



**Cell Therapy Program**

# Permission for Cord Blood Collection

.....3636 Gateway Center Ave., Suite 100 • San Diego, CA 92102

**Being a cord blood donor means that your baby's cord blood is collected, held in a public bank, and included in a cord blood matching registry.**

Note these points when you consider becoming a cord blood donor:

- ♥ Cord blood collection will not affect your labor or delivery. After the umbilical cord has been cut between the baby and the placenta, either your doctor or trained collection personnel will collect the cord blood.
- ♥ There is no cost to you for participating in the public cord blood banking program. When donating your baby's cord blood to San Diego Blood Bank (SDBB), the cord blood may be publicly banked, if it qualifies. If it doesn't qualify, it will be made available for other scientific or technical needs, used as otherwise deemed medically appropriate by the program, or discarded.
- ♥ You may also elect to privately bank your baby's cord blood; additional arrangements will need to be completed.
- ♥ Complete this form to provide permission to collect your baby's umbilical cord blood and to collect blood samples from you for disease testing.
- ♥ Once you complete this form, leave it with your healthcare provider, and remember to tell your healthcare provider that you are a cord blood donor.
- ♥ Call at (619-400-8304) with any questions about this process.

**Thank you for your lifesaving donation!**

I understand that SDBB Cell Therapy Program has a public Cord Blood Bank that provides my baby's cord blood to patients for a service fee that covers labor, materials, delivery, and other costs. The cord blood may also be used for other medically appropriate applications determined by the program, made available for other scientific or technical needs, or discarded.

I understand that a representative may contact me to obtain additional information about my personal and family background and collect a sample of my blood for disease testing. At that time, I will also be asked to consent to have my baby's cord blood included in the public cord blood bank.

I understand that at any time I can change my mind about participating and ask that my baby's cord blood be discarded.

I voluntarily consent to the collection of my baby's cord blood at the time of delivery and to have samples drawn for disease testing.

<b>Print Mother's Name:</b>		<b>Phone Number:</b>	
<b>Mother's Signature:</b>		<b>Date:</b>	
<b>Mother's Address:</b>	<b>Doctor's Name:</b>		
<b>Mother's Race or Ethnicity:</b>	<b>Father's Race or Ethnicity:</b>		
<b>Recruiting Nurse's Name:</b>		<b>Mother's Due Date:</b>	