Metabolic/storage diseases (continued)			BM	BF	BS	BGP	BMS	BFS
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 (MS)			☐		
17d. Rheumatoid Arthritis			☐		
18. Other or unknown immune system disorder	☐ Yes	☐ No	☐	☐	☐
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 spleen removed to treat a blood disorder?	☐ Yes	☐ No	☐	☐	☐	☐	☐	☐
22. Had gallbladder removed before age 30?	☐ Yes	☐ No	☐	☐	☐	☐	☐	☐
23. Had Creutzfeldt-Jakob disease (CJD)?	☐ Yes	☐ No	☐	☐	☐	☐	☐	☐
24. Other serious or life-threatening diseases affecting the family?	☐ Yes	☐ No						
If yes, list affected family member(s) and type of disease.								
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						

NATIONAL MARROW DONOR PROGRAM® BE THE MATCH®

Cord Blood Registration:
Family Medical History Questionnaire

Bank Use Only

Place NMDP CBU ID Bar Code Label Here	Place Local CBU ID Bar Code Label Here
NMDP CBU ID: ☐☐☐☐-☐☐☐☐-☐	Local CBU ID: ☐☐☐☐☐☐☐☐☐☐
Place NMDP Maternal ID Bar Code Label Here	**Place Local Maternal ID Bar Code Label Here**
NMDP Maternal ID: ☐☐☐☐-☐☐☐☐-☐	Local Maternal ID: ☐☐☐☐☐☐☐☐☐☐

Please read questions carefully and answer to the best of your knowledge.

M M / D D / Y Y Y Y
Today's Date

☐☐
Baby's Mother's Initials

Question		
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 use either a donor egg or donor sperm?	☐ Yes	☐ No
3a. If yes, is a family medical history questionnaire available for the egg or sperm donor?	☐ Yes	☐ No
4. Have you 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 question 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? ______		

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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:

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

*(Parents' siblings (BMS and BFS) refer to the baby's aunts and uncles by blood and do not include aunts and uncles who are in-laws of the parents.)

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	☐	☐	☐
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 (CVID)	☐	☐	☐	☐	☐	☐

Continue on to Page 3

Immune deficiencies (continued)	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
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 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? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐
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 or beta-thalassemia? ☐ Yes ☐ No	☐	☐	☐	☐	☐	☐

15. Metabolic/storage disease? ☐ Yes ☐ No	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
If yes to question 15, please specify all that apply in 15a–15q. **If no,** skip to question 16.						
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)	☐	☐	☐	☐	☐	☐

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