

## CORD BLOOD DONATION CONSENT

Unit Record No. \_\_\_\_\_  
Surname \_\_\_\_\_  
Given Names \_\_\_\_\_  
DOB \_\_\_\_\_ Sex \_\_\_\_\_  
AFFIX PATIENT IDENTIFICATION LABEL HERE



**Queensland Cord Blood Bank At The Mater**  
A Ronald McDonald House Charities Cord Blood Bank  
*Mater Health Services, Raymond Terrace,  
South Brisbane, Queensland, 4101  
Telephone (07) 3163 1614*

*Before completing and signing this form, you should read the Information Booklet for Cord Blood Donors. You can also contact the Queensland Cord Blood Bank at the Mater for additional information and explanation.*

I, \_\_\_\_\_ (please print name in full) Date of Birth \_\_\_\_\_  
have read and understood the *Information Booklet for Cord Blood Donors* and have been given the opportunity to ask for further information and explanation. I have no further unanswered questions. I wish to voluntarily donate my cord blood to the Queensland Cord Blood Bank At The Mater.

### I understand that:

- My participation is voluntary and that I am free to withdraw at any time without explanation, and that my withdrawal will not in any way affect the care given to me or my baby.
- If an abnormal or clinically significant blood test result from my baby's cord blood or my blood is detected, my Doctor and I will be notified. I will be given the opportunity for counselling and further medical follow-up, should it be required.
- My baby's cord blood and my blood must be tested for bacterial and viral agents to ensure that the cord blood is safe for transplant. I also understand that by law, positive test results for HIV (AIDS), HTLV I and II and Hepatitis B and C must be reported to the relevant Health Authorities.
- I surrender my and my baby's rights/interests to the cord blood.
- Circumstances such as the time of delivery, contraindications in the medical or family history, or medical or technical problems may prevent the cord blood from being collected or processed for banking.
- All information, whether in record or database format, including my identity, my baby's identity and all test results will be kept in strict confidence and stored securely. Information released to Registries and Transplant Centres or used for publications will be coded in anonymous format. Records and databases will be kept however that links me to the cord blood donation, allowing for any required follow-up.

The Mater Health Services Human Research Ethics Committee has approved the Cord Blood Banking Programme. The Queensland Cord Blood Bank only provides cord blood for research projects approved by this committee.

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If for some reason, the cord blood is not suitable for transplant, I give permission for the cord blood to be used for research. This includes research related to the validation, quality control or development of new techniques for cord blood banking or expanding the number of blood-forming stem cells by laboratory culture to increase the number of cells present and to improve transplant success and the development of new tests and normal ranges to assist in the diagnosis of disease in newborn babies. Separate consent will be required for other approved research projects.

☐ Yes ☐ No (Please ☒ appropriate response).

### I consent to:

- The taking of blood from the placenta and umbilical cord after my baby has been delivered and the cord clamped and cut.
- The collection of blood samples from myself after delivery for testing.
- The processing, freezing and storage of my baby's cord blood and its use for transplant patients anywhere in the world.
- The provision of information requested in the donor declaration form.
- A verbal interview by staff of the Queensland Cord Blood Bank to provide a full medical and family history.
- The access to my and my baby's hospital medical records and the contacting of my doctor or health professional to obtain additional medical information should this be necessary to confirm that the cord blood is suitable for transplant.
- The testing of my baby's cord blood and my blood to determine tissue types and to test for diseases transmissible by blood products including HIV I and II (AIDS virus), Hepatitis B and C, HTLV I and II, Cytomegalovirus (CMV) and Syphilis, bacterial infections and other testing necessary to ensure the safety and suitability of the cord blood for transplantation.
- Returning 6 - 7 months after the delivery of my baby, to have a second blood sample taken from myself to test again for the infections mentioned above and to complete a short questionnaire about the health of my baby and myself since delivery.
- Storage of samples of my baby's cord blood and my own blood for the purpose of future testing, if required as scientific knowledge advances.

**Mother's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_