

**Baby's Mother's Information**

Last Name(s)  Maiden Name   
 First Name  Middle Name  Date of Birth  /  /      Age   
 Due Date  /  /       Delivering Hospital  Multiple Birth Pregnancy  Yes  No  
 Language Preference (for future contacts)  Social Security Number (optional)  -  -

E-mail Address   
 (Area Code) Home Telephone  -  -  (Area Code) Alternate Phone  -  -

**Baby's Mother's Current Mailing Address**

Address   
 City  State  Zip/Postal Code  -

**Baby's Father's Information**

Last Name(s)  First Name   
 Address (If different from baby's mother's address)   
 City  State  Zip/Postal Code  -   
 (Area Code) Home Telephone  -  -  (Area Code) Alternate Phone  -  -  Date of Birth  /  /

**Baby's Race and Ethnicity Information**

Since certain HLA types may be more common in each ethnic 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:** Of which group(s) is your baby a member? (Select all that apply.)

<p><b>American Indian or Alaska Native</b></p> <input type="checkbox"/> 33 Alaska Native or Aleut <input type="checkbox"/> 34 North American Indian <input type="checkbox"/> 46 American Indian South or Central American <input type="checkbox"/> 47 Caribbean Indian	<p><b>Black or African American</b></p> <input type="checkbox"/> 12 African <input type="checkbox"/> 13 African American <input type="checkbox"/> 14 Black Caribbean <input type="checkbox"/> 15 Black South or Central American	<p><b>Asian</b></p> <input type="checkbox"/> 01 Chinese <input type="checkbox"/> 02 Filipino (Philipino) <input type="checkbox"/> 04 Japanese <input type="checkbox"/> 05 Korean <input type="checkbox"/> 06 South Asian <input type="checkbox"/> 45 Vietnamese <input type="checkbox"/> 07 Other Southeast Asian
<p><b>Native Hawaiian or Other Pacific Islander</b></p> <input type="checkbox"/> 48 Guamanian <input type="checkbox"/> 60 Hawaiian <input type="checkbox"/> 49 Samoan <input type="checkbox"/> 50 Other Pacific Islander	<p><b>White</b></p> <input type="checkbox"/> 51 Eastern European <input type="checkbox"/> 52 Mediterranean <input type="checkbox"/> 59 Middle Eastern <input type="checkbox"/> 53 North Coast of Africa <input type="checkbox"/> 54 North American <input type="checkbox"/> 55 Northern European <input type="checkbox"/> 56 Western European <input type="checkbox"/> 57 White Caribbean <input type="checkbox"/> 58 White South or Central American <input type="checkbox"/> 61 Other White	

Place NMDP CBU Bar Code Here

**Obstetrician / Midwife Information**

Last Name  First Name  MD  RN, CMN   
 Clinic Name  (Area Code) Work Telephone  -  -   
 Address   
 City  State  Zip/Postal Code  -

**Pediatrician Information**

Last Name  First Name   
 Clinic Name  (Area Code) Work Telephone  -  -   
 Address   
 City  State  Zip/Postal Code  -

**Signature**

I have received information from the cord blood bank necessary to complete the following forms:

- Maternal Demographic Information
- Maternal Risk Questionnaire
- Family Medical History Questionnaire

I have completed these forms to the best of my knowledge.

Forms Completed By:

Today's Date  /  /

Signature \_\_\_\_\_

Thank you for registering to donate your baby's cord blood. The blood in the umbilical cord and placenta is unique because it contains a large number of blood-forming cells. Seriously ill patients, whose bodies cannot make healthy cells of their own, can be helped by a donation of healthy blood cells from a matched cord blood unit. Cord blood donations give more patients hope of finding a match.

In the event that an illness affecting the immune system or a blood related disease should develop in your baby, please contact the cord blood bank. This may impact a patient receiving the cord blood unit for transplantation.

Bank Use Only

Place NMDP CBU ID  
Bar Code Label Here

Place Local CBU ID  
Bar Code Label Here



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NMDP CBU ID

Local CBU ID

Place NMDP Maternal ID  
Bar Code Label Here

Place Local Maternal ID  
Bar Code Label Here

NMDP Maternal ID

Local Maternal ID

Forms Received:

- Maternal Demographic Information ..... MM / DD / YYYY
- Maternal Risk Questionnaire ..... MM / DD / YYYY
- Family Medical History Questionnaire ..... MM / DD / YYYY
- Cord Blood Donation Consent Form ..... MM / DD / YYYY

Reviewed By:

Last Name

First Name

Today's Date MM / DD / YYYY

Signature

Cord Blood Donor Registration

This packet contains information for you to complete in order to donate your baby's cord blood. Once you have agreed to become a donor, you will be asked to answer questions related to you and your family's health. These questions are used in the cord blood bank's evaluation of the cord blood donation to minimize risks to the patient. For this reason it is important that you carefully read and complete the enclosed forms to the best of your knowledge.

- Maternal Demographic Information
- Cord Blood Maternal Risk Questionnaire
- Cord Blood Family Medical History Questionnaire

If you have any questions about the forms or cord blood donation, please contact the cord blood bank.

As you complete the forms, please print the numbers and letters as shown below using blue or black ink.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

1 2 3 4 5 6 7 8 9 0