



It is important to establish eligibility of the cord blood stem cell unit before it is placed on the South African Bone Marrow Registry (SABMR), as if there is something in your medical history which affects the ability of a person in need to use the sample, this must be established before you can register with the Community Bank. **Please answer the below questions honestly and to the best of your ability, as it is important to ensure we have all the information required.**

Questions for the biological mother and biological father of the child

Father Mother

Y N Y N

1. Are you blood relatives - first cousins or closer? Y N
2. Is this pregnancy a surrogate pregnancy or have you made use of donor sperm and/or a donor egg and/or a donor embryo? Y N
3. Have you or your parents/siblings ever been diagnosed with:
 - a. A malignant blood disease (i.e. blood cancer or leukaemia etc.) Y N
 - b. An inherited blood, bleeding or haematological disorder (i.e. Haemophilia, thalassaemia etc.) Y N
 - c. An autoimmune disease (i.e. Graves' disease, Crohn's disease etc.) Y N
 - d. Metabolic/storage disorder (i.e. Tay-Sachs, Krabbe disease etc.) Y N
 - e. A neurological disorder (i.e. Fibromyalgia, Guillain-Barré Syndrome, Multiple Sclerosis or Muscular Dystrophy) Y N
 - f. Any other inherited disorder that could be transferred on to your child Y N

If you answered 'yes' to any of the above, please name the condition and indicate who in the family received this diagnosis.
4. Did you ever reside in or spend time that adds up to 6 months or more in the United Kingdom/Europe between 1980 to 1996 inclusive, and received treatment with growth or pituitary hormones before 1986? Y N
5. Have you or any other relatives ever been diagnosed with Creutzfeldt-Jakob disease, variant Creutzfeldt-Jakob disease (also known as CJD, vCJD, human mad cow disease or human scrapie) or Human transmissible spongiform encephalopathy? Y N

Questions for the mother only

Y N

1. Were you at any point in your pregnancy:
 - Diagnosed with Zika Virus Y N
 - Diagnosed with Malaria or Chagas Disease Y N
 - Diagnosed with Toxoplasmosis Y N
 - A recipient of a live vaccine (this does not include Whooping Cough or the Flu Vaccine) Y N
2. Do you have a current infection of:
 - Human Immunodeficiency Virus 1 and 2 (HIV) Y N
 - Human T-cell Lymphotropic virus (HTLV) I/II Y N
 - Hepatitis B and/or C Y N
 - Syphilis Y N
 - Cytomegalovirus (CMV) Y N
 - Malaria Y N
 - Epstein-Barr Virus Y N
 - Zika Virus Y N
 - West Nile Virus Y N
 - Toxoplasmosis Y N
 - Tuberculosis Y N
 - Chagas Disease Y N
3. Have you had a previous infection of:
 - Hepatitis B and/or C Y N
 - Syphilis Y N
 - Malaria or T.cruzi within the past 2 years, or recurring malaria which has occurred within the last 2 years Y N
4. Have you or anyone you have had sex with, ever injected themselves with recreational or body building drugs? Y N
5. Had sex with anyone within the last 3 months for which you are unsure of their HIV/AIDS status? Y N
6. In the last 12 months, have you received immunosuppressive medications (steroids, immunosuppressive drugs, antimetabolites, or antibodies directed against parts of the immune system)? Y N

If you are planning on doing delayed cord clamping for more the 60 seconds, you are not eligible to bank with the Community Bank.

I certify that I have answered the above questions truthfully and to the best of my knowledge.

Mother

Name

Surname

Signature

Date

Client Registration Number

CB/UC/

Father

Name

Surname

Signature

Date