

MATERNAL DEMOGRAPHIC FORM

 Public Donation Private Banking

BABY'S MOTHER'S INFORMATION			
Last Name:		Maiden Name (if applicable):	
First Name:	Middle Name:	Mother's Date of Birth:	
Mailing Address:			Apt/Unit #:
City:	State:	Zip Code:	Country:
Cell Phone:	Secondary Phone:	Last 4 Digits of Social Security #:	
Email Address:			
Baby's Due Date:		Baby's Name: (if already known)	
Total # of pregnancies:	# of living children:	# of Children Expecting:	
BABY'S FATHER'S INFORMATION			
Last Name:		First Name:	Middle Name:
Mailing Address (if different than baby's mother's address):			Apt/Unit #:
City:	State:	Zip Code:	Country:
Cell Phone:	Secondary Phone:	Date of Birth:	
E-mail Address:			
DELIVERING HOSPITAL			
Hospital Name:			
Hospital Address:			Phone:
City:	State:	Zip:	Country:
OBSTETRICIAN / MIDWIFE INFORMATION			
Physician/Certified Nurse Midwife Name:			
Practice Name:			Phone:
Address:			
City:	State:	Zip:	Country:
PEDIATRICIAN INFORMATION			
Pediatrician's Name:			
Practice Name:			Phone:
Address:			
City:	State:	Zip:	Country:

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 ETHNICITY:

RESPONSE IS REQUIRED, PLEASE CHECK ONE: HISPANIC OR LATINO NOT HISPANIC OR LATINO

BABY'S RACE:

Of which group(s) is your baby a member? (Select all that apply.)

American Indian or Alaska Native

- Alaska Native or Aleut (ALANAM)
- North American Indian (AMIND)
- American Indian South or Central American (AMIND)
- Caribbean Indian (AMIND)

Native Hawaiian or Other Pacific Islander

- Guamanian (OPI)
- Hawaiian (HAWI)
- Samoan (OPI)
- Other Pacific Islander (OPI)

Black or African American

- African (AFB)
- African American (AAFA)
- Black Caribbean (CARB)
- Black South or Central American (SCAMB)

White

- Eastern European (CAU) Northern European (CAU)
- Mediterranean (CAU) Western European (CAU)
- Middle Eastern (MENAFC) White Caribbean (CAU)
- North Coast of Africa (MENAFC) White South or Central American (CAU)
- North American (CAU) Other White (CAU)

Asian

- Chinese (NCHI)
- Filipino (Philipino) (FIL)
- Japanese (JAPI)
- Korean (KORI)
- South Asian (SCSEAI)
- Vietnamese (SCSEAI)
- Other Southeast Asian (SCSEAI)

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: _____

Signature

Thank you for donating 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 cord blood cells from a matched 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, or if you learn of a reason which would exclude you from donating or feel that it should not be transfused to a patient, please call Celebration Stem Cell Centre: (480) 722-9963 or toll-free at 1-877-522-2355.