

For questions 43 through 52, please refer to the charts below for a list of countries involved:

Reference Guide for Questions 43 & 46: Countries defined as Europe

Albania	France	Netherlands (Holland)	Switzerland	Yugoslavia (Federal Republic of)
Austria	Germany	Norway	United Kingdom:	Kosovo,
Belgium	Greece	Poland	England,	Montenegro,
Bosnia-Herzegovina	Hungary	Portugal	Northern Ireland,	Serbia
Bulgaria	Ireland (Republic of)	Romania	Scotland, Wales,	
Croatia	Italy	Slovak Republic	the Isle of Man,	
Czech Republic	Liechtenstein	Slovenia	the Channel Islands,	
Denmark	Luxembourg	Spain	Gibraltar or	
Finland	Macedonia	Sweden	the Falkland Islands	

43. **Since 1980**, have you ever lived in or traveled to Europe? (refer to chart).....  Yes  No  
If yes, answer questions 44 through 46. If no, skip to question 47.
44. **From 1980 through 1996**, did you spend time that adds up to 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands)?.....  Yes  No
45. **Since 1980**, have you received a transfusion of blood or blood components while in the U.K. or France? .....  Yes  No
46. **Since 1980**, have you spent time that adds up to 5 years or more in Europe (refer to chart), including time spent in the U.K. between 1980 and 1996? .....  Yes  No
47. **From 1980 through 1996**, were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military?.....  Yes  No  
If yes, answer questions 48 and 49. If no, skip to question 50.
48. **From 1980 through 1990**, did you spend a total of 6 months or more associated with a military base in any of the following countries: United Kingdom, Belgium, Netherlands or Germany?.....  Yes  No
49. **From 1980 through 1996**, did you spend a total of 6 months or more associated with a military base in any of the following countries: Spain, Portugal, Turkey, Italy or Greece? .....  Yes  No

Reference Guide for Questions 50 - 52: African Countries

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

50. **Since 1977**, were you born in, have you lived in, or have you traveled to any African country listed in the chart?.....  Yes  No  
If yes, answer question 51. If no, skip to question 52.
51. While in one of the African countries listed in the chart, did you receive a blood transfusion or any other medical treatment with a product made from blood? .....  Yes  No
52. Have you had sexual contact with anyone who was born in or lived in any African country listed in the chart **since 1977**?.....  Yes  No

To be completed by Cord Blood Bank Staff:

53. Were NMDP addendum questions asked?.....  Yes  No

NA - Person-to-person transmission of SARS not occurring.



Place NMDP CBU ID Bar Code Label Here	Place Local CBU ID Bar Code Label Here	
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NMDP CBU ID	Local CBU ID	
Place NMDP Maternal ID Bar Code Label Here	Place Local Maternal ID Bar Code Label Here	MM / DD / YYYY
<input type="text"/>	<input type="text"/>	Today's Date
NMDP Maternal ID	Local Maternal ID	Baby's Mother's Initials <input type="text"/>



Please read questions carefully and answer to the best of your knowledge.

- Have you ever donated or attempted to donate cord blood using your current, or a different name, to this cord blood bank? .....  Yes  No
- Have you, for any reason, been deferred or refused as a blood or cord blood donor, or been told not to donate blood or cord blood? If yes, why?.....  Yes  No
- Have you taken any of the following medications (check all that apply).....  Yes  No
  - a. Hepatitis B Immune Globulin (HBIG) in the last 12 months?
  - b. Insulin from cows (bovine or beef insulin) since 1980?
  - c. Growth hormone from human pituitary glands ever?
- In the past 12 weeks, have you had any shots or vaccinations?.....  Yes  No  
If yes, please describe: \_\_\_\_\_
- In the past 8 weeks, have you had contact with someone who has received the smallpox vaccine? (Examples of contact include physical intimacy, touching the vaccination site, touching the bandages or covering of the vaccination site, or handling bedding or clothing that had been in contact with an unbandaged vaccination site.) .....  Yes  No
- In the past 4 months, have you experienced two or more of the following: a fever (>100.5°F or 38.0°C), headache, muscle weakness, skin rash on trunk of the body, or swollen lymph glands?..  Yes  No  
If yes, which symptoms and when? \_\_\_\_\_
- In the past 12 months, have you had a major illness or surgery? .....  Yes  No  
If yes, please describe: \_\_\_\_\_

- 8. Have you ever had any type of cancer, including leukemia?.....  Yes  No
- 9. Have you ever had a bleeding condition or blood disease, including sickle cell disease? .....  Yes  No
- 10. Have you ever had a bleeding problem, such as hemophilia or other clotting factor deficiencies, and received human-derived clotting factor concentrates? .....  Yes  No
- 11. During your pregnancy, have you been diagnosed with West Nile Virus or had a positive test for West Nile Virus? .....  Yes  No
- 12. Have you ever had yellow jaundice, liver disease, viral hepatitis, or a positive test (including screening tests) for hepatitis? .....  Yes  No
- 13. Have you ever been diagnosed with or had a positive test for a parasitic blood disease such as Chagas' disease or Babesiosis?.....  Yes  No
- 14. Have you ever been diagnosed with Creutzfeldt-Jakob Disease (CJD) or variant CJD or do you have a degenerative neurological condition such as dementia where the cause has not been identified? .....  Yes  No
- 15. Have any of your blood relatives ever been diagnosed with Creutzfeldt-Jakob Disease (CJD), or have you been told that your family has an increased risk for this disease? .....  Yes  No
- 16. Have you ever received a dura mater (brain covering) graft? .....  Yes  No
- 17. Have you ever had a transplant or other medical procedure that involved being exposed to live cells, tissues or organs from an animal?.....  Yes  No
- 18. Have you ever 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

**In the past 3 years:**

- 19. Have you had malaria?.....  Yes  No
- 20. Have you been outside the United States or Canada?  
If yes, please list where, when, and for how long?.....  Yes  No

**In the past 12 months:**

- 21. Have you had a blood transfusion?.....  Yes  No
- 22. Have you had a transplant such as organ, bone marrow, stem cell, cornea, bone or other tissue? .....  Yes  No
- 23. Have you had a tissue graft such as bone or skin?.....  Yes  No
- 24. Have you had a tattoo?.....  Yes  No  
If yes, answer question 25. If no, skip to question 26.
- 25. Were shared instruments, needles or inks used for the tattoo? .....  Yes  No
- 26. Have you had an ear, skin, or body piercing using shared instruments or needles?.....  Yes  No
- 27. Have you had an accidental needle stick or have you come into contact with someone else's blood through an open wound (for example, a cut or sore), non-intact skin or mucous membrane (for example, into your eye, mouth, etc.)?.....  Yes  No
- 28. Have you had or been treated for a sexually transmitted disease including syphilis?.....  Yes  No

**In the past 12 months:**

- 29. Have you given money, drugs or other payment to anyone to have sex with you?.....  Yes  No
- 30. Have you had sex with anyone who has taken money, drugs or other payment in exchange for sex in the **past 5 years**? .....  Yes  No
- 31. Have you had sexual contact or lived with a person who has active or chronic viral hepatitis or yellow jaundice? .....  Yes  No
- 32. Have you had sex, even once, with anyone who has used a needle to take drugs, steroids, or anything else not prescribed by a doctor in the **past 5 years**? .....  Yes  No
- 33. Have you had sex with a male who has had sex with another male, even once, in the **past 5 years**? .....  Yes  No
- 34. Have you had sex, even once, with anyone who has taken human-derived clotting factors for a bleeding problem in the **past 5 years**? .....  Yes  No
- 35. Have you had sex, even once, with anyone who has HIV / AIDS or has had a positive test for the AIDS virus?.....  Yes  No
- 36. Have you been in juvenile detention, lockup, jail or prison for more than 72 continuous hours?  Yes  No

**In the past 5 years:**

- 37. Have you received money, drugs or other payment for sex? .....  Yes  No
- 38. Have you used a needle, even once, to take drugs, steroids, or anything else not prescribed for you by a doctor?.....  Yes  No

- 39. Do you have AIDS or have you ever tested positive for HIV (including screening tests)? .....  Yes  No
- 40. Do you have any of the following:
  - 40a. Unexplained night sweats?.....  Yes  No
  - 40b. Unexplained blue or purple spots on or under the skin or mucous membranes? .....  Yes  No
  - 40c. Unexplained weight loss? .....  Yes  No
  - 40d. Unexplained persistent diarrhea?.....  Yes  No
  - 40e. Unexplained cough or shortness of breath?.....  Yes  No
  - 40f. Unexplained temperature higher than 100.5°F (38.0°C) for more than 10 days?.....  Yes  No
  - 40g. Unexplained persistent white spots or sores in the mouth? .....  Yes  No
  - 40h. Lumps in your neck, armpits, or groin lasting more than one month?.....  Yes  No
- 41. Have you ever tested positive for HTLV (including screening tests)? .....  Yes  No
- 42. Do you understand that if you have the AIDS virus, you can give it to someone else even though you may feel well and have a negative AIDS test?.....  Yes  No