

**CRYOBANKS INTERNATIONAL,INDIA PRIVATE LIMITED**

**HEALTH QUESTIONNAIRE & STATEMENT OF CONSENT**

Please read the following Health Questionnaire carefully. You may contact Cryobanks International, India Private Limited, if you need help understanding any of the questions.

Completion of the health questionnaire is required before a cord blood unit can be eligible for use. Your answers to these questions are confidential. All information you provide is kept private and confidential.

**EXPECTANT MOTHER:** \_\_\_\_\_

**Cord Blood Maternal Questions** Please read carefully and answer the following questions. Mark "Y" for "YES" or "N" for "NO".

1	Have you ever been deferred or refused as a blood or cord blood donor for any reason? .....	Y	N	
2	Have you ever had jaundice, liver disease, viral hepatitis or a positive test (including screening tests) for hepatitis?..	Y	N	
3	Have you ever been diagnosed with Malaria, Chagas Disease or Babesiosis? .....	Y	N	
4	Have you ever taken the drugs Tegison (etretinate), Acutane (isotretinoin), Soriatane (acitretin) or Propecia (finasteride)?..	Y	N	
5	In the past 3 years have you traveled or lived outside India? If yes, where, and how long?.....	Y	N	
6	Have you ever had cancer, leukemia, any blood disorder, or a bleeding problem? .....	Y	N	
7	In the past 12 months, have you had a major illness or surgery? .....	Y	N	
8	Have you ever had TB (Tuberculosis) or infectious skin disease?	Y	N	
9	In the past 12 months, have you had any vaccinations or shots (excluding Rh Immune Globulin, RhoGAM)?	Y	N	
10	In the past 12 months, have you received blood, blood products; had an organ or tissue transplant or graft eg. cornea, dura mater, bone, ; skin? .....	Y	N	
11	Have you ever taken clotting factor concentrates for a bleeding disorder or received human pituitary growth hormone? .....	Y	N	
12	In the past 12 months, have you had an ear, skin, or body piercing; a tattoo; acupuncture; or an accidental needle stick; or come in contact with someone else's blood?.....	Y	N	
13	In the past 12 months have you had intimate contact with anyone who has active or chronic viral hepatitis or jaundice? In the past 12 months have you received Hepatitis B Immune Globulin (HBIG)	Y	N	
14	In the past 12 months, have you been diagnosed with a sexually transmitted disease, including syphilis and gonorrhea? .....	Y	N	
15	Have you ever tested positive for HIV / AIDS ( including screening tests)?	Y	N	
16	Have you ever tested positive for HTLV-1 or -11( including screening tests)?	Y	N	
17	In the past 12 months have you had sex with someone infected with HIV /AIDS or at risk of getting HIV/AIDS (someone with multiple sex partners, same sex partner, commercial sex worker or I/V drug abuse)	Y	N	
18	In the past 12 months have you ever used a needle even once to take drugs that are not prescribed by a doctor or had intimate or sexual contact with anyone who has used a needle to take drugs not prescribed by a doctor?	Y	N	
19	Have you currently or in the past consumed alcoholic beverages? If yes to alcohol: Number of drinks per week during pregnancy?	Y	N	

**Family Medical History** For the following questions please use the following codes to describe the relationship between the baby and a family member with a disease: **Family Relationship Codes:** **BM** Baby's Mother **BGP** Baby's Grandparent **BMS** Baby's Mother Sibling **BF** Baby's Father **BS** Baby's sibling **BFS** Baby's Father's Sibling (Parents' siblings (BMS and BFS) refer to the baby's aunts and uncles by blood, and does not include aunts and uncles who are in-laws of the parents.)

Has anyone in the baby's immediate family had any of the following diseases: ( If 'Yes' please specify disease)

20	<b>Cancer/Leukemia</b> Any cancers or leukemias before age of 20? Other? (If yes, please specify in space provided.)...	Y	N	<i>Family member affected/explanation:</i>
21	<b>Red Cell Disease</b> Sickle Cell Disease?..... Thalessemia?..... Fanconi's Anemia? .....	Y	N	<i>Family member affected/explanation:</i>
22	<b>White Blood Cell Disease</b> Chronic Granulomatous Disease?..... Wiskott-Aldrich?..... Other? (If yes, please specify in space provided.)..	Y	N	<i>Family member affected/explanation:</i>

23	<b>Platelet Diseases</b> Glanzmann's Disease?..... Hereditary Thrombocytopenia?..... Platelet Storage Pool Disease?..... Other? (If yes, please specify in space provided.)..	Y Y Y Y	N	Family member affected/explanation:
24	<b>Metabolic/Storage Diseases</b> Tay-Sachs?..... Leukodystrophies?..... Ataxia-Telangiectasia?..... Hunter's Disease?..... Hurler's Disease?..... Gaucher's Disease?..... Porphyria?..... San Filippo's Disease?..... Other? (If yes, please specify in space provided.)..	Y Y Y Y Y Y Y Y Y	N	Family member affected/explanation:
25	<b>Neurological Disorders</b> Creutzfeldt-Jakob Disease?..... Huntington's Chorea..... Amyotrophic Lateral Sclerosis (ALS)..... Other? (If yes, please specify in space provided.)..	Y Y Y Y	N	Family member affected/explanation:
26	<b>Immune Deficiencies</b> Severe Combined Immunodeficiency (SCID)?... Hypoglobulinemia?..... Nezelhof's Syndrome?..... ADA or PNP Deficiency?..... DiGeorge's Syndrome?..... Other? (If yes, please specify in space provided.)..	Y Y Y Y Y Y	N	Family member affected/explanation:
27	<b>Immune System Disorders</b> HIV/AIDS?..... Lupus?..... Rheumatoid Arthritis?..... Other? (If yes, please specify in space provided.)	Y Y Y Y	N	Family member affected/explanation:
28	<b>Musculoskeletal/Connective Tissue Disorder</b> Osteopetrosis (NOT Osteoporosis)..... Mucopolysaccharidosis..... Other? (If yes, please specify in space provided.)	Y Y Y	N	Family member affected/explanation:
29	<b>Other</b> Hemolytic Anemia?..... Hemophilia?..... Illness requiring chronic blood transfusions?.... Gallbladder removed before the age of 30?..... Spleen removal due to blood disorder?..... Glycogen Storage Disease?..... Huntington's Chorea?..... Other genetic diseases?..... Other? (If yes, please specify in space provided.)...	Y Y Y Y Y Y Y Y Y	N	Family member affected/explanation:

#### Maternal Health

30	Is this your first pregnancy? .....			
	If no: How many other pregnancies have you had? ____How many live born children resulted from the other pregnancies? ____			Y N
31	Do you have any health problems or had any significant medical problems during your pregnancy?			Y N
32	Are you and the baby's father blood relatives? .....			Y N
33	Did this pregnancy use a donor egg, donor sperm, or a surrogate? .....			Y N
34	Have you ever had a miscarriage or stillborn? .....			Y N
35	Have you had a child die within the first 10 years of life because of illness? .....			Y N
36	Have you ever had an abnormal prenatal test or abnormal pregnancy? .....			Y N





**CRYOBANKS INTERNATIONAL, INDIA PRIVATE LIMITED  
INFORMED CONSENT FOR THE HIV TEST**

**HUMAN IMMUNODEFICIENCY VIRUS AND TRANSMISSION:**

Human Immunodeficiency Virus (HIV) is a virus which can be transmitted from individuals through body fluids, primarily blood and semen. The spread is not through air or food or by casual social contact. It is passed on when the blood or body fluids of an infected person mix with your own. Sexual transmission is mainly the result of the transfer of and exposure to infected semen. Women as well as men can transmit the virus sexually. The HIV virus has also been detected in vaginal secretions, tears, and saliva, but exposure to saliva has not been proven to transmit the infection. Intravenous drug users and persons receiving blood transfusions can be exposed to the virus through infected blood or body products. A baby may become infected during pregnancy, delivery, or when breast feeding if its mother has the disease. A person may carry the virus for months before testing positive and may carry the virus for months or years before the symptoms appear. An HIV positive person can still spread the disease even though he or she may appear healthy. When HIV enters the blood stream it invades and destroys cells in the body's infection and cancer fighting system and reduces the body's ability to fight infections. The HIV virus leads to the depletion of the immune system to a point that infections which one wouldn't normally get (opportunistic infections) start developing, at which point the patient has AIDS. The HIV virus is not what kills a person with AIDS, it is the opportunistic infections which cause death.

**BEHAVIORS THAT INCREASE YOUR RISK OF BEING EXPOSED TO HIV:**

Persons who inject themselves with illicit drugs, have multiple sex partners or same sex partners or persons having sexual contact with infected or at risk partner, are more likely to be infected with HIV

**THE HIV TEST AND VOLUNTARY TESTING**

The HIV tests are blood tests for the presence of HIV infection or exposure to the virus. A positive test result means that you have been exposed to the virus. It may not mean that you have AIDS now or that you will become sick with AIDS in the future. A negative test means that you are probably not infected with the virus. Limitation of the test is the "window period" which is the time of infection to time of detection.

**CONSENT**

**Maternal Blood Draw for:**

HIV-1 and HIV-2, HEPATITIS B (HBsAg), HEPATITIS C VIRUS (Anti-HCV), SYPHILIS, MALARIA, ABO Rh

I agree to take the HIV test and other tests mentioned above which are mandatory tests as per Government of India regulations. Taking the HIV test is voluntary, and results are confidential by law. Results can only be given to people you allow, and a release form must be signed prior to releasing this information. The Government regulations requires Cryobanks International India Limited to report any positive HIV test result to the government health authorities.

I have read the above information and have had my questions about the test answered.

**(Optional)**

I allow the test results to be made available to my physician, Dr. \_\_\_\_\_  
by Cryobanks International India Private Limited.

\_\_\_\_\_  
**Signature of Expectant Mother**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Print Name (Expectant Mother)**