

Cord Blood Bank First, Last Name DOB:

	Family Medical History Questionnaire (FMHQ)	
C	ord Blood Bank Use Only:	
N	MDP CBU ID: Local CBU ID:	
N	MDP Maternal ID: Local Maternal ID:	
Т	oday's Date: Baby's Mother's Initials:	
Ple	ease read questions carefully and answer to the best of your knowledge:	
1.	Were you and/or the baby's father adopted at early childhood?	□ Yes □ No
	If yes, is a family medical history available for you and/or the baby's father?	□ Yes □ No
2.	Are you and the baby's father related, except by marriage? (e.g. first cousins)	□ Yes □ No
3.	Did this pregnancy use either a donor egg or donor sperm?	□ Yes □ No
	If yes, is a family medical history questionnaire available for the egg or sperm donor?	□ Yes □ No
4.	Have you had an abnormal result from a prenatal test (e.g. amniocentesis, blood test, ultrasound)?	□ Yes □ No
	If yes , answer the following questions. If no , skip to question 5. a. Which test was abnormal?	
	 a. Which test was abnormal? b. What was the abnormal test result? c. Was a diagnosis made? If yes, specify diagnosis: 	□ Yes □ No
5.	Have you had any children who died within the first 10 years of life? If yes, what was the cause?	□ Yes □ No
6.	Have you ever had a stillborn child? If yes, what was the cause?	□ Yes □ No

For the remainder of the questionnaire, describe the relationship member with the disease. Please refer to the following codes:	between	n the bal	y and tl	ne imme	diate far	nily
BF Baby's Father BMS Bab	y's Motl y's Fath	ner's Sib er's Sibli	ling* ng*	nother or		ŕ
7. Cancer or leukemia? ☐ Yes ☐ No	BM	BF	BS			
If yes, please specify all that apply in a-j. If no, skip to question 8.						
a. Brain or other nervous system cancer						
b. Bone or joint cancer						
c. Kidney (including renal pelvic) cancer						
d. Thyroid cancer						
e. Hodgkin's lymphoma						
f. Non-Hodgkin's lymphoma						
g. Acute or chronic myelogenous/myeloid leukemia						
h. Acute or chronic lymphocytic/lymphoblastic leukemia						
i. Skin cancer						
j. Other cancer/leukemia: Specify Type: Specify Type:						
Answer questions 8-12 for any blood disorders or diseases.						DEG
8. Red blood cell disease? ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
a. Diamond-Blackfan Syndrome						
b. Elliptocytosis						
c. G6PD or other red cell enzyme deficiency						
d. Spherocytosis						
9. White blood cell disease? \Box Yes \Box No	BM	BF	BS	BGP	BMS	BFS
a. Chronic Granulomatous Disease						
b. Kostmann Syndrome						
c. Schwachman-Diamond Syndrome						

First, Last Name DOB:

FMHQ

	d. Leukocyte Adhesion Deficiency (LAD)						
10.	Immune deficiencies? ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
	a. ADA or PNP Deficiency						
	b. Combined Immunodeficiency Syndrome (CID), Common Variable Immunodeficiency Disease (CVID)						
	c. DiGeorge Syndrome						
	d. Hereditary Hemophagocytic Lymphohistiocytosis (HLH), including FEL						
	e. Hypoglobulinemia						
	f. Nezeloff Syndrome						
	g. Severe Combined Immunodeficiency (SCID)						
	h. Wiskott-Aldrich Syndrome						
11.	Platelet disease? ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
	a. Amegakaryocytic Thrombocytopenia						
	b. Glanzmann Thrombasthenia						
	c. Hereditary Thrombocytopenia						
	d. Platelet Storage Pool Disease						
	e. Thrombocytopenia with absent radii (TAR)						
	f. Ataxia-Telangiectasia						
	g. Fanconi Anemia						
12.	Other blood disease or disorders?						
Hen	noglobin problems	BM	BF	BS	BGP	BMS	BFS
13.	Sickle cell disease, such as sickle-cell \square Yes \square No anemia, or sickle thalassemia?						
14.	Thalassemia, such as alpha thalassemia \Box Yes \Box No or beta-thalassemia?						
15.	Metabolic/storage disease? ☐ Yes ☐ No	BM	BF	BS	BGP	BMS	BFS
	es, to question 15, please specify all that apply in a-q. o, skip to question 16.						
	a. Hurler Syndrome (MPS I)						
	b. Hurler-Scheie Syndrome (MPS I H-S)						

First, Last Name DOB:

FMHQ

c. Hunter Syndrome (MPS II)						
d. Sanfilippo Syndrome (MPS III)						
			•			
15. Metabolic/storage disease continued.	BM	BF	BS	BGP	BMS	BFS
e. Morquio Syndrome (MPS IV)						
f. Maroteaux-Lamy Syndrome (MPS VI)						
g. Sly Syndrome (MPS VII)						
h. I-cell disease						
i. Globoid Leukodystrophy (Krabbe Disease)						
j. Metachromatic Leukodystrophy (MLD)						
k. Adrenoleukodystrophy (ALD)						
Sandhoff Disease						
m. Tay-Sachs Disease						
n. Gaucher Disease						
o. Niemann-Pick Disease						
p. Porphyria						
q. Other or unknown metabolic/storage disease Specify type:						
Acquired Immune System Disorders		BF	BS			
16. HIV/AIDS? □ Yes □ No						
17. Severe autoimmune disorder? □ Yes □ No						
If yes , please specify all that apply in questions a-d. If no , skip to question 18.						
a. Crohn's Disease or Ulcerative Colitis						
b. Lupus						
c. Multiple Sclerosis (MS)						
d. Rheumatoid Arthritis						
18. Other or unknown immune system disorder Specify type:						
Answer questions 19-25		BF	BS	BGP	BMS	BFS
19. Required chronic blood transfusions? □ Yes □ No						
20. Been told you or family member(s) ☐ Yes ☐ No have hemolytic anemia?						

FMHQ

First, Last Name DOB:

First, Last Name DOB:					_FMH	Q
21. Had spleen removed to treat blood ☐ Yes ☐ No disorder?						
	1	r	r	1		
	BM	BF	BS	BGP	BMS	BFS
22. Had gallbladder removed before age 30? ☐ Yes ☐ No						
23. Had Creutzfeldt-Jakob Disease (CJD)? ☐ Yes ☐ No						
24. Other serious or life-threatening ☐ Yes ☐ No diseases affecting the family?						
If yes, list affected family member(s) and type of disease.						
Specify type:						
Specify type:						
Specify type:						
25. In answering these questions, have you answered for both your family and the baby's father's family? □ Yes □ No						
RN Review: Date: Donor has completed this form to the best of their know Cord Blood Donor: Date:	C					