

Name of Nearest Relative (in full):

Relationship:.....

Mailing Address:.....

.....

City:..... State:..... PIN:.....

Telephone (Res.).....(Off.).....(Mobile).....

Obstetrician/Gynaecologist's Name:

Hospital/Birthing Center Name:

Address:.....

.....

City:..... State:..... PIN:.....

Telephone:..... E-mail ID:

Consulting Obstetrician/Gynaecologist's Name:

Consulting Hospital/Nursing Home:

Address:.....

.....

City:..... State:..... PIN:.....

Telephone:..... E-mail ID:

Tick appropriate box : Single Birth Twins Triplets Quads

Tick appropriate box : New Client Repeat Client

SHIP KIT TO: (If different from mailing address)

.....

.....

.....Telephone:.....

Which of the following best describes how you heard about LifeCell? If +/^/* please give details below.

I am a repeat client Article in newspaper^ Family Physician Personal/Client referral* Newspaper ad^

Direct mail^ www.lifecellindia.com Radio/TV^ www.mypregnancy.com Magazine ad^

Gynaecologist+ Other websites^ Hospital+ Ultrasound clinic^ Exhibition/Baby shows^

Childbirth class^ Others:

*Referrer's Name*Referrer's CRM No.

+Referred Hospital/Gynaecologist Name

^Other (provide more info)

Authorized Signatory ACPL:-

Relationship Executive Name:

Name: **Employee code:**.....

Signature: **Office Address Seal:**

Date:

CRM No.:

HEALTH HISTORY OF EXPECTANT MOTHER

Mother's Name:
 First Name Middle Name Last Name

Date of Birth: Address:
 Tel:.....

Please read carefully and answer the following questions by marking against ("YES" or "NO")

In the past 12 months have you:	Yes	No
1. Had a blood transfusion?		
2. Ever been deferred as a blood donor?		
3. Had a graft/transplant such as organ, tissue, cornea, bone or skin?		
4. Had any dental procedure?		
5. Accidentally been exposed to someone else's blood or body fluids?		
6. Been a victim of rape?		
7. Been under doctor's care, or suffered from major illness/surgery?		
8. Had an accidental needle-stick? Had ear or body piercing or tattoo?		
9. Had or been treated for syphilis or gonorrhea?		
10. Been treated for rabies or been bitten/scratched by any animal?		
In the past 12 months have you had sexual contact with:		
11. A person who has hepatitis or who has had sex/lived with a person who has hepatitis?		
12. Anyone who has hemophilia or who has had sex/lived with a person who has hemophilia?		
13. Anyone who used clotting factor concentrates?		
14. A male who has ever had sexual contact with another male?		
15. Anyone who has ever used needles to take drugs, steroids, or anything not prescribed by their doctor?		
16. A prostitute or anyone who has had sexual contact with a prostitute who takes money or drugs or other modes of payment for sex?		
17. Anyone who has HIV/AIDS or had a positive screening test for HIV/AIDS?		
18. Do you or have you ever used or abused drugs or alcohol?		
19. Do you or have you ever had an infectious skin disease, e.g. leprosy etc?		
20. Do you have any allergies?		
21. In the past 8 weeks have you had any vaccinations or other shots?		
22. In the past 8 weeks have you had contact with the small pox vaccination site of someone?		
23. In the past three years have you been outside India? If so, what city & country?		
24. From 1980 through 1996, spent time in the United Kingdom that adds up to 3 months or more? If so, what city?		
25. From 1980 to the present, did you spend time that adds up to five (5) years or more in Europe? If so, what city & country?		
26. From 1980 to the present did you receive a blood transfusion?		
Have you EVER:		
27. Had any problems with your kidney, liver, heart, lungs (respiratory)? Diabetes?		
28. Been in Africa or had sex with anyone who was born in or lived in Africa?		
29. Been Tested positive for HIV/AIDS? HTLV (Human T. Lymphoma Virus)?		
30. Had a blood disorder or bleeding problem? Used clotting factor concentrates?		
31. Had Chagas ' disease, babesiosis, malaria, or diagnosed with West Nile or SARS?		
32. Received a Dura mater (or brain covering) graft/transplant?		
33. Taken any growth hormones?		
34. Had tuberculosis or tested positive for screening test for tuberculosis?		
35. Used needles to take drugs, steroids, or anything not prescribed by your doctor?		
36. Had any type of cancer, including leukemia?		
37. Been diagnosed with Creutzfeldt - Jakob disease (CJD)? Any blood relatives diagnosed with the condition?		
38. Had any genetic or chromosomal disorders?		
39. Had a transplant or other procedure that involved exposure to live cells, tissues, organs from human or animal?		
40. Had any injections in the past four weeks? If yes, specify		
41. Taken any regular or daily medication during pregnancy? When? Frequency/dosage		
42. Been injected with bovine insulin since 1980?		

Additional explanation.....

For LifeCell Medical team use only Date:

Reviewed by:.....

Comments:.....

Expectant Mother's signature:.....

Signature:.....

INFORMED CONSENT TO INFECTIOUS DISEASE & HIV TESTING:

Infectious Disease

Asia CRYO-CELL Pvt Limited (ACPL) requires infectious disease testing to be done on the maternal blood that includes HIV testing, in conjunction with the processing of cord blood samples. The cost of these screening tests are included in the initial fee. The maternal blood sample must be drawn at the time of delivery independent of previous infectious disease/HIV testing which may have been done during pregnancy. I understand, if the volume of the maternal blood sample is insufficient or missing, a fresh sample of maternal blood will be drawn within 7 days of delivery. If the sample is not drawn, the specimen will automatically be quarantined, which may affect its status for transplant use.

Screening for Infectious Diseases

I am aware that my baby's cord blood will be screened for transfusion transmitted infections. The test for HIV screens blood for antigen and antibodies to HIV. If either of these tests is positive, a confirmatory test is performed by an approved external agency and only if the confirmatory test is positive then further course is decided with counseling. I am aware that positive HIV test results, if any, are required to be reported to the health department.

In addition tests to screen blood for Hepatitis B, C, Human T.Lymphoma Virus (HTLV - which has been found to cause cancers in humans), Cytomegalo Virus (CMV), Syphilis, Leptospirosis and Malaria will be done on my child's sample.

HLA Test

I understand that prior to the ablation of the intended recipient of the cord blood, the cord blood will be tested for HLA match. I understand that ACPL will not release the cord blood until ACPL has received the HLA typing results and approval from the recipient's transplant physician. The fee for the HLA test is not included in the payment plan selected by me.

I have read the above information and hereby give the consent to perform the above required tests.

Expectant mother's signature

Date:

Name.....

Obstetrician/Gynaecologist name :.....Address:.....

Authorization to collect cord blood and maternal blood; release from liability

The undersigned is participating in the Asia CRYO-CELL LifeCell programme. The programme requires the collection of a sample of the Mother's Blood and the collection of the umbilical cord blood at the time of birth of the child. The collection procedure is outlined in ASIA CRYO-CELL's Cord Blood Collection Instructions. Consent is hereby granted by the undersigned to the medical professionals attending the birth to perform these collections.

The undersigned acknowledges that in the unlikely event of any complications occurring at the time of the delivery it may prevent or impede the collection of the cord blood or produce an inadequate specimen. The undersigned further acknowledges that medical judgment, with the best interest of the mother and infant in mind, could totally prevent the collection.

The undersigned hereby releases and forever discharges the obstetrician or certified nurse midwife, the hospital or nursing homes, and their respective officers, directors, shareholders, employees, agents, representatives, affiliates, successors and assigns (collectively, the "Released Parties") of and from any and all liability for any and all loss, harm, damage or claim of any kind arising from or relating to the collection of, or failure to collect, the cord blood and the maternal blood samples. The undersigned acknowledges that, by this release, the undersigned is giving up any right she may otherwise have, now or in the future, to sue or otherwise seek monetary damages or other relief against any of the Released Parties for any reason relating to the collection of, or failure to collect, the cord blood and the maternal blood samples.

Expectant mother's signature

Name of the mother

.....

Expectant father's signature

Name of the father

.....

DATE:

.....
 Name of Gynaecologist/Obstetrician

.....
 Hospital/Birthing Center Name



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