Dear Madam, please complete this questionary which main purpose is to asses the risk of transmitting infectious and hereditary diseases to the recipient of umbilical cord blood transplant from your child. Questons included are required by the law of Slovak republic and the law valid in coutries with biggest probability to release the umbilical cord blood from our registry. Some of them you may find unusual, despite it we would like to ask you for a paitence and collaboration by answering all of them according your best knowledge.

I.	**Please think carfully if you experienced in your life any from following:**		
1	have you taken growth hormon from human hypophysis?	□ no	□yes
2	have you had blood diseases or a bleeding problem such hemophilia and/or you received human-derived clotting factor concentrates?	□ no	□yes
3	you have been diagnosed with inherited blood disease such thalassemia or sickle cell disease?	□ no	□yes
4	have you had a systeme chronic autoimmune disease as multiple sclerosis, rheumatoid arthritis, Crohn disease, colitis, lupus or other?	□ no	□yes
5	have you ever had yellow jaundice (except newborn) , liver disease, viral hepatitis or a positive test for hepatitis (hepatitis B, C) ?	□ no	□yes
6	have you beeen diagnosed with Creutzfeld-Jacob disease or variant C-J disease or with a degenerative neurological condition such as dementia?	□ no	□yes
7	have you ever had transpantation of brain covering (dura mater) or cornea or other organ from anybody else?	□ no	□yes
8	have you ever been diagnosed with AIDS or have you ever tested positive for HIV (including the screening test) ?	□ no	□yes
9	have you ever tested positive for HTLV (human T- cell lymfotropic virus) ?	□ no	□yes
10	have you ever had severe immunodeficient condition?	□ no	□yes*, these:.....
11	have you ever had inherited diseade?	□ no	□yes*, these:.....
12	have you ever had metabolic disease?	□ no	□yes*, these:.....
13	have you ever had chagas disease or babesiosis (parasitic blood disease) or have you tested positive for any of these diseases?	□ no	□yes
14	have any of your blood relatives been diagnosed with Creutzfeld-Jacob disease or have you been told that you have an increased risk for C-J disease?	□ no	□yes
15	have you had a transplant or medical procedure that involved being exposed to live cells from an animal?	□ no	□yes
16	have you ever lived or had sexual cotact with anyone who had a transplant or medical procedure that involved being exposed to live cells from an animal?	□ no	□yes
II.	**Please think carefully if any from following happened to you since 1977:**		
17	you were born, you have lived in, or you have travelled to any of the following African countries: Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, Nigeria ?	□ no	□yes
18	you have received a blood transfusion or any other medical treatment with a product made from blood in any of the above listed courties?	□ no	□yes
19	you have sexual contact with anyone who was born or lived in any of the above listed African countries?	□ no	□yes
III.	**Please think carefully if any from following happened to you since 1980:**		
20	till 1996 you spent together 6 months or more in United Kingdom or Ireland?	□ no	□yes
21	till 1996 you spent together 3 months or more in United Kingdom (including Falkland Islands, Gibraltar, Isle of Man, Channel Islands) or France ?	□ no	□yes
22	have you received a transfusion of blood while in UK or France?	□ no	□yes
23	you lived in Europe less than 5 years together?	□ no	□yes, I lived in these countries.....
24	you have received insulin from cows?	□ no	□yes
IV.	**Please think carfully if something from this happened during last 5 years:**		
25	you received money, drugs or other payment for sex?	□ no	□yes
26	you have used a needle o take drugs, steroids or anything else not prescribed for you by a doctor?	□ no	□yes
V.	**Please think carfully if something from this happened during last 3 years:**	□ no	□yes
27	you have had malaria or other tropical disease?	□ no	□yes
VI.	**Please think carfully if something from this happened during last 12 months:**		
28	have you been taking some drugs except vitamins, iron or folic acid formulas?	□ no	□yes*, these:.....
29	have you received a transfusion of blood or its components?	□ no	□yes
30	have you received hepatitis B imune globulin (HBIG)?	□ no	□yes
31	have you had yellow jaundice, toxoplasmosis or measles?	□ no	□yes
32	have you been significantly exposed to coumound as cyan, lead, mercury or you have been exposed to long-term increased iradiation?	□ no	□yes

33	have you had a surgery or endoscopy?	□ no	□yes*, this.....before.....weeks
34	you have been during your pregnancy diagnosed with West-Nile virus infection or have you been tested positive for this?	□ no	□yes
35	have you had a tatoo using shared instruments, needles or inks?	□ no	□yes
36	have you had a skin, or ear piercing or acupuncture using shared instruments ?	□ no	□yes
37	have you had an accidental needle stick or you have come into contact with someone elses blood through open wounds or mucous membranes?	□ no	□yes
38	have you beeen treated for a sexually transmitted disease including syphilis?	□ no	□yes
39	have you given money for drugs or other payment to anyone to have sex with you?	□ no	□yes
40	have you had sex with anyone who has taken money, drugs or other payment in exchange for sex in past 5 years?	□ no	□yes
41	have you had sexual contact or lived with a person who has active or chronic viral hepatitis or yellow jaundice?	□ no	□yes
42	have you had a sexual contact with anyone who had used a needle to take drugs or anything else not prescribed by a doctor in paste past 5 years?	□ no	□yes
43	have you had sexual contact with a male who has had sex with another male in the past 5 years?	□ no	□yes
44	have you had sexual contact with anyone who has taken human derived clotting factors for a bleeding problem in the past 5 years?	□ no	□yes
45	have you had a sexual contact wih with anyone who has AIDS or has a positive test for HIV virus?	□ no	□yes
46	have you been in juvenile detention, lockup or prison for more than 72 continuous hours?	□ no	□yes
VII.	**Please think carfully if something from this happened during last 8 weeks:**		
47	have you received a smallpox or any other vaccination?	□ no	□yes
48	have you been in contact with someone who has received the smallpox vaccine during this period?	□ no	□yes
VIII	**Do you have currently anything from these:**	□ no	□yes
49	unexplained night sweats?	□ no	□yes
50	multiple blue or purple spots on or under skin or mucous membranes?	□ no	□yes
51	unexplained weight loss?	□ no	□yes
52	unexplained persistent diarrhea?	□ no	□yes
53	unexplained cough or shortness of breath?	□ no	□yes
54	unexplained temperature higher that 38 C for more than 10 days?	□ no	□yes
55	unexplained persistent white spots or sores in the mouth?	□ no	□yes
56	lumps in your neck, armpits, or groin lasting longer than one month?	□ no	□yes
IX.	**Please indicate the presence of following conditions in a medical history of your childs relatives (related by blood) as father, siblings, grandparents and their siblings etc.):**		
57	blood disease and increased bleeding?	□ no	□yes*, these:.....
58	inherited diseases including blood problems, bleeding conditions, metabolic diseases (extrclude diabetes), immunity problems ?	□ no	□yes*, these:.....
59	chronic systeme autoimmune disease (multiple sclerosis, rheumatoid arthritis, Crohn disease, ulcerative collitis, lupus) or others ?	□ no	□yes*, these:.....
60	increased occurence of cancer (several affected in multiple genrations)	□ no	□yes*, these:.....
61	Creutzfeld-Jacobo disease or suspicion	□ no	□yes
62	Immunodeficient statuses	□ no	□yes*, these:.....
63	inherited anemia with swelling of liver and spleen and multiple transfusion requirement?	□ no	□yes
64	inherited anemia with pain attacs in chest, bones and stroke?	□ no	□yes
	**** marks any affirmative answer requiring further specification***		

Donor eligibility assesment based on this questionary:
1. "no" answer poses no objection to donation
2. "yes" answer (with no asterisk - meaning no further specification requited) is a reason for donor deferra
3. "yes*" answer (with an asterisk - requiring further specification) requires an individual judgement of a communicable or genetic disease transmission carried out by a physician physician.
/ question 10 targets severe inherited immunideficiencies and severe aquited immunodeficiencies as (AIDS or cancer)
/ question 11 targets all genetic or familiar diseases able to influence the stem cell function if inherited to chil
/ question 12 targets specificly inherited metabolic disease as Tay-Sachs or others
/ question 23 is an indirect check to asses the risk of contracting HIV, malaria, HTLV, chagas etc. Living in Europe does not mean the donor deferral.
/ question 28 is an indirect check to discover severe health conditions during the pregnany or a risk behaviou
/ question 33 is an indirect check to discover severe health conditions during the pregnancy
/ questions in section IX target the familial history of possible conditions able to finfluence the stem cell fuction(.