UPSTATE MEDICAL UNIVERSITY

UPSTATE CORD BLOOD BANK

First, Last Name: _____ DOB: _____

Maternal Risk Questionnaire (MRQ)

NMDP CBU ID	Local CBU ID
NMDP Maternal ID	Maternal Hospital ID

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

Check the box if you understand the statement below:

❑ **I understand that if a person has the AIDS virus (HIV) and feels well, even with a negative HIV test, he/she can give it to someone else.**

1.	Ethnicity: ❑ Hispanic ❑ Non-Hispanic	
2.	Race: ❑ White ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ Other	
3.	Are you in good health?	□ Yes □ No
4.	Have you ever been diagnosed with a medical condition? If yes, what is your diagnosis? _____ What is your treatment? _____	□ Yes □ No
5.	Have you ever donated or attempted to donate cord blood using your current, or a different name, to this cord blood bank? If yes, delivery date:_____	□ Yes □ No
6.	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
7.	Have you read any of the educational materials provided (brochure, rack card, Patient Information Sheet)?	□ Yes □ No
8.	Are you currently taking any medication(s)/antibiotic(s) for an infection? **If yes**, what medication and for what infection? _____	□ Yes □ No

First, Last Name: _____ DOB: _____

9.	Have you taken any of the following medications (check all that apply). a. Insulin from cows (bovine or beef insulin) since 1980? b. Growth hormone from human pituitary glands? c. Human-derived clotting factors? d. Hepatitis B Immune Globulin following an exposure to Hepatitis B?	□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
10.	**In the past 8 weeks**, have you had any shots or vaccinations, other than Tdap, Flu, or RhoGAM? **If yes**, please describe: _____	□ Yes □ No
11.	**In the past 12 weeks**, have you had physical contact with someone who has received the smallpox vaccine? (Examples of contact include intimacy, touching the vaccination site, touching the bandage or covering of the vaccination site, or handling bedding or clothing that had been in contact with an unbandaged vaccination site.)	□ Yes □ No
12.	**In the past 4 months**, have you experienced two or more of the following: a fever (>100.5°F or 38.06°C), headache, muscle weakness, skin rash on trunk of the body, or swollen lymph glands? **If yes**, which symptoms and when? _____	□ Yes □ No
13	Do you abuse drugs or alcohol?	□ Yes □ No
14.	Have you ever had any type of cancer, including leukemia? What type and when?	□ Yes □ No
15.	During your pregnancy, have you been diagnosed with West Nile Virus or had a positive test for West Nile Virus?	□ Yes □ No
16.	Have you had a past diagnosis of clinical, symptomatic viral hepatitis after age 11?	□ Yes □ No
17.	Have you ever had a parasitic blood disease (for example, Leishmaniasis, Babesiosis, or Chagas disease) or any positive tests for Chagas or T. cruzi, including screening tests?	□ Yes □ No
18.	Have you ever been diagnosed with Creutzfeldt-Jakob Disease (CJD), variant CJD, dementia, any degenerative or demyelinating disease of the central nervous system, or other neurological disease where the cause is unknown?	□ Yes □ No
19.	Have you received a dura mater (brain covering) graft?	□ Yes □ No
20.	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
21.	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 12 months:

22.	Have you had a blood transfusion?	□ Yes □ No
23.	Have you had a transplant or tissue graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, bone, skin, or other tissue?	□ Yes □ No
24.	Have you had a tattoo or ear, skin, or body piercing? **If no**, skip to question 26.	□ Yes □ No
25.	Were shared or non-sterile inks, needles, instruments, or procedures used for the tattoo or piercing?	□ Yes □ No

First, Last Name: _____ DOB: _____

26.	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
27.	Have you had or been treated for a sexually transmitted disease? **If yes,** which one and when?	□ Yes □ No
28.	Have you had sexual contact or lived with a person who has active or chronic viral Hepatitis B or Hepatitis C?	□ Yes □ No
29.	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?	□ Yes □ No
30.	Have you had sex, even once, with a male who has had sex with another male?	□ Yes □ No
31.	Have you had sex, even once, with anyone who has taken human-derived clotting factors for a bleeding problem?	□ Yes □ No
32.	Have you had sex, even once, with anyone who has HIV/AIDS or has had a positive test for the AIDS virus?	□ Yes □ No
33.	Have you been in juvenile detention, lockup, jail, or prison for more than 72 continuous hours?	□ Yes □ No

In the past 3 years:

34.	Have you had malaria?	□ Yes □ No
35.	Have you been outside the United States or Canada? **If yes**, please list where, when, and for how long: _____	□ Yes □ No

In your lifetime:

36.	Do you have active tuberculosis or a history of therapy?	□ Yes □ No
37.	Have you **ever** used a needle, even once, to take drugs, steroids, or anything else not prescribed for you by a doctor?	□ Yes □ No
38.	Do you have AIDS or have you ever tested positive for HIV?	□ Yes □ No
39.	Do you have any of the following:	
	a. Blue or purple spots on or under the skin or mucous membranes typical of Kaposi's sarcoma?	□ Yes □ No
	b. Unexplained weight loss?	□ Yes □ No
	c. Unexplained persistent diarrhea?	□ Yes □ No
	d. Unexplained cough **and** shortness of breath?	□ Yes □ No
	e. Unexplained temperature higher than 100.5°F (38.06°C) for more than 10 days?	□ Yes □ No
	f. Unexplained persistent white spots or sores in the mouth?	□ Yes □ No
	g. Multiple lumps in your neck, armpits, or groin lasting more than one month?	□ Yes □ No
40.	Have you ever tested positive for Human T-cell Lymphotropic Virus (HTLV) or had unexplained paraparesis (partial paralysis affecting the lower limbs)?	□ Yes □ No
41.	Have you ever **given or received** money or drugs from anyone to engage in sex with you?	□ Yes □ No
42.	Have you ever engaged in sex with anyone who had taken money or drugs for sex?	□ Yes □ No

First, Last Name: _____ DOB: _____

Reference Guide for Questions 43 & 46:
Countries Considered to be at Risk for Transmission of vCJD

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

43.	**Since 1980**, have you ever lived in or traveled to any country considered to be at risk for transmission of vCJD? (refer to chart) **If yes**, answer questions 44 through 46. **If no**, skip to question 47.	□ Yes □ No
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 UK or France?	□ Yes □ No
46.	**Since 1980**, have you spent time that adds up to 5 years or more (including time spent in the UK between 1980 and 1996) in any country considered to be at risk for transmission of vCJD? (refer to chart)	□ Yes □ No
47.	**From 1980 through 1996**, were you a member of the U.S. military, a civilian military employee, or a dependent of either a member of the U.S. military or civilian military employee?	□ Yes □ No
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

UPSTATE MEDICAL UNIVERSITY

UPSTATE CORD BLOOD BANK

First, Last Name: _____ DOB: _____

Reference Guide for Questions 50 - 52:
African Countries Considered to be at Risk for Transmission for HIV-1 Group O

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

50.	**Since 1977**, were you born in, have you lived for longer than one year in, or have you traveled to any African country considered to be at risk for transmission of HIV-1 group O? (refer to chart) **If yes**, answer question 51. If no, skip to question 52.	□ Yes □ No
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
March 2016 Final Guidance "Donor Screen Recommendations to Reduce the Risk of Transmission of Zika Virus by Human Cells, Tissue, and Cellular and Tissue-Based Products" we are required to ask about Zika exposure.		
At any point, during your pregnancy:		
53.	Have you had Zika Virus Infection?	□ Yes □ No
54.	Have you lived or traveled to an area with increased risk for Zika Virus transmission? (See List)	□ Yes □ No
55.	Have you had sexual contact with a person, who in the 6 months prior to sexual contact, has had the Zika Virus Infection or lived in or traveled to an area with increased risk for Zika Virus transmission?	□ Yes □ No

Verified By: _____

Date: _____

Donor has completed this form to the best of their knowledge:

Cord Blood Donor: _____

Date: _____

How did you hear about Upstate Cord Blood Bank (UCBB)? (Please check all that apply.)

□ OB provider or staff member □ Brochure or rack card in the office □ Childbirth Education Class
□ Friend or family member □ UCBB Website □ Social Media (Twitter, Facebook, etc.)
□ An event (NYS Fair, Upstate sponsored event, etc.) □ Advertising □Other

First, Last Name: _____ DOB: _____

Zika Travel Notices

Asia: Bangladesh, Burma (Myanmar), Cambodia, India, Indonesia, Laos, Malaysia, Maldives, Pakistan, Philippines, Singapore, Thailand, Timor-Leste (East Timor), Vietnam

The Pacific Islands: Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga

The Caribbean: Anguilla; Antigua and Barbuda; Aruba; Barbados; Bonaire; British Virgin Islands; Cuba; Curaçao; Dominica; Dominican Republic; Grenada; Haiti; Jamaica; Montserrat; the Commonwealth of Puerto Rico, a US territory; Saba; Saint Kitts and Nevis; Saint Lucia; Saint Martin; Saint Vincent and the Grenadines; Sint Eustatius; Sint Maarten; Trinidad and Tobago; Turks and Caicos Islands; US Virgin Islands

North America: Mexico

Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama

South America: Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, Venezuela

Africa: Angola, Benin, Burkina-Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Congo- Brazzaville), Côte d'Ivoire, Democratic Republic of the Congo (Congo-Kinshasa), Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Sudan, Tanzania, Togo, Uganda

Technical note: Because of variations in laboratory and surveillance capacity internationally, data are not available to define levels of risk. CDC, the World Health Organization, and the European CDC have jointly reviewed the scientific literature to define a Zika virus country classification scheme. CDC provides travel recommendations for countries/territories/subnational areas falling into Category 1, Category 2, and the Category 4 sub-group within the classification framework.

https://wwwnc.cdc.gov/travel/page/zika-information

Current as of 6//1/2018
Reviewed 6/4/2018