

Cord Blood Preliminary Screen

Today's Date: _____

Mother's Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Alternate Phone Number: _____

SSN: _____

Email Address: _____

Due Date: _____

Delivering Hospital: Bronson Methodist Corewell Health (Butterworth) Holland

Covenant Medical Center University of Michigan Health - Sparrow Trinity Health-Ann Arbor

1. Have you donated cord blood at Michigan Blood or Versiti-MI before? Yes No

If yes, previous last name, if different: _____

2. Are you expecting a Multiple birth? (twins, triplets, etc.)? Yes No

3. Have you ever been refused as a blood donor or told not to donate blood? Yes No

If yes, why? _____

4. Do you or any close family member have an inherited disease? Yes No

(Ex: multiple sclerosis, cystic fibrosis, sickle cell disease, etc.)

If yes, who and what disease? _____

5. Do you have any chronic medical problems? Yes No

If yes, list: _____

6. Have you, baby's father, or baby's sibling(s) ever had cancer? Yes No

If yes, explain: _____

7. Have you been outside the US in the past 3 years? Yes No

If yes, Where: _____

When/date: _____

Length of stay: _____

8. Have you been in the United Kingdom or any European country for a combined total time of 3 months or more since 1980? Yes No

If yes, date(s) and location(s): _____

Return completed form to Versiti Michigan Cord Blood Bank – See other side for details.

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Return completed form to Versiti Michigan Cord Blood Bank using one of the following methods:

Mail: Versiti Michigan Cord Blood Bank
1036 Fuller Ave NE
Grand Rapids, MI 49503

Email: CTL@versiti.org

Fax: (616) 233-8559

We will send a packet of forms to be filled out and brought to the hospital when you deliver your baby. The packet will be sent 4-6 weeks prior to your due date.

Please select how you would like the packet of forms sent to you: Mail Email

Note: Forms must be printed and completed if emailed. If no selection is made, the packet of forms will be mailed.

If you have questions regarding the form, contact Versiti Michigan Cord Blood Bank at (616) 233-8604.

Versiti Michigan use only:

Donor previously in database? Yes No

Donor in Local BECS? Yes No

If yes: Deferred Not Deferred

Donor #: _____

Performed by/date: _____