

Biological Father Health History Questionnaire

VID#: _____

Why Completing this Form is so Important:

- This information is requested for the potential therapeutic use of the newborn stem cells for the child or a first or second degree relative (parent, sibling, child, grandparent, aunt, uncle, niece, or nephew).

Who Should Complete this Form?

- The biological father should complete this document.
- Residents of New York are required to complete this form when accessible.

What You Need to Know Before Answering:

- It contains questions about behaviors and travel history that you may find to be sensitive and of a personal nature.
- Each question must be completed and will need to be answered to the best of your ability.
- The information provided is confidential and will only be shared with your physician, or the child's physician upon request and with your consent.

Need Help with Questions:

- If you need help or have questions, call 800-998-4226.

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Biological Father's Information

First Name

Middle Initial

Last Name

Home Phone Number

Cell Phone Number

Email Address

Home Address

Street Address 1

Street Address 2

City

State

Zip Code

In the past **12 months** have you:

1. Had a blood transfusion or blood component?

Yes

No

2. Had a transplant or graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, sclera, bone, skin, or other tissue?

Yes

No

Have you **EVER**:

3. Had malaria or traveled (greater than 24 hours to less than 5 years) to or resided (greater than 5 years) in a malaria endemic area? (See Appendix A).

Yes

No

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4. Have a known coagulation or platelet disorder?
 Yes No
5. Had or have any acute respiratory disease (e.g., pneumonia)?
 Yes No
6. Have active tuberculosis or history of therapy for tuberculosis?
 Yes No
7. Had or have any infectious skin disease (bacterial or fungal in origin) that creates a risk of contamination of the cord blood (stem) cells?
 Yes No
8. Abused alcohol or drugs (intravenous, oral, prescription, non-prescription)?
 Yes No
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Signature for Health History Questionnaire:

I certify that I have answered the health history questions above truthfully and to the best of my knowledge.

Signature of Biological Father

Print Biological Father's Name (full legal name)

Date Signed

Appendix A – Websites

Malaria:

A list of malaria endemic areas can be found on the Centers for Disease Control (CDC) website:

https://www.cdc.gov/malaria/travelers/country_table/a.html