CBU COLLECTION AND RECEIPT FORM

BAR CODE LABEL

COMPLETE AT COLLECTION:

1. Collector's ID number ☐☐☐☐ 2. Date of collection ☐☐ / ☐☐ / ☐☐☐☐
   mm dd yyyy
3. Collection bag lot #..... ☐☐☐☐☐☐☐☐☐☐☐☐
4. Did the placenta have a 3-vessel umbilical cord?..... 1 ☐ Yes 2 ☐ No
5. Was the placenta free from tears, pus or inflammation?..... 1 ☐ Yes 2 ☐ No
6. Time of collection: Start:..... ☐☐ : ☐☐
   hrs mins (24-hr clock)
   Finish:..... ☐☐ : ☐☐
   hrs mins (24-hr clock)
7. CBU collection weight (cord blood only) ..... ☐☐☐ gm
8. Number of umbilical cord punctures 1 ☐ One 2 ☐ Two 3 ☐ Three 9 ☐ Unknown

Comments: _____

_____ _____
Collector's signature Date

COMPLETE AT RECEIPT:

9. Date and time of receipt at CBB: ☐☐ / ☐☐ / ☐☐☐☐ ☐☐ : ☐☐
   mm dd yyyy hrs mins (24-hr clock)

Time from collection to receipt

10. Is the paperwork complete and the label on the collection bag fully legible?..... 1 ☐ Yes 2 ☐ No
11. Is/are the collection bag(s) undamaged and free from tears?..... 1 ☐ Yes 2 ☐ No
    Number of collection bags: _____
12. CBU weight (cord blood only) at receipt....☐☐☐ gm Verifier's Study ID..... ___ ___ ___ ___

Comments: _____

_____ _____ ☐☐☐☐
Signature of Receiver Date Receiver's Study ID