

Cord Blood Preliminary Screening - website

Michigan Blood use only:	
Donor previously in database?	Y N
in BBCS?	Y N
If yes, currently eligible?	Y N

Today's Date:

Have you donated cord blood at Michigan Blood before? Yes No

Name:	Date of Birth:	
Address: (street, city and zip code, please)		
Social Security #:		
Telephone (home)	(work)	(cell)
Best time/number to contact:		

Physician/Midwife:	
Hospital where delivery is planned:	Due Date:
First pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, how many total pregnancies?
Any complications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe: _____
Are you anticipating a C-Section Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any "Yes" answers to the following:		
1. Have you ever been refused as a blood donor or told not to donate blood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you or any close family member have an inherited disease? (ex: multiple sclerosis, cystic fibrosis, sickle cell disease, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have any chronic medical problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is there history of cancer in the baby's parents or (if applicable) siblings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been outside the U.S. in the past 3 years? Where, when and for how long:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you been in the United Kingdom or any European country for a total time of 3 months or more since 1980?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you had any body piercing or tattoos in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please mail completed form to: Michigan Blood Cord Blood Bank
1036 Fuller Ave. NE PO Box 1704
Grand Rapids, MI 49501-1704