Pick-Disease								
	P) Porphyria								
	Q) Other or unknown metabolic/storage disease. ***If yes*, details:_____								
Acquired Immune System Disorders				**BM**	**BF**	**BS**	**IMMEDIATE FAMILY ONLY**		
65	**HIV/AIDS?**	**Y ☐**	**N ☐**	☐	☐	☐			
66	**Severe autoimmune disorder?**	**Y ☐**	**N ☐**	☐	☐	☐			
	***If yes*, please specify all that apply including providing the other requested information. *If no*, proceed to the next question.**			**BM**	**BF**	**BS**			
	A) Crohn's Disease or Ulcerative Colitis								
	B) Lupus								
	C) Multiple Sclerosis (MS)								
	D) Rheumatoid Arthritis								
	Diagnosis Date _____ Currently under MD care? Describe _____ Currently taking any Medications? Name: _____								
67	Any diagnosis of other or unknown immune system disorder? Specify Disorder: _____	**Y ☐**	**N ☐**	**BM** ☐	**BF** ☐	**BS** ☐			
				BM	**BF**	**BS**	**BGP**	**BMS**	**BFS**
68	Required Chronic Blood Transfusions?	**Y ☐**	**N ☐**	☐	☐	☐	☐	☐	☐
69	Been told you or your family member(s) have hemolytic anemia?	**Y ☐**	**N ☐**	☐	☐	☐	☐	☐	☐
70	Had spleen removed to treat a blood disorder?	**Y ☐**	**N ☐**	☐	☐	☐	☐	☐	☐
71	Had gallbladder removed before the age of 30?	**Y ☐**	**N ☐**	☐	☐	☐	☐	☐	☐
72	Had Creutzfeldt-Jakob disease (CJD)?	**Y ☐**	**N ☐**	☐	☐	☐	☐	☐	☐

CORD BLOOD BANK OF ARKANSAS (CBBA)
HEALTH QUESTIONNAIRE

MOTHERS LAST 4 SS# DIGITS: _____ MOTHER'S DOB: _____ MOTHER'S INITIALS: _____

				BM	BF	BS	BGP	BMS	BFS
73	Other serious or life-threatening diseases affecting the family?	**Y** ☐	**N** ☐						
	If yes, list affected family member(s) and type of disease								
	Specify Type: _____			☐	☐	☐	☐	☐	☐
	Specify Type: _____			☐	☐	☐	☐	☐	☐
	Specify Type: _____			☐	☐	☐	☐	☐	☐

74	**In answering these questions, have you answered for both your family and the baby's father's family?**	**Y** ☐	**N** ☐

Addendum A: FOR ALL COLLECTIONS the following questions MUST be answered.			
1	Any history of acute respiratory disease? **If Yes,** please describe:_____ _____	**Y** ☐	**N** ☐
2	Any active tuberculosis disease or history of tuberculosis therapy? **If Yes,** please describe: _____ _____	**Y** ☐	**N** ☐
3	Any history of drug or alcohol abuse? **If Yes,** please describe: _____ _____	**Y** ☐	**N** ☐

Addendum B: COVID-19			
1	Have you received a Covid-19 vaccination?	**Y** ☐	**N** ☐

INITIAL REVIEW TO BE COMPLETED BY CBBA OR CFL STAFF ONLY			
I have performed and reviewed the above responses and have determined this HQ **Initial** status to be (√ one)			
☐	**Acceptable –** All CBBA HQ requirements met.	☐	**Follow Up –** Further follow up by CBBA required for final status determination.
Reviewed By:		**Date:**	

CBBA/CFL REVIEW TO BE COMPLETED BY CBBA OR CORD FOR LIFE ONLY							
REVIEW (√ ONE) ☐ N/A				**LABORATORY REVIEW (√ one)**			
☐	**HQ-OK**	☐	**Defer**	☐	**HQ-OK**	☐	**Defer**
☐	**Unusual Findings**	☐	**Ineligible**	☐	**Unusual Findings**	☐	**Ineligible**
☐	**Other:**			☐	**Other:**		
Reviewed By:		**Date:**		**Reviewed By:**		**Date:**	