



## Cord Blood Maternal Assessment of Samples

<b>Maternal Hospital ID Label</b>
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SECTION 1		
Kit BATCH #1: _____	Kit BATCH #2: _____ Lavender Top Blood Tube <input type="checkbox"/> Pink Top Blood Tube <input type="checkbox"/> Red Top Blood Tube <input type="checkbox"/> Cord Blood IDM Sample Label <input type="checkbox"/>	Initials
Hemodilution Assessment (Intravenous fluids infused pre-sample collection):		
A	<u>Crystalloids</u> :(N/S, R/L, D5W) Has patient received 2000mL <b>within 1hour</b> pre sample collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____mL
B	<u>Colloids</u> : (plasma, hetastarch, blood and blood products) Has patient received 2000mL within 48 hours pre sample collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____mL
C	Maternal Weight (last weight obtained) _____(kg), If Yes to question A or B	
Sample collection: _____/_____/_____ Date		_____:_____ Time
		Initials

SECTION 2		
CHAGAS SCREENING		Initials
Have you spent a total of 6 months or more in a continuous period in Mexico, Central America or South America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you born in Mexico, Central America or South America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your mother or grandmother born in Mexico, Central America or South America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 3	
Assessment algorithm to be completed if 2000ml crystalloids within 1 hour of specimen collection. Blood volume (BV) in mL = maternal weight _____kg/0.015 = _____BV Plasma volume (PV) in mL = maternal weight _____kg/0.025 = _____PV	
A	RBC volume in mL 48 hrs. pre blood sample collection
B	Colloid (plasma, albumin, cryoprecipitate, platelets, hetastarch) volume in mL 48 hrs. pre blood sample collection
C	Crystalloid volume in mL 1 hr. pre blood sample collection
A _____ + B _____ + C _____ = _____ <BV?	
B + C _____ = _____ <PV?	
If A+B+C < BV and B+C < PV then sample is acceptable.	
Acceptable, No Hemodilution <input type="checkbox"/> ; Not acceptable cull samples <input type="checkbox"/> if applicable	
Initials/Date:	
QER# (if applicable):	

CBU Unique ID Number