Celebration STEM CELL CENTRE

MATERNAL RISK AND FAMILY MEDICAL HISTORY QUESTIONNAIRE

CSCC ID# Label

MATERNAL RISK QUESTIONNAIRE

Please ***read carefully*** and answer the following questions "YES" or "NO".

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): ..... a. Insulin from cows (bovine or beef insulin) since 1980?..... b. Growth hormone from human pituitary glands ever?..... c. Rabies vaccination in the past year?.....	❒ Yes ❒ Yes ❒ Yes ❒ Yes	❒No ❒No ❒No ❒No
4.	**In the past 8 weeks,** have you had any shots or vaccinations? ..... ***If yes***, please describe: _____	❒ Yes	❒No
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 months,** have you experienced **two (2)** or more of the following: a fever (>100.5°F or 38.06°C), headache, muscle weakness, skin rash on trunk of the body, or swollen lymph glands? ..... **If yes**, which symptoms and when? Please specify: _____ _____	❒ Yes	❒No
7.	Have you ever had any type of cancer, including leukemia?..... ***If yes,*** please describe:_____	❒ Yes	❒No
8.	**In the past 5 years**, have you had a bleeding problem, such as hemophilia or other clotting factor deficiencies, and received human-derived clotting factor concentrates?	❒ Yes	❒No
9.	**During your pregnancy**, have you been diagnosed with West Nile Virus or had a positive test for West Nile Virus?	❒ Yes	❒No
10.	Have you ever had a diagnosis of clinical, symptomatic viral hepatitis after age 11?	❒ Yes	❒No
11.	Have you ever had a parasitic blood disease (for example, Leishmaniasis, Babesiosis, Chagas disease)or any positive tests for Chagas or T. cruzi, including screening tests?	❒ Yes	❒No
12.	Have you ever been diagnosed with Creutzfeldt-Jakob Disease (CJD), variant CJD, dementia, any degenerative or demyelinating disease of the central nervous system, or other neurological disease where the cause is unknown?	❒ Yes	❒No
13.	Have any of your blood relatives ever been diagnosed with Creutzfeldt-Jakob Disease (CJD), or have you been told that your family has an increased risk for CJD?	❒ Yes	❒No
14.	Have you received a dura mater (brain covering) graft?	❒ Yes	❒No
15.	Have you ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?	❒ Yes	❒No
16.	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:		
	17. Have you had malaria?	❒ Yes	❒No
	18. Have you been outside the United States or Canada?	❒ Yes	❒No
	If yes, please list ***where***, ***when***, and for ***how long***:_____		
	_____		
19.	**In the 12 months prior to the collection of the cord blood unit**, have you had a blood transfusion?	❒ Yes	❒No
	In the past 12 months:		
	20. Have you had a transplant or tissue graft from someone else such as organ, bone marrow, stem cell, cornea, bone, skin, or other tissue?	❒ Yes	❒No
	21. Have you had a tattoo or ear, skin, or body piercing?	❒ Yes	❒No
	If yes, answer question 22. **If no**, skip to question 23.		
	22. Were shared or non-sterile inks, needles, instruments, or procedures used for the tattoo or piercing?	❒ Yes	❒No
	23. Have you had an accidental needle stick, or have you come into contact with someone else's blood through an open wound (for example, a cut or sore), non-intact skin, or mucous membrane (for example, into your eye, mouth, etc.)?	❒ Yes	❒No
	24. Have you had or been treated for a sexually transmitted disease, including syphilis?	❒ Yes	❒No
	25. Have you given money or drugs to anyone to engage in sex with you?	❒ Yes	❒No
	26. Have you engaged in sex with anyone who had taken money or drugs for sex in the **past 5 years**?	❒ Yes	❒No
	27. Have you had sexual contact or lived with a person who has active or chronic viral Hepatitis B or Hepatitis C?	❒ Yes	❒No
	28. 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
	29. Have you had sex with a male who has had sex with another male, even once, in the **past 5 years**?	❒ Yes	❒No
	30. Have you had sex, even once, with anyone who has taken human-derived clotting factors for a bleeding problem in the **past 5 years**?	❒ Yes	❒No
	31. Have you had sex, even once, with anyone who has HIV/AIDS or had a positive test for the AIDS virus?	❒ Yes	❒No
	32. Have you been in juvenile detention, lockup, jail or prison for more than **72 continuous hours**?	❒ Yes	❒No
	In the past 5 years:		
	33. Have you engaged in sex in exchange for money or drugs?	❒ Yes	❒No
	34. Have you used a needle, even once, to take drugs, steroids or anything else not prescribed for you by a doctor?	❒ Yes	❒No
35.	Do you have AIDS or have you ever tested positive for HIV (including screening tests)?	❒ Yes	❒No
36.	**Do you have any of the following:**		
	36a. Unexplained night sweats?	❒ Yes	❒No
	36b. Unexplained blue or purple spots on or under the skin or mucous membrane?	❒ Yes	❒No
	36c. Unexplained weight loss?	❒ Yes	❒No
	36d. Unexplained persistent diarrhea?	❒ Yes	❒No
	36e. Unexplained cough or shortness of breath?	❒ Yes	❒No
	36f. Unexplained temperature higher than 100.5°F (38.06°C) for more than 10 days?	❒ Yes	❒No
	36g. Unexplained persistent white spots or sores in the mouth?	❒ Yes	❒No
	36h. Multiple lumps in your neck, armpits, or groin lasting longer than one month?	❒ Yes	❒No

	36i. Any infections during your pregnancy?	❒ Yes	❒No
37.	Have you ever tested positive for HTLV (including screening tests) or had unexplained paraparesis (partial paralysis affecting the lower limbs)? HTLV refers to Human T-cell Lymphotrophic Virus.	❒ Yes	❒No
38.	If a person has the AIDS virus, do you understand that the person **can give it to someone else** even though they may feel well and have a negative AIDS test?	❒ Yes	❒No

For Questions 39 through 48 please refer to the charts below for a list of countries involved:

Albania	France	Netherlands (Holland)	Switzerland	Yugoslavia (Federal Republic of)
Austria	Germany	Norway	United Kingdom (UK)	Kosovo
Belgium	Greece	Poland	England	Montenegro
Bosnia-Herzegovina	Hungary	Portugal	Northern Ireleand	Serbia
Bulgaria	Ireland (Republic of)	Romania	Scotland, Wales	
Croatia	Italy	Slovak Republic	The Isle of Man	
Czech Republic	Liechtenstein	Slovenia	The Channel Islands	
Denmark	Luxembourg	Spain	Gibralter	
Finland	Macedonia	Sweden	The Falkland Islands	

39. **Since 1980, have you ever lived in or traveled to Europe?** ***(refer to chart above).*** **If yes,** answer questions **40** through **42**. **If no**, skip question **46**.....	❒Yes	❒No
40. **From 1980 through 1996,** did you spend time that adds up to 3 months or more in the United Kingdom (refer to chart above)?.....	❒Yes	❒No
41. **Since 1980,** have you received a transfusion of blood or blood components while in the UK or France?.....	❒Yes	❒No
42. **Since 1980,** have you spent time that **adds up to 5 years or more** in Europe (refer to chart above), including time spent in UK between 1980 and 1996?.....	❒Yes	❒No
43. **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 or civilian military employee? **If yes**, answer **44** and **45**. **If no**, skip to question **46**.....	❒Yes	❒No
44. **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: UK, Belgium, Netherlands or Germany?.....	❒Yes	❒No
45. **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

Reference Guide for Questions 46 – 48: African Countries

Benin	Central African Republic	Congo	Gabon	Niger	Senegal	Zambia
Cameroon	Chad	Equatorial Guinea	Kenya	Nigeria	Togo	

46. **Since 1977,** were you born in, have you lived in, or have you traveled to any African country listed above?..... ***If yes,*** answer question 47. ***If no***, skip to question **48.**	❒Yes	❒No
47. While in one of the African countries listed above, did you receive a blood transfusion or any other medical treatment with a product made from blood?.....	❒Yes	❒No
48. Have you had sexual contact with anyone who was born in or lived in any African country listed above **since 1977**?.....	❒Yes	❒No

FAMILY MEDICAL HISTORY QUESTIONNAIRE

1.	Were you and/or the baby's father adopted at early childhood?.....	❒Yes	❒No
	1a. ***If yes***, is a family medical history available for you and/or the baby's father?.....	❒Yes	❒No
2.	Are you and the baby's father related, except by marriage? (e.g. first cousins)	❒Yes	❒No
3.	Did this pregnancy either use a donor egg or donor sperm?.....	❒Yes	❒No
	3a. ***If yes***, is a family medical history questionnaire available for the egg or sperm donor? (please attach copy).....	❒Yes	❒No
4.	Have you ever had an abnormal result from a prenatal test (e.g. amniocentesis, blood test, ultrasound)?	❒Yes	❒No
	If yes, answer the following questions. ***If no***, skip to questions **5.**		
	4a. Which test was abnormal?_____		
	4b. What was the abnormal test result?_____		
	4c. Was a diagnosis made?	❒Yes	❒No
	If yes, specify diagnosis:_____		
5.	Have you had any children who died within the first 10 years of life?.....	❒Yes	❒No
	5a. ***If yes,*** what was the cause?_____		
6.	Have you ever had a stillborn child?.....	❒Yes	❒No
	6a. ***If yes,*** what was the cause?_____		

For the remainder of the questionnaire, describe the relationship between the baby and the immediate family member with the disease. Please refer to the following codes:

Family Relationship Codes: **BM** Baby's Mother **BGP** Baby's Grandparent **BMS** Baby's Mother's Sibling*
BF Baby's Father **BS** Baby's sibling **BFS** Baby's Father's Sibling *

*(Parent's sibling (BMS and BFS) refer to the baby's aunts and uncles by blood, and does not include aunts and uncles who are in-laws of the parents).

7.	**Cancer or Leukemia?**	❒Yes	❒No				
	If yes, please specify all that apply in **7A-7J**. ***If no***, skip to question **8.**			**BM**	**BF**	**BS**	
	7a. Brain or other nervous system cancer.....			❒	❒	❒	**IMMEDIATE FAMILY ONLY**
	7b. Bone or joint cancer.....			❒	❒	❒	
	7c. Kidney (including renal pelvic) cancer.....			❒	❒	❒	
	7d. Thyroid Cancer.....			❒	❒	❒	
	7e. Hodgkin's Lymphoma.....			❒	❒	❒	
	7f. Non-Hodgkin's Lymphoma.....			❒	❒	❒	
	7g. Acute or chronic myelogenous/myeloid leukemia.....			❒	❒	❒	
	7h. Acute or chronic lymphocytic/lymphoblastic leukemia.....			❒	❒	❒	
	7i. Skin Cancer.....			❒	❒	❒	
	7j. Other cancer/leukemia.....			❒	❒	❒	
	Specify Type:_____						
	Specify Type:_____						

Answer Questions **8-12** for any Blood Disorders or Diseases. ***If yes,*** please specify as applicable.

8.	**Red Blood Cell Disease?**	❒Yes	❒No						
	If yes, please specify that all apply in **8a-8d.** If no, skip to question **9.**	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
	8a.. Diamond-Blackfan Syndrome	❒	❒	❒	❒	❒	❒
	8b. Elliptocytosis	❒	❒	❒	❒	❒	❒
	8c. Spherocytosis	❒	❒	❒	❒	❒	❒
	8d. G6PD or other red cell enzyme deficiency	❒	❒	❒	❒	❒	❒
9.	**White Blood Cell Disease?**	❒Yes	❒No						
	If yes, please specify all that apply in **9a-9d.** ***If no,*** skip to question **10**.	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
	9a. Chronic Granulomatous Disease	❒	❒	❒	❒	❒	❒
	9b. Kostmann Syndrome	❒	❒	❒	❒	❒	❒
	9c. Schwachman-Diamond Syndrome	❒	❒	❒	❒	❒	❒
	9d. Leukocyte Adhesion Deficiency (LAD)	❒	❒	❒	❒	❒	❒
10.	**Immune Deficiencies?**	❒Yes	❒No						
	If yes, please specify all that apply in **10a-10h.** If no, skip to question **11**.	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
	10a. ADA or PNP Deficiency	❒	❒	❒	❒	❒	❒
	10b. Combined Immunodeficiency Syndrome (CID), Common Variable Immunodeficiency Disease (CVID)	❒	❒	❒	❒	❒	❒
	10c. DiGeorge Syndrome	❒	❒	❒	❒	❒	❒
	10d. Hereditary Hemophagocytic Lymphohistiocytosis (HLH) including FEL	❒	❒	❒	❒	❒	❒
	10e. Hypoglobulinemia	❒	❒	❒	❒	❒	❒
	10f. Nezeloff Syndrome	❒	❒	❒	❒	❒	❒
	10g. Severe Combined Immunodeficiency	❒	❒	❒	❒	❒	❒
	10h. Wiskott-Aldrich Syndrome	❒	❒	❒	❒	❒	❒
11.	**Platelet Disease?**	❒Yes	❒No						
	If yes, please specify all that apply in **11a-11g.** ***If no***, skip to question **12.**	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
	11a. Amegakaryocytic Thrombocytopenia	❒	❒	❒	❒	❒	❒
	11b. Glanzmann Thrombasthenia	❒	❒	❒	❒	❒	❒
	11c. Hereditary Thrombocytopenia	❒	❒	❒	❒	❒	❒
	11d. Platelet Storage Pool Disease	❒	❒	❒	❒	❒	❒
	11e. Thrombocytopenia with absent radii (TAR)	❒	❒	❒	❒	❒	❒
	11f. Ataxia-Telangiectasia	❒	❒	❒	❒	❒	❒
	11g. Fanconi Anemia	❒	❒	❒	❒	❒	❒
12.	**Other blood disease or disorder?** Specify type:_____	❒Yes	❒No	❒	❒	❒	❒	❒	❒

Hemoglobin Problems				BM	BF	BS	BGP	BMS	BFS
13.	Sickle cell disease, such as sickle-cell anemia or sickle thalassemia? Specify disease:_____	❒Yes	❒No	❒	❒	❒	❒	❒	❒
14.	Thalassemia, such as alpha thalassemia or beta-thalassemia?	❒Yes	❒No	❒	❒	❒	❒	❒	❒
15.	**Metabolic/Storage Disease?**	❒Yes	❒No						
	If yes, please specify all that apply in **15a-15q**. If no, skip to question **16**.			**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
	15a. Hurler Syndrome (MPS I).....			❒	❒	❒	❒	❒	❒
	15b. Hurler-Scheie Syndrome (MPS I H-S).....			❒	❒	❒	❒	❒	❒
	15c. Hunter Syndrome (MPS II).....			❒	❒	❒	❒	❒	❒
	15d. Sanfilippo Syndrome (MPS III).....			❒	❒	❒	❒	❒	❒
	15e. Morquio Syndrome (MPS IV).....			❒	❒	❒	❒	❒	❒
	15f. Maroteaux-Lamy Syndrome (MPS VI).....			❒	❒	❒	❒	❒	❒
	15g. Sly Syndrome (MPS VII).....			❒	❒	❒	❒	❒	❒
	15h. I-cell disease.....			❒	❒	❒	❒	❒	❒
	15i. Globoid Leukodystrophy (Krabbe Disease).....			❒	❒	❒	❒	❒	❒
	15j. Metachromatic Leukodystrophy (MLD).....			❒	❒	❒	❒	❒	❒
	15k. Adrenoleukodystrophy (ALD).....			❒	❒	❒	❒	❒	❒
	15l. Sandhoff Disease.....			❒	❒	❒	❒	❒	❒
	15m. Tay-Sachs Disease.....			❒	❒	❒	❒	❒	❒
	15n. Gaucher Disease.....			❒	❒	❒	❒	❒	❒
	15o. Niemann Pick-Disease.....			❒	❒	❒	❒	❒	❒
	15p. Porphyria.....			❒	❒	❒	❒	❒	❒
	15q. Other or unknown metabolic/storage disease.....			❒	❒	❒	❒	❒	❒
	Specify type:_____								

Acquired Immune System Disorders				BM	BF	BS	IMMEDIATE FAMILY ONLY
16.	**HIV/AIDS?**	❒Yes	❒No	❒	❒	❒	
17.	**Severe autoimmune disorder?**	❒Yes	❒No	❒	❒	❒	
	If yes, please specify all that apply in questions **17a-17d.** ***If no***, skip to question **18.**			**BM**	**BF**	**BS**	
	17a. Crohn's Disease or Ulcerative Colitis.....			❒			
	17b. Lupus.....			❒			
	17c. Multiple Sclerosis (MS).....			❒			
	17d. Rheumatoid Arthritis.....			❒			
18.	Any other or unknown immune system disorders? Specify Disorder:_____	❒Yes	❒No	❒	❒	❒	

Answer Questions 19-25				BM	BF	BS	BGP	BMS	BFS
19.	Required chronic blood transfusions?	❒Yes	❒No	❒	❒	❒	❒	❒	❒
20.	Have you been told you or your family member(s) have hemolytic anemia?	❒Yes	❒No	❒	❒	❒	❒	❒	❒
21.	Had spleen removed to treat a blood disorder?	❒Yes	❒No	❒	❒	❒	❒	❒	❒
22.	Had gallbladder removed before age of 30?	❒Yes	❒No	❒	❒	❒	❒	❒	❒
23.	Had Creutzfeldt-Jakob Disease (CJD)?	❒Yes	❒No	❒	❒	❒	❒	❒	❒
24.	Other serious or life-threatening diseases affecting the family?..... ***If yes,*** list affected family member(s) and type of disease.	❒Yes	❒No						
	Specify Type:_____			❒	❒	❒	❒	❒	❒
	Specify Type:_____			❒	❒	❒	❒	❒	❒
	Specify Type:_____			❒	❒	❒	❒	❒	❒
25.	In answering these questions, have you answered for both your family and the baby's father's family?	❒Yes	❒No						

Addendum A: Zika Virus			
1.	Have you had a medical diagnosis of ZIKV infection **at any point** during your pregnancy?	❒Yes	❒No
2.	Have you resided in, or traveled to, an area with active ZIKV transmission* **at any point** during your pregnancy?	❒Yes	❒No
3.	Have you had sex during your pregnancy with a male who is known to have: a. A medical diagnosis of ZIKV within the six months prior to the contact b. Resided in, or traveled to, an area with active ZIKV transmission* within the six months prior to that contact i. Country(ies) traveled to:_____ ii. Date(s) of travel:_____	❒Yes	❒No

Consenter Review (if applicable):

Reviewed by: _____Date_____

TO BE COMPLETED BY CELEBRATION STEM CELL CENTRE:

I have reviewed the above responses and have determined all requirements met and responses are acceptable: ❒Yes ❒No

If NO, specify reason:_____

Reviewed by: _____Date_____

Ineligible Donor Statement:
Based on information noted above, this donor is determined to be ineligible to donate her cord blood product.

Medical Director, Celebration Stem Cell Centre: _____Date_____