



Donor/Cord Blood Unit Identification	Questions: 1-9
This form must be completed for all non-NMDP allogeneic or syngeneic donors, or non-NMDP cord blood units.	
<p>1. Specify non-NMDP donor</p> <p><input type="checkbox"/> Related donor</p> <p><input type="checkbox"/> Non-NMDP unrelated donor →</p> <p><input type="checkbox"/> Non-NMDP unrelated cord blood unit (include related and autologous CBUs)</p> <p>_____ →</p>	<p>2. Non-NMDP unrelated donor ID: _____ (not applicable for related donor)</p> <p>3. Non-NMDP cord blood unit ID: _____ (include related and autologous CBUs)</p>
<p>4. Date of birth (donor/infant)</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown →</p>	<p>5. Date of birth: __ __ / __ __ / __ __                   YYYY   MM   DD</p> <p>6. Age (donor/infant)</p> <p><input type="checkbox"/> Known → 7. Age: (donor/infant) ____</p> <p><input type="checkbox"/> Unknown   <input type="checkbox"/> Months (use only if less than 1 year old)   <input type="checkbox"/> years</p>
<p>8. Sex (donor/infant) <input type="checkbox"/> male   <input type="checkbox"/> female</p>	
<p>9. Who is being tested for IDMs?</p> <p><input type="checkbox"/> donor IDM (marrow or PBSC)   <input type="checkbox"/> maternal IDM (cord blood)   <input type="checkbox"/> cord blood unit IDM</p>	
Infectious Disease Marker (report final test results)	Questions: 10-46
<b>Hepatitis B Virus (HBV)</b>	
<p>10. HBsAg: (hepatitis B surface antigen)</p> <p><input type="checkbox"/> Reactive →</p> <p><input type="checkbox"/> Non-reactive →</p> <p><input type="checkbox"/> Not done</p>	<p>11. Date sample collected: __ __ / __ __ / __ __                                   YYYY   MM   DD</p>
<p>12. Anti HBc: (hepatitis B core antibody)</p> <p><input type="checkbox"/> Reactive →</p> <p><input type="checkbox"/> Non-reactive →</p> <p><input type="checkbox"/> Not done</p>	<p>13. Date sample collected: __ __ / __ __ / __ __                                   YYYY   MM   DD</p>
<b>Hepatitis C Virus (HCV)</b>	
<p>14. Anti-HCV: (hepatitis C antibody)</p> <p><input type="checkbox"/> Reactive →</p> <p><input type="checkbox"/> Non-reactive →</p> <p><input type="checkbox"/> Not done</p>	<p>15. Date sample collected: __ __ / __ __ / __ __                                   YYYY   MM   DD</p>
<b>Human T-Lymphotropic Virus</b>	
<p>16. Anti-HTLV I/II</p> <p><input type="checkbox"/> Reactive →</p> <p><input type="checkbox"/> Non-reactive →</p> <p><input type="checkbox"/> Not done</p>	<p>17. Date sample collected: __ __ / __ __ / __ __                                   YYYY   MM   DD</p>

**Human Immunodeficiency Virus (HIV)**

18. HIV-1 p24 antigen

- Reactive →
- Non-reactive →
- Not done
- Not reported

19. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

20. Was FDA licensed NAT testing for HIV-1/HCV performed?

- yes →
- no

**Specify results:**

21. HIV-1

- Positive →
- Negative →
- Not reported

22. Date sample collected:

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

23. HCV

- Positive →
- Negative →

24. Date sample collected:

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

25. Anti-HIV 1 and anti-HIV 2\*: (antibodies to Human Immunodeficiency Viruses) **\*Testing for both HIV antibodies is required. This testing may be performed as separate tests or done using a combined assay.**

- Reactive →
- Non-reactive →
- Not done
- Not reported

26. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**Syphilis**

27. STS

- Reactive →
- Non-reactive →
- Not done

28. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**Cytomegalovirus (CMV)**

29. Anti-CMV: (IgG or Total)

- Reactive →
- Non-reactive →
- Not done

30. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**West Nile Virus (WNV)**

31. WNV-NAT testing

- Positive →
- Negative →
- Not done
- Not applicable

32. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**Chagas**

33. Chagas testing

- Positive →
- Negative →
- Not Done

34. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**Herpes simplex virus (HSV)**

35. Anti-HSV (Herpes simplex virus antibody)

- Positive →
- Negative →
- Not Done

36. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**Epstein-Barr virus (EBV)**

37. Anti-EBV (Epstein-Barr virus antibody)

- Positive →
- Negative →
- Inconclusive →
- Not done

38. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**Varicella zoster virus (VZV)**

39. Anti-VZV (Varicella zoster virus antibody)

- Positive →
- Negative →
- Not Done

40. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**Toxoplasmosis**

41. Toxoplasmosis

- Positive →
- Negative →
- Not Done

42. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

**Other Infectious Disease Marker**

43. Other infectious disease marker

- yes →
- no

44. Date sample collected: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

45. Specify test and method: \_\_\_\_\_

46. Specify test results: \_\_\_\_\_

**Copy questions 44 - 46 if needed for Other infectious disease marker**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD