St. Louis Cord Blood Bank at Cardinal Glennon Children's Hospital 314-268-2787 or 888-453-2673 FAX 314-268-4197

SLCBB ID NMDP ID

Disposition Tech/Date_____________ __________-63 =__________ Total Weight Cord Blood Volume Tech/Date:_________________

Mother's Name:_________________________Mother's birthdate_____________Estimated Due Date:_______________

Mailing Address of Mother of Baby:____

Identity of the above donor confirmed by verifying two identifiers (name, birthdate) ☐ Yes_______________________
Nurse's signature

Maternal samples of blood obtained by/date/time:__________________________Labor and delivery data completed by:___________________

Within one hour prior to collection of the 3 maternal tubes, did the mother receive more than 2,000 ml of IV fluids? ☐ Yes ☐ No

LABOR AND DELIVERY DATA

Hospital:_____________________________ Delivering Physician:_________________________ Date/Time of Delivery:___________________

Labor: ☐ Yes ☐ No Length of Labor: _____hours Was Labor Induced: ☐ Yes ☐ No ☐ Augmented

Route of Delivery: ☐ Vaginal Assisted Vaginal Delivery?: ☐ Forceps ☐ Vacuum Meconium Staining: ☐ Yes ☐ No Fetal Distress: ☐ Yes ☐ No

☐ C-section ☐ Scheduled ☐ Non-Scheduled Reason for C-section:______________________________

Duration of Rupture of Membranes: _____hours (_____min.)

Were any abnormal or remarkable findings that were detected during the **mother's** physical assessment and chart review: ☐ Yes ☐ No
If yes, please describe:____

Maternal Temperature During Labor (>100°F or 37.7°C)?: ☐ Yes ☐ No **IF YES, WHAT WAS THE HIGHEST TEMP:**_________

Number of Infants Delivered:_____ **NOTE**: **Cord blood collections are for singleton births only.** **G______P______Ab______**

Medications given during Labor and Delivery: Anesthesia: ☐ Yes ☐ No
List other medications:____

Was mother tested for Group B Beta strep: ☐ Yes ☐ No If Yes, result: ☐ Negative ☐ Positive
If yes, list medication used during labor____

List Complications During Delivery:____

Was any blood or blood component given to mother during labor/prior to delivery? ☐ Yes ☐ No (If yes, the collection should not take place)

Mother's Pre-Natal Blood Test Results

HBsAg ☐ Negative ☐ Positive Test Date: _____ (Mo.) _____ (Day) _____ (Year) ☐ No Record

Syphilis ☐ Negative ☐ Positive Test Date: _____ (Mo.) _____ (Day) _____ (Year) ☐ No Record

Anti-HIV ☐ Negative ☐ Positive Test Date: _____ (Mo.) _____ (Day) _____ (Year) ☐ No Record

Mother's ABO Blood Group: ________Rh Type:________

FOR SLCBB USE

INFANT DATA

Sex: ☐ Male ☐ Female Birth Weight:_______ grams 5 minute Apgar: _____ Gestational Age (by MD): _______ (weeks)

Infant Temp (>100° F)? ☐ Yes ☐ No **IF YES, TEMP**______________ Infant Race____________________

Evidence of Infection or chorioamniotis? ☐ Yes ☐ No

Evidence of any infant congenital anomaly? ☐ Yes ☐ No Comments:____

PLEASE BE CERTAIN THE FOLLOWING ITEMS ARE ENCLOSED IN THE COLLECTION BOX:

MATERNAL BLOOD	CORD BLOOD	COMPLETED PAPERWORK
☐ red top tube	☐ Cord Blood Collection Bag	☐ Consent Form
☐ purple top tube		☐ Labor and Delivery Data Sheet
☐ white top tube		☐ Med History Questionnaire (if not sent in)

SLCBB
NURSE REVIEW/DATE________________________________

GUIDELINES FOR ASSESSMENT OF MOTHER AND BABY

Physical assessment of the mother of the baby is obtained by the physician and/or the labor and delivery nurse. This should include a review of the records in the prenatal chart as well as a physical assessment at the time of presentation to the hospital. Any abnormal or remarkable findings should be documented on the labor and delivery data form. FDA recommends screening for signs that may indicate high-risk behavior for, or infection with a relevant communicable disease. Some of the following are not physical evidence of HIV, hepatitis, syphilis, or vaccinia infection, but rather are indications of high-risk behavior associated with these diseases.

THE CORD BLOOD COLLECTION SHOULD NOT TAKE PLACE IF ANY OF THE FOLLOWING ARE NOTED:

MATERNAL CHART REVIEW

Multiple births
Known positive serology for: HIV, Hep B or C, HTLV-I/II, syphilis, or gonorrhea
Active sexually transmitted disease at the time of delivery
Maternal high-risk behavior (IV drug use, taking money or drugs for sex, etc)
Mother or Father of baby with history of cancer or blood disorder requiring chemotherapy
Mother of Baby with History of an autoimmune disorder (such as lupus, MS, Crohn's disease, rheumatoid arthritis, or other immunologic disorder) ***classified as severe.***
Blood transfusion during the 12 months prior to delivery or during labor and delivery
Unexplained weight loss, night sweats, temp > 100.5ºF for more than 10 days, cough, persistent diarrhea
Gestational age < 34 weeks

MATERNAL PHYSICAL EXAM

Physical evidence of STD's such as genital ulcerative disease, herpes simplex, syphilis, chancroid
Physical evidence of active illicit drug use such as needle tracks, examination of tattoos which may be covering needle tracks, etc
Physical evidence of **recent** tattooing, ear or body piercing (using shared or non-sterile instruments or inks)
Lymphadenopathy
Oral thrush, white spots or unusual blemishes in the mouth
Blue spots or purple spots consistent with Kaposi's sarcoma
Unexplained jaundice, hepatomegaly or icterus
Physical evidence of sepsis, such as unexplained generalized rash
Large scab, rash, or necrotic lesion consistent with recent immunizations
Generalized vesicular rash
Maternal temperature greater than 102º F or 39.0° C
Malodorous placenta or amniotic fluid, or suspicion of chorioamnionitis
Excessive maternal bleeding
Placental trauma or expulsion of placenta before or during collection

PLEASE DOCUMENT IF ANY OF THE FOLLOWING WERE IDENTIFIED ON THE PHYSICAL EXAM OF THE INFANT

Evidence of any infant congenital anomaly should include screening for fetal malformations which include metabolic disorder, chromosomal abnormalities or structural anomalies. Specifically this should include notations of the following

Absent digits on hands or feet
Absent radii
Extra digits on hands or feet
Horseshoe kidney
Microcephaly
> 6 café au lait spots
Dwarfism
Albinism
Hemi-hypertrophy

Please also note if the baby had any signs or symptoms of possible sepsis or congenital infection:
elevated temp, petechial rash, hepatosplenomegaly, thrombocytopenia (Blueberry muffin syndrome)
Also note the presence of a 2 vessel cord