

## Request for a Directed Cord Blood Collection

Effective Date: 24/05/18

The Healthcare Professional completing this form is responsible for ensuring the donors eligibility to donate as per the JPAC/SABTO tissue donor selection guidelines. Send completed form with a copy of signed consent form 2D (FRM1572), as soon as possible and at least ONE MONTH before the EDD.

**Note:** the referring hospital should have a HTA licence. Please record the HTA licence number here.....

# 2c

### Details for the mother

Title..... Surname.....  
First name.....  
Address.....  
.....  
City..... Postcode.....  
Date of birth.....  
NHS no. ....  
Hospital no. (if known).....  
EDD.....  
Caesarean Section date (if applicable).....  
Hospital for delivery.....  
Hospital address.....  
.....

### Intended recipient (if applicable)

Title..... Surname.....  
First name.....  
Address.....  
.....  
City..... Postcode.....  
Date of birth.....  
NHS no. ....  
Hospital no. (if known).....  
Disease.....  
.....

Do the intended recipient and the baby share the same father?

YES  NO  N/A

**Please ensure these contact details are fully completed.**

Referring Clinician.....	Primary Midwife/Obstetric contact.....
Title.....	Title.....
Hospital.....	Hospital.....
E-mail address.....	E-mail address.....
Telephone no. ....	Telephone no. ....
	Labour ward tel. no. ....

**Please confirm that you have contacted the mother's primary midwife/Obstetrician in respect of this referral.**

Signature for Confirmation..... Print Name..... Date.....

### Mandatory microbiology and tissue typing

Mandatory Microbiology and tissue typing will be performed on the cord blood. Mandatory microbiology will be performed on a maternal blood sample. NHSBT expect to be informed if the mother is known high risk for Hepatitis, Syphilis, HTLV or HIV prior to collection. This information is requested from antenatal screening records.

**Cord Blood Collection may not be undertaken if the mother is positive for these infections.**

Samples for tissue typing from the intended recipient will be co-ordinated through the H&I laboratory associated with the Transplant centre.

### I hereby authorise payment for the above collection, processing, testing and storage

Signature..... Print Name..... Date.....

Address for invoice (if different from above).....

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**Note: collection will not be performed until authority for payment is given.**

**Arrangements in organising this collection will be severely delayed if the details on this form are not fully completed.**

NHSBT USE ONLY  
Affix Hematos barcode here