UPSTATE MEDICAL UNIVERSITY

UPSTATE CORD BLOOD BANK

First, Last Name: ______________________________ DOB: ______________

Family Medical History Questionnaire (FMHQ)

NMDP CBU ID	Local CBU ID
NMDP Maternal ID	Maternal Hospital ID

Please read questions carefully and answer to the best of your knowledge:

1.	Were you and/or the baby's father adopted at early childhood? If yes, is a family medical history available for you and/or the baby's father?	□ Yes □ No □ Yes □ No
2.	Did this pregnancy use either a donor egg or donor sperm? If yes, is a family medical history questionnaire available for the egg or sperm donor?	□ Yes □ No □ Yes □ No
3.	Father of Baby's Ethnicity: ❑ Hispanic ❑ Non-Hispanic ❑ Unknown	
4.	Father of Baby's Race: ❑ White ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ Other	
5.	Have you had an abnormal result from a prenatal test (e.g. amniocentesis, blood test, ultrasound)? **If yes**, answer the following questions. **If no**, skip to question 6. a. Which test was abnormal? ______________________ b. What was the abnormal test result? ______________________ c. Was a diagnosis made? If yes, specify diagnosis: ______________________	□ Yes □ No □ Yes □ No
6.	Have you had any children who died within the first 10 years of life? If yes, what was the cause? ______________________	□ Yes □ No
7.	Have you ever had a baby die during pregnancy past the 5th month (>20 weeks)? If yes, what was the cause? ______________________	□ Yes □ No

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For the remainder of the questionnaire, describe the relationship between the baby and the immediate family member with the disease. Please refer to the following codes:

BM	Baby's Mother	BGP	Baby's Grandparent (grandmother or grandfather)
BF	Baby's Father	BMS	Baby's Mother's Sibling*
BS	Baby's Sibling (full or half brother or sister)	BFS	Baby's Father's Sibling*

*(Parents' siblings (BMS and BFS) refer to the baby's aunts and uncles by blood and do not include aunts and uncles who are in-laws or the parents.)

8. Cancer or leukemia? □ Yes □ No	**BM**	**BF**	**BS**	
If yes, please specify all that apply in a-j. **If no**, skip to question 8.				
a. Brain or other nervous system cancer	□	□	□	
b. Bone or joint cancer	□	□	□	
c. Kidney (including renal pelvic) cancer	□	□	□	
d. Thyroid cancer	□	□	□	
e. Hodgkin's lymphoma	□	□	□	
f. Non-Hodgkin's lymphoma	□	□	□	
g. Acute or chronic myelogenous/myeloid leukemia	□	□	□	
h. Acute or chronic lymphocytic/lymphoblastic leukemia	□	□	□	
i. Skin cancer	□	□	□	
j. Other cancer/leukemia: Specify Type: ______________________ Specify Type: ______________________	□	□	□	
9. Bleeding disorder or clotting disorders?□ Yes □ No	**BM**	**BF**	**BS**	
If yes, pleas specify all that apply in a-d **If no**, skip to question 10.				
a. Hemophilia	□	□	□	
b. von Willebrand	□	□	□	
c. Factor V Leiden (FVL)	□	□	□	
d. Other ______________________________	□	□	□	

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Answer questions 10-14 for any blood disorders or diseases. If yes, please specify as applicable.

	BM	BF	BS	BGP	BMS	BFS
10. Red blood cell disease? □ Yes □ No	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
a. Diamond-Blackfan Syndrome	□	□	□	□	□	□
b. Elliptocytosis	□	□	□	□	□	□
c. G6PD or other red cell enzyme deficiency	□	□	□	□	□	□
d. Spherocytosis	□	□	□	□	□	□
e. Other ________________________________	□	□	□	□	□	□
11. White blood cell disease? □ Yes □ No	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
a. Chronic Granulomatous Disease	□	□	□	□	□	□
b. Kostmann Syndrome	□	□	□	□	□	□
c. Shwachman-Diamond Syndrome	□	□	□	□	□	□
d. Leukocyte Adhesion Deficiency (LAD)	□	□	□	□	□	□
e. Other ________________________________	□	□	□	□	□	□
12. Immune deficiencies? □ Yes □ No	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
a. ADA or PNP Deficiency	□	□	□	□	□	□
b. Combined Immunodeficiency Syndrome (CID), Common Variable Immunodeficiency Disease (CVID)	□	□	□	□	□	□
c. DiGeorge Syndrome	□	□	□	□	□	□
d. Hereditary Hemophagocytic Lymphohistiocytosis (HLH), including FEL	□	□	□	□	□	□
e. Hypoglobulinemia	□	□	□	□	□	□
f. Nezelof Syndrome	□	□	□	□	□	□
g. Severe Combined Immunodeficiency (SCID)	□	□	□	□	□	□
h. Wiskott-Aldrich Syndrome	□	□	□	□	□	□
i. Other ________________________________	□	□	□	□	□	□
13. Platelet disease? □ Yes □ No	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
a. Amegakaryocytic Thrombocytopenia	□	□	□	□	□	□
b. Glanzmann Thrombasthenia	□	□	□	□	□	□
c. Hereditary Thrombocytopenia	□	□	□	□	□	□
d. Platelet Storage Pool Disease	□	□	□	□	□	□
e. Thrombocytopenia with absent radii (TAR)	□	□	□	□	□	□
f. Ataxia-Telangiectasia	□	□	□	□	□	□
g. Fanconi Anemia	□	□	□	□	□	□
h. Other ________________________________	□	□	□	□	□	□
14. Other blood disease or disorders? □ Yes □ No Specify type: ________________________________	□	□	□	□	□	□

Hemoglobin problems	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
15. Sickle cell disease, such as sickle-cell anemia, or sickle thalassemia? □ Yes □ No	□	□	□	□	□	□
16. Thalassemia, such as alpha thalassemia or beta-thalassemia? □ Yes □ No	□	□	□	□	□	□
17. Metabolic/storage disease? □ Yes □ No	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
If yes, to question 17, please specify all that apply in a-q. **If no**, skip to question 18.						
a. Hurler Syndrome (MPS I)	□	□	□	□	□	□
b. Hurler-Scheie Syndrome (MPS I H-S)	□	□	□	□	□	□
c. Hunter Syndrome (MPS II)	□	□	□	□	□	□
d. Sanfilippo Syndrome (MPS III)	□	□	□	□	□	□
e. Morquio Syndrome (MPS IV)	□	□	□	□	□	□
f. Maroteaux-Lamy Syndrome (MPS VI)	□	□	□	□	□	□
g. Sly Syndrome (MPS VII)	□	□	□	□	□	□
h. I-cell disease	□	□	□	□	□	□
i. Globoid Leukodystrophy (Krabbe Disease)	□	□	□	□	□	□
j. Metachromatic Leukodystrophy (MLD)	□	□	□	□	□	□
k. Adrenoleukodystrophy (ALD)	□	□	□	□	□	□
l. Sandhoff Disease	□	□	□	□	□	□
m. Tay-Sachs Disease	□	□	□	□	□	□
n. Gaucher Disease	□	□	□	□	□	□
o. Niemann-Pick Disease	□	□	□	□	□	□
p. Porphyria	□	□	□	□	□	□
q. Other or unknown metabolic/storage disease Specify type: ______________________________	□	□	□	□	□	□

Acquired Immune System Disorders	**BM**	**BF**	**BS**
18. HIV/AIDS? **□ Yes □ No**	□	□	□
19. Severe autoimmune disorder? **□ Yes □ No**			
If yes, please specify all that apply in questions a-e. **If no**, skip to question 20.			
a. Crohn's Disease or Ulcerative Colitis	□		
b. Lupus	□		
c. Multiple Sclerosis (MS)	□		
d. Rheumatoid Arthritis	□		
e. Other or unknown immune system disorder? Specify type: _________________________________	□	□	□

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Answer questions 20-26	BM	BF	BS	BGP	BMS	BFS
20. Required chronic blood transfusions? □ Yes □ No	□	□	□	□	□	□
21. Have hemolytic anemia? □ Yes □ No	□	□	□	□	□	□
22. Had spleen removed to treat blood disorder (e.g. idiopathic thrombocytopenia (ITP), autoimmune hemolytic anemia, other)? □ Yes □ No	□	□	□	□	□	□
23. Had gallbladder removed before age 30? □ Yes □ No Specify why: ______________________________	□	□	□	□	□	□
24. Had Creutzfeldt-Jakob Disease (CJD)? □ Yes □ No	□	□	□	□	□	□
25. Have other serious or life-threatening diseases affecting the family? □ Yes □ No	□	□	□	□	□	□
If yes, list affected family member(s) and type of disease. Specify type: ________________________________ Specify type: ________________________________ Specify type: ________________________________	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □
26. **In answering these questions, have you answered for both your family and the baby's father's family?** □ **Yes** □ **No**						

Verified By: ____

Date: ____

Donor has completed this form to the best of their knowledge:

Cord Blood Donor: ____

Date: ____