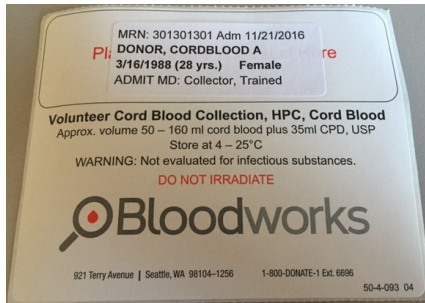
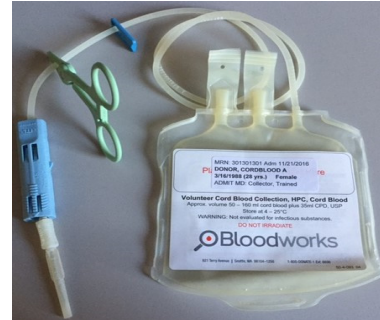


- Affix **mother's hospital ID label** to the **HPC, Cord Blood label**.
  - Affix over base label **on collection bag**.



- Snap **needle guard** onto tubing behind needle.
  - Clamp **hemostat** behind needle guard.
  - Loosely place **slide clamp** on tubing behind hemostat.

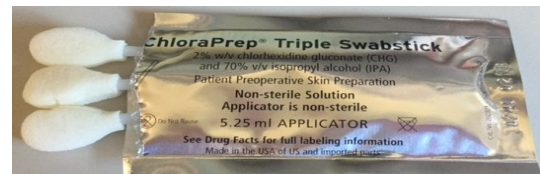


- Select a venipuncture site close to the intended cord clamp.
  - Wipe the entire umbilical cord** with the provided cleansing towelette, removing as much biologic matter coating the cord as possible.



- Swab venipuncture site, closest to cord clamp, with **Chloraprep** for **30 seconds**.
  - Allow site to **dry** at least **30 seconds**.

*\*n/a if C-section delivery in a sterile field*



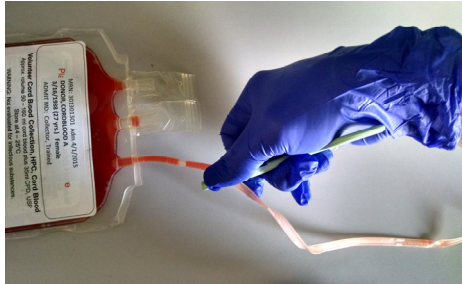
- Doubly **clamp and cut** the cord
  - Insert needle (bevel down)** into vein at cleaned site.
  - Release hemostat** to allow blood to flow into collection bag.
  - Keep **bag below venipuncture site** to promote drainage.
  - Gently **"milk" cord**.
  - Gently **agitate bag** to mix blood with anticoagulant to prevent clotting.



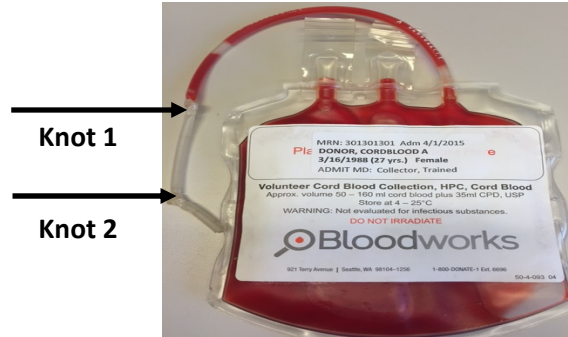
- Collect blood until **flow ceases, vein collapses, and cord is white**.
  - Close slide clamp** on tubing to prevent air contamination.
  - Remove needle** from vein and **lock needle guard** over needle.



- 7**
- Apply pressure to tubing with edge of hemostat and **"strip" blood in tubing** into bag and mix blood with anticoagulant.
  - "Strip" tubing again.**



- 8**
- Tie **TWO TIGHT KNOTS** in the tubing
  - 1st knot about 6" from the bag.**
  - 2nd knot about 1" from first knot.**

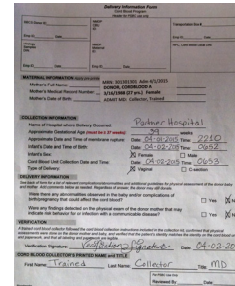


- 9**
- Cut tubing above 2nd knot** to remove needle.
  - Dispose of needle** in sharps container.
  - Gently **mix blood in bag.**
  - Verify bag is labeled.**
  - Place unit in zip-top bag.**

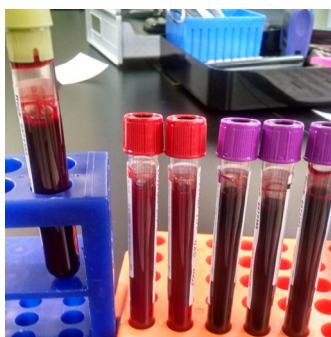


- 10**
- Complete Delivery Information Form.** Ensure other forms are **completed, signed, dated:**

- Delivery Information Form
- Consent
- Donor Screening Form (*Short or Full*)
- Maternal Samples form
- Donor Demographic Information Form, *if provided by donor*



- 11**
- Collect SIX, FULL, LABELED Maternal Samples** and **complete Maternal Samples form** if not already done.



Bloodworks NW  
CORD BLOOD PROGRAM

MATERNAL INFORMATION Please place pre-attached hospital label here or fill in:  
 Full Name (Last, First, MI or Name) MRN: 301301301 Adm 4/1/2015  
 Medical Record Number DONOR, CORDBLOOD A  
 Date of Birth (mm-dd-yyyy) 3/18/1988 (27 yrs.) Female  
 ADMIT MD: Collector, Trained

MOTHER'S BLOOD SAMPLE TUBES  
 Hospital Name: Providence Hospital  
 Collected By: Travis Collector Travis Collector  
 Collector's Signature Collector's Printed Name

BLOOD PRODUCTS INFORMATION  
 48 hours PRIOR TO sample draw, did the mother receive:  Yes  No  
 Blood product? If yes, please indicate:  
 Type of product: \_\_\_\_\_ Volume: \_\_\_\_\_

FLUIDS INFORMATION (in g., L&L, normal saline)  
 In this area (1) hour prior to sample draw, did the mother receive:  less than 2000 mL of fluids  more than 2000 mL of fluids

I verify the above Blood Product and Fluids information is accurate.  
 Signature: Travis Collector Date: 11-27-16  
 Printed Name: Travis Collector Title: CA

- 12**
- PACKAGE FOR TRANSPORT.** Refer to inside of transport box for instructions.

**Contact #'s:**  
206-689-6696 Main

**Thank You!**