Jeevan Public Cord Blood Bank

(Unit of Jeevan Blood Bank and Research Centre)

22, Wheatcrofts Road, Nungambakkam, Chennai 600 034
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Licence Number : TN002

BE THE CURE
FOR INDIANS WITH BLOOD CANCER, THALASSEMIA AND OTHER BLOOD DISORDERS

Safety First

ENROLLMENT FORM

Hospital Record No:

ALL FIELDS ARE MANDATORY. PLEASE FILL IN CAPITAL LETTERS.

Your Family

Your Name : .....

Date of Birth : ☐☐/☐☐/☐☐☐☐

Mother tongue : ..... State of origin: .....

Occupation : .....

Husband's Name: .....

Date of Birth : ☐☐/☐☐/☐☐☐☐

Mother tongue : ..... State of origin: .....

Occupation : .....

About Your Children

No.	Name	Age	Date of Birth
1.			
2.			
3.			

Address for Communication : .....

..... Pin code: .....

Mob No.: ..... Land Line No: .....

Email ID (In capital letters) : .....

This Pregnancy

Expected date of delivery (EDD): ☐☐/☐☐/☐☐☐☐

Is this pregnancy normal ? ☐ Yes ☐ No

Number of babies: ☐ Single ☐ Twins

Doctor and Hospital

Your Doctor's Name : .....

Hospital Name : .....

Address : .....

Tel/Mob No.: .....

Email ID (In capital letters) .....

How did you hear about Jeevan Stem Cell Bank?

- ☐ Your Doctor
- ☐ Ultrasound clinic / Laboratory
- ☐ Childbirth class
- ☐ Another Donor
- ☐ Friend
- ☐ News Paper
- ☐ Website
- ☐ Magazine
- ☐ Radio / T.V

Others: .....

FAMILY HISTORY QUESTIONNAIRE

Please read carefully and answer the following questions by a (TICK) mark in the box provided.

If your answer is 'Yes', please provide details.

1. Details of this pregnancy		☐ Natural	☐ IVF
2. Is this your first pregnancy?		☐ Yes	☐ No
3. Have you ever had any abnormal test result during an earlier pregnancy?	☐ N/A	☐ Yes	☐ No
4. Are all your previously born children alive and healthy?	☐ N/A	☐ Yes	☐ No
5. Has any one in your close family suffered from cancer / blood disorders / any other illness?		☐ Yes	☐ No
6. Have any of your family members had any surgery before the age 30 years?		☐ Yes	☐ No
7. Are you and your husband related prior to marriage?		☐ Yes	☐ No
8. Are either of you adopted ?		☐ Yes	☐ No

MATERNAL HEALTH HISTORY QUESTIONNAIRE

Please read carefully and answer the following questions by a (TICK) mark in the box provided.

If your answer is 'Yes', please provide details.

1. In the past 12 months have you:

1.1. Seen the doctor for any illness? ☐ Yes ☐ No

1.2. Have you had a blood transfusion during this pregnancy? ☐ Yes ☐ No

1.3. Have you ever been rejected as a blood donor? ☐ Yes ☐ No

1.4. Have you had any dental procedure? ☐ Yes ☐ No

1.5. Have you accidentally been exposed to someone else's blood or body fluids? ☐ Yes ☐ No

1.6. Have you had any surgery in the **last 12 months**? ☐ Yes ☐ No

1.7. Have you had any needle injury including ear or body piercing or tattoo? ☐ Yes ☐ No

1.8. Have you been treated for rabies or been bitten / scratched by any animal? ☐ Yes ☐ No

1.9. In the **past 12 months** have you had sexual contact with: ☐ Yes ☐ No

a) A person who has jaundice?

b) Anyone who has a bleeding disorder?

c) Anyone who has ever used needles to take drugs, steroids, or anything **not prescribed by their doctor**?

d) Anyone who has HIV/AIDS or had a **positive** test for HIV/AIDS?

2. Have you ever used any drugs of abuse ? ☐ Yes ☐ No

3. In the last 12 weeks what vaccinations have you had ? ☐ T.T. ☐ Hepatitis B ☐ Others

4. Has your HIV/AIDS test ever been **Positive**? ☐ Yes ☐ No

5. Have you had any blood disorder or bleeding problem?
Have you ever been given any injections to treat the bleeding problem? ☐ Yes ☐ No

6. Have you ever had TB (Tuberculosis)? If yes, when were you treated ? ☐ Yes ☐ No

7. Have you had any type of cancer? – Kindly specify if 'yes' ☐ Yes ☐ No

8. During your pregnancy, have you had a medical diagnosis of Zika virus infection? ☐ Yes ☐ No

9. During your pregnancy, have you resided in or travelled to a risk area* for the Zika virus? ☐ Yes ☐ No

10. In the last 6 months, has your husband resided in or travelled to a risk area* for the Zika virus? ☐ Yes ☐ No

Risk Areas* • The Caribbean • Central America • South America • Pacific Islands • Mexico

Informed Consent:

1. **I was provided with the document "Information to Cord blood Donors" and I have read and understood the contents of the same and consent to donate cord blood.**
2. I understand that if found fit for processing, the cord blood will be tested for transfusion transmissible infections including Hepatitis B, Hepatitis C and Human Immunodeficiency Virus.
3. I understand that the cord blood will also be HLA (Human Leukocyte antigen) typed for matching purposes.
4. I understand that the donated cord blood will be used for treating diseases approved by Government of India.
5. **I understand that the collected cord blood may not be processed or tested, if it does not pass acceptance criteria and will be discarded.**
6. **We understand that by donating our baby's cord blood, we and our child do not have any further rights to the same. However, Jeevan Stem Cell Bank, will make all efforts to provide a suitable unit, subject to availability, if there is a requirement by any member of the family (the child, parents and siblings) that donated the cord blood. We agree to pay the prevailing processing, testing and shipping costs, in such an event.**

Your signature *Husband's signature*

Date

.....

For review by **Jeevan Stem Cell Bank**

Signature of Interviewer & Date

Comments & Signature of Reviewer & Date