UPSTATE CORD BLOOD BANK

EVERY BABY IS BORN WITH A **SUPERPOWER**

OUR PARTNERS IN THIS LIFE GIVING, LIFE SAVING INITIATIVE







CORD BLOOD SAVES LIVES

Valuable Resource in Saving the Lives of Others

Why is Cord Blood a Superpower?

Cord blood can save lives because it can be used for bone marrow transplants for patients with leukemia and other diseases.



What is Cord Blood?

 Cord blood is the blood that remains in the umbilical cord after a baby is born. It is rich in stem cells. These cells contain natural abilities to renew and regenerate bone marrow.

Who Does Cord Blood Help?

Cord blood can be a life-saving resource for those patients with up to **80** different conditions, including blood cancers.



Public Cord Blood Banking Supports the Health of the Community.

Public banks, such as the Upstate Cord Blood Bank, collect qualifying cord blood donations from healthy pregnancies and save them in case one of them will be the match needed to save the life of any patient who requires a bone marrow transplant.

SAVE A LIFE BY DONATING CORD BLOOD

- Safe for mother and baby to donate cord blood.
- Cord blood does not come from the baby it is collected after birth.
- No pain to mother or baby during cord blood collection.
- Free no cost to donate cord blood.
- Donated cord blood is processed and frozen in Syracuse.
- Donated cord blood can be used to save lives.
- If not donated, cord blood will be thrown away.



upstatecordbloodbank.com | 315-492-2600 | 855-492-2600





Matthew Elkins, MD, PhD

Dear Expectant Parent,

Congratulations on the upcoming birth of your baby! The Upstate Cord Blood Bank wishes you a safe and happy pregnancy.

As you plan your upcoming delivery, please consider an important decision. Save a life, donate your cord blood. It's amazingly simple, costs nothing, is pain free and poses no risk to you or your baby.

Cord blood is rich in stem cells that can be used for life-saving transplants. Yet, instead of being donated, cord blood is often discarded as medical waste.

Cord blood donation is nothing new. Over the past 35 years, mothers across the globe have donated their cord blood to treat more than 80 diseases.

Just by donating your cord blood, you can help someone in need.

We partner with Crouse Health, St. Joseph's Health and Upstate Community Hospital. So, if you are delivering in Syracuse, you have an opportunity to donate.

Please consider saving a life by taking the next steps:

- Review the information in this booklet
- Visit our website at upstatecordbloodbank.com
- Complete the enclosed donation forms
- Mail the completed forms using the enclosed postage paid envelope
- Inform your OB provider that you are donating cord blood

For any questions, please call our staff at 315-492-2600 or 855-492-2600.

Sincerely,

Matthew Elkins, MD, PhD Medical Director, Upstate Cord Blood Bank

Thank You for Making the Decision to Donate Your Cord Blood

This booklet contains information about cord blood donation and the forms needed to process your donation. The forms enclosed are:

- Informed Consent for Donation of Cord Blood
- Health History Questionnaire

We are required to ask these questions to assess the potential risk of exposure to certain infectious diseases and to determine if there is a family history of genetic conditions. The information supplied is kept confidential. Without these completed forms, we are unable to process, store or release your donation for use as a life-saving transplant.

Please return the completed forms to our main office **approximately 4 weeks before your baby's due date.** We have enclosed a postage-paid envelope to mail your forms. Please sign and date both forms before mailing them to the Upstate Cord Blood Bank. You may also fax the completed forms to: 315-492-2681.

We realize that completing and mailing these forms in advance may not always be possible. For your convenience, you may bring the completed forms to the hospital when you are ready to give birth.

If you have any questions about these forms or cord blood donation, please contact our office at 315-492-2600 or toll-free at 855-492-2600 or by email at cordbank@upstate.edu.

Thank you for making this important life-saving donation!

The Upstate Cord Blood Bank Team



SJH/SPHP IRB Approved through April 8, 2026

INFORMED CONSENT FOR DONATION OF CORD BLOOD

I. BACKGROUND:

Thank you for your interest in donating your baby's umbilical cord blood (Cord Blood) to the Upstate Cord Blood Bank (Bank) program. Currently, there are more than 80 diseases that are being treated with cord blood stem cells. By donating your baby's Cord Blood, you have the opportunity to help save the life of someone who needs cord blood cells.

II. YOUR DECISION TO DONATE:

All delivering mothers are invited to donate their baby's Cord Blood. If you decide to participate, you are agreeing to the collection, processing, testing, storage, registry listing, and distribution of your baby's Cord Blood. If your donation meets all the required criteria, your baby's Cord Blood will be listed with an international registry for use in treatment of patients at other health care centers and hospitals worldwide. Cord Blood that is processed and stored for patient use will be stored until needed by a patient. If your baby's Cord Blood is not appropriate for patient treatment, we ask your permission to both store and use the Cord Blood internally at the Bank or for research at Upstate Medical University or at other research facilities requesting Cord Blood. If you choose to not consent to research or internal Bank use, your baby's Cord Blood will be destroyed according to the Bank's procedures.

III. THE DONATION PROCESS:

If you agree to donate your baby's Cord Blood, you must be willing to answer personal questions about your medical history, genetic history, sexual and social history, and health history of the baby's biological sibling(s), biological father and his family. You can refuse to answer any question; however, this may prevent your donation from being used for patient treatment. For purposes of donating Cord Blood, you consent to the drawing of seven tubes of blood from **you** (not your baby) during your hospital stay, which may be tested for certain infectious diseases as required by law. We will test your baby's Cord Blood for blood cell and tissue typing. There is certain information we are required to collect that is in your hospital medical record and/or your baby's hospital medical record. Finally, we may need to contact you directly for additional information regarding infections and congenital anomalies that you may be aware of after the birth of your baby.

IV. POSSIBLE RISKS AND BENEFITS OF DONATION:

The only direct benefit to you or your baby from donating Cord Blood is the satisfaction of providing a patient in need with a life-saving treatment. When we are taking blood from your arm, you may experience mild discomfort and/or bruising. In addition, as required by federal, state or local law, certain test results may be reported to you, your provider of record and directly to the state health department.

V. CONFIDENTIALITY:

To protect your privacy and your identity, all information collected from you will be kept confidential and secure at the Bank. Only authorized staff will have access to any personal information. No information about you or your baby will be disclosed to anyone unless required by law or upon your request with your prior written permission.

However, information about your history and the Cord Blood will be entered in the Registry and identified by a number. Individuals authorized by the Bank and the Food and Drug Administration will have access to your hospital medical record and/or your baby's hospital medical record for inspections or audits. By agreeing to donate, you consent to such inspections and the copying of these records, if required.

VI. CONSENT IS VOLUNTARY AND MAY BE WITHDRAWN:

Your consent to donate your baby's Cord Blood is your choice. If you choose not to consent, neither your care nor your baby's care will be negatively affected and the placenta and Cord Blood will be discarded according to the hospital's practice. If you do agree to donate your baby's Cord Blood, you can change your mind prior to its use by a patient, research, or internal use, without any consequences, by contacting us at **315-492-2600**.



VII. REIMBURSEMENT AND COSTS:

Donating your baby's Cord Blood is **free**. You will **not** be charged for any expenses related to the collection or storage of the Cord Blood and your insurance will **not** be billed. You will **not** be paid for donating Cord Blood.

VIII. OPTIONAL DONATION FOR FUTURE RESEARCH:

In addition to using cord blood to treat patients, Cord Blood can be used to help doctors and scientists learn more about caring for and treating people with cancer and other diseases, such as heart disease and stroke. Cord Blood which cannot be donated to another person will be stored at the Bank. If you agree, your baby's Cord Blood may be used for research or used internally for quality improvement of the Bank if it does not meet the requirements for use as a patient treatment. By consenting to donate your baby's Cord Blood for research, you agree that you are relinquishing all rights, title and interest in any use or derivative whatsoever. No results from research tests will be added to your medical record or given to you or your baby's provider.

STATEMENT OF CONSENT FOR RESEARCH, PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

Yes, I give my permission for my baby's Cord Blood donation to be used in research, as identified above.

No, I do not give my permission for my baby's Cord Blood donation to be used in research. I wish for my donation to be destroyed if it does not meet the requirements for patient treatment, as identified above.

IX. ALTERNATIVES:

There are private companies or family banks that will collect, process, and store your baby's Cord Blood exclusively for your family to use. <u>The Bank is not currently offering this service</u>. If you choose to use one of these family banks, you will need to contact them directly. There is a fee for collection and storage.

X. QUESTIONS OR CONCERNS:

If you need more information before you consent to donate, contact us at **315-492-2600**. You may also visit our website <u>www.upstatecordbloodbank.com</u>.

BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE READ THIS CONSENT FORM, YOU HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, YOU AGREE TO DONATE YOUR BABY'S CORD BLOOD TO THE UPSTATE CORD BLOOD BANK, AND YOU AGREE TO RELINQUISH ALL RIGHTS, TITLE, AND INTERESTS IN THE DONATED CORD BLOOD ONCE USED FOR PATIENT TREATMENT AT ANY HEALTH CARE FACILITY, RESEARCH PURPOSES, INCLUDING RESEARCH CENTERS NOT ASSOCIATED WITH UPSTATE, OR FOR INTERNAL USE AT UPSTATE, AND AGREE THAT YOUR OWN AND YOUR BABY'S PERSONAL HEALTH INFORMATION MAY BE COLLECTED, USED, AND SHARED BY AUTHORIZED BANK STAFF FOR PURPOSES DESCRIBED IN THIS FORM.

Signature of the Mother on behalf of her baby as the Donor	Date Signed	Delivery Due Date
Print Name of Mother	Mother's Date of Birth	Delivery Hospital
	Donor Phone Number	Name of OB Provider
Donor Contact Address	Donor Email Address	
If an interpreter was used to complete this Informed Consent:	[Maternal Hospital Label
Signature / Print Name of Interpreter	Date Signed	Affixed Upon Admission



HEALTH HISTORY QUESTIONNAIRE

Please call <u>315-492-2600</u> or <u>855-492-2600</u> if you have any questions or need assistance filling out this form.

INSTRUCTIONS:

- Read each guestion carefully and answer truthfully or to the best of your knowledge.
- Mark each response clearly in the box labeled 'YES' or 'NO'.
- There are some questions that may require additional information that should be included in the • space provided.
- This form must be completed **ONLY** by the mother and biological father (if available). Friends or other • family members may not complete this form.
- To complete the form, the mother must include her initials and date of birth (DOB) in the space provided at • the bottom of **EACH** page and on the signature page at the back of the questionnaire.
- If the mother, biological father or baby do not have any siblings, check the box labeled 'None' at the top of • each column of questions.
- If information on the biological father or the baby's other relatives is unattainable, please leave columns blank. •

WHAT YOU NEED TO KNOW BEFORE ANSWERING:

- This Health History Questionnaire has questions that are similar to those asked when someone donates blood. •
- You may find some questions to be of a personal nature. This information remains confidential but is • needed to assess the safety of donated cord blood.
- The NYS Department of Health requires that we obtain the health history of the biological father, • unless this information is unavailable.

Mother	Biological Father				
Ethnicity: 🗅 Hispanic 🛛 Non-Hispanic	Ethnicity: 🖵 Hispanic 🛛 Non-Hispanic				
Race: White American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Other	Race:WhiteAmerican Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderOther				

		Mot	her	Biologica Father		
1.	Were you adopted at early childhood?	Yes	No	Yes	No	
	 a. If YES, is a medical history available for you? 	Yes	No	Yes	No	

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MA	TERNAL HEALTH	Mot	her					
2.	Did this pregnancy use either a donor egg or donor sperm?	Yes	No					
	a. If YES, is a medical history questionnaire available for the egg or sperm donor?	Yes □	No □					
3.	Have you ever donated or attempted to donate cord blood using your current name, or a different name, to	Yes	No					
0.	the Upstate Cord Blood Bank?							
4	 a. If YES, delivery date(s):	Yes	No					
	a. If YES, why?							
5								
Ј.	Are you and the baby's lather related, except by manage? (e.g., hist cousins)	Yes	No □					
6.	Have you recently had any illness?	Yes	No					
	a. If YES, which illness(es)?							
7.	Are you currently taking any medications or antibiotics for an infection?	Yes	No					
	a. If YES, what medication and for which infection?							
	Medication: Infection:							
	Medication: Infection:							
	Medication: Infection:							
8.	Have you had an abnormal result from a prenatal test (e.g., amniocentesis, blood test, ultrasound)?	Yes	No					
	If YES, answer a-c. If NO, continue to question 9.							
	a. Which test was abnormal?							
	b. What was the abnormal test result?							
	c. List all diagnoses made (if any):							
9.	Have you had any children that have died within the first 10 years of life?	Yes	No					
	a. If YES, specify cause:							
10.	Have you ever had a baby die during pregnancy past the 5th month (>20 weeks)?	Yes	No					
	a. If YES, specify cause:							
11	In the past 12 weeks, have you had any shots or vaccinations, other than Tdap, Flu, or RhoGAM?	Yes	No					
	a. If YES, describe:							
12	In the past 12 weeks, have you had physical contact with someone who has received the smallpox	Yes	No					
12.	vaccine? (Examples of contact include: intimacy, touching the vaccination site or bandage covering the							
	vaccination site, or handling laundry that had been in contact with an unbandaged vaccination site.)	_	_					
13.	In the past 4 months, have you experienced two (2) or more of the following symptoms: a fever (>100.5°F or	Yes	No					
	38°C), headache, muscle weakness, skin rash on trunk of the body, or swollen lymph glands?							
	a. If YES, specify which symptoms and when:							
	Symptom: Date:							
	Symptom: Date:							
	Symptom: Date:							
14.	Symptom:	Yes	No					
	· •							

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TR	AVEL	Mot	her	Biolog Fath	-
15.	Since 1980, have you lived in or traveled to United Kingdom*, Ireland or France?	Yes	No	Yes	No
	If YES, answer questions a-c.				
	a. From 1980 through 1996, did you spend time that adds up to 3 months or more in the	Yes	No	Yes	No
	United Kingdom?				
	b. Since 1980, have you received a transfusion of blood or blood components while in the	Yes	No	Yes	No
	United Kingdom, Ireland or France?				
	c. From 1980 through 2001, have you spent time that adds up to 5 years or more in Ireland	Yes	No	Yes	No
	or France?				

* United Kingdom, which includes: England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar and the Falkland Islands

CHART A: Countries considered to be at risk for transmission for HIV-1 Group O

Benin	Central African Republic	Congo	Gabon	Niger	Senegal	Zambia
Cameroon	Chad	Equatorial Guinea	Kenya	Nigeria	Togo	

TRAVEL – REFER TO CHART A TO ANSWER QUESTIONS 16-17	Mot	her	Biolog Fath	
16. Since 1977, were you born in, have you lived for longer than one year in, or have you traveled to	Yes	No	Yes	No
any African country considered to be at risk for transmission of HIV-1 group O?				
a. If YES, while in one of the African countries listed in the chart, did you receive a blood	Yes	No	Yes	No
transfusion or any other medical treatment with a product made from blood?				
17. Have you had sexual contact with anyone who was born in or lived in any African country listed in	Yes	No	Yes	No
the chart since 1977?				

Mother Biological MATERNAL AND PATERNAL HEALTH HISTORY Father **18.** In the past 5 years, have you had any of the following: Yes No Yes No Blue or purple spots on/under the skin or mucous membranes typical of Kaposi's sarcoma? a. b. Unexplained weight loss? c. Unexplained persistent diarrhea? П П d. Unexplained cough and shortness of breath? e. Unexplained temperature higher than 100.5°F (38°C) or night sweats for more than 10 days? П f. Unexplained persistent white spots or sores in the mouth? П g. Multiple lumps in your neck, armpits, or groin lasting more than one month? П 19. In the past 3 months, have you used a needle, even once, to take drugs, steroids, or anything Yes No Yes No else not prescribed for you by a doctor? 20. Have you ever tested positive for Hepatitis, HIV/AIDS, Human T-cell Lymphotropic Virus Yes No Yes No (HTLV) or had unexplained paraparesis (partial paralysis affecting the lower limbs)?

	Maternal Initials:								
_	Maternal DOB (mm/do							ууу)):
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Ма	ternal and Paternal Health History continued	Mot	her	Biological Father	
	In the past 3 months, have you given or received money or drugs from anyone to engage in sex with you?	Yes □	No □	Yes □	No □
22.	In the past 3 months, have you engaged in sex with anyone who has taken money or drugs for sex?	Yes □	No	Yes □	No □
23.	Have you taken any of the following medications? a. Insulin from cows (bovine or beef insulin) since 1980?	Yes □	No □	Yes □	No □
	b. Growth hormone from human pituitaryglands?				
	c. Human Factor VIII or Factor IX concentrates that were not virally activated?				
24.	Have you <u>ever</u> had malaria?	Yes	No	Yes	No
	a. If YES, specify when:				
25.	In the past 3 years, have you been outside the United States or Canada?	Yes	No	Yes	No
	a. If YES, specify where, date, and duration: Where: Date: Duration: Where: Date: Duration: Where: Date: Duration:				
26.	In the past 12 months, have you been diagnosed with West Nile Virus or had a positive test for West Nile virus?	Yes □	No □	Yes □	No
27.	In the past 12 months, have you had a tattoo, ear or body piercing?	Yes	No	Yes	No
	EVES were shared as non-starile iske possiles, instruments, as presedures wood?				
	a. If YES, were shared or non-sterile inks, needles, instruments, or procedures used?	Yes □	No □	Yes □	No □
28.	In the past 12 months, have you had an accidental needle stick or come into contact with someone else's blood through an open cut or sore, non-intact skin, or mucous membrane (eye or mouth)?	Yes □	No □	Yes □	No □
29.	In the past 12 months, have you had or been treated for a sexually transmitted disease including syphilis?	Yes □	No □	Yes □	No □
30.	In the past 12 months, have you had sexual contact or lived with a person who has active/chronic viral hepatitis or yellow jaundice?	Yes □	No □	Yes □	No □
31.	In the past 12 months, have you had sex with anyone who has ever used a needle to take drugs, steroids, or anything else not prescribed by a doctor?	Yes □	No	Yes	No
32.	In the past 12 months, have you had sex with a male who has ever had sex with another male?	Yes	No	Yes	No
33.	In the past 12 months, have you had sex with anyone who has ever tested positive for HIV/AIDS?	Yes □	No	Yes	No □
34.	In the past 12 months, have you been in juvenile detention, lockup, jail, or prison for more than 72 continuous hours?	Yes	No □	Yes	No

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FAMILY HEALTH HISTORY Answer questions to the best of your knowledge.	Mot	her	Biolo Fatl		Bab Sibli □ N	ngs	Bab Grar pare	nd-	Moth Sibli □ No	ngs	Fath Sibli □ No	ngs
35. Have you <u>ever</u> had a blood transfusion or required any chronic blood transfusions?	Yes	No	Yes	No	Yes □	No □	Yes	No	Yes □	No	Yes □	No □
a. If YES, specify when:												
36. Have you ever had any type of cancer?	Yes	No	Yes	No	Yes	No	N/A	N/A	N/A	N/A	N/A	N/A
If YES, specify all that apply in a-i. If NO, continue to question 37.												
a. Brain or other nervous system cancer												
b. Bone or joint cancer												
c. Kidney (including renal pelvic) cancer												
d. Thyroid cancer												
e. Hodgkin's/ Non-Hodgkin's lymphoma												
f. Acute or chronic myelogenous/myeloid												
g. Acute or chronic lymphocytic/lymphoblastic												
h. Skin cancer												
i. Other cancer or leukemia: Specify Type:												
37. Have you ever been diagnosed with a red blood cell	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
disease?												
If YES, specify all that apply in a-c. If NO, continue to question 38.												
a. Diamond-Blackfan Syndrome												
b. Elliptocytosis or Spherocytosis												
c. G6PD or other red cell enzyme deficiency												
38. Have you <u>ever</u> been diagnosed with a white blood cell disease?	Yes	No	Yes	No	Yes □	No □	Yes	No	Yes □	No	Yes	No
If YES, specify all that apply in a-d. If NO, continue to question 39.												
a. Chronic Granulomatous Disease												
b. Kostmann Syndrome												
c. Shwachman-Diamond Syndrome]				
d. Leukocyte Adhesion Deficiency (LAD)												





Family Health History Continued	Mot	her	Biolo Fat		Bab Sibli □ N	ngs	Bab Grai pare	nd-	Moth Sibli □ No	ngs	Fath Sibli □ No	ngs
39. Have you <u>ever</u> been diagnosed with any Immune	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
deficiencies?												
If YES, specify all that apply in a-h.												
If NO, continue to question 40.	<u> </u>		<u>-</u>									
a. ADA or PNP Deficiency												
b. Combined Immunodeficiency Syndrome or												
Common Variable Immunodeficiency Disease	+											
c. DiGeorge Syndrome												
 d. Hereditary Hemophagocytic Lymphohistiocytosis (HLH), including FEL 												
e. Hypoglobulinemia f. Nezelof Syndrome												
g. Severe Combined Immunodeficiency (SCID) h. Wiskott-Aldrich Syndrome						1						
		Na		Na		Nia		Na		Na		Ne
40. Have you <u>ever</u> been diagnosed with a platelet disease?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If YES, specify all that apply in a-f.												
If NO, continue to question 41.												
a. Amegakaryocytic or Hereditary Thrombocytopenia												
b. Glanzmann Thrombasthenia		1										
c. Platelet Storage Pool Disease												
d. Thrombocytopenia with absent radii (TAR)												
e. Ataxia-Telangiectasia		1										
f. Fanconi or Hemolytic Anemia												
41. Have you ever had your spleen removed to treat a	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
blood disorder (e.g., idiopathic thrombocytopenia												
(ITP), autoimmune hemolytic anemia, other)?												
42. Have you ever been diagnosed with a sickle cell	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
condition or disease, such as sickle-cell anemia,												
sickle thalassemia, alpha thalassemia or beta-												
thalassemia?												

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Fai	nily Health History Continued	Mot	her	Biolo Fatl		Bab Sibli □ N	ngs	Baby Gran pare	nd-	Moth Sibli □ No	ngs	Fath Sibli	ings
43.	Have you ever been diagnosed with any other blood	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	disease or disorders?												
	a. If YES, specify type of blood disease and effecte												
	Disease:		Fam	ily Me	mber	:							-
	Disease:		Fam	ily Me	mber	:							-
	Disease:			ily Me	r i								
44.	Have you ever been diagnosed with a metabolic/	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	storage disease?												
	If YES, specify all that apply in a-o.												
	If NO, continue to question 45. a. Hurler Syndrome (MPS I)/ Hurler-Scheie												
1	Syndrome (MPS I H-S)												
	b. Hunter Syndrome (MPS II)												
	c. Sanfilippo Syndrome (MPS III)												
	d. Morquio Syndrome (MPS IV)												
	e. Maroteaux-Lamy Syndrome (MPS VI)												
	f. Sly Syndrome (MPS VII)												
	g. I-cell disease												
	h. Globoid Leukodystrophy (Krabbe Disease)												
	i. Metachromatic Leukodystrophy (MLD)												
	j. Adrenoleukodystrophy (ALD)												
	k. Sandhoff Disease												
	I. Tay-Sachs Disease												
	m. Gaucher Disease												
	n. Niemann-Pick Disease												
<u> </u>	o. Porphyria												
45.	Have you <u>ever</u> been diagnosed with dementia,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	any degenerative or demyelinating disease of the												
1	central nervous system, or other neurological												
	disease?												
46.	Have you ever had a parasitic blood disease such	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	as Leishmaniasis, Babesiosis, or Chagas disease												
	or had any positive tests for Tuberculosis, Chagas												
	or T. cruzi, including screening tests?												

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Family Health History Continued	Mot	her	Biolo Fat		Sibli	ngs	Bab Grar pare	nd-	Moth Sibli □ No	ngs	Fath Sibli □ No	ings
 47. Have you <u>ever</u> been diagnosed with a severe autoimmune disorder? If YES, specify all that apply in a-d. If NO, continue to question 48. 	Yes □	No □	Yes □	No □	Yes □	No □	N/A	N/A	N/A	N/A	N/A	N/A
a. Crohn's Disease or Ulcerative Colitis												
b. Lupus												
c. Multiple Sclerosis (MS)												
d. Rheumatoid Arthritis				ļ			ļ	ļ				
48. Have you <u>ever</u> received a dura mater (brain covering) graft?	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □
49. Have you <u>ever</u> had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □
50. Have you <u>ever</u> lived with, or had sexual contact with anyone who had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □
 51. Have you <u>ever</u> had a transplant or tissue graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, bone, skin, or other tissue? a. If YES, specify when:	Yes	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □
52. Have you had your gallbladder removed before	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
age 30?												
a. If YES, specify why:	-											
53. Have you <u>ever</u> had any other serious or life- threatening diseases?	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □	Yes □	No □
a. If YES, specify type of disease and affected fan Disease: Disease: Disease:		amily amily	/ Mem / Mem	ber:								_

	M	ateı	ma	l Ini	itial	s:				
	Maternal DOB (mm/dd/yyyy):):
I			1			1				
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CORD BLOOD DONOR VERIFICATION AND AUTHORIZATION

- I have read the educational information provided (booklet, rack card etc.) and was given the opportunity to ask questions about cord blood donation and/or raise any concerns.
- I have had the opportunity to ask questions about the information requested on the Health History Questionnaire.
- I have truthfully answered all of the questions on the Health History Questionnaire.
- I understand that the requested information is important because, if I am at risk for an infectious or communicable disease (e.g., HIV), the donated cord blood may transmit these diseases to the patient receiving these stem cells.

Signature certifies that this form has been completed to the best of your knowledge:

Print Name of Mother:		
Signature of Mother:		
Maternal Initials:	Maternal DOB (mm/dd/yyyy):	
Expected Delivery Hospital:		Maternal Hospital
Delivery Due Date:		Label Affixed Upon Admission
Date Signed:		
Print Name of Biological Father:		
Signature of Biological Father:		
Date Signed:		
If an interpreter was used to complete this Qu	uestionnaire:	

Print Name of Interpreter

Signature of Interpreter

Date Signed



MAIL COMPLETED FORMS TO UPSTATE CORD BLOOD BANK

- Tear on perforated line to separate both the Informed Consent for Donation of Cord Blood and the Health History questionnaire from this booklet.
- Fold your completed, signed and dated forms in half.
- Place forms inside the postage-paid envelope provided in this booklet.
- Mail completed forms at least four weeks prior to your delivery due date.

Thank you for donating your cord blood.

Jared Saya: Cord Blood Transplant Saved His Life

"Somebody saved my son's life," says an ever-grateful mom, Geralyn Saya.

That "somebody" was another mother who had donated her cord blood immediately after giving birth. It was then frozen and stored until it was needed.

"I wasn't sure he'd survive," says Geralyn. Baby Jared Saya had been born healthy and happy. Yet at two, and again at four, he was diagnosed with acute myeloid leukemia. His illness was so advanced, they couldn't wait months for a bone marrow transplant.

Jared's parents were running out of hope — until a match was found with cord blood, which saved his life.

Today, Jared is an outgoing, active 27-year-old. He's well aware of the life-saving gift of cord blood and is thankful each day. He says what is often considered medical waste can be a medical treasure. Jared's living proof.

Frequently Asked Questions

More than 40,000 patients around the world have received life-saving cord blood transplants because parents chose to donate their baby's cord blood.

What is cord blood banking?

Cord blood banking refers to the process of collecting and preserving the stem cells that remain in the blood of the umbilical cord and the placenta after the birth of a baby. Cord blood stem cells are the richest sources of stem cells found in nature. If it is not donated, cord blood is considered medical waste and will be discarded after birth.

What are the benefits of cord blood donation?

Cord blood stem cells are currently used to treat over 80 diseases, such as leukemia, lymphoma and other blood cancers. In addition, clinical trials are being conducted using cord blood to develop therapies for more common childhood disorders such as autism and cleft palates, along with heart disease, diabetes and cerebral palsy.

Are cord blood stem cells different from other types of stem cells?

Yes, cord blood stem cells are unique in a number of ways. Because these stem cells are the "youngest" form of stem cells, they adapt more easily, which means that the donor and recipient do not have to be a perfect match.

How is cord blood collected?

Your provider will collect the cord blood once the baby is safely delivered. After the cord has been clamped and cut, and before the placenta detaches, the blood is collected from the umbilical cord. This process is painless and takes about 5-7 minutes. Most mothers do not know that the cord blood has even been collected.

What are the risks of donating cord blood?

Donating cord blood does not harm the baby or mother and it is considered a safe procedure. Cord blood is collected after the birth of the baby; therefore, it will not interrupt your birth experience. Make sure the medical staff knows you will be donating the cord blood so they will be prepared.



Jared Saya, Syracuse Native

Can I have delayed cord clamping and still donate cord blood?

Cord blood donation is possible when following the American College of Obstetricians and Gynecologists guidelines of 30-60 seconds for delayed cord clamping.

If I choose to donate my child's cord blood, what will happen to it?

After the birth of your child, the blood remaining in the placenta and umbilical cord is collected and delivered to the Upstate Cord Blood Bank. Samples of the cord blood are then tested and processed. For the cord blood to be frozen, stored and used for transplant, it must meet regulatory standards.

How long do cord blood stem cells remain viable once frozen?

Since cord blood has been used beginning in 1988, it is not known how long cord blood remains viable. However, even the earliest preserved cord blood does not show signs of deterioration.

If I donate my baby's cord blood, can we get it back later if we need it?

Although it may be possible, it is not guaranteed that you will be able to get your cord blood back. Because this is a donation, your baby's cord blood could be used by anyone in need of a life-saving transplant. Once donated, it may have already been used at the time of your request.

When do I notify my provider and/or the cord blood bank about my desire to donate cord blood?

You should tell your provider as soon as possible. The donation forms in this booklet need to be completed before your baby's due date. Completed forms should be mailed to the Upstate Cord Blood Bank using the postage-paid envelope provided. This will notify the Upstate Cord Blood Bank staff of your intention to donate. For any questions, call the Upstate Cord Blood Bank at 315-492-2600 or toll-free at 855-492-2600.

Why don't more people donate cord blood?

Unfortunately, cord blood donation is not a standard of care in New York State as it is in other parts of the United States and other countries. Because of this, women may be unaware of their right to preserve or donate their baby's cord blood.

Why didn't my provider talk to me about cord blood options?

Busy waiting rooms and providers are common in today's medical world. In this environment, cord blood information may not be a priority, or a practice may not be well-versed in the benefits of cord blood preservation and research. Multiple educational resources about cord blood donation are available at upstatecordbloodbank.com.

Is there a special need for mixed race or ethnic minority cord blood donations?

Yes, now more than ever. The best opportunity for a successful match is typically from someone of the same ethnic background. In certain racial or ethnic groups, cord blood provides a source of stem cells for those patients who are difficult to match. This is why it is so important to have a diverse pool of cord blood donations.

Will it cost me anything to donate cord blood?

There is no cost to you or your insurance for donating. The cost of processing, testing and storing the cord blood is covered by the Upstate Cord Blood Bank.

Is cord blood donation confidential?

The identity of the cord blood donor is kept confidential at Upstate Cord Blood Bank and information is never shared or exchanged.

When would cord blood donation not be recommended?

Your health, and that of your baby, is important to us. We would not recommend donating under the following conditions: you are less than 36 weeks at the time of delivery; you are having multiple babies; you have received no prenatal care prior to delivery; or you are less than 18 years old at the time of delivery.

Why is my contact information required?

The confidential information you provide on the enclosed form will help guide how your donation may best help others in need of a life-saving transplant. Your information will be kept confidential. However, in rare instances, our staff may need to contact you directly regarding any illnesses that may have been detected after your baby's birth.

LIFE GIVING. LIFE SAVING.

SAVE A LIFE BY DONATING YOUR CORD BLOOD

"We are proud that our first act as a family was being able to give back. We hope this encourages many other families to do the same." — NICOLE M., DONOR

"It is really medical trash, but it's turned into medical treasure."

- JARED S., TRANSPLANT SURVIVOR

NEXT STEPS TO DONATE

- Review the information in this booklet.
- Visit our website at upstatecordbloodbank.com.
- Complete the donor forms included in this booklet.
- Mail completed forms using postage paid envelope included in the booklet.
- Let your OB provider know you are donating.

OUR PARTNERS



ST. JOSEPH'S HEALTH





SCAN THE QR CODE

upstatecordbloodbank.com | 315-492-2600 | 855-492-2600



To Learn More About Cord Blood Banking and Donation

SCAN THE QR CODE

315-492-2600 | 855-492-2600

4910 Broad Road | Syracuse, NY

upstatecordbloodbank.com

