

Cord Blood Preliminary Screen

Today's Date: _____

Mother's Name: _____ Mother's Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Alternate phone: _____

SSN: _____ Email Address: _____

Due Date: _____

Delivering Hospital: Bronson Spectrum (Butterworth) Covenant Holland Sparrow

1. Have you donated cord blood at Michigan Blood or Versiti-MI before? Yes No

If yes, previous last name, if different: _____

2. Are you expecting a Multiple birth? (twins, triplets, etc)? Yes No

3. Have you ever been refused as a blood donor or told not to donate blood? Yes No

If yes, why? _____

4. Do you or any close family member have an inherited disease? Yes No
(Ex: multiple sclerosis, cystic fibrosis, sickle cell disease, etc)

If yes, who and what disease? _____

5. Do you have any chronic medical problems? Yes No

If yes, list: _____

6. Have you, baby's father, or baby's sibling(s) ever had cancer? Yes No

If yes, explain: _____

7. Have you been outside the US in the past 3 years? Yes No

If yes, Where: _____

When/date: _____

Length of stay: _____

8. Have you been in the United Kingdom or any European country for a combined total time of 3 months or more since 1980? Yes No

If yes, date(s) and location(s): _____

Return completed form to Versiti Michigan Cord Blood Bank – See other side for details.

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Return to Versiti Michigan Cord Blood Bank using the following:

Mail: Versiti Michigan Cord Blood Bank
1036 Fuller Ave NE
Grand Rapids, MI 49503

Email: CTL@miblood.org

Fax: (616) 233-8559

We will mail a packet of forms to be filled out and brought to the hospital when you deliver your baby. The packet will be mailed 4-6 weeks prior to your due date.

If you have questions regarding the form, contact Versiti Michigan Cord Blood Bank at (616) 233-8604.

Versiti Michigan use only:

Donor previously in database? Yes No

Donor in Local BECS? Yes No

 If yes: Deferred Not Deferred

 Donor #: _____

 Performed by/date: _____