



You are required to complete this form at the time of birth and to return the updated form with your cord blood/tissue sample to the laboratory. Please note that if this pregnancy has been assisted by surrogacy/the baby is being adopted at birth, the surrogate/mother needs to complete this form.

Full Name

ID Number

1. Medical Health Questions

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- a. Do you have any health problems?
- b. Are you currently taking any prescription medication, antibiotics or any other medication for an infection?
- c. Have you had any complications with this pregnancy or any previous pregnancies?
- d. Are you taking or have you ever taken any medications listed below:

• **Growth hormone from human pituitary glands:**
Prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are found in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short). Potential donors who have taken growth hormone from human pituitary glands should be evaluated by the Medical Director

• **Insulin from cows (bovine or beef, insulin):**
Used to treat diabetes. If this insulin was imported into the US from countries in which "Mad Cow Disease" has been found, it could contain material from infected cattle. There is concern that "Mad Cow Disease" is transmitted by transfusions and transplants. Potential donors who have taken insulin from cows should be evaluated by the Medical Director

• **Hepatitis B Immune Globulin (HBIG):**
Used to prevent infection following an exposure to Hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore potential donors who have taken hepatitis B Immune Globulin should be evaluated by the Medical Director to be sure they were not infected. Hepatitis B can be transmitted, through transfusions and transplants, to a patient.

• **Unlicensed vaccine**
Usually associated with a research protocol and the effect with regard to stem cell recipients is unknown. Potential donors who have taken unlicensed vaccines should be evaluated by the Medical Director.

2. Infectious disease questions

2.1 West Nile Virus

- a. If you currently reside in South Africa, have you ever been diagnosed with West Nile Virus infection or had any positive tests for West Nile Virus?
- b. If you currently reside in South Africa, have you travelled to or resided in Africa (outside of South Africa), Europe, the Middle East, North America or West Asia within the last month?

2.2 Malaria

- a. Have you had Malaria in the past 12 months?
- b. Have you recently (past 3 months) travelled to or resided in Malaria-endemic areas such as: Limpopo, Mpumalanga, Northern Natal, Swaziland, Botswana or Mozambique?

2.3 Creutzfeldt-Jakob Disease (CJD)

- a. Have you, the baby's biological father or any other relatives ever been diagnosed with CJD?
- b. Did you ever reside in or spend time that adds up to 3 months or more in the United Kingdom/Europe before 1996?

2.4 Zika Virus

- a. In the past 6 months, have you been diagnosed with or lived in/ travelled to an area with active Zika virus transmission? (Please see website for list of areas)
- b. Have there been any concerns regarding a small head circumference in your baby or any brain calcifications detected in your baby during the pregnancy?
- c. In the past 6 months, have you had sexual contact with a partner that has had the Zika virus infection or lived in or travelled to an area with active Zika virus transmission?

2.5 COVID-19

- a. Have you been diagnosed with or come into contact with someone who has the corona [SARS-CoV2] virus in the past 14 days?
- b. Have you experienced any of the following symptoms in the past 14 days?:

Fever	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Dry cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea, nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>

2.6 Blood transmission

Have you ever:

- a. had a transfusion of blood or blood products (including your sexual partner)? In which country?
- b. come in contact with someone else's blood/body fluids or had a needle-stick injury?
- c. had a tattoo, ear or body piercing, acupuncture, permanent make-up or a ritual scarring ceremony?
- d. had a transplant or graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, sclera, bone, skin, dura mater graft or other tissue?
- e. had a transplant or other medical procedure; or has your sexual partner or a member of your household, had a procedure which involved being exposed to live cells, tissues or organs from an animal?

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- a. had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV virus?
- b. had sexual contact with a male who has had sexual contact with another male without the use of barrier contraception?
- c. been diagnosed with any type of Hepatitis or had sexual contact with/lived with a person who has any type of Hepatitis/Jaundice (yellow skin/eyes)?
- d. been treated for Syphilis or any other sexually transmitted diseases (including a sexual partner)?
- e. been in juvenile detention, lockup, jail or prison for more than 72 hours?

2.7 Other

- a. Have you ever had Chagas disease and/or any positive tests for T.cruzi or lived in rural South or Central America?
- b. Have you ever had Babesiosis?
- c. Do you have or have you ever tested positive for HTLV I & II, or had adult T-cell leukaemia, or had unexplained paraparesis (partial paralysis affecting the lower limbs)?

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3. Miscellaneous Questions

- 3.1 Have you or the biological father ever been diagnosed with cancer or leukaemia, or any inherited disorder that could be transferred?
- 3.2 Have you or anyone in your family ever suffered from sickle cell anaemia, thalassaemia, aplastic anaemia, Fanconi's anaemia or any other genetic blood disorder?
- 3.3 In the past 12 weeks have you:
 - a. had any vaccinations or other shots?
 - b. been in contact with anyone who had vaccinations, particularly for Rabies, Tetanus, Hepatitis B or Small Pox?
- 3.4 In the past 5 years have you:
 - a. received money, drugs or other payment for sex or had sexual relations with someone who has, like a partner or prostitute?
 - b. used recreational or non-prescription drugs, steroids intravenously or had sexual relations with someone who has?
- 3.5 Have you read the educational materials on our website, email responses, brochure, leaflets etc.?
- 3.6 Having answered all of the above questions about medical diseases and risk factors, do you have any concerns that it might not be safe for you to proceed with banking your baby's umbilical cord blood?

If you have answered YES to any of the above questions please give details:

I certify that I have answered the above questions truthfully and to the best of my knowledge.

Mother's/Surrogate mother's name and surname

Mother/Surrogate Mother's Signature

Date:

Client Details

NC/UC/