UPSTATE
CORD BLOOD BANK

First, Last Name DOB: _____

Family Medical History Questionnaire (FMHQ)

Cord Blood Bank Use Only:

NMDP CBU ID: _____ Local CBU ID: _____

NMDP Maternal ID: _____ Local Maternal ID: _____

Today's Date: _____ Baby's Mother's Initials: _____

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.	Are you and the baby's father related, except by marriage? (e.g. first cousins)	□ **Yes** □ **No**
3.	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**
4.	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 5. 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**
5.	Have you had any children who died within the first 10 years of life? If yes, what was the cause? _____	□ **Yes** □ **No**
6.	Have you ever had a stillborn child? If yes, what was the cause? _____	□ **Yes** □ **No**

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.)

7. 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: _____	□	□	□

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Answer questions 8-12 for any blood disorders or diseases. If yes, please specify as applicable.

8.	**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	□	□	□	□	□	□
9.	**White blood cell disease?** □ **Yes** □ **No**	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
	a. Chronic Granulomatous Disease	□	□	□	□	□	□
	b. Kostmann Syndrome	□	□	□	□	□	□
	c. Schwachman-Diamond Syndrome	□	□	□	□	□	□
	d. Leukocyte Adhesion Deficiency (LAD)	□	□	□	□	□	□
10.	**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. Nezeloff Syndrome	□	□	□	□	□	□
	g. Severe Combined Immunodeficiency (SCID)	□	□	□	□	□	□
	h. Wiskott-Aldrich Syndrome	□	□	□	□	□	□
11.	**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	□	□	□	□	□	□
12.	**Other blood disease or disorders?** □ **Yes** □ **No** Specify type: _____	□	□	□	□	□	□
Hemoglobin problems		**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
13.	Sickle cell disease, such as sickle-cell anemia, or sickle thalassemia? □ **Yes** □ **No**	□	□	□	□	□	□
14.	Thalassemia, such as alpha thalassemia or beta-thalassemia? □ **Yes** □ **No**	□	□	□	□	□	□

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15. Metabolic/storage disease? □ **Yes** □ **No**	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
If yes, to question 15, please specify all that apply in a-q. **If no**, skip to question 16.						
a. Hurler Syndrome (MPS I)	□	□	□	□	□	□
b. Hurler-Scheie Syndrome (MPS I H-S)	□	□	□	□	□	□
c. Hunter Syndrome (MPS II)	□	□	□	□	□	□
d. Sanfilippo Syndrome (MPS III)	□	□	□	□	□	□

15. Metabolic/storage disease continued.	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
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**			
16. HIV/AIDS? □ **Yes** □ **No**	□	□	□			
17. Severe autoimmune disorder? □ **Yes** □ **No**						
If yes, please specify all that apply in questions a-d. **If no**, skip to question 18.						
a. Crohn's Disease or Ulcerative Colitis	□					
b. Lupus	□					
c. Multiple Sclerosis (MS)	□					
d. Rheumatoid Arthritis	□					
18. Other or unknown immune system disorder? □ **Yes** □ **No** Specify type: _____	□	□	□			
Answer questions 19-25	**BM**	**BF**	**BS**	**BGP**	**BMS**	**BFS**
19. Required chronic blood transfusions? □ **Yes** □ **No**	□	□	□	□	□	□
20. Been told you or family member(s) have hemolytic anemia? □ **Yes** □ **No**	□	□	□	□	□	□
21. Had spleen removed to treat blood disorder? □ **Yes** □ **No**	□	□	□	□	□	□

22. Had gallbladder removed before age 30? □ **Yes** □ **No**	□	□	□	□	□	□
23. Had Creutzfeldt-Jakob Disease (CJD)? □ **Yes** □ **No**	□	□	□	□	□	□
24. 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: _____	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □
25. 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: _____