



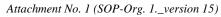
QUESTIONNAIRE

(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 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.

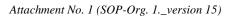
Name and surname of the mother.....

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 you	ır choo	sing.		
QUESTION	YES	NO	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:				
If YES, then what medicines:				
4. Have you ever had any of the listed diseases? (if YES, please provide results of relevant tests)	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. Has the Child's siblings ever been diagnosed with a genetically determined disease/ cancer or a disease of unknown aetiology in the medical history? (If any)				
9. Have you or the Child's Father ever been diagnosed with cancer? If YES, who, when and what type:				
10. Have you or the Child's Father 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:				
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11. Have you or the Child's Father 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 12. 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: 13. Have you ever been a recipient of a transplant of comea, sclera, dura mater, or have you ever been a recipient of a transplant of comea, sclera, dura mater, or have you ever been a recipient of a transplant of comea, 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: 14. Have you ever had an auto-immune disease? If YES, then what disease and when: 15. Have you ever been treated with the use of immunosuppressants? If YES, then for what disease and when: 16. During pregnancy, have you been exposed to substances such as cyanide, lead, mercury? If YES, then when were you exposed and to what substance: 17. Have you ever donated blood at a blood donor centre? If YES, then for what disease and when: 18. Have you ever been disqualified as a blood donor? If YES, then for what reason: 19. Has any of the viruses listed below ever been detected in your organism? (If YES, please provide results of relevant tests) a) (CMV —cytomegalovirus (when?) b) HAV — Hepatitis A virus (when?) c) HIV human immunodeficiency virus (when?) d) HIV human immunodeficiency virus (when?) d) HIV human immunodeficiency virus (when?) e) HIV human immunodeficiency virus (when?) g) EBV — Epstein-Barr virus (when?) 19. HEVS, then who, where and for how long: 17. YES, then who, where and for how long: 18. YES, then who, where and for how long: 19. Lever that 27 weeks, have you been to the Notherlands, in provinces with nigh prevalence of Q fever cases (Utrecht, Limburg, Gerderland, Noord Brabant)? If YES, then who, where and for how long:				
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regions with detected cases of encephalitis and meningitis caused by the West Nile Virus (WNV)?	21. 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: 22. 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: 23. Have you ever had Q fever (also known as query fever)? If YES, then when:			
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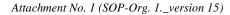




25. Have you ever had the West Nile Fever? (caused by the West Nile Virus)			
26. Have you been diagnosed with Zika virus infection?			
If YES, then when:			
QUESTION	YES	NO	I DON'T KNOW
27. Over the last 12 months, have you or the Child's Father been outside the territory of Poland?			
If YES, then where and when:			
28. 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?			
29. Over the last 12 months, have you had (if YES, then when?):	YES	NO	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
30. Has any of your relatives been diagnosed with Creutzfeldt-Jakob disease?			
If YES, then who and when:			
31. Have you been vaccinated against viral hepatitis?			
If YES, then when was the last vaccine administered:			
32. Have You ever had infection COVID-19?			
If YES, then when:			
33. Over the last 21 days, have you had contact with person ill with Covid -19?			



34. During pregnancy, have you had the following tests: (mark the "X" in the table)			
Syphylis test			
Antigen HBsAg (anti-hepatitis B surface antigen)			
Anti-HBc (Antibodies to hepatitis B)			
Anti HCV (Antibodies to hepatitis C)			
Anti-HIV Antibodies			
IgG Class Antibodies to <i>Toxoplasma gondii</i>			
IgM Class Antibodies to <i>Toxoplasma gondii</i>			
IgG Class Antibodies to Cytomegalovirus (CMV)			
IgM Class Antibodies to Cytomegalovirus (CMV)			
35. I give consent to having cord blood. YES NO			
36. I give consent to the performance of necessary tests during the process quantitative and qualitative parameters necessary for making a decision co			
YES NO			
Date Mother's signat	ure		
Thank you for filling in the question	naire 🚱		





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 cont	ained in the questionnaire, I recommend that the child's mother should undergo the following additional serology tests:
1		6
		7
		8
		10
٥.	•••••	10
The resu	Its of the tests are to be	sent (delivered) to BKM Novum in person, sent in the form of a scan by e-mail, or by post.
II.	The child's mother has	Signature and seal of the Referring Physician of BKM Novums been informed about the recommendation to carry out tests and to deliver their results to BKM Novum by phone il (delete as appropriate)
Date:		Name, surname and signature of the employee of BKM Novum office informing about the performance of tests
	II. Qualifi	ication/ disqualification* of the child's mother for the collection of cord blood.
Based on	the data contained in th	ne questionnaire, I qualify the child's mother for the collection of cord blood of her child/ children at BKM Novum.
NOTES:		
Data:	Signature	and seal of the Referring Physician of BKM Novum
		ne questionnaire, I declare that the Mother's state of health may have an adverse effect on the quality and therapeutic
		's cord blood collected at BKM Novum. I declare that the Child's Mother/ Father was informed about the above in a
phone ca	ill on	and that he/ she upheld her/ his decision to collect and store cord at BKM Novum. An appropriate writter
declaratio	on will be delivered by th	ne Mother/ Father within days to BKM Novum.
NOTES:		
Date:	Signatu	re and seal of the Referring Physician of BKM Novum
usability phone ca	of her child's/ children	ne questionnaire, I declare that the Mother's state of health may have an adverse effect on the quality and therapeutic 's cord blood collected at BKM Novum. I declare that the Child's Mother/ Father was informed of the above during a ne/ she resigned from the collection and storage of cord blood at BKM Novum. An appropriate written declaration will be within
uelivereu	by the Mother Father	within days to brive novum.
NOTES:		
		re and seal of the Referring Physician of BKM Novum
		the questionnaire, I disqualify the child's mother from the collection of cord blood. I declare that the Child's Mother,
		bove in a phone call on and that he/ she resigned from the collection and storage of cord blood at
BKM Nov	um. An appropriate writ	ten declaration will be delivered by the Mother/ Father within days to BKM Novum.
NOTES:		
Date:	Signatu	re and seal of the Referring Physician of BKM Novum
		