# Maternal Demographic Information

**Bank Use Only**

<table>
<thead>
<tr>
<th>Place NMDP CBU ID</th>
<th>Place NMDP Maternal ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar Code Label Here</td>
<td>Bar Code Label Here</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local CBU ID</th>
<th>Local Maternal ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar Code Label Here</td>
<td>Bar Code Label Here</td>
</tr>
</tbody>
</table>

**Forms Received:**

- Maternal Demographic Information
- Maternal Risk Questionnaire
- Family Medical History Questionnaire
- Cord Blood Donation Consent Form

**Reviewed By:**

- Last Name: [Redacted]
- First Name: [Redacted]

**Today's Date:** [Redacted]

**Signature:** [Redacted]

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## Cord Blood Registration

This packet contains information for you to complete in order to donate your baby's cord blood. Once you have agreed to become a donor, you will be asked to answer questions related to you and your family's health. These questions are used in the cord blood bank's evaluation of the cord blood donation to minimize risks to the patient. For this reason, it is important that you carefully read and complete the enclosed forms to the best of your knowledge. Only authorized staff from the cord blood bank will have access to your personal information.

- Maternal Demographic Information
- Maternal Risk Questionnaire
- Family Medical History Questionnaire

If you have any questions about the forms or cord blood donation, please contact the cord blood bank.
Maternal Demographic Information

Baby’s Mother’s Information

Last Name(s)  
First Name(s)  
Maiden Name  
Due Date  
Date of Birth  
Age  
Language Preference  
Social Security Number (optional)  
E-mail Address  
Home Telephone  
Alternate Phone  
Baby’s Mother’s Current Mailing Address

City  
State  
Zip/Postal Code  
Baby’s Father’s Information

Last Name(s)  
First Name(s)  
Address (if different from baby’s mother’s address)  
City  
State  
Zip/Postal Code  
Baby’s Race and Ethnicity Information

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.

Baby’s Race:  
Response is required, please check one. 
Not Hispanic or Latino

American Indian or Alaska Native

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

White

33 Alaska Native or Aleut

12 African

81 Chinese

48 Guamanian

51 Eastern European


34 North American Indian  
13 African American

02 Filipino (Filipino)

49 Samoan  
14 Black Caribbean

04 Japanese

50 Other Pacific Islander

50 North Coast of Africa

05 Korean

52 Mediterranean

53 North Coast of Africa

06 South Asian

59 Middle Eastern

58 White South or Central American

61 Other White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

White

12 African

81 Chinese

51 Eastern European

55 Northern European

13 African American

02 Filipino (Filipino)

52 Mediterranean

56 Western European

14 Black Caribbean

04 Japanese

59 Middle Eastern

57 White Caribbean

50 North Coast of Africa

06 South Asian

53 North Coast of Africa

58 White South or Central American

54 North American

61 Other White

Thank you for registering to donate your baby’s cord blood. The blood in the umbilical cord and placenta is unique because it contains a large number of blood-forming cells. Seriously ill patients, whose bodies cannot make healthy cells of their own, can be helped by a donation of healthy blood cells from a matched cord blood unit. Cord blood donations give more patients hope of finding a match.

In the event that an illness affecting the immune system or a blood related disease should develop in your baby, please contact the cord blood bank. This may impact a patient receiving the cord blood unit for transplantation.

Obstetrician / Midwife Information

Last Name  
First Name  
MD  
RN  
CMN

Clinic Name  
Home Telephone  
Work Telephone  
Address  
City  
State  
Zip/Postal Code

Pediatrician Information

Last Name  
First Name

Clinic Name  
Home Telephone  
Work Telephone  
Address  
City  
State  
Zip/Postal Code

Signature

I have received information from the cord blood bank necessary to complete the following forms:

• Maternal Demographic Information
• Maternal Risk Questionnaire
• Family Medical History Questionnaire

I have completed these forms to the best of my knowledge. I understand that only authorized staff from the cord blood bank will have access to my personal information.

Forms completed by:

Today’s Date

P0795  JUL 2011

National Marrow Donor Program®

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Baby's Ethnicity: Response is required, please check one.

- Hispanic or Latino
- Not Hispanic or Latino

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.

**Baby's Race:** Of which group(s) is your baby a member? (Select all that apply.)

- American Indian or Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian or Other Pacific Islander

Thank you for registering to donate your baby's cord blood. The blood in the umbilical cord and placenta is unique because it contains a large number of blood-forming cells. Seriously ill patients, whose bodies cannot make healthy cells of their own, can be helped by a donation of healthy blood cells from a matched cord blood unit. Cord blood donations give more patients hope of finding a match.

In the event that an illness affecting the immune system or a blood related disease should develop in your baby, please contact the cord blood bank. This may impact a patient receiving the cord blood unit for transplantation.
**Maternal Demographic Information**

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  - Bar Code Label Here

- Place Local CBU ID
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- Place NMDP Maternal ID
  - Bar Code Label Here

- Place Local Maternal ID
  - Bar Code Label Here

**Forms Received:**

- Maternal Demographic Information: MM DD YYYY
- Maternal Risk Questionnaire: MM DD YYYY
- Family Medical History Questionnaire: MM DD YYYY
- Cord Blood Donation Consent Form: MM DD YYYY

**Reviewed By:**

- Last Name: 
- First Name: 

- Today's Date: MM DD YYYY

- Signature: 

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**Cord Blood Donor Registration**

This packet contains information for you to complete in order to donate your baby's cord blood. Once you have agreed to become a donor, you will be asked to answer questions related to you and your family's health. These questions are used in the cord blood bank's evaluation of the cord blood donation to minimize risks to the patient. For this reason, it is important that you carefully read and complete the enclosed forms to the best of your knowledge. Only authorized staff from the cord blood bank will have access to your personal information.

- Maternal Demographic Information
- Maternal Risk Questionnaire
- Family Medical History Questionnaire

If you have any questions about the forms or cord blood donation, please contact the cord blood bank.