

Collection report

- to be filled in by the person responsible for the collections

Note: The person who performed the collection is responsible for completion of the collection report and for sending it to Cellaviva by placing it in the Cellaviva box.

Please fill in the information below in advance of collection, you will find the box- & agreement number on top of the box.

A) MEDICAL EQUIPMENT

Box number: *0SE* _____

Agreement number: _____
CV1SEXXXXXXXXXX

B) THE EXPECTANT MOTHER

Name and surname of the mother: _____

Name of the medical unit: _____

SAMPLING

If all samples have been taken by the same person, one signature is sufficient, in this frame

- Mother's peripheral blood sample
- Umbilical cord blood
- Umbilical cord tissue

Name

Signature

DELIVERY

Delivery:

Single baby

Twin 1

Twin 2

Vaginal

Caesarean section

Sex of child:

Male

Female

Indeterminate

Premature birth*:

Yes

* Born before the 38th week of pregnancy.

Child birth date and time:

____ . ____ . ____ ; ____ . ____
yyyy mm dd hh mm

Clamping time: ____ minutes after birth

Status of the placenta and umbilical cord:

Normal

Abnormal, please specify

Describe

Remarks on collecting collecting the blood and tissue (including an explanation for the decision not to collect)

Describe

SAMPLED MATERIAL

1. Mother's peripheral blood sample

Date of peripheral blood sample:

- Same day as stem cell collection
- Not same day, specify date: ____ . ____
mm dd
- Not included in the box*

* Blood sample from the mother must be included in the collection kit in order for the cord tissue to be processed.

Name

Signature

2. Umbilical cord blood

Date and time of collection: ____ . ____ ; ____ . ____
mm dd hh mm

Number of punctures in the cord: 1 2 3 Don't know

Name

Signature

3. Umbilical cord tissue

Time of collection: ____ minutes after birth

Name

Signature

Collection report

If you have any questions about the collection of stem cells from the umbilical cord and/or the completion of the collection report, you are always welcome to contact

CELLAVIVAS MEDICAL SUPPORT: +46 70-286 14 20.

