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.
Biological Father Health History Questionnaire

VID#: ____________________

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
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

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