

Cord Blood Maternal Assessment of Samples

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 within 1 hour 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 maternal 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:
DEV# (if applicable):	