



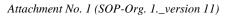
QUESTIONNAIRE

(the data contained herein is subject to medical confidentiality and used for the purpose of qualifying the child's mother for the collection of cord/ placental blood)

The questions contained in the Questionnaire have been prepared based on, among others, the Regulation of the Minister of Health of 9th October 2008 concerning the requirements for quality assurance systems in tissue and cell banks.

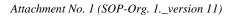
Name and surname of the mother.....

Polish Resident ID No. of the child's mother:	•••••	• • • • • • • • • • • • • • • • • • • •				
Contract No. (<u>filled in by the employee</u>):	• • • • • • • • • • • • • • • • • • • •					
FILLED IN BY THE MOTHER:						
Choose the answer to your current and best knowledge by placing an "X" next to the answer of your choosing.						
QUESTION			I DON'T KNOW			
1. Are you currently healthy?						
If NO, then what is the problem:						
2. Are you taking any medicines for chronic diseases? If YES, then what medicines:						
3. Are you currently taking any anti-infectives (anti-biotics, anti-fungals, anti-virals)?						
If YES, then what medicines:	YES	NO	I DON'T KNOW			
a) tuberculosis (when?)						
b) viral Hepatitis (when and what type?)						
c) toxoplasmosis (when?)						
d) syphilis (when?)						
e) genital herpes (when?)						
5. Have you ever been diagnosed with HPV (human papilloma virus)? (if YES, please provide results of relevant tests)						
6. Have you or any of your relatives (siblings, parents, grandparents) been diagnosed with a						
genetically determined disease?						
If YES, who, when and what disease:						
7. Has the Child's Father or any of his relatives (siblings, parents, grandparents) ever been						
diagnosed with a genetically determined disease?						
If YES, who, when and what disease						
8. Have you or the Child's Father ever been diagnosed with cancer?						
If YES, who, when and what type:						
9. Have you ever been diagnosed with a disease of unknown aetiology in the medical history?						
If YES, then when and what where the symptoms of the disease:						
10. Have you ever been diagnosed with progressive dementia or degenerative neurological disease, including of unknown origin?						
If YES, then what disease and when was it diagnosed:						
-	•					



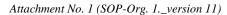


QUESTION	YES	NO	I DON'T KNOW
11. Have you ever been a recipient of hormones obtained from a human pituitary gland (e.g. growth hormone)? If YES, then what hormones and when:			
12. Have you ever been a recipient of a transplant of cornea, sclera, dura mater, or have you ever been subject to an undocumented neurosurgical procedure which could have involved the use of dura mater? If YES, then what and when was transplanted:			
13. Have you ever had an auto-immune disease? If YES, then what disease and when:			
14. Have you ever been treated with the use of immunosuppressants? If YES, then for what disease and when:			
15. During pregnancy, have you been exposed to substances such as cyanide, lead, mercury? If YES, then when were you exposed and to what substance:			
16. Have you ever donated blood at a blood donor centre? If YES, then when:			
17. Have you ever been disqualified as a blood donor? If YES, then for what reason:			
18. Has any of the viruses listed below ever been detected in your organism? (if YES, please provide results of relevant tests)	YES	NO	I DON'T KNOW
a) CMV — cytomegalovirus (when?)			
b) HAV — Hepatitis A virus (when?)			
b) HBV — Hepatitis B virus (when?)			
b) HCV — Hepatitis C virus (when?)			
e) HIV — human immunodeficiency virus (when?)			
f) HTLV — human T-cell leukemia virus (when?)			
g) EBV — Epstein-Barr virus (when?)			
19. Do you, the Child's Father or your parents come from or have been for a period of over six months in areas with high prevalence of HTLV-1 and HTLV-2 (human T-cell leukemia), i.e.: Japan, Central Africa, the Caribbean, south-east US states, north-east part of South America, Taiwan, Papua New Guinea? If YES, then who, where and for how long:			
20. Over the last 12 months, have you or the Child's Father been to areas with high prevalence of Ebola haemorrhagic fever, i.e. Central Africa or West Africa? If YES, then who, where and for how long:			
21. Over the last 7 weeks, have you been to the Netherlands, in provinces with an increase of Q fever cases (Utrecht, Limburg, Gerderland, Noord Brabant)? If YES, then where and when:			
22. Have you ever had Q fever (also known as query fever)?			
If YES, then when:			
23. Over the last 28 days prior to giving birth, have you been to Andalusia, in particular in the regions with detected cases of encephalitis and meningitis caused by the West Nile Virus (WNV)?	Ш		
24. Have you ever had the West Nile Fever? (caused by the West Nile Virus)			
25. Have you been diagnosed with Zika virus infection? If YES, then when:			





QUESTION	YES	NO	I DON'T KNOW			
26. Over the last 12 months, have you or the Child's Father been outside the territory of Poland? If YES, then where and when:						
27. Over the last 6 months, have you been in close contact (including sexual contact) with:	YES	NO	I DON'T KNOW			
a) a person ill with Hepatitis A, B or C?						
b) a person ill with AIDS?						
c) an HIV carrier?						
d) a person maintaining high-risk sexual relations?						
e) a person who has been diagnosed with Zika virus infection over the last 6 months?						
f) a person who over the last 6 months has travelled to or stayed in areas threatened by Zika virus?						
28. Over the last 12 months, have you had (if YES, then when?):			I CAN'T REMEMB ER			
a) a surgical operation?						
b) an endoscopic procedure?						
c) tooth extraction or other dental procedure?						
d) transfusion of blood, blood components or immunoglobulin?						
e) ear piercing or piercing of other body parts?						
f) a tattoo, acupuncture?						
g) other procedure connected with contact with blood?						
QUESTION	YES	NO	I DON'T KNOW			
29. Has any of your relatives been diagnosed with Creutzfeldt-Jakob disease?						
If YES, then who and when:						
30. Have you been vaccinated against viral hepatitis? If YES, then when was the last vaccine administered:						
31. I give consent to having cord blood and placental blood collected (in case of a decision to store placental blood). YES NO 32. I give consent to the performance of necessary tests during the processing of blood allowing an assessment of its quantitative and qualitative parameters necessary for making a decision concerning the justifiability of storage. YES NO Mother's signature						
Thank you for filling in the questionnaire 😂						





Filled in by the Supervising Physician of Bank Komórek Macierzystych nOvum:

I. Recommendations concerning the performance of additional serology tests.

A)	Based on the data contai	ned in the questionnaire, I recommend that the child's mother should undergo the following additional serology tests:
1.		6
2.		7
3.		8
4.		9
5.		10
The resu	ults of the tests are to be so	ent (delivered) to BKM Novum in person, sent in the form of a scan by e-mail, or by post.
		Signature and seal of the Referring Physician of BKM Novum
Date:		Name, surname and signature of the employee of BKM Novum office informing about the performance of tests
	II. Qualification,	disqualification* of the child's mother for the collection of cord/ placental blood.
ased on	the data contained in the	questionnaire, I qualify the child's mother for the collection of cord/ placental blood of her child/ children at BKM
IOTES:.		
ased on	the data contained in the	d seal of the Referring Physician of BKM Novum
		cord/ placental blood collected at BKM Novum. I declare that the Child's Mother/ Father was informed about the
		and that he/ she upheld her/ his decision to collect and store cord/ placental blood at BKM Novum. An
ppropri	ate written declaration wil	be delivered by the Mother/ Father within days to BKM Novum.
IOTES:.		
ate:	Signature	and seal of the Referring Physician of BKM Novum
sability luring a	of her child's/ children's phone call on	questionnaire, I declare that the Mother's state of health may have an adverse effect on the quality and therapeutic cord/ placental blood collected at BKM Novum. I declare that the Child's Mother/ Father was informed of the above and he/ she resigned from the collection and storage of cord/ placental blood at BKM Novum. An appropriate written Mother/ Father within days to BKM Novum.
eciarati	on will be delivered by the	iviother/ Father within days to BKW Novum.
IOTES:.		
ate:	Signature	and seal of the Referring Physician of BKM Novum
ased on	the data contained in the	questionnaire, I disqualify the child's mother from the collection of cord/ placental blood. I declare that the Child's
/lother/	Father was informed abo	ut the above in a phone call on and that he/ she resigned from the collection and storage of
ord bloc	od at BKM Novum. An appr	opriate written declaration will be delivered by the Mother/ Father within days to BKM Novum.
IOTES:.		
ate:	Signature	and seal of the Referring Physician of BKM Novum