BLUTSPENDE SRK SCHWEIZ
TRANSFUSION CRS SUISSE
TRASFUSIONE CRS SVIZZERA
SWISS BLOOD STEM CELLS

Blutspende SRK Schweiz AG
Tel. +41 (0)31 380 81 81
donorcenter@blutspende.ch
www.blutspende.ch

Adhesive label

Medical Questionnaire
Umbilical Cord Blood Donation

You have read the **Umbilical Cord Blood Donation Information Sheet** and would like to become a cord blood donor. Thank you for providing truthful answers to the following questions by checking the requisite boxes. You will be helping to keep safe not only yourself but also the patients who will be receiving your child's cord blood.
The questions concern you, the child's mother. Where information about the child's father, siblings (brothers and sisters) or other relatives is required, it will be specifically mentioned.
At the end of the questionnaire (section D) there is space for further information, comments on individual questions or other relevant information.

A. CHILD'S MOTHER'S DETAILS

Surname	
First name	
Date of birth	
Street	
ZIP / City	
Phone / E-Mail	

B. PARENTS' ETHNICITY DETAILS

Which ethnic group do you belong to? Please check.

African	AFNA	North Africa	Child's mother ☐	Child's father ☐
	AFSS	Sub-Saharan Africa	Child's mother ☐	Child's father ☐
Asian	AS	Central Asia: Russian Far East, Kazakhstan, Uzbekistan, Kyrgyzstan, Tajikistan	Child's mother ☐	Child's father ☐
		North-East Asia: Japan, North and South Korea	Child's mother ☐	Child's father ☐
		Oceania: Pacific islands except Japan, Australia, New Zealand, Taiwan, Aleutian Islands	Child's mother ☐	Child's father ☐
		South-East Asia: China, Mongolia, Myanmar, Laos, Cambodia, Thailand, Vietnam, Taiwan	Child's mother ☐	Child's father ☐
		South-West Asia: Middle East, Turkey	Child's mother ☐	Child's father ☐
		South Asia: India, Pakistan, Bangladesh, Sri Lanka, Bhutan, Nepal	Child's mother ☐	Child's father ☐
Caucasian	CAU	Europe, Greenland, Iceland, Russia, Australia, New Zealand, North America (USA, Canada)	Child's mother ☐	Child's father ☐
Hispanic	HI	Central America, South America, Caribbean	Child's mother ☐	Child's father ☐
Mixed	MX		Child's mother ☐	Child's father ☐
Other	OT		Child's mother ☐	Child's father ☐
Unknown	UK		Child's mother ☐	Child's father ☐

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C. HEALTH QUESTIONNAIRE

			Yes	No
1.	a)	Were you and/or the baby's father adopted as a child?	☐	☐
	b)	Did you become pregnant using donor eggs or donor sperm, or as a surrogate mother?	☐	☐
	c)	Do you know or can you find out the medical history of the child's father?	☐	☐
2.		Have you been ill in the last 4 weeks or had a fever over 38.5°C? If so, please specify the cause (if known)	☐	☐
3.	a)	Have you taken medication during your pregnancy (e.g. tablets, injections, suppositories)? Please specify	☐	☐
	b)	In the last 3 years have you taken Acitretin (Neotigason®, Soriatane®), e.g. for psoriasis?	☐	☐
4.	a)	Have you ever received immunotherapy (e.g. medication derived from human or animal plasma, cells or serum)? If so, please specify	☐	☐
	b)	Have you been vaccinated in the last 4 weeks against any of the following? Flu ☐ Hepatitis B ☐ Whooping cough ☐ ☐ Tetanus ☐ Rabies ☐ Other vaccination(s) ☐ ? Please specify German measles..... When?	☐	☐
5.		Do you have or have you had any of the following illnesses or symptoms? If so, please specify (diagnosis, date, treatment, stating whether resolved or still present)	☐	☐
	a)	High blood pressure before or during pregnancy (e.g. pre-eclampsia, HELLP syndrome):	☐	☐
	b)	Cardiovascular disease:	☐	☐
	c)	Respiratory disease:	☐	☐
	d)	Gastrointestinal disease:	☐	☐
	e)	Kidney, bladder and urinary or genital tract disease:	☐	☐
	f)	Neurological disease:	☐	☐
	g)	Immune system disease (e.g. allergy, chronic inflammatory disease, autoimmune disease):	☐	☐
	h)	Infectious disease:.....	☐	☐

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		Yes	No
i)	Contact with a person with a contagious or infectious disease? Which disease? .....Date	☐	☐
j)	Blood disease:	☐	☐
k)	Cancer:	☐	☐
l)	Diabetes: Type I ☐ Type II ☐ Gestational ☐	☐	☐
m)	Thyroid disease: Hashimoto's thyroiditis ☐ Hyperthyroidism ☐ Other ☐ Please specify: ..... Treatment? ..... From when to when?	☐	☐
n)	Other disease:	☐	☐
6.	In the last 12 months have you had:	☐	☐
a)	An accident ☐ Surgery ☐ If so, please specify:	☐	☐
b)	A blood transfusion (e.g. packed red cells, platelet concentrate, plasma)? If so, when? ..... Why? ..... In which country?	☐	☐
7.	Creutzfeldt-Jakob disease risk		
a)	Have you or a blood relative been found or suspected to have Creutzfeldt-Jakob disease? Child's mother ☐ Child's father ☐ Other relative ☐	☐	☐
b)	Have you ever had a human tissue transplant? If so, please specify:	☐	☐
c)	Have you ever had an animal tissue transplant? If so, please specify:	☐	☐
d)	Have you ever had brain or spinal cord surgery? If so, please specify:	☐	☐
8.	Tropical virus risk (including Chikungunya, Dengue, West Nile and Zika virus)		
a)	Have you traveled outside Switzerland in the last 6 months? If so, where? ..... When did you get back? ..... Did you have symptoms (e.g. fever) during your stay or have you had any since your return?	☐	☐
b)	During your pregnancy were you ever diagnosed with Chikungunya, West Nile or Dengue infection?	☐	☐
c)	Have you or your partner been diagnosed with Zika infection in the last 4 months?	☐	☐

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			Yes	No
9.		Malaria risk		
	a)	Have you ever had malaria? If so, when?	☐	☐
	b)	Have you visited a malaria risk area in the last 3 years? If so, where? ..... When?	☐	☐
10.		Chagas disease risk		
	a)	Have you ever had Chagas disease?	☐	☐
	b)	Were you or your mother (the child's grandmother) born or raised outside Europe or have you lived outside Europe for more than 6 months? If so, which or both of you? ..... In which country?	☐	☐
11.		Have you ever had:	☐	☐
		☐ Tuberculosis ☐ Lyme disease ☐ Brucellosis ☐ Osteomyelitis ☐ Q fever ☐ Toxoplasmosis ☐ Babesiosis ☐ Leishmaniasis If so, when?	☐	☐
		Does any close contact (e.g. carer or member of the same household) have open tuberculosis?	☐	☐
12.		In the last 2 months have you had:	☐	☐
		☐ A tattoo ☐ Gastroscopy / colonoscopy ☐ Acupuncture ☐ Permanent make-up ☐ Piercing ☐ Microblading ☐ Contact with another person's blood (via needle stick injury or splatter in the eye, mouth or other) If so, when? ..... Were sterile instruments used? ☐ Yes ☐ No	☐	☐
13.	a)	Have you ever had jaundice or hepatitis? If so, please specify: Hepatitis A ☐ B ☐ C ☐ E ☐ Jaundice:	☐	☐
	b)	Has your partner had hepatitis or jaundice in the last 12 months? Please specify: Hepatitis A ☐ B ☐ C ☐ E ☐ Other:	☐	☐
14.	a)	Have you spent at least 6 of the last 12 months in a country with a high HIV rate? If so, where?	☐	☐
	b)	Did you incur a risk of HIV during your stay (e.g. through sex or medical or paramedical procedures such as blood transfusion, tattooing or piercing)?	☐	☐

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		Yes	No
15.	Do one or more of the following risk situations apply to you?	☐	☐
a)	Change in sexual partner in the last 4 months	☐	☐
b)	Sex in exchange for money, drugs or medicaments in the last 12 months	☐	☐
c)	Sex with a partner who had had sex with men in the previous 12 months	☐	☐
d)	Intravenous drug use in the last 12 months	☐	☐
e)	Positive test for HIV, syphilis or hepatitis C	☐	☐
16.	In the last 12 months have you had sex with partners who have:	☐	☐
a)	incurred any of the risks itemized in Question 15?	☐	☐
b)	had a blood transfusion in a country with a high HIV rate?	☐	☐
c)	incurred any other HIV risk (e.g. through sex, tattooing or piercing) in a country with a high HIV rate?	☐	☐
17.	In the last 12 months have you had symptoms of, or been treated for, chlamydia, genital herpes, syphilis, or any other sexually transmitted disease? Please specify:	☐	☐
18.	Do any of the following diseases run in your family? If so, please indicate their relationship to the child	☐	☐
a)	Red blood cell disease (e.g. thalassemia, sickle cell anemia etc) Please specify ..... Child's father ☐ Child's sibling ☐	☐	☐
	Aplastic anemia Child's father ☐ Child's sibling ☐	☐	☐
b)	Platelet disease (e.g. immune thrombocytopenia purpura) Please specify ..... Child's father ☐ Child's sibling ☐	☐	☐
c)	Genetic bleeding disorder (e.g. hemophilia, von Willebrand disease, factor V Leiden mutation) Please specify ..... Child's father ☐ Child's sibling ☐	☐	☐
d)	Metabolic and lysosomal storage disease (e.g. cystic fibrosis, gout, Tay-Sachs, Fabry's disease, Gaucher's disease, Niemann-Pick disease) Please specify ..... Child's father ☐ Child's sibling ☐	☐	☐
e)	Diabetes type I: Child's father ☐ Child's sibling ☐ Diabetes type II: Child's father ☐ Child's sibling ☐	☐	☐
f)	Congenital or acquired immunodeficiency Please specify ..... Child's father ☐ Child's sibling ☐	☐	☐

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		Yes	No
g)	Malignant blood disease (e.g. leukemia, multiple myeloma, myelodysplastic syndrome, essential thrombocythemia etc.) Please specify ..... Child's father ☐ Child's sibling ☐	☐	☐
h)	Cancer Please specify ..... Child's father ☐ Child's sibling ☐	☐	☐
i)	Other disease Please specify ..... Child's father ☐ Child's sibling ☐	☐	☐

D. COMMENTS ON THE QUESTIONNAIRE (Mother)

Question: .....

.....

Question: .....

.....

Question: .....

.....

Question: .....

.....

Question: .....

.....

I confirm that my personal details are correct and that I have been truthful in completing the questionnaire

Mother

Surname: .....First name: ..... Date of birth: .....

Date: .....Signature: .....

Father (optional)

Surname: .....First name: ..... Date of birth: .....

Date: .....Signature: .....

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Questionnaire review by qualified staff

E. TO BE COMPLETED AT RECRUITMENT

Comments on Section C “Medical Questionnaire”:

Question: .....

.....

.....

Question: .....

.....

.....

Question: .....

.....

.....

Question: .....

.....

.....

Questionnaire reviewed (at recruitment). Date: .....Signature .....

Maternity Unit (please check):

Aarau: ☐ Basel: ☐ Bern: ☐ Geneva: ☐ Tessin: ☐

F. TO BE COMPLETED AT UMBILICAL CORD BLOOD COLLECTION

Having reviewed the pregnant patient’s medical questionnaire and medical history, I hereby certify that there is currently no physical evidence of present or past HIGH RISK BEHAVIOR for communicable infectious disease (HIV, HTLV, hepatitis B or C, or sexual communicable disease). Based on the documentation / medical history available to me, I confirm that this donor is able to donate her baby’s umbilical cord blood at birth. Should fresh health information emerge that could impact this donation, I undertake to forward it to the umbilical cord blood bank.

Physician:

Surname: .....First name: .....

Date: .....Physician’s signature: .....