

SLCBB ID \_\_\_\_\_

Disposition \_\_\_\_\_ Total Weight \_\_\_\_\_ -60 = \_\_\_\_\_ 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 \_\_\_\_\_

Maternal samples of blood obtained by/date/time: \_\_\_\_\_ Labor and delivery data completed by: \_\_\_\_\_ Nurse's signature \_\_\_\_\_

Within one hour prior to collection of the 5 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  C-section  Scheduled  Non-Scheduled Assisted Vaginal Delivery?:  Forceps  Vacuum Reason for C-section: \_\_\_\_\_ Meconium Staining:  Yes  No Fetal Distress:  Yes  No

Duration of Rupture of Membranes: \_\_\_\_\_ hours (\_\_\_\_\_ min.) DELAYED CORD CLAMPING:  Yes  No If Yes, how long? \_\_\_\_\_ (Seconds)

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 Blood 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 chorioamnionitis?  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  1- 6ml red top tube  1- 6ml lavender top tube  3- 6ml pink top tube  
CORD BLOOD  Cord Blood Collection Bag  
COMPLETED PAPERWORK  Consent Form  Labor and Delivery Data Sheet  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 > 100.5°F for more than 10 days, cough, persistent diarrhea

Gestational age < 35 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 102° 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