

Delivery Information Form
Bloodworks Public Cord Blood Program

(Header for Bloodworks use only)

BBCS Donor ID _____ Emp ID _____ Date _____	NMDP CBU ID: _____ NMDP Maternal ID: _____ Emp ID _____ Date _____	Transportation Box # _____ Emp ID _____ Date _____ HPC, Cord Blood Local DIN: _____
Virology Samples DIN: _____ Emp ID _____ Date _____	NMDP Maternal ID: _____ Emp ID _____ Date _____	HPC, Cord Blood Local DIN: _____

MATERNAL INFORMATION. Apply a pre-printed hospital label or clearly print the mother's information below.

Mother's Full Name:	_____
Mother's Medical Record Number:	_____
Mother's Date of Birth:	_____

DELIVERY & CORD BLOOD COLLECTION INFORMATION.

Clearly complete the information below. Hawaii collection sites document all recorded times in Hawaii Standard Time (HST).

Name of Hospital Where the Baby was Delivered:	_____
Approximate Gestational Age <i>(Must be ≥ 37 Weeks)</i> :	_____ Weeks
Approximate Date/Time of Membrane Rupture:	Date: _____ Time: _____
Baby's Date/Time of Birth	Date: _____ Time: _____
Cord Blood Collection Date/Time:	Date: _____ Time: _____
Delivery Type:	<input type="checkbox"/> Vaginal <input type="checkbox"/> C-section
Baby's Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

BABY & MOTHER ASSESSMENT by a Healthcare Professional. Please refer to the back of this form for a list of relevant abnormalities/complications, and guidelines for physical assessment of the donor baby and mother. Add comments below as needed.

Were there any abnormalities observed in the baby and/or complications of birth/pregnancy that could affect the cord blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any findings detected on the physical exam of the donor mother that may indicate risk behavior for or infection with a communicable disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Healthcare Professional VERIFICATION: *A trained cord blood collector followed the cord blood collection instructions included in the collection kit, confirmed that physical assessments were done on the donor mother and baby, and verified that the patient's identity matches the identity on the cord blood unit and paperwork, and that all labeling and paperwork are legible.*

Healthcare Professional Verification Signature: _____ **Date:** _____

CORD BLOOD COLLECTOR(S). Clearly print the collector(s) full name and title below.

Collector #1	Printed FIRST Name: _____	LAST Name: _____	Title: _____
Collector #2	Printed FIRST Name: _____	LAST Name: _____	Title: _____

For Bloodworks Use Only Reviewed By: _____ Date: _____

Relevant Abnormalities and Complications

Do **NOT** collect cord blood in the presence of any of these complications of birth or pregnancy:

- Pus or placental trauma (including separation of cord from placental plate)
- Excessive maternal bleeding
- Malodorous placenta or amniotic fluid
- Presence or clinical suspicion of chorioamnionitis
- Multiple births
- Gestational age of less than 37 weeks
- Outbreak of genital herpes or other infection, unless C-section delivery
- Fetal infection, or malformations including metabolic disorders, chromosomal abnormalities or structural anomalies

Evidence of any infant congenital anomaly includes screening for fetal malformations which include metabolic disorders, chromosomal abnormalities, or structural anomalies. This includes observation of the following:

- Absent or extra digits on the hands or feet
- Absent radii
- Horseshoe kidney
- Microcephaly

Guidelines for the Physical Assessment of Donor Mother

Physical assessment of the mother of the baby is obtained by the physician and/or the labor and delivery nurse. FDA requires a physical assessment of the mother, shortly before, during, or after the delivery. Please review the physical exam for evidence of high-risk behavior for or infection with transmissible diseases and **note if you observe any of the following**:

- Physical evidence for risk of sexually transmitted diseases, such as genital ulcerative disease, herpes simplex, syphilis, chancroid
- Physical evidence of nonmedical percutaneous drug use such as needle tracks, including examination of tattoos which may be covering needle tracks
- Physical evidence of recent tattooing, ear piercing, or body piercing
- Disseminated lymphadenopathy
- Oral thrush
- Blue or purple spots consistent with Kaposi's sarcoma
- Unexplained jaundice, hepatomegaly, or icterus
- Physical evidence of sepsis, such as unexplained generalized rash
- Large scab, consistent with recent smallpox vaccination, or eczema vaccinatum
- Generalized vesicular rash
- Severely necrotic lesion consistent with vaccinia necrosum
- Corneal scarring consistent with vaccinia keratitis
- Any symptoms of acute sepsis or infection