

Information on Public Cord Blood Donation

Dear expectant mother, dear parents,

Your child will soon be born, and you are considering a voluntary umbilical cord blood donation. Here we would like to explain how an umbilical cord blood donation works and what happens with the umbilical cord blood after donation.

On the following pages, we address the expectant mother directly, as she is the potential donor of the umbilical cord blood.

What is umbilical cord blood?

Umbilical cord blood is the blood that remains in the umbilical cord and placenta after a baby is born. During pregnancy, it provides the baby with important nutrients. Although it is often discarded as medical waste after birth, umbilical cord blood contains valuable cells that can be used to treat serious diseases.

Why is cord blood important and what is it used for?

Your cord blood donation can save lives! Cord blood is regularly used for blood stem cell transplantation and is stored in public cord blood banks for this purpose.

Blood stem cell transplantation

Cord blood contains many blood stem cells, which can form all types of blood cells. Healthy blood stem cells can replace sick blood cells and can be used to treat serious blood diseases such as leukemia (blood cancer) or immune system disorders. Blood stem cells from cord blood are an important alternative to stem cells from bone marrow and can give patients a chance for a cure.

Other clinical uses

The full potential of cord blood is not yet known and is currently being researched. In the future, cord blood could also be used for other medical treatments. For this, your additional consent would be required. The cord blood bank would inform you, and you could freely decide whether your cord blood can be used for other clinical purposes. You can choose whether the cord blood bank may contact you in the future if new clinical uses for your cord blood become available.

This information sheet refers only to the use of cord blood for blood stem cell transplantation.

How does the donation work?

If you and your baby are doing well after birth, a trained professional will collect the blood from the umbilical cord and placenta into a special bag. Cord blood is usually collected before the placenta is delivered, but collection after the placenta is delivered is also possible. After collection, the cord blood is sent to a public cord blood bank in Switzerland. There, it is processed, frozen, and safely stored until use. The use is anonymous, which means you will not know anything about the recipient, and the recipient will not know your or your child's identity.

What are the risks and benefits of a cord blood donation?

Collecting cord blood is safe. It does not affect the birth process, your health, or your baby's health.

The amount of blood taken for testing is small and does not affect your health. There is a small risk of mild pain, bruising at the puncture site, dizziness, and in rare cases, infection.

Although you do not directly benefit from the donation, you can help future patients and possibly save a life.

Is every cord blood donation collected and stored?

The requirements for a cord blood donation are very high. Therefore, not all donations can be carried out.

In certain situations – such as premature birth, multiple births, or medical emergencies – donation may not be possible. In rare cases, staff shortages may also mean that a donation cannot be carried out or processed.

For a donation to be suitable for medical treatment, it must meet strict quality criteria, such as containing enough blood stem cells. Only donations that meet all requirements are stored in public cord blood banks and made available for possible life-saving treatment.

What documents and blood tests are needed for a cord blood donation?

Cord blood donation is a voluntary decision that requires your consent. You can choose whether or not to donate. Your medical care will not be affected by your decision.

If you decide to donate, the most important steps are as follows:

1. The consent form

- Before birth, you will sign a consent form for cord blood donation, confirming that you agree to the donation and the contents of this document.
- You can withdraw your consent at any time before collection, without giving a reason and without any negative consequences.
- Additional document: *Consent to umbilical cord blood donation to a public cord blood bank*

2. The questionnaire about your health

- You will need to complete a questionnaire about your health and family history. This ensures that the cord blood is safe for patients.
- **It is important that you answer all questions truthfully to protect the health of the patients.**
- The collection will only take place if you and your baby are healthy and eligible to donate.
- Additional document: *Questionnaire for umbilical cord blood donation*

3. Blood tests for infectious diseases

- Your blood will be tested free of charge for transmissible diseases such as HIV, hepatitis, and syphilis. The tests are done in accredited laboratories within Switzerland.
- You have the right to access all test results and will be informed if any abnormalities are found.
- Please **inform us before birth about any possible risk situations that could cause an infection, such as HIV.** This is the only way we can guarantee the safety of the donated cord blood and protect the health of the patient.
- Before a blood stem cell transplant, additional tests for infectious diseases may be performed. For this purpose, some of your blood samples will be stored in a frozen state.

4. (Genetic) tests from the cord blood

- The blood type, cell count, and HLA tissue types will be determined.
- Additional tests may be performed before a transplant.
- Before a transplant, a genetic test (haemoglobinopathy test) is always performed. You can only donate cord blood if you agree to this test.
- Additional document: *Information Sheet on the Haemoglobinopathy Test*

How long is cord blood stored?

The cord blood and all related samples are frozen and stored as long as needed for the planned medical purpose – provided that the quality criteria defined by the cord blood bank are met. After a transplant, blood samples are stored for 10 years so they can be used to answer important patient-related questions if needed.

What happens with my personal data?

Your personal data is encrypted, which means your name is replaced by a code. This code allows communication with partner institutions. Only authorized staff at the maternity hospital and the cord blood bank can decode your identity. They are bound by professional confidentiality and may not share confidential information.

Personal data about you and your child is treated strictly confidentially. Only authorized personnel have access to unencrypted data. Your data is stored according to legal retention requirements – at least as long as the cord blood is stored. This ensures the quality and safety of the cord blood.

The cord blood bank may contact you regarding important matters.

All collected data is recorded, stored, processed, and retained in accordance with the Swiss Federal Data Protection Act (DPA) and the Data Protection Ordinance (DPO).

Swiss Transfusion SRC (Blutspende SRK Schweiz AG) and its authorized laboratories also use the samples and HLA data to evaluate how frequently certain HLA types occur in Switzerland. For this purpose, your data is used in anonymized form.

Encrypted data about you and your child may also be analyzed statistically by the cord blood bank.

Where can I donate cord blood?

In Switzerland, there are public cord blood banks in Basel and Geneva. These banks meet the highest international quality standards, are NetCord-FACT certified, and work exclusively with the following maternity hospitals:

- Cantonal Hospital Aarau
- University Hospital Basel
- University Hospital Bern
- University Hospital Geneva

A donation of cord blood to a public cord blood bank is therefore only possible at these hospitals.

How much does a cord blood donation cost?

Donating cord blood to a public cord blood bank is free of charge. You will not receive any payment for your donation.

Who owns the cord blood after donation?

After donation, the cord blood belongs to the public cord blood bank that stores it. By signing the consent form, you transfer ownership of your cord blood so that it can be used for transplants.

What is the difference between public, private, and hybrid cord blood banks?

Cord blood stored in public cord blood banks is intended for patients worldwide, not for private use. The public banks are located at University Hospitals in Basel and Geneva. The encrypted donation data is entered into the donor registry, a database operated by Swiss Transfusion SRC, which can be accessed by transplant centers worldwide. This allows patients around the world to receive your life-saving donation.

Alternatively, private or hybrid cord blood banks store cord blood for use within your family. If you choose the private option, you are responsible for organizing the collection and storage and for covering the costs. We recommend obtaining independent information if you are interested in this option.

What happens if the cord blood is not suitable for medical treatment?

We make every effort to process each cord blood donation and store it in the public cord blood bank for therapeutic use. Unfortunately, not all donations meet the high requirements.

Please indicate on the consent form what should happen to your donation if it is not suitable for therapeutic use. The following options are available:

- Use for **quality control** in the cord blood bank.
Your donation helps to monitor and maintain the high quality standards in the maternity hospital and cord blood bank. No genetic testing will be performed.
- Use for **research**
Your donation may be used for approved research projects, for example, to develop new cell therapies that can be used to treat serious diseases. All data and samples will be used in encrypted form.
Additional document: Information on the use of health-related data and samples
- **Disposal** of the donation
If you do not agree to the use of your data and samples for quality control and/or research, all samples related to the cord blood donation will be properly disposed of, and no health-related data will be analyzed.

What happens after a cord blood transplant?

After a blood stem cell transplant, genetic tests are performed on the patient to monitor the success of the transplant and the recovery. Very rarely, these tests may reveal information that could be important for your child. In this case, the cord blood bank will inform you.

What are my responsibilities after donation?

To protect the health of the patient, you must inform the cord blood bank if:

- You were ill at the time of donation or shortly afterwards.
- Your baby becomes ill shortly after birth.
- You or your child should develop a serious illness later in life.

To allow us to contact you if test results are relevant, please also inform the cord blood bank of any changes to your contact information.

How can I contact the cord blood bank?

If your child was born in Aarau, Basel, or Bern, please contact:

 	<p>Cord Blood Bank Basel Universitätsspital Basel Petersgraben 4 4031 Basel E-Mail: cbb@usb.ch Website: usb.ch/cbb</p>	
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If your child was born in Geneva, please contact:

 	<p>Banque de Sang foeto-placentaire de Genève Hôpitaux Universitaires Genève Rue Gabrielle- Perret- Gentil 4 1211 Genève 14 E-Mail: hematopoiese.laboratoire@hug.ch</p>
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Where can I find more information?

You can get **information about public cord blood donation** and its alternatives from the public cord blood banks, the maternity hospitals, and the donor registry of Swiss Transfusion SRC.

If you have questions about public cord blood donation, the staff at the maternity hospitals will be happy to help.

If you have questions about **data protection**, you can contact Swiss Transfusion SRC at: datenschutz@blutspende.ch

Cord Blood Bank Basel	Banque de Sang foeto-placentaire de Genève	Swiss Transfusion SRC	Data protection
			
Cantonal Hospital Aarau	University Hospital Basel	University Hospital Bern	University Hospital Geneva
			

Information on the use of health-related data and samples

If it is not suitable for medical treatment purposes, the cord blood you donate may be used for quality assurance or research. Your consent is voluntary and may be withdrawn at any time. However, samples that have already been used, cannot be withdrawn anymore.

Your data and samples will be encrypted and forwarded only for specific purposes. The research may be carried out in Switzerland or other countries, but only with the approval of an ethics committee and in compliance with applicable laws.

In most cases, the research results will not be relevant to you; however, should any significant findings be made the cord blood bank may contact you.

The units will be stored for an indefinite period of time until they are used for the earmarked research purposes.

There are no costs for you, and no money will be made from your data or samples.

Contact

If your child was born in Aarau, Basel or Berne:

 	Cord Blood Bank Basel Universitätsspital Basel Petersgraben 4 4031 Basel E-Mail: cbb@usb.ch	 usb.ch/cbb
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If your child was born in Geneva:

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Information Sheet on the Haemoglobinopathy Test

What are haemoglobinopathies?

Haemoglobinopathies are genetic disorders that affect the red pigment (haemoglobin) in the body's red blood cells. The most common of these disorders are thalassaemia and sickle cell disease. Roughly 7% of the world's population are carriers of a genetic change in the haemoglobin genes, according to the WHO. Haemoglobinopathies can be transmitted from the donor to the patient through a blood stem cell transplant.

Types of haemoglobinopathies

Affected individuals (homozygous expression)

- The genetic changes are present on both chromosomes (maternal and paternal).
- The disease requires regular medical care.

Carriers (heterozygous expression)

- The genetic changes are present on only one of the two chromosomes.
- Carriers are usually healthy, but can pass the anomaly on to their children who may develop the disease, especially if the other parent is also a carrier.

Haemoglobinopathy test

This test screens for genetic changes in the haemoglobin genes and is carried out to prevent disease from being transmitted through a blood stem cell transplant.

When is the test performed?

- Only if the cord blood is requested for a transplant.
- Samples for the test are collected at the time of donation and may not be examined until years later.

How much does the test cost?

The test is free of charge for you.

Results of the haemoglobinopathy test

Children under the age of 14

- Affected individuals (homozygous expression): The parents are informed as this condition affects the child's health.
- Carriers (heterozygous expression): Parents may decide whether they want to be informed that their child is a carrier.

Teenagers aged 14 and over: decide for themselves whether they want to know the test results.

Why this distinction based on age?

The age of 14 was chosen because we assume that most children of this age are capable of making their own decisions.

Note: The cord blood bank will contact you after the sample has been tested. **Please ensure that your contact details held by the cord blood bank are up to date.** The test might not be carried out until years after the donation.

If your child was born in Aarau, Basel or Bern, please contact:

 	<p>Cord Blood Bank Basel Universitätsspital Basel Petersgraben 4 4031 Basel E-Mail: cbb@usb.ch</p>	 usb.ch/cbb
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If your child was born in Geneva, please contact:

 	<p>Banque de Sang foeto-placentaire de Genève Hôpitaux Universitaires Genève Rue Gabrielle- Perret- Gentil 4 1211 Genève 14 E-Mail: hematopoiese.laboratoire@hug.ch</p>
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Advice on test results

You and your child have the right to seek advice from a medical professional before or after the test results are announced. This consultation will not cost you anything.

What if I do not want a haemoglobinopathy test to be carried out?

Cord blood donation is unfortunately only possible if you consent to the haemoglobinopathy test.



Consent to umbilical cord blood donation to a public cord blood bank

I voluntarily agree to donate my child's umbilical cord blood for storage in a public cord blood bank and to make it available for blood stem cell transplantations worldwide.

I have understood the contents of the documents "*Information on Public Cord Blood Donation*", "*Haemoglobinopathy Test*", and "*Use of Health-Related Data and Samples*" and I agree to the conditions stated there regarding the handling and storage of the cord blood donation. I had the opportunity to ask questions, and all my questions were answered. I had enough time to make my decision about donating.

In particular, I agree to:

- inform the maternity hospital if my child or I become ill within two weeks after birth.
- inform the maternity hospital later in life about any serious illnesses affecting my child or me.
- donate the cord blood free of charge and transfer ownership of the cord blood unit to the public cord blood bank.
- provide a blood sample for infectious disease testing.
- allow the HLA tissue typing of the blood stem cells.
- allow a genetic test for haemoglobinopathies to be performed on the cord blood before it is used for a transplantation.
- have the data related to the cord blood donation recorded and stored in pseudonymized form in the database of Swiss Transfusion SRC.
- allow the cord blood donation to be stored as long as it is needed for the planned medical purpose.
- allow the cord blood bank, Swiss Transfusion SRC, and their authorized laboratories to use data from my samples in anonymized form for statistical analysis, including analysis of HLA tissue types.
- inform the cord blood bank of any changes to my contact information.

I am aware that:

- the cord blood donation is voluntary.
- I can withdraw my consent at any time before the donation is collected, without giving a reason.
- I have the right to access all test results.
- the cord blood bank does not make a profit from my donation.
- after a transplantation, genetic tests may be performed on the recipient, and I will be informed if these tests reveal important information about risks for my child. This happens very rarely.
- after a transplantation, individual blood samples from the donation may be stored for a long time.



- Swiss Transfusion SRC is subject to Swiss law (transplantation and data protection). My personal data and my child's data will be treated strictly confidential. For the preparation and follow-up of the donation, the cord blood identification number and relevant pseudonymized health data may be used nationally and internationally, including being shared with the European Society for Blood and Marrow Transplantation (EBMT). This may include countries that do not have data protection laws comparable to Switzerland, where data security may not be guaranteed to the same extent.
- my samples and data will be stored in accordance with legal requirements.

**If you are willing to donate your child's umbilical cord blood,
please complete page 3 of this consent form.**



Further information on the data protection provisions (in German, French, Italian):

- QR Code
- www.blutstammzellspende.ch/datenschutz

If I have any questions, I can also contact datenschutz@blutspende.ch at any time.



I have understood all the information described above. In particular, I agree to the collection, processing, testing, and long-term storage of the cord blood unit and the associated data and documents. Furthermore, I consent to the transfer of the encrypted data to international recipients for the purposes described.

I agree to donate my child's umbilical cord blood for storage in the public cord blood bank and to make it available for blood stem cell transplantations worldwide.

I am aware that cord blood is also being researched for other clinical uses. Any use of the cord blood for new treatments would require my new and voluntary consent.

- **Contact:** The cord blood bank may contact me at a later time if my donation could be suitable for a new clinical use. After receiving information about the new medical treatment, I will decide freely whether my cord blood may be used for this purpose. ☐ Yes ☐ No

If my cord blood donation does not meet the quality criteria for a stem cell transplantation, the donation may be used for the following purposes:

- **Quality control** in the cord blood bank ☐ Yes ☐ No
- **Research projects**, approved by an ethics committee ☐ Yes ☐ No

My personal data:

Last name: First name:

Date of birth (DD MM YYYY):

Date: Signature:

Confirmation by collection staff:

By signing below, I confirm that the mother has consented to the cord blood collection and that the consent form has been fully completed.

Last name: First name:

Date: Signature:



Maternal ID Label

Questionnaire for umbilical cord blood donation

You have read the information on umbilical cord blood donation and would like to become a cord blood donor. Please answer the questions in this questionnaire.

Who are the questions for?

The questions are intended for the **mother** of the child (baby). Where information about the child's father, siblings (brothers and sisters) or other relatives is required, it will be specifically mentioned.

How should you answer the questions?

For each question, check the answer that is most appropriate for you.

For some questions we would like additional information from you. Please write your answer in the additional space next to the questions.

Important: Please answer truthfully.

Only in this way can you protect yourself and a possible recipient of the umbilical cord blood.

There is space in section C at the end of the questionnaire. You can provide additional information here.

If you have any questions or concerns, please contact your midwife or physician. They will be pleased to help.

Please only complete the questionnaire earliest **4 weeks** before the expected date of birth. This ensures that the content is up to date.

A. Information about the mother

Surname	
First name	
Date of birth	
Street, house number	
Postcode, Place	
Telephone	
E-mail	



Maternal ID Label

B. Health-related questions

1. Background information on the family and pregnancy

- a) How did you become pregnant: did you receive donor eggs or donor sperm? ☐ Yes ☐ No
Or are you a surrogate mother?
- b) Are you familiar with the medical history of your child's biological father? ☐ Yes ☐ No
- c) Are you and the child's biological father related? ☐ Yes ☐ No
If so, how are you related?

2. Your health in the last 4 weeks

- Were you ill in the last 4 weeks? Or did you have a temperature of over 38.5°C? ☐ Yes ☐ No
If yes, please describe the illness or symptoms.
.....

3. Medication during pregnancy

- a) Have you taken medication during your pregnancy, e.g. tablets, injections, suppositories? ☐ Yes ☐ No
If yes, please specify the medication.
.....
- b) Have you taken Neotigason® / Soriatane® in the last 3 years? This is a medication used to treat psoriasis. ☐ Yes ☐ No

4. Immunotherapy and vaccinations

- a) Have you ever received immunotherapy? This includes e.g. serum or medications derived from humans or animals. ☐ Yes ☐ No
If so, please specify the immunotherapy?
.....
- b) Have you been vaccinated in the last 4 weeks? ☐ Yes ☐ No
If yes, which vaccination did you receive?
☐ Flu ☐ RSV ☐ Pertussis (whooping cough)
☐ Covid-19 ☐ Tetanus ☐ Rabies
☐ Other vaccination:

Please write the date of the vaccination here:



Maternal ID Label

5. Do you have or have you had any of the following illnesses or symptoms?

If so, please specify e.g. the precise illness, time, treatment, stating whether resolved or still present.

- a) High blood pressure before or during pregnancy e.g. arterial hypertension, pre-eclampsia, HELLP syndrome ☐ Yes ☐ No

Your information:

- b) Cardiovascular disease ☐ Yes ☐ No

Your information:

- c) Respiratory disease ☐ Yes ☐ No

Your information:

- d) Stomach or intestinal disease ☐ Yes ☐ No

Your information:

- e) Kidney, bladder, urinary tract or genital tract disease ☐ Yes ☐ No

Your information:

- f) Neurological disease e.g. epilepsy, meningitis ☐ Yes ☐ No

Your information:

- g) Immune system disease e.g. allergy, chronic inflammatory disease such as Morbus Crohn or an autoimmune disease ☐ Yes ☐ No

Ihre Informationen:

- h) Infectious disease ☐ Yes ☐ No

Your information:

- i) Are/were you in contact with a person with a contagious or infectious disease? ☐ Yes ☐ No

Which disease does the person have?

When did the contact take place?

- j) Blood disease ☐ Yes ☐ No

Your information:



Maternal ID Label

5. Do you have or have you had any of the following illnesses or symptoms? - continuation -

k) Cancer ☐ Yes ☐ No

Your information:

l) Diabetes ☐ Yes ☐ No

☐ Type I ☐ Type II ☐ Gestational
☐ MODY «Adult-onset diabetes type II of the young»

m) Thyroid disease ☐ Yes ☐ No

☐ Hashimoto's thyroiditis ☐ Graves' disease
☐ Other disease:

Which treatment did you receive?

From when to when did the treatment take place?

n) Other diseases not mentioned above ☐ Yes ☐ No

Your information:

6. Accident, surgery, blood transfusion

a) In the last 12 months have you had: ☐ Yes ☐ No

☐ an accident ☐ an operation

If so, please provide more information:

.....

b) Have you ever received a blood transfusion? ☐ Yes ☐ No

e.g. packed red cells, platelet concentrate, plasma

If so, when?

Why?

In which country?

7. Creutzfeldt-Jakob disease or risk of CJD

a) Do you or does a blood relative have Creutzfeldt-Jakob disease? ☐ Yes ☐ No
Or is there a suspicion that you or your relative may have the disease?

If so, who?

☐ Child's mother ☐ Child's father

☐ Other relative:



Maternal ID Label

7. Creutzfeldt-Jakob disease or risk of CJD - continuation -

- b) Have you ever had a human tissue transplant? ☐ Yes ☐ No

If so, please specify:

.....

- c) Have you ever had an animal tissue transplant? ☐ Yes ☐ No

If so, please specify:

.....

- d) Have you ever had brain or spinal cord surgery? ☐ Yes ☐ No

If so, please specify:

.....

8. Tropical virus or risk thereof (including Chikungunya, Dengue and Zika virus)

- a) Have you been abroad for more than 2 days (48 hours) in the last 6 months? ☐ Yes ☐ No

If yes, where were you?

Country:

Region or Town/City:

When did you return?

- b) Were you ill during your stay abroad (e.g. fever)? ☐ Yes ☐ No
Or have you had symptoms since returning?

If so, which?

.....

- c) During your pregnancy were you ever diagnosed with Chikungunya, West Nile or Dengue infection? ☐ Yes ☐ No

- d) Have you or your sexual partner been diagnosed with Zika infection in the last 4 months? ☐ Yes ☐ No

9. Malaria or risk of malaria

- a) Have you ever had malaria? ☐ Yes ☐ No

If so, when?



Maternal ID Label

9. Malaria or risk of malaria - continuation -

- b) Have you visited a malaria risk area in the last 3 years? ☐ Yes ☐ No

If so, where?

Country:

Region or Town/City:

- c) Have you visited a malaria risk area in the last 4 months? ☐ Yes ☐ No

If so, where?

Country:

Region or Town/City:

When were you there?

10. Chagas disease or risk of Chagas disease

- a) Have you ever had Chagas disease? It is an infectious disease. ☐ Yes ☐ No

- b) Were you born or did you grow up outside Europe?
Or did you live outside Europe for more than 6 months? ☐ Yes ☐ No

In which country?

When did you live there?

- c) Was your biological mother (child's grandmother) born or raised in Central or South America?
Or did she live there for more than 6 months? ☐ Yes ☐ No

In which country?

When did your mother live there?

11. Infectious diseases or the risk of infection

- a) Have you ever had one of these diseases? ☐ Yes ☐ No

- ☐ Tuberculosis ☐ Lyme disease ☐ Brucellosis ☐ Osteomyelitis
☐ Q fever ☐ Toxoplasmosis ☐ Babesiosis ☐ Leishmaniasis

If so, when?

- b) Does anyone you are in close contact with have active tuberculosis?
e.g. a person you are caring for or a member of the same household ☐ Yes ☐ No



Maternal ID Label

12. Jaundice und hepatitis

- a) Have you ever had jaundice apart from newborn jaundice? ☐ Yes ☐ No

If so, please provide more information.

.....

- b) Have you ever had hepatitis? ☐ Yes ☐ No

If so, which form? Hepatitis ☐ A ☐ B ☐ C ☐ E

- c) Has your life, sexual or cohabiting partner had hepatitis in the last 12 months? ☐ Yes ☐ No

If so, which form? Hepatitis ☐ A ☐ B ☐ C ☐ E

- d) Has your life, sexual or cohabiting partner had jaundice (hepatitis with a different cause) in the last 12 months? ☐ Yes ☐ No

If so, please provide more information.

.....

13. Risk of HIV and stays in countries with high HIV infection rates

- a) Have you been abroad for at least 6 months within the last 12 months? ☐ Yes ☐ No

If so, where?

Country:

When were you there?

- b) Is it possible you may have been infected with HIV?
e.g. through sexual contact, medical or paramedical procedures such as
blood transfusion, or tattooing or piercing ☐ Yes ☐ No

14. Invasive treatments and exposure to human blood

- a) In the last 2 months, have you had: ☐ Yes ☐ No

☐ A tattoo ☐ Piercing ☐ Permanent make-up/microblading
☐ Acupuncture ☐ Gastroscopy/colonoscopy

If yes, when?

If yes, were sterile instruments used? ☐ Yes ☐ No



Maternal ID Label

14. Invasive treatments and exposure to human blood - continuation -

- b) In the last 2 months, have you had contact with another person's blood?
via needle stick injury or splatter in the eye, mouth or other ☐ Yes ☐ No

If so, when?

15. Have you been in one of the following risk situations?

- | | | | |
|----|---|------------------------------|-----------------------------|
| a) | Change in sexual partner in the last 4 months | ☐ Yes | ☐ No |
| b) | Sex in exchange for money, drugs or medicaments in the last 12 months | ☐ Yes | ☐ No |
| c) | Sex with a partner who had had sex with men in the previous 12 months | ☐ Yes | ☐ No |
| d) | Intravenous drug use in the last 12 months | ☐ Yes | ☐ No |
| e) | Positive test for HIV, syphilis or hepatitis C | ☐ Yes | ☐ No |

16. In the last 12 months, have you had sexual contact with any partner

- | | | | |
|----|---|------------------------------|-----------------------------|
| a) | who has been exposed to any of the risks listed in question 15? | ☐ Yes | ☐ No |
| b) | who received a blood transfusion? | ☐ Yes | ☐ No |

If yes, in which country was the transfusion performed?

- | | | | |
|----|--|------------------------------|-----------------------------|
| c) | who incurred any other HIV risk (e.g. through sex, tattooing or piercing, medical procedures) in a country with a high HIV rate? | ☐ Yes | ☐ No |
|----|--|------------------------------|-----------------------------|

If so, which country was the person in?

17. Details of sexually transmitted diseases and treatment

- In the last 12 months have you had symptoms of, or been treated for, chlamydia, genital herpes, syphilis, or any other sexually transmitted disease? ☐ Yes ☐ No

If so, please specify the disease and the treatment.

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Maternal ID Label

18. Do any of the following diseases run in your family?

We are only concerned with the father and siblings of your child (no other relatives).

If so, please indicate who has or had the disease.

- a) Red blood cell disease e.g. thalassaemia, sickle cell anaemia ☐ Yes ☐ No

Which disease?

Who has the disease? ☐ Child's father ☐ Child's sibling

- b) Aplastic anaemia ☐ Yes ☐ No

Who has the disease? ☐ Child's father ☐ Child's sibling

- c) Platelet disease e.g. immune thrombocytopenia purpura ☐ Yes ☐ No

Which disease?

Who has the disease? ☐ Child's father ☐ Child's sibling

- d) Genetic bleeding disorder
e.g. haemophilia, von Willebrand disease, factor V Leiden mutation ☐ Yes ☐ No

Which disease?

Who has the disease? ☐ Child's father ☐ Child's sibling

- e) Metabolic and lysosomal storage disease
e.g. cystic fibrosis, Tay-Sachs, Fabry's disease, Gaucher's disease,
Niemann-Pick disease ☐ Yes ☐ No

Which disease?

Who has the disease? ☐ Child's father ☐ Child's sibling

- f) Diabetes Type I ☐ Yes ☐ No

Who has the disease? ☐ Child's father ☐ Child's sibling

Diabetes Type II

Who has the disease? ☐ Child's father ☐ Child's sibling

MODY «Adult-onset diabetes type II of the young»

Who has the disease? ☐ Child's father ☐ Child's sibling

- g) Congenital or acquired immunodeficiency ☐ Yes ☐ No

Which disease?

Who has the disease? ☐ Child's father ☐ Child's sibling



Maternal ID Label

18. Do any of the following diseases run in your family? - continuation -

- h) Malignant blood disease ☐ Yes ☐ No
e.g. leukaemia, multiple myeloma, myelodysplastic syndrome, essential
thrombocythaemia

Which disease?

Who has the disease? ☐ Child's father ☐ Child's sibling

- i) Cancer ☐ Yes ☐ No

What type of cancer?

Who has the disease? ☐ Child's father ☐ Child's sibling

- j) Other diseases ☐ Yes ☐ No

Which disease?

Who has the disease? ☐ Child's father ☐ Child's sibling

C. Is there any other information you would like to provide?

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.....
.....
.....

D. Declaration by the mother

**I hereby confirm that my personal details are correct.
I further certify that I have answered all questions truthfully.**

Surname:

First name:

Date of birth:

Date: Signature of mother:



Maternal ID Label

Questionnaire review by qualified staff

E. Questionnaire review at time of RECRUITMENT

Comments on Section B "Medical Questionnaire"

Question:

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Question:

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Question:

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Question:

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Questionnaire reviewed at recruitment: Date: Initials

Maternity unit (*please check*):

☐ Aarau

☐ Basel

☐ Bern

☐ Geneva

☐ Ticino

Page 12 is to be completed by qualified personnel at the time of birth.



Maternal ID Label

F. Questionnaire review at BIRTH

1. The following questions are to be re-addressed to the expectant mother at time of delivery to cover the period between completion of the questionnaire and the delivery.

- a) Diseases or changes in health (**question 2**) ☐ Yes ☐ No

Your information:

- b) Changes to medication and vaccinations (**questions 3, 4b**) ☐ Yes ☐ No

Your information:

- c) Changes to stays abroad (**question 8a**) ☐ Yes ☐ No

Your information:

- d) Changes in behavior towards infection risks (**questions 14, 15, 16**) ☐ Yes ☐ No

Your information:

2. Health status of mother and child (sub partu exclusion criteria)

- a) HELLP syndrome ☐ Yes ☐ No

- b) Signs of infection with fever above 38.5°C in the mother
(e.g. suspected intra-amniotic infection) ☐ Yes ☐ No

- c) Malformations, congenital diseases, infectious diseases or signs of infection in
the newborn ☐ Yes ☐ No

Your information:

- d) Birth <37+0 week of pregnancy ☐ Yes ☐ No

- e) Multiple pregnancy ☐ Yes ☐ No

G. CONFIRMATION OF DONOR ELIGIBILITY by the physician

Having reviewed the expectant mother'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, sexual communicable disease). Based on the documentation and 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: