



**AGREEMENT TO DONATE CORD BLOOD TO  
QUEENSLAND CORD BLOOD BANK  
AT THE MATER**

National ID  
Number

Before reading and signing this donation consent form, please make sure that you have read and understood the cord blood collection and donation information sheet ("**About AusCord and Public Cord Blood Banking**") provided to you. If you have any questions or require additional information please ask us. This consent form **is your agreement to donate your baby's cord blood** to the Queensland Cord Blood Bank At The Mater (QCBB), a member of AusCord, the Australian network of **public** cord blood banks.

By signing this form, you are agreeing to **four related matters**:

1. The collection of your baby's cord blood (if not already collected)
2. The donation and transfer of ownership of your baby's cord blood to QCBB.
3. The testing of your baby's cord blood and the taking and testing of blood samples from you (maternal blood samples).
4. The collection, storage, use and de-identified disclosure of health and personal information about you, your baby and your family.

This donation consent form also asks if you agree to the donated cord blood being used for research or quality control purposes.

There is no obligation on you to agree to donate cord blood. Whether you donate cord blood or decline to participate will not affect your or your baby's treatment. Should you consent to donating your baby's cord blood to QCBB, you are able to withdraw your agreement up until 30 days after the birth of your baby.

***A copy of your signed agreement will be provided to you.***

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I, \_\_\_\_\_ (please print name in full), have read and understood the cord blood collection and donation information sheet ("**About AusCord and Public Cord Blood Banking**") and this donation consent form. I have been given the opportunity to ask questions and obtain any further information I requested. How the cord blood will be collected from the umbilical cord and placenta and the possible risks of this procedure to me or to my baby have been explained to me. I have no further questions.

**1. Collection of cord blood**

- 1.1. I agree both on behalf of my baby and myself, to the collection of my baby's cord blood by, QCBB (if not already pre-consented).
- 1.2. I understand that there may be clinical or technical reasons, such as the time of delivery or staff availability, that prevent my baby's cord blood being collected, stored and used by QCBB

**2. Donation and transfer of ownership of cord blood to QCBB**

- 2.1. I agree to donate and transfer ownership and all associated property rights in this cord blood to the QCBB. I understand that QCBB is part of AusCord, a network of **public** cord blood banks, and that this donation and transfer of ownership is for the benefit of the general public in Australia and internationally and is unlikely to be of any direct benefit to my baby, to me or to my relatives.
- 2.2. I agree that in some circumstances it may be appropriate for QCBB to transfer ownership of the cord blood to another cord blood bank in the AusCord network
- 2.3. I understand that I and my baby will have no further rights in, or ownership of, this cord blood, and that only in special circumstances may my baby's cord blood be made available for use by my baby or another family member, provided that it has not previously been released.
- 2.4. I state that, to the best of my knowledge, where he or she has not explicitly provided consent, the father/reproductive partner is not opposed to my decision to donate my baby's cord blood to QCBB.
- 2.5. I understand that if the cord blood is not suitable for banking and I have not agreed to its use for research or quality control (see 5.1), it will be discarded appropriately.

**3. Taking and testing of cord blood samples and maternal blood samples**

- 3.1. I agree to the removal of a sample of cord blood for testing.
- 3.2. I agree to a blood sample being taken from me for testing within seven days of delivery.
- 3.3. I agree to the testing arranged by QCBB of my baby's cord blood and of my blood to determine tissue types, to test for diseases transmissible by blood products (including HIV/AIDS and hepatitis), to screen for microbial contamination and other testing necessary to ensure the safety and suitability of the cord blood for transplantation.
- 3.4. I agree that I and/or my doctor, will be notified if an abnormal or clinically significant blood test result is detected in my blood or in the cord blood samples. I understand that I will be given the opportunity for further follow-up should it be required. I also understand that by law, positive test results for HIV (AIDS), HTLV I and II, hepatitis B and C and syphilis must be reported to the relevant Health Authorities.
- 3.5. If further tests are required (for example, in the case of malaria screening), I agree to provide an additional sample of my blood approximately six months after delivery of my baby.
- 3.6. I agree to QCBB storing the blood samples from me and the cord blood for further testing if required.

**4. Collection, storage, use and de-identified disclosure of personal and health information about me and my baby**

- 4.1. I agree to QCBB collecting, storing and using my personal and family health information.
- 4.2. I agree to complete a follow-up questionnaire about the health of my baby and myself approximately six months after delivery of my baby.
- 4.3. I agree to be contacted about my child's health in the future.
- 4.4. I agree to QCBB staff accessing my own and my baby's hospital medical records and contacting my doctor if necessary, in order to confirm that the cord blood is suitable for transplant.
- 4.5. I understand and agree that separate records to link me and my baby to the cord blood donation will be kept indefinitely at QCBB, to allow for any required follow-up or notification of abnormal results to me and my doctor.
- 4.6. I agree to disclosure of information related to the cord blood donation to donor registries and transplant centres in a format that cannot identify me or my family.

**5. Use of cord blood and maternal blood samples for quality control or research**

- 5.1. I agree / do not agree (**circle as appropriate**) to the cord blood and maternal blood samples being used by the QCBB for validation, quality control or development of techniques for cord blood banking.
- 5.2. I agree / do not agree (**circle as appropriate**) to the cord blood and maternal blood samples being released and **de-identified** information about me and my baby being disclosed for the purposes of research approved by a registered human research ethics committee.

Mother's Signature: \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Name (*please print*): \_\_\_\_\_

(Must be a CBB collection staff member)

**Optional:** Father, reproductive partner or other person with parental responsibility:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Baby, if not the Father: \_\_\_\_\_