

41. Since 1980, have you ever lived in or traveled to Europe? (refer to chart) Yes No
If yes, answer questions 42 through 44. If no, skip to question 45.
42. From 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands)? Yes No
43. Since 1980, have you received a transfusion of blood, platelets, plasma, cryoprecipitate, or granulocytes while in the U.K.? Yes No
44. Since 1980, have you spent time that adds up to 5 years or more in Europe (refer to chart), including time spent in the U.K. between 1980 and 1996?. Yes No
45. 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? Yes No
If yes, answer questions 46 and 47. If no, skip to question 48.
46. 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: U.K., Belgium, Netherlands or Germany? Yes No
47. From 1980 through 1996, did you spend a total of 6 months or more associated with a military base in any of the following countries: Spain, Portugal, Turkey, Italy or Greece? . . Yes No
48. Since 1977, were you born in, have you lived in, or have you traveled to any African country listed in the chart? Yes No
If yes, answer question 49. If no, skip to question 50.
49. While in one of the African countries listed in the chart, did you receive a blood transfusion or any other medical treatment with a product made from blood? Yes No
50. Since 1977, have you had sexual contact with anyone who was born in or lived in any African country listed in the chart? Yes No

Addendum: Severe Acute Respiratory Syndrome (SARS)

- During time of person-to-person transmission of SARS, the following questions must be answered:**
1. In the past 28 days, have you been ill with SARS or suspected SARS? Yes No
2. In the past 14 days, have you cared for, lived with, or had direct contact with body fluids of a person with SARS or suspected SARS? Yes No
3. In the past 14 days, have you traveled outside of the United States?. Yes No
4. In the past 14 days, has someone you live with traveled to, traveled through, or resided in areas affected by SARS? Yes No
5. In the past 14 days, do you believe you have been exposed to SARS or to someone who has traveled to, traveled through, or resided in areas affected by SARS?. Yes No

To be completed by Cord Blood Bank Staff: NA - Person-to-person transmission of SARS not occurring.



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NMDP Maternal ID	Local Maternal ID	Baby's Mother's Initials <input type="text"/>

Please read questions carefully and answer to the best of your knowledge.

1. Have you ever donated or attempted to donate cord blood using your current, or a different name, to this cord blood bank? Yes No
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?** _____ Yes No
3. Have you taken any of the following medications (check all that apply):. Yes No
- a. Propecia© (finasteride) in the last month?
 - b. Accutane© (isotretinoin) in the last month?
 - c. Soriatane© (acitretin) in the last 12 months?
 - d. Hepatitis B Immune Globulin (HBIG) in the last 12 months?
 - e. Insulin from cows (bovine or beef insulin) since 1980?
 - f. Tegison© (etretinate) ever?
 - g. Growth hormone from human pituitary glands ever?
4. In the past 12 weeks, have you had any shots or vaccinations? Yes No
If yes, please describe: _____
5. In the past 8 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 of the vaccination site, or handling bedding or clothing that had been in contact with an unbandaged vaccination site.) Yes No

6. **In the past 4 weeks**, have you experienced two or more of the following: a fever (>100.5°F or 38.0°C), headache, muscle weakness, skin rash on trunk of the body, or swollen lymph glands? . . . Yes No
If yes, which symptoms and when? _____
7. **In the past 12 months**, have you had a major illness or surgery? Yes No
If yes, please describe: _____
8. Have you ever had any type of cancer, including leukemia? Yes No
9. Have you ever had a bleeding condition or blood disease, including sickle cell disease? Yes No
10. Have you ever had a bleeding problem, such as hemophilia or other clotting factor deficiencies, and received human-derived clotting factor concentrates? Yes No
11. Have you been diagnosed with West Nile Virus during your pregnancy? Yes No
12. Have you ever had yellow jaundice, liver disease, viral hepatitis, or a positive test (including screening tests) for hepatitis? Yes No
13. Have you ever had Chagas' disease or Babesiosis? Yes No
14. Have you or any of your blood relatives ever been diagnosed with Creutzfeldt-Jakob Disease (CJD)? Yes No
15. Have you ever received a dura mater (brain covering) graft? Yes No
16. Have you ever had a transplant or medical procedure that involved being exposed to live cells, tissues or organs from an animal? Yes No
17. 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? Yes No

In the past 3 years:

18. Have you had malaria? Yes No
19. Have you been outside the United States or Canada? Yes No
If yes, please list where, when, and for how long?

In the past 12 months:

20. Have you had a blood transfusion? Yes No
21. Have you had a transplant such as organ, tissue or bone marrow? Yes No
22. Have you had a tissue graft such as bone or skin? Yes No
23. Have you had a tattoo? Yes No
If yes, answer question 24. **If no**, skip to question 25.
24. Were shared instruments, needles or inks used for the tattoo? Yes No
25. Have you had an ear, skin, or body piercing using shared instruments or needles? Yes No
26. Have you had an accidental needle stick or have you come into contact with someone else's blood through an open wound, non-intact skin or mucous membrane (for example, into your eye, mouth, etc)? Yes No

In the past 12 months:

27. Have you had or been treated for a sexually transmitted disease, including syphilis or gonorrhea? Yes No
28. Have you given money, drugs or other payment to anyone to have sex with you? Yes No
29. Have you had sex with anyone who has taken money, drugs or other payment in exchange for sex in the **past 5 years**? Yes No
30. Have you had sexual contact or lived with a person who has active or chronic viral hepatitis or yellow jaundice? Yes No
31. 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**? Yes No
32. Have you had sex with a male who has had sex with another male, even once, in the **past 5 years**? Yes No
33. Have you had sex, even once, with anyone who has taken clotting factor concentrates for a bleeding problem such as hemophilia? Yes No
34. Have you had sex, even once, with anyone who has HIV / AIDS or has had a positive test for the AIDS virus? Yes No
35. Have you been in juvenile detention, lockup, jail or prison for more than 72 continuous hours? Yes No

In the past 5 years:

36. Have you received money, drugs or other payment for sex? Yes No
37. Have you used a needle, even once, to take drugs, steroids, or anything else not prescribed for you by a doctor? Yes No

38. Do you have AIDS or have you ever tested positive for HIV (including screening tests)? Yes No
39. Have you ever tested positive for HTLV (including screening tests)? Yes No
40. 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? Yes No

For questions 41 through 50, please refer to the chart below for a list of countries involved:

Reference Guide for Questions 41 & 44: Countries defined as Europe			
Albania	Germany	Norway	Switzerland
Austria	Greece	Poland	Turkey
Belgium	Hungary	Portugal	United Kingdom:
Bosnia-Herzegovina	Ireland (Republic of)	Romania	England, Northern Ireland,
Bulgaria	Italy	San Marino	Scotland, Wales, the Isle of Man,
Croatia	Liechtenstein	Slovak Republic	the Channel Islands, Gibraltar or
Czech Republic	Luxembourg	Slovenia	the Falkland Islands
Denmark	Macedonia	Spain	Yugoslavia (Federal Republic of)
Finland	Netherlands (Holland)	Sweden	Kosovo, Montenegro, Serbia
France			
Reference Guide for Questions 48 - 50: African Countries			
Cameroon	Chad	Equatorial Guinea	Niger
Central African Republic	Congo	Gabon	Nigeria