VÄSTRA GÖTALANDSREGIONEN
SAHLGRENSKA UNIVERSITETSSJUKHUSET

Engelska

Consent to collect umbilical cord blood

I/we have received oral and written information on the collection of the blood remaining in the placenta and the umbilical cord after the birth of my/our child for donation to the National Cord Blood Bank. I am/we are aware of the fact that donating the blood that remains in the placenta and the umbilical cord after the birth of my /our baby is voluntary, and that I/we can refuse without in any way affecting the care provided to me or my /our child. I am/ we are also aware that we cannot change our decision once the blood has been donated, and that the donated blood will be stored in the Cord Blood Bank to be used for people in need of transplants with cord blood.

I/we have been informed that the cord is cut after 1 minute has passed for vaginal delivery and after 30 seconds have passed in the event of Caesarean section. I/ we have been informed that there are no known risks to my/ our child from the donation of umbilical cord blood, and we have had an opportunity to ask questions about the donation.

The blood collected will be stored in accordance with the Act (2008: 286) on quality and safety standards in the use of human tissues and cells, the regulations of the Swedish National Board of Health and Welfare for activities using human tissue, as well as the Biobank Act. Test results and patient data are confidential as covered by the relevant Healthcare legislation. All personal data is confidential and covered by the General Data Protection Act (GDPR).
I /we know that we can access the data available about me and my/our child in the National Cord Blood Bank records.

I/ we have also been informed that if the result of any of the tests done on blood from the baby or the mother is abnormal, then I/ we will be notified of this. Samples will need to be taken from the mother, there is always a risk of discomfort when taking samples as well as bruising from needles

I/we hereby consent

- to donate the blood that remains in the placenta and the umbilical cord after the birth of the baby to the National Cord Blood Bank and that the baby's blood may be stored in the bank and that the traceability between the child, the mother and the donated blood will exist forever
- for a sample of blood to be taken from the mother to be tested for infectious diseases and to determine the tissue type (HLA), and that the tests on both mother and child may be stored in accordance with the Biobank Act for any future testing
- to provide a Health Declaration
- for the mother and the baby's medical records to be examined to the extent necessary, in order to assess whether the cord blood collected is suitable for freezing and for use in transplantation.
- for the child’s medical records to be examined when the National Cord Blood Bank receives a request to use the blood for a patient. This examination of records is done to ensure that your child has not contracted an illness that could potentially harm the patient.
- that personal information related to the child and the child's family should be confidential and only available for review by the Cord Blood Bank staff according to applicable Swedish legislation.
- if the donated blood is listed for use in transplants, information about the suitability of the blood for donation will be shared with records both nationally and internationally and other appropriate persons related to the intended transplant

- that information provided in conjunction with this consent and during collection is registered and saved in the National Cord Blood Bank's laboratory information system.

  ☐ yes ☐ no

I/we also consent

- that the blood, if found to be unsuitable for storage in the National Cord Blood Bank, may be used for quality assurance and research as approved by the Regional Ethics Committee. This applies solely to research where all data that makes it possible to trace the blood to a particular person will be removed.

  ☐ yes ☐ no

Gothenburg, on the: _____

Guardian's signature: _____ Guardian's full name and Social Security Number: _____

Guardian's signature: _____ Guardian's full name and Social Security Number: _____

Signature and full name of the staff member at the National Cord Bank who is the recipient of the Consent

_____