

## Father's Health History Questionnaire

### Why Completing This Form Is So Important:

- Without this information, ViaCord will be unable to release your Child's Newborn Stem Cells for therapeutic use in the future.
- This information is required for the potential therapeutic use of the Newborn Stem Cells by your Child or a family member such as a parent, sibling, child, grandparent, aunt, uncle, niece, or nephew.
- ViaCord is required by federal regulations to ask questions to assess the potential risk for exposure to certain infectious diseases.

### Who Should Complete This Form?

- Biological Fathers should complete all relevant portions.
- Residents of New York are required to complete this form when accessible. All others are optional.

### What You Need to Know Before Answering:

- The Health History Questionnaire contains questions that are similar to those asked when someone donates blood.
- It also contains questions about behaviors and travel history that you may find to be sensitive and of a personal nature.
- Each question will need to be answered to the best of your ability.
- The information provided is confidential and will only be shared with you, your physician, or the Child's physician.
- See Appendices for Definition of Terms, Medication List, Country Definition List, Vaccination List and your submission options if you choose to forego electronic signature.

Office Use Only  
VID Number:

1.0 Father's Information

First Name

Last Name

Email Address

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2.0 Medications / Vaccines

Please refer to the Medication List in [Appendix C](#).

Are you now or have you ever taken any medications on the Medication List?

Yes

No

If YES, please identify below:

Medication?
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Last Dose Taken?
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Travel

The following questions pertain to areas in which you have lived or to which you have traveled. Please refer to the Country Definition List in [Appendix D](#).

3.0 Have you traveled outside of the United States or Canada in the last 3 years?

Yes

No

If YES, please list all countries in which you have traveled or lived, and approximate date(s) (month/year) of travel, even if you don't see them in [Appendix D](#):

Countries traveled/lived?
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Month/Year traveled/lived?
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3.1 Since 1980, have you spent more than a total of 3 months in the United Kingdom or Europe (this includes living, traveling, or serving at a US Military base)? (Refer to the Country Definition List in [Appendix D](#))

Yes  No

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3.2 Between 1980 through 1996, have you lived in or traveled to Europe as a member of the U.S. Military, a civilian military employee, or a dependent of a member of the U.S. Military? (Refer to the Country Definition List in [Appendix D](#))

Yes  No

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3.3 Since 1980, have you received a transfusion of blood, platelets, plasma, cryoprecipitate, or granulocytes in the United Kingdom or Europe? (Please refer to the Country Definition List in [Appendix D](#))

Yes  No

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3.4 Have you lived in or traveled to a Zika affected area within the last 6 months? A list of areas with active transmission of Zika can be found on the Centers for Disease Control (CDC) website (<http://www.cdc.gov/zika/areasatrisk.html>)

Yes  No

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### The Past 12 Months

Thinking back over the past twelve months, have you:

4.0 Received blood, blood factor products, derivatives, or a tissue/organ transplant?

Yes  No

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4.1 Come into contact with someone else's blood (e.g., accidental needle stick)?

Yes  No

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4.2 Had a tattoo, any type of piercing (ear or body), acupuncture, or had a needle gun used on you?

Yes  No

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4.3 Received shots or vaccinations? Please see the Vaccination/Immunization List in Appendix E.

Yes  No

If YES, please list what you received and when:

Shots Received?	Date Received?

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4.4 Been diagnosed with the West Nile Virus, Dengue, Chikungunya, or Zika virus?

Yes  No

If YES, please specify...

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4.5 Been in close contact with a person who was vaccinated for smallpox and you developed a rash or other symptoms related to exposure?

Yes  No

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4.6 Been diagnosed with Syphilis or Gonorrhea?

Yes  No

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4.7 Lived in the same household as another person who has been diagnosed with Hepatitis B or clinically active Hepatitis C?

Yes  No

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4.8 Been in jail, prison, lock up, or juvenile detention for more than 72 hours?

Yes  No

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4.9 Been bitten by an animal suspected of having rabies within the past 6 months?

Yes  No

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4.10 Had sexual contact with a person who has Hepatitis or Jaundice (not Infant Jaundice)?

Yes  No

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4.11 Have you had sexual contact with a person with a history of ever testing positive for HIV?

Yes  No

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4.12 Had sexual contact with a person who takes money or drugs or other payment in exchange for sex?

Yes  No

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4.13 Had sexual contact with a man?

Yes  No

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4.14 Had sexual contact with a person who has taken intravenous drugs not prescribed by a physician?

Yes  No

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Ever

Have you ever:

5.0 Been diagnosed with, or tested positive for HTLV, Hepatitis B, or Hepatitis C?

Yes  No

If YES, please specify...

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5.1 Been diagnosed with, or tested positive for HIV?

Yes  No

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5.2 Been significantly exposed to substances that may be transferred in toxic amounts (e.g., lead, mercury, gold)?

Yes  No

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5.3 Been diagnosed with Tuberculosis, Malaria, Chagas Disease, Babesiosis, or Acute Respiratory Disease?

Yes  No

If YES, please specify:

Tuberculosis  Malaria  Babesiosis  
 Chagas Disease  Acute Respiratory Disease

5.4 Been diagnosed with any form of Creutzfeldt-Jakob Disease (CJD)?

Yes  No

5.5 Have a history of Ebola virus infection or disease?

Yes  No

5.6 Had head or brain surgery with a transplanted brain covering (dura mater)?

Yes  No

5.7 Been diagnosed with dementia, or any degenerative or demyelinating disease of the central nervous system?

Yes  No

5.8 Had a transplant or medical procedure involving exposure to organs, tissues, or living cells from an animal?

Yes  No

5.9 Had intimate contact with a recipient of a transplant or medical procedure involving exposure to organs, tissues, or living cells from an animal? (Intimate contact includes contact with blood, saliva, and body fluids.)

Yes  No

5.10 Been deferred as a blood donor for a reason other than anemia or being underweight?

Yes  No

If YES, please explain...

5.11 Abused alcohol or drugs (intravenous, oral, prescription, non-prescription)?

Yes  No

5.12 Taken money, drugs or other payment in exchange for sex?

Yes  No

6.0 Family Genetic History

Has anyone in your maternal or paternal family:

Been diagnosed with any of the following: Aplastic Anemia, Fanconi Anemia, Thalassemia, Chronic Granulomatosis Disease (CGD), Sickle Cell Anemia, Hunter Syndrome, Hurler Syndrome, or any other storage disorder, severe combined immunodeficiency syndrome or blood/bleeding disorders or other genetic disorders?

Yes  No

If YES, please explain...

6.1 Had Creutzfeldt-Jakob Disease (CJD)?

Yes  No

I certify that I have read and answered the Health History questions above truthfully and to the best of my knowledge.

Signature of Father

Print Father's Name (full legal name)

Date Signed



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## Appendix A – Returning Your Forms

Please sign, date, and return ALL pages of the Health History Questionnaire to ViaCord within seven days of your order. If you choose to forego electronic signature, you may sign, and return by E-Mail. EMAIL your completed form to: [FORMS@Viacord.com](mailto:FORMS@Viacord.com)

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## Appendix B – Definition of Terms

The following terms will be used throughout this Health History Questionnaire:

- Newborn Stem Cells refer to the cord blood stem cells or cord tissue stem cells, either alone or collectively,
  - that are found in the umbilical cord of the child who is being delivered.
  - Biological Mother refers to a woman who is pregnant with a child and the child she is giving birth to shares her DNA.
  - Biological Father refers to a man who shares DNA with a child
  - Gestational Carrier refers to a woman who is pregnant with a child and the child she is giving birth to may or may not NOT share her DNA.
  - Egg Donor refers to a woman who donates her egg to a Gestational Carrier.
  - Adoptive Parent(s) refer to someone who enters into a contract with a third- party for the guardianship rights of a Child.
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## Appendix C – Medication List

Please tell us if you are now taking or if you have EVER taken any of the following medications:

Accutane®, Absorica, Amnesteem, Claravis, Myorisan, Sotret, Zenatane (isotretinoin) for treatment of severe acne, Soriatane® (acitretin) for treatment of severe psoriasis, Human-derived clotting factor concentrates, Insulin from a cow source, Growth hormone from human pituitary glands (not infertility hormones), Tegison® (etretinate) for treatment of severe psoriasis, Proscar® (finasteride) for treatment of prostate gland enlargement, Avodart®, Jalyn (dutasteride) for treatment of prostate enlargement, Erivedge® (Vismodegib), Propecia® (finasteride) for baldness.

If you would like to know why these medicines affect the therapeutic use of the newborn stem cells, please keep reading:

- If you have taken or are taking Proscar®, Avodart®, Jalyn, Propecia, Accutane®, Absorica, Amnesteem, Claravis, Erivedge®, Myorisan, Sotret, Soriatane®, Tegison, or Zenatane these medications can cause birth defects.
- Insulin from cows (bovine, or beef, insulin) is an injected material used to treat diabetes. If this insulin was imported into the US from countries in which “Mad Cow Disease” has been found, it could contain material from infected cattle. There is concern that “Mad Cow Disease” is transmitted by transfusion.
- Growth hormone from human pituitary glands was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are found in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short).
- Experimental Medication is usually associated with a research protocol and the effect on blood is unknown.

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## Appendix D – Country Definition List

Please list all countries in which you have traveled or lived even if you do not see them on the list. A list of areas with active transmission of Zika can be found on the Centers for Disease Control (CDC) website (<http://www.cdc.gov/zika/areasatrisk.html>).

United Kingdom: England, Gibraltar, Northern Ireland, The Channel Islands, The Falkland Islands, The Isle of Man, Scotland, Wales. Europe: Albania, Austria, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom (see above), Yugoslavia. Africa: Benin, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Kenya, Niger, Nigeria, Senegal, Togo, Zambia. Others: All countries in South America, Central America, Caribbean, Puerto Rico, Mexico and Pacific Islands.

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## Appendix E – Vaccination/Immunization List

- Live vaccines (e.g., Measles, Mumps, Herpes Zoster)
- Vaccinations for Smallpox, vaccine typhoid, yellow fever, Japanese Encephalitis
- Hepatitis B Immune Globulin (for exposure) (not Rh immune globulin)
- Experimental medications/vaccines
- Rabies Vaccine (for exposure)

If you would like to know why these vaccines/immunizations affect the therapeutic use of the newborn stem cells, please keep reading:

- Hepatitis B Immune Globulin (HBIG) is an injected material used to prevent infection following an exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case.
- Unlicensed (Experimental) Vaccine is usually associated with a research protocol and the effect on blood is unknown.