

Delivery Staff's Verification of Placental Donor Identification:

I certify that the patient's name and hospital number on this Volunteer Cord Blood Donor Identification Form are identical to that on the wristband of the patient from whom this placenta was obtained.

Signed

Print

Date

Cord Blood Collector's Verification Statement:

I certify that the bar code numbers on this Volunteer Cord Blood Donor Identification Form and on the basin containing the placenta from which I harvested cord blood are identical to the bar code number on the collection bag into which I harvested the cord blood from this placenta.

Signed

Print

Date

CRN's Verification of Mother/Donor Identification:

If phlebotomist drew the blood samples, I certify that I have reviewed the Phlebotomist Verification Statement.

Signed

_____ Not applicable

I certify that either I or the phlebotomist verified that the patient's name and hospital number on the blood samples obtained are the same as those on the wristband of the patient. I certify that the patient's name, hospital number, and bar code label on this Volunteer Cord Blood Donor Identification Form are identical to the bar code labels on the tubes into which the blood samples were collected.

Signed

Print

Date

CORD BLOOD TRANSPLANTATION STUDY

HOSPITAL LABEL

Volunteer Cord Blood Donor Identification Form

Phlebotomist's Verification of Mother/Donor Identification:

Patient's Name: _____

I certify that the above patient name and patient hospital number are identical to the patient name and hospital number on the wristband of the patient from whom blood samples were obtained and to the number on the tubes into which the blood samples were collected.

Signed

Print

Date