

HEALTH DECLARATION DONATION OF UMBILICAL CORD BLOOD

Enhetsnummer plats för etikett:

Mother, Name: <i>Mor, Namn:</i>	Father, Name: <i>Far, Namn:</i>
Mother, Personal identity number: <i>Mor, Personnr:</i>	Father, Personal identity number: <i>Far, Personnr:</i>
Ethnicity/Origin Mother: <i>Etnicitet mor:</i>	Ethnicity/Origin Father: <i>Etnicitet far:</i>

No.	Answer all questions according to the best of your knowledge.	YES (JA)	NO (NEJ)
1	Is your pregnancy a result of an egg or sperm donation?		
2	Are you or the child's father adopted?		
3	Are you and the child's father related to each other by blood?		
4	Are you taking any medication or did you take any medication during your pregnancy? (In addition to vitamins and iron supplements)		
5	Are there any hereditary disorders present in yourself, your siblings, the child's siblings, the child's father/ the child's father's siblings or the child's grandparents?		
6	Are there any blood, immune deficiency or bleeding disorders present in yourself, your siblings, the child's siblings, the child's father/ the child's father's siblings or the child's grandparents?		
7	Is the hereditary bone disorder osteopetrosis present in yourself, your siblings, the child's siblings, the child's father/ the child's father's siblings or the child's grandparents?		
8	Are there any hereditary metabolic disorders present in yourself, your siblings, the child's siblings, the child's father/ the child's father's siblings or the child's grandparents?		
9	Have you, the child's father or the child's siblings ever had cancer or any other serious illness that required extended hospitalisation?		
10	Have you, the child's father or the child's siblings had HIV or hepatitis?		
11	Have the HIV, hepatitis and syphilis tests taken during your pregnancy been negative?		
12	Have you received acupuncture outside of the Swedish health care system or been tattooed or pierced during the past 6 months?		
13	Have you paid for or been paid for sexual activities during the past 12 months?		
14	Have you ever injected (with a needle) narcotics or anything else outside of the health care system?		
15	Do you have or have you had malaria during the past 3 years?		
16	Do you have or have you had another tropical disease?		
17	Do you have or have you had TB (tuberculosis) during the past 3 years?		
18	Have you or the child's father resided outside of Europe for more than 5 years?		
19	Have you travelled outside the Nordic countries during the past month?		
20	Has anybody in your or the child's father's family had Creutzfeldt-Jakob disease?		
21	Have you ever received a blood transfusion or undergone a transplant of cells or any organ?		
22	Do you have or have you had any autoimmune or rheumatic disease?		
23	Have you taken any immunosuppressive medication during the past 12 months?		
24	Have you received any vaccinations during the past 12 months?		
25	Have you had any serious infection or other serious illness during your pregnancy that has required special treatment and medical supervision?		
26	Have the ultrasound examinations or any amniocentesis tests you have had done during your pregnancy been normal?		

I hereby certify that, to the best of my knowledge, the information given in this health declaration is true and correct:

Date _____ Signature mother: _____



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Nedanstående fylls i av barnmorska anställd av Nationella navelsträngsblodbanken

Komplettering till frågor på hälsodeklarationen:

.....

Namn på den som frågat/tagit emot svaren: _____

Namnteckning _____

ID kontroll utförd: Godkänt leg annat ange: _____ Sign: _____

Godkännare av tillvaratagandet (enl. SOSFS 2009:30)

Datum: _____ Namnteckning: _____ Titel: _____

Övrigt

Normal graviditet enligt mödravårdsjournal

Vid avvikelser angående mors sjukhistoria, graviditet och förlossning,
 Bifoga MHV1,2,3 och ev. journalanteckning för bedömning av medicinskt ansvarig
 Mor Hb g/L.....(Ej godkänt Hb för donation < 90 g/L)

Sign:.....

Kompletterande uppgifter till följesedel:

Klinisk undersökning av barnet

Inga avvikelser Noterade avvikelser

Vid avvikelser bifoga FV2 och ev. journalanteckning för bedömning av medicinskt ansvarig läkare

Sign:.....

Barnets personnr.	Barnnr.	Flicka	Pojke	Grav. vecka	Tid förlossning	Tid klampning	Tid insamling	In utero	Ex utero	Sign.
				+						
Vaginal*	Planerad sectio	Akut sectio	Agpar poäng	pH normalt	Ev. plasma utspädn.	Bifogat journalant	Moder vikt/datum	Vaginal* Stående <input type="checkbox"/>		Sign.
				Ja <input type="checkbox"/> Nej <input type="checkbox"/>	Ja <input type="checkbox"/> Nej <input type="checkbox"/>	Ja <input type="checkbox"/> Nej <input type="checkbox"/>		Rygg <input type="checkbox"/> Sida <input type="checkbox"/>		



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Explanations to the questions on the health declaration form

Thank you for agreeing to donate your child's umbilical cord blood.

The purpose of the questions is to ascertain that the blood is safe for possible future recipients.

Here we provide additional explanation to the questions we ask.

Why do we ask about ethnicity/origin?

Stem cells are the cells that form new blood. They are found in the bone marrow and in umbilical cord blood. A sick person can form new fresh blood by being given new blood stem cells. In order for this to work, the donor and recipient must have the same HLA type. HLA are markers on the cells, which help the body's immune system to recognise foreign cells. Common HLA types vary across the world, therefore a person's ethnic origin can provide important information about which recipients the blood stem cells may be suitable for.

Questions 1 and 2: Adoption and donation

If the pregnancy is a result of an egg or sperm donation or if you have been adopted yourself, you sometimes may not know anything about hereditary diseases. If this is the case, answer the questions the best you can. In the event of egg/sperm/embryo donation, the egg/sperm needs to have come from donors within the EU/EES and the treatment have been performed within the EU/EES. We also need to know which egg or sperm bank you have used to ensure that the clinic has been approved by the country's licensing authority for health and medical care and to know, if necessary, which rules regarding donors' health apply to that particular bank.

Question 3: Blood relation between parents

A close blood relation between the child's parents may increase the risk of hereditary diseases in the child. We do not approve a donation if the child's parents are first cousins.

Question 4: Medication

Drug treatment during pregnancy may in some cases affect the baby.

Questions 5-8: Hereditary diseases in the family

Hereditary diseases in the family may, depending on the hereditary pattern in some cases, be transferred by the umbilical cord blood; in particular this applies to the diseases that affect the blood, the immune system and haemostasis (in bleeding disorders), or the body's metabolism. The list below shows examples of diseases which mean that donations cannot be accepted:

Congenital anaemia: hereditary types of anaemia (thalassemia major, sickle-cell anaemia, Blackfan-Diamond anaemia)

Congenital deficiency of white blood cells or platelets: genetic agranulocytosis (Kostmann disease, Schwachman-Diamond syndrome, etc.) Hereditary thrombocytopenia (X-linked thrombocytopenia, Wiskott-Aldrich syndrome, Glanzmann thrombasthenia)

Congenital immunodeficiency diseases: severe combined immunodeficiency (SCID), Wiskott-Aldrich syndrome, Omenn syndrome, hyper-IgM syndrome, Bruton agammaglobulinemia (X-linked agammaglobulinemia, DiGeorge (22q11 deletion syndrome, CHARGE), ataxia-telangiectasia, chronic granulomatous disease (CGD), hemophagocytosis (familial (FHL),



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Chédiak-Higashi syndrome, Griscelli syndrome type 2, XLP (x-linked lymphoproliferative syndrome).

Osteopetrosis (hereditary bone disease).

Congenital bleeding disorders (haemophilia), von Willebrand disease)

Hereditary predisposition for blood clots: thrombotic tendency (protein S deficiency, protein C deficiency, antithrombin deficiency and APC resistance)

Metabolic diseases: Gaucher, Niemann-Pick, mucopolysaccharidosis, Fabry, Wolman, Krabbe

Question 9: Serious illnesses in the immediate family

Serious illnesses and their treatments can sometimes affect the child and be a sign of hereditary disease in the immediate family.

Questions 18-21: Illness, events or spending time in other countries may affect the risk of transmitting communicable diseases with umbilical cord blood.

Certain events and behaviours can increase the risk of contracting a communicable disease that can be transmitted with umbilical cord blood. The questions we are required to ask in relation to this are governed by Swedish law (SOF 2009:30). Creutzfeldt-Jakob disease is a communicable disease that may also be hereditary in some cases. Many communicable diseases are more common outside of the Nordic countries, for example syphilis, HIV, hepatitis, tuberculosis, malaria and other tropical diseases. Certain types of vaccines (live attenuated virus) can cause infections that can be transmitted in transplantation.

Questions 22-26: Illnesses during pregnancy

Illnesses and complications during pregnancy (and their treatments) may make you unsuitable to donate umbilical cord blood, for the safety of the child and the possible future recipient. This applies to, among others, carriage of bacteria that are resistant to antibiotics, infections during pregnancy or at childbirth, severe pregnancy complications such as pre-eclampsia or signs of illness or abnormality in the baby before or after the birth.

