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. (filled in by the employee): .....

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	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:	☐	☐	☐
3. Are you currently taking any anti-infectives (anti-biotics, anti-fungals, anti-virals)? 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:	☐	☐	☐

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	**YES**	**NO**	**I DON'T KNOW**
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 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:	☐	☐	☐
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 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)*	**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?)	☐	☐	☐
20. 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:	☐	☐	☐
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:	☐	☐	☐
24. 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)?	☐	☐	☐

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 REMEMBER**
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)	Negative result (-)	Positive result (+)	I don't remember if the test was performed
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 *Toxoplasma gondii*			
IgM Class Antibodies to *Toxoplasma gondii*			
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 processing of blood allowing an assessment of its quantitative and qualitative parameters necessary for making a decision concerning the justifiability of storage.

YES ☐ NO ☐

Date ……..…… **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 contained in the questionnaire, I recommend that the child's mother should undergo the following additional serology tests:

1. ……..
2. ……..
3. …….
4. …….
5. …….
6. …….
7. …….
8. ……..
9. …….
10. …….

The results 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.

Date:…… Signature and seal of the Referring Physician of BKM Novum ……

B) The child's mother has been informed about the recommendation to carry out tests and to deliver their results to BKM Novum by phone and by e-mail / by mail (*delete as appropriate)*

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 blood.

Based on the data contained in the questionnaire, I **qualify the child's mother for the collection of cord blood of her child/ children at BKM Novum**.

NOTES:……

Date:…… Signature and seal of the Referring Physician of BKM Novum ……

Based on the data contained in the questionnaire, **I declare that the Mother's state of health may have an adverse effect on the quality and therapeutic usability of her child's/ children's cord blood collected at BKM Novum**. I declare that the Child's Mother/ Father was informed about the above in a phone call on …… and that he/ she upheld her/ his decision to collect and store cord at BKM Novum. An appropriate written declaration will be delivered by the Mother/ Father within …….. days to BKM Novum.

NOTES:……

Date:…… Signature and seal of the Referring Physician of BKM Novum ……

Based on the data contained in the questionnaire, **I declare that the Mother's state of health may have an adverse effect on the quality and therapeutic usability of her child's/ children's cord blood collected at BKM Novum**. I declare that the Child's Mother/ Father was informed of the above during a phone call on …… and he/ she resigned from the collection and storage of cord blood at BKM Novum. An appropriate written declaration will be delivered by the Mother/ Father within …….. days to BKM Novum.

NOTES:……

Date:…… Signature and seal of the Referring Physician of BKM Novum ……

Based on the data contained in the questionnaire, **I disqualify the child's mother from the collection of cord blood**. I declare that the Child's Mother/ Father was informed about the above in a phone call on …… and that he/ she resigned from the collection and storage of cord blood at BKM Novum. An appropriate written declaration will be delivered by the Mother/ Father within …….. days to BKM Novum.

NOTES:……

Date:…… Signature and seal of the Referring Physician of BKM Novum ……