St. Louis Cord Blood Bank SSM Health Cardinal Glennon Children's Hospital Saint Louis University Department of Pediatrics Cellular Therapy Laboratory & St. Louis Cord Blood Bank 3662 Park Avenue, St. Louis MO 63110, 314-268-2787	**MEDICAL HISTORY QUESTIONNAIRE** **CL.03A.25**	SLCBB only Reviewed By/Date:

St. Louis Cord Blood Bank (SLCBB) Phone Number: 314-268-2787 or 1-888-453-2673 **Fax Number: 314-268-4197**

PREGNANCY HISTORY

Your Name (Mother of Baby):	**Name of Your OB/Midwife or Clinic you attend:**
Estimated Due Date:	**Pediatrician (for baby) Name:**
Delivering Hospital:	**Pediatrician telephone:**

Number of Pregnancies (including current): ____ Number of Live Births: ____ Number of Miscarriages: ____ Number of stillborn:_____		
Ultrasound? Please indicate: ☐ One Baby ☐ Twins ☐ Multiple **(Note: This program is for single births only)**		
Gestational diabetes with current pregnancy? **IF YES**, what treatment:	☐ Yes	☐ No
List any Medications taken during pregnancy other than prenatal vitamins and iron:		
Comments:		

MOTHER'S RISK QUESTIONNAIRE

1. Have you ever donated or attempted to donate cord blood to this cord blood bank using your current name or a different name? ..... **IF YES,** when?	☐ 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**, when and why?	☐ Yes	☐ No
3. Have you taken any of the following medications (<u>check all that apply</u>)..... 3a. Insulin from cows (bovine or beef insulin) since 1980? 3b. Growth hormone from human pituitary glands ever?	☐ Yes ☐ Yes	☐ 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 12 weeks,** have you had contact with someone who has recently received the smallpox vaccine? (Examples of contact include physical intimacy, touching the vaccination site, touching the bandages or covering of the vaccination site)	☐ Yes	☐ No

6. **In the past 4 months**, have you experienced **two 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?	☐ 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 or had a positive test for West Nile Virus?	☐ Yes	☐ No
10. Have you had a past diagnosis of clinical, symptomatic viral hepatitis after age 11?	☐ Yes	☐ No
11. Have you ever had a parasitic blood disease (for example, Leishmaniasis, Babesiosis, or 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
17. Have you ever had malaria? **IF YES**, when?	☐ Yes	☐ No
18. **In the past 3 years** have you been outside the U.S. or Canada?..... **IF YES**, where, when, and for how long?	☐ Yes	☐ No
19. **In the 12 months prior to collection of the cord blood unit**, have you had a blood transfusion?	☐ Yes	☐ No
20. **In the past 12 months,** have you had a transplant or tissue graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, bone or other tissue?	☐ Yes	☐ No
21. **In the past 12 months,** have you had a tattoo or ear, skin, or body piercing? **IF YES**, answer question 22. **IF NO**, skip to question 23	☐ Yes	☐ No
22. **If question #21 was yes**, were shared or non-sterile inks, needles, instruments, or procedures used for the tattoo or piercing?	☐ Yes	☐ No
23. **In the past 12 months,** 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. **In the past 12 months,** have you had or been treated for **any** sexually transmitted disease including syphilis? **.....** **IF YES**, which disease and when?	☐ Yes	☐ No
25. **In the past 12 months,** have you given money or drugs to anyone to engage in sex with you?	☐ Yes	☐ No
26. **In the past 12 months,** have you engaged in sex with anyone who had taken money or drugs for sex in the **past 5 years**?	☐ Yes	☐ No
27. **In the past 12 months,** have you had sexual contact or lived with a person who has active or chronic viral Hepatitis B or Hepatitis C?	☐ Yes	☐ No
28. **In the past 12 months,** 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. **In the past 12 months,** have you had sex with a male who has had sex with another male, even once, in the **past 5 years**?	☐ Yes	☐ No
30. **In the past 12 months,** 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. **In the past 12 months,** have you had sex, even once, with anyone who has HIV/AIDS or has had a positive test for the AIDS virus?	☐ Yes	☐ No
32. **In the past 12 months,** have you been in juvenile detention, lockup, jail or prison for more than 72 continuous hours?	☐ Yes	☐ No
33. **In the past 5 years**, have you engaged in sex in exchange for money or drugs?	☐ Yes	☐ No
34. **In the past 5 years**, 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. Blue or purple spots on or under the skin or mucous membranes typical of Kaposi's sarcoma?	☐ 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**?..... **IF YES**, please specify what infection, when it occurred and the treatment:	☐ Yes	☐ No

37. Have you ever tested positive for HTLV (Human T-cell Lymphotrophic Virus) or had unexplained paraparesis (partial paralysis affecting the lower limbs)?	☐ Yes	☐ No
38. **DO YOU UNDERSTAND** that if a person has the AIDS virus, they can give it to someone else even though they feel well and have a negative AIDS test?	☐ Yes	☐ No

Reference Guide for Questions 39 through 45, please refer to the chart below for a list of countries involved:

Albania	Finland	Luxembourg	Slovenia
Austria	France	Macedonia	Spain
Belgium	Germany	Netherlands (Holland)	Sweden
Bosnia-Herzegovina	Greece	Norway	Switzerland
Bulgaria	Hungary	Poland	Yugoslavia (Federal Republic of):
Croatia	Ireland (Republic of)	Portugal	Kosovo
Czech Republic	Italy	Romania	Montenegro
Denmark	Liechtenstein	Slovak Republic	Serbia

United Kingdom (UK): England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands

39. **Since 1980**, have you ever lived in, or traveled to any country considered to be at risk for transmission of vCJD (variant Creutzfeldt-Jakob Disease? (refer to chart) **IF YES, answer questions 40 through 42, IF NO go to question 43**	☐ Yes	☐ No
40. **From 1980 through 1996**, did you spend time that adds ups 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
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 (including time spent in the UK between 1980 and 1996), in any country considered to be at risk for transmission of vCJD (variant Creutzfeldt-Jakob Disease)? (refer to chart)	☐ Yes	☐ No
43. **From 1980 through 1996**, were you a member of the US military, a civilian military employee, or a dependent of either a member of the US military or civilian military employee?	☐ 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 at Risk

Benin Cameroon Chad Gabon Kenya Niger Nigeria Senegal Togo Zambia
Central African Republic (previously named Central African Empire)
Congo (refers to the Republic of the Congo. This does not include Democratic Republic of the Congo, previously named Zaire).
Equatorial Guinea (includes the territory of Rio Muni and the islands of Corisco, Elobey, Ferrando Po Bioko and Annonbon)

46. **Since 1977**, were you born in, have you lived for longer than one year in, or have you traveled to any African country considered to be at risk for transmission of HIV-1 group O? (refer to chart) **If yes**, answer question 47. **IF NO**, skip to question 48.	☐ Yes	☐ No
47. **If you were in one of the African countries listed in the chart,** did you receive a blood transfusion or any medical treatment with a product made from blood while you were there?	☐ Yes	☐ No
48. Have you had sexual contact with anyone who was born in or lived in any African country listed in the chart above **since 1977?**	☐ Yes	☐ No
49. At any time during your pregnancy have you:		
49a. Had a medical diagnosis of Zika virus infection?.....	☐ Yes	☐ No
49b. Traveled anywhere outside of your home state?.....	☐ Yes	☐ No
49c. Had sexual contact with anyone who was diagnosed with the Zika virus infection in the 6 months prior to the sexual contact?.....	☐ Yes	☐ No
49d. Had sexual contact with anyone who traveled to, or resided anywhere outside your home state in the 6 months prior to the sexual contact?.....	☐ Yes	☐ No

FAMILY RECORD

Baby's siblings (live born): # of Brothers: Full_____ Half_____ # of Sisters: Full_____ Half_____

Baby's Mother's siblings (live born): # of Brothers: Full_____ Half_____ # of Sisters: Full_____ Half____

Baby's Father's siblings (live born): # of Brothers: Full_____ Half_____ # of Sisters: Full_____ Half_____

FAMILY MEDICAL HISTORY

1. Were you and/or the baby's father adopted at birth or early childhood? ..... ☐ mother of baby ☐ father of baby 1a. **IF YES**, is a family history available for you and/or the baby's father?..... ☐ Yes ☐ No	☐ Yes	☐ No
2. Except by marriage, are you and the baby's father related (e.g. first cousins)?..... **IF YES**, what relationship?	☐ Yes	☐ No
3. Did this pregnancy use either a donor egg or donor sperm?..... 3a. **IF YES**, is a family medical history questionnaire available for the egg or sperm donor? ☐ Yes ☐ No 3b. Name of the organization the donation came from:_____	☐ Yes	☐ No

4. Have you had an abnormal result from a prenatal test (e.g. Amniocentesis, blood test, ultrasound)?..... **IF YES**, answer the following questions. **IF NO**, skip to question 5. 4a. Which test was abnormal?_____ 4b. What was the abnormal test result?_____ 4c. Was a diagnosis made?..... ☐ Yes ☐ No If yes, specify the diagnosis:_____	☐ Yes	☐ No
5. Have you had any children who died within the first 10 years of life?..... 5a. **IF YES**, what was the cause?_____	☐ Yes	☐ No
6. Have you ever had a stillborn child?..... 6a. **IF YES**, what was the cause?_____	☐ Yes	☐ No

FOR THE REMAINDER OF THE QUESTIONNAIRE, IF ANY QUESTION IS ANSWERED YES, indicate the relationship between the baby and the immediate family member with the disease.

For the relationship, please refer to the following codes:

BM Baby's Mother
BF Baby's Father
BS Baby's Sibling (full or half brother or sister)
BGP Baby's Grandparents (grandmother or grandfather)
BMS Baby's Mother's Siblings*
BFS Baby's Father's Siblings*

*Parent's siblings (BMS and BFS) refer to the baby's aunts and uncles who are blood relatives only. Do not include in-laws by marriage.

7. Cancer or Leukemia?..... ☐ Yes ☐ No	BM	BF	BS	
IF YES, please specify all that apply in 7a-7j. **IF NO**, skip to question 8.				
7a. Brain or other nervous system cancer.....	☐	☐	☐	**IF AFFECTED FAMILY MEMBER IS BGP, BMS OR BFS, PLEASE INCLUDE THE INFORMATION ON PAGE 8, QUESTION 24**
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	BM	BF	BS	BGP	BMS	BFS
8a. Diamond-Blackfan Syndrome.....	☐	☐	☐	☐	☐	☐
8b. Elliptocytosis.....	☐	☐	☐	☐	☐	☐
8c. G6PD or other red cell enzyme deficiency.....	☐	☐	☐	☐	☐	☐
8d. Spherocytosis?.....	☐	☐	☐	☐	☐	☐

9. White blood cell disease? ☐ Yes ☐ No	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	BM	BF	BS	BGP	BMS	BFS
10a. ADA or PNP Deficiency	☐	☐	☐	☐	☐	☐
10b. Combined Immunodeficiency Syndrome (CID), Common Variable Immunodeficiency Disease (CVD)	☐	☐	☐	☐	☐	☐
10c. DiGeorge Syndrome	☐	☐	☐	☐	☐	☐
10d. Hereditary Hemophagocytic Lymphohistiocytosis (HLH) including FEL	☐	☐	☐	☐	☐	☐
10e. Hypoglobulinemia	☐	☐	☐	☐	☐	☐
10f. Nezeloff Syndrome	☐	☐	☐	☐	☐	☐
10g. Severe Combined Immunodeficiency (SCID)	☐	☐	☐	☐	☐	☐
10h. Wiskott-Aldrich Syndrome	☐	☐	☐	☐	☐	☐
11. Platelet Disease? ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
11a. Amegakaryocytic Thrombocytopenia	☐	☐	☐	☐	☐	☐
11b. Glanzmann Thromboasthenia	☐	☐	☐	☐	☐	☐
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? ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
Specify type:_____	☐	☐	☐	☐	☐	☐
Hemoglobin problems	BM	BF	BS	BGP	BMS	BFS
13. Sickle cell disease, such as sickle-cell anemia or sickle thalassemia? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
14. Thalassemia, such as alpha thalassemia, beta thalassemia? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
15. Metabolic/storage disease? ☐ Yes ☐ No	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 (MPSVI)	☐	☐	☐	☐	☐	☐
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			
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						
17a. Crohn's Disease or Ulcerative Colitis	☐	☐	☐			
17b. Lupus	☐	☐	☐			
17c. Multiple Sclerosis	☐	☐	☐			
17d. Rheumatoid Arthritis	☐	☐	☐			
18. Other or unknown immune system disorder	☐	☐	☐			
Specify type:_____						
Answer questions 19-25	BM	BF	BS	BGP	BMS	BFS
19. Required chronic blood transfusions? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
20. Been told you or family member(s) have hemolytic anemia? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
21. Had their spleen removed to treat a blood disorder? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
22. Had their gall bladder removed before age 30? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
23. Had Creutzfeldt-Jakob disease (CJD)? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
24. **Other** serious or life-threatening diseases affecting the family, including cancer, leukemia and autoimmune system disorders? ☐ Yes ☐ No						
IF YES, list affected family member(s) and type of disease.						
Specify type:_____	☐	☐	☐	☐	☐	☐
Specify type:_____	☐	☐	☐	☐	☐	☐
Specify type:_____	☐	☐	☐	☐	☐	☐

Comments or Additional Information:

25. In answering these questions, to the best of your knowledge, have you answered for you, your family, the baby's father, and the baby's father's family?	☐ Yes	☐ No

ETHNICITY/RACE OF MOTHER AND FATHER OF BABY (check all that apply)

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.

ASIAN	Mother	Father
Chinese	☐	☐
Filipino (Philipino)	☐	☐
Japanese	☐	☐
Korean	☐	☐
South Asian	☐	☐
Vietnamese	☐	☐
Other Southeast Asian	☐	☐
BLACK OR AFRICAN AMERICAN		
African	☐	☐
African American	☐	☐
Black Caribbean	☐	☐
Black South or Central American	☐	☐
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
Guamanian	☐	☐
Hawaiian	☐	☐
Samoan	☐	☐
Other Pacific Islander	☐	☐

WHITE OR CAUCASIAN	Mother	Father
Eastern European	☐	☐
Mediterranean	☐	☐
Middle Eastern	☐	☐
North Coast of Africa	☐	☐
North American	☐	☐
Northern European	☐	☐
Western European	☐	☐
White Caribbean	☐	☐
White South or Central American	☐	☐
Other White	☐	☐
AMERICAN INDIAN OR ALASKA NATIVE		
Alaska Native or Aleut	☐	☐
North American Indian	☐	☐
American Indian South or Central American	☐	☐
Caribbean Indian	☐	☐

ETHNICITY OF BABY*:* Please check one: ☐ Hispanic/Latino ☐ Not Hispanic or Latino

BIRTHPLACE (country*):*

Baby's Mother's Birthplace: _____ Baby's Father's Birthplace: _____

Mother's Mother's Birthplace: _____ Father's Mother's Birthplace: _____

Mother's Father's Birthplace: _____ Father's Father's Birthplace: _____

Demographic Information

Baby's Mother:

Name:		Maiden Name:
Address: (street) (city) (state) (zip code)		
Birth Date:	Email address:	Last 4 digits SS#:
Home telephone #:	Cell #:	Alternate #:

Baby's Father:

Name:	Birth Date:
Address: (street) (city) (state) (zip code)	Phone #:

It may be necessary to contact you in the future to verify, clarify or update the information provided on this form.

In the event that an illness affecting the immune system or a blood related disease should develop in your baby, please call the Cord Blood Bank at (314)268-2787 or 1-888-453-2673, as this could impact the person receiving this product for transplantation.

I understand what is involved in participating in this program, completed this form to the best of my knowledge, called if I had any questions, and it is my desire to donate the umbilical cord blood to the St. Louis Cord Blood Bank.

Form completed by_____ **Date completed** _____

THANK YOU FOR HELPING US SAVE LIVES!