



CORD BLOOD MATERNAL ASSESSMENT OF SAMPLES

Maternal Hospital ID Label

SECTION 1

Kit BATCH #1:

Kit BATCH #2: _____

Lavender Top Blood Tube ☐ Pink Top Blood Tube ☐Red Top Blood Tube ☐ Cord Blood IDM Sample Label ☐

Initials

Hemodilution Assessment (Intravenous fluids infused pre-sample collection):

A Crystalloids: (N/S, R/L, D5W)
Has patient received 2000mL **within 1 hour**
pre sample collection? ☐ Yes ☐ No If yes, specify:
_____ mL

B Colloids: (plasma, hetastarch, blood and blood products)
Has patient received 2000mL within 48 hours
pre sample collection? ☐ Yes ☐ 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

查加斯病筛查检测

Initials

您是否曾在墨西哥、中美洲或南美洲连续逗留达 6 个月或以上?

☐ 是☐ 否

您是否出生于墨西哥、中美洲或南美洲?

☐ 是☐ 否

您的母亲或外祖母是否出生于墨西哥、中美洲或南美洲?

☐ 是☐ 否

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 ☐ ; Not acceptable cull samples ☐ if applicable

Initials/Date:

DEV# (if applicable):

Confidential

CBU Unique ID
Number

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