

Cord Blood Collector
Annual Recertification
Training Materials

TRAINING OBJECTIVES:

This course is intended to provide the following information and instructions to collectors:

- ◆ Annual program **overview**
- ◆ The **top three preventable reasons** why cord blood units did not meet “banking” standards
 - Low volume
 - Incomplete paperwork
 - Improperly packaged units and / or maternal samples



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ANNUAL UPDATE

IN 2020:

Over 2,100 cord blood units were collected

230

DONATIONS WERE BANKED

350

WERE INELIGIBLE FOR BANKING,
BUT WERE UTILIZED FOR RESEARCH

21

BANKED UNITS WERE SENT TO PATIENTS
FOR LIFE-SAVING TRANSPLANTS



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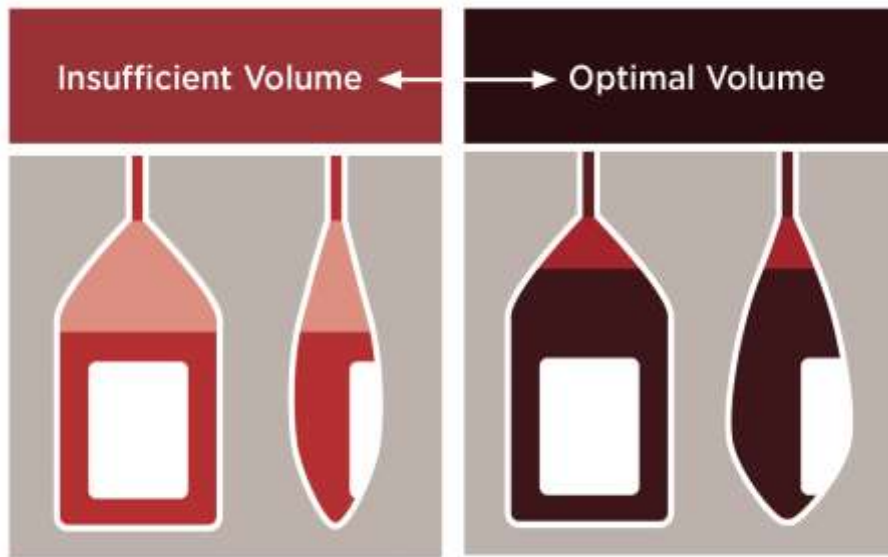
DIVERSITY IS KEY

- ◆ **70%** of patients will not find a matching donor in their family
- ◆ Patients are more likely to match a **non-relative** of the same ethnic background
- ◆ In order to ensure treatment is available to anyone in need, we have to focus on collections from **diverse racial and ethnic backgrounds**
- ◆ Based on a 2014 New England Journal of Medicine publication, the likelihood of finding a 5/6 HLA-matched unit is **24%** for African American patients compared to **66%** for White European patients
- ◆ There is an increased need for donations from diverse communities:
 - BLACK AND AFRICAN-AMERICAN
 - AMERICAN INDIAN AND ALASKA NATIVE
 - ASIAN
 - HISPANIC AND LATINO
 - NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER
 - MULTIPLE-RACE



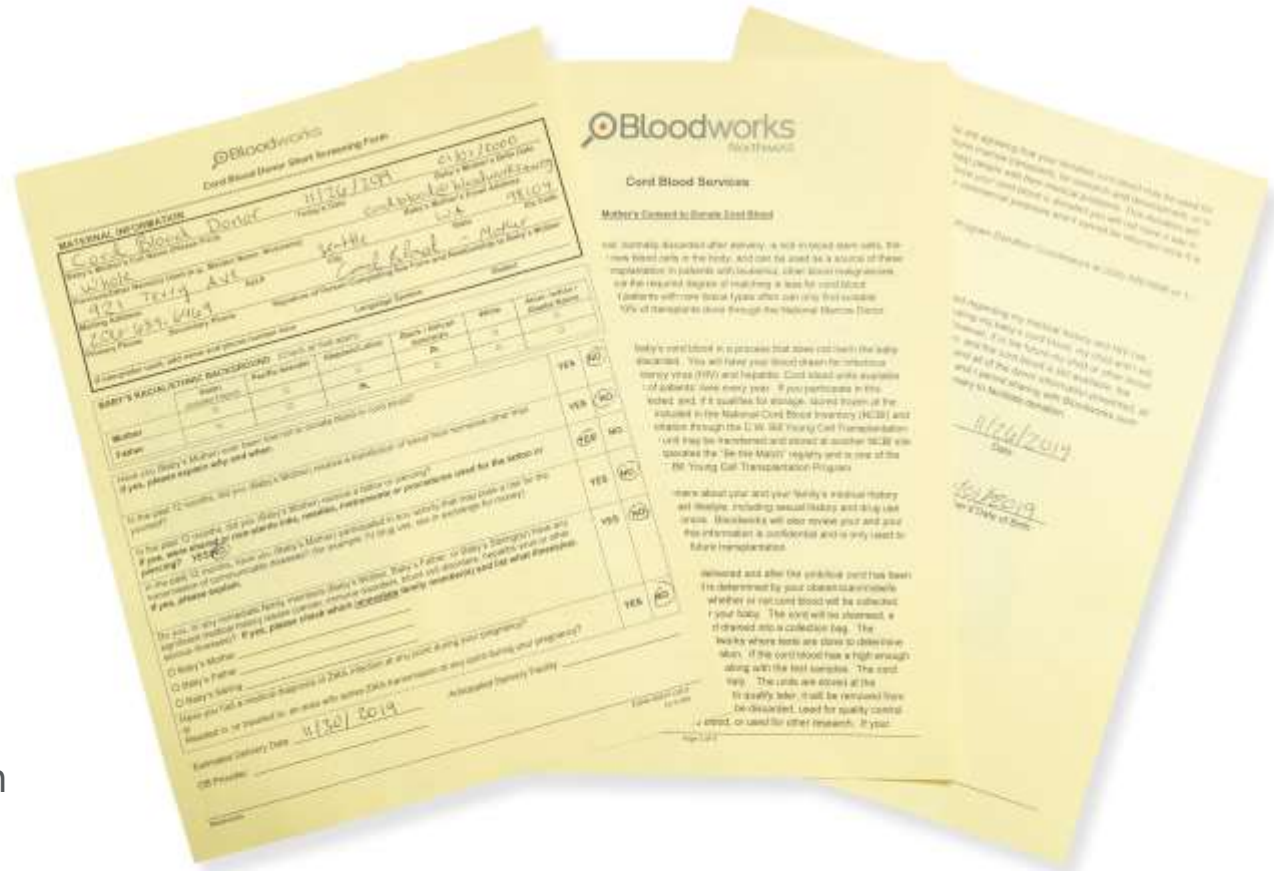
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PREVENTING LOW VOLUME



- 1 **Clamp the cord as close to the baby** as medically appropriate
- 2 **Minimize manipulation of the cord and placenta** (do not apply excessive traction to the cord or manually remove the placenta)
- 3 **Allow enough time** for the cord to blanch and use gravity to empty the placenta

DONOR PAPERWORK




 Short screening form

 Consent

– MUST BE SIGNED BEFORE COLLECTION

– MUST BE SIGNED BY DONOR

 Consent form is available in multiple languages



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DELIVERY INFORMATION FORM

- 1 Maternal Information:
Fill in or apply Hospital Label
- 2 Delivery and Collection Information:
Fill in
- 3 Assessment:
Mark Yes/No (refer to back of DIF)
- 4 Verification: **SIGNATURE** and **DATE**
**completed by the trained collector, RN,
or staff member assisting with collection**
- 5 Collector Name and Title: **Must**
be an active, TRAINED collector

Delivery Information Form
Bloodworks Public Health Program
Please fill in this form at the hospital.

MATERNAL INFORMATION: Please fill in this information clearly and legibly with the mother's consent.
Mother's Full Name: _____
Mother's Medical Record Number: _____
Mother's Date of Birth: _____

DELIVERY & CORD BLOOD COLLECTION INFORMATION: Please complete the information below.
Name of Hospital Where the Baby was Delivered: _____ Weeks
Approximate Gestational Age (Must be 37 weeks): _____ Date: _____ Time: _____
Approximate Date/Time of Membrane Rupture: _____ Date: _____ Time: _____
Baby's Date/Time of Birth: _____ Date: _____ Time: _____
Cord Blood Collection Date/Time: _____
Delivery Type: Vaginal C-section
 Female Male

BABY & MOTHER ASSESSMENT by a Healthcare Professional: Please refer to the back of this form for a list of potential abnormalities, and a checklist for physical assessment of the cord, baby and mother. Mark appropriate boxes as follows:
Were there any abnormalities observed in the baby or other complications of pregnancy? Yes No
Were there any abnormalities observed in the cord that may indicate risk that could affect the cord blood? Yes No
Were any findings detected on the physical exam of the donor mother included in the history for or collected with a communicable disease? Yes No
Healthcare Professional Verification: A trained cord blood collector followed the cord blood collection instructions included in the collection kit, reviewed that physical assessment was done on the donor mother and baby, and verified that the patient's identity matches the identity on the consent label and patient paperwork, and that all labeling and paperwork are legible.

Healthcare Professional Verification Signature: _____ **Date:** _____

CORD BLOOD COLLECTION: Check off the collector's full name and title below.
Collector #1: **First Name:** _____ **Last Name:** _____ **Title:** _____
Collector #2: **First Name:** _____ **Last Name:** _____ **Title:** _____
To document the Day Reviewed By: _____ Date: _____

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MATERNAL SAMPLE FORM

Printed 12/01/2021 01:16 PM PST
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For Bloodworks Use Only
APC Care Share Location

Maternal Samples
Please place pre-printed hospital label here or fill in:

MATERNAL INFORMATION
Full Name (Last, First, MI or Name) _____
Medical Record Number: _____
Date of Birth (mm-dd-yyyy): _____

MOTHER'S BLOOD SAMPLE TUBES
Hospital Name: _____
Collected By: *dd*
Collector's signature: *Sue Smith, RN*
Collection Date (mm-dd-yyyy): *06/01/2020*
Collection Time (Military): *10:00*

BLOOD PRODUCTS INFORMATION
48 hours PRIOR TO sample draw, did the mother receive blood products? If yes, please indicate Yes No
Type of product _____ Volume _____

FLUIDS INFORMATION (in 8, 10, normal saline)
In the one (1) hour prior to sample draw, the mother received: less than 1000 mL of fluids more than 1000 mL of fluids

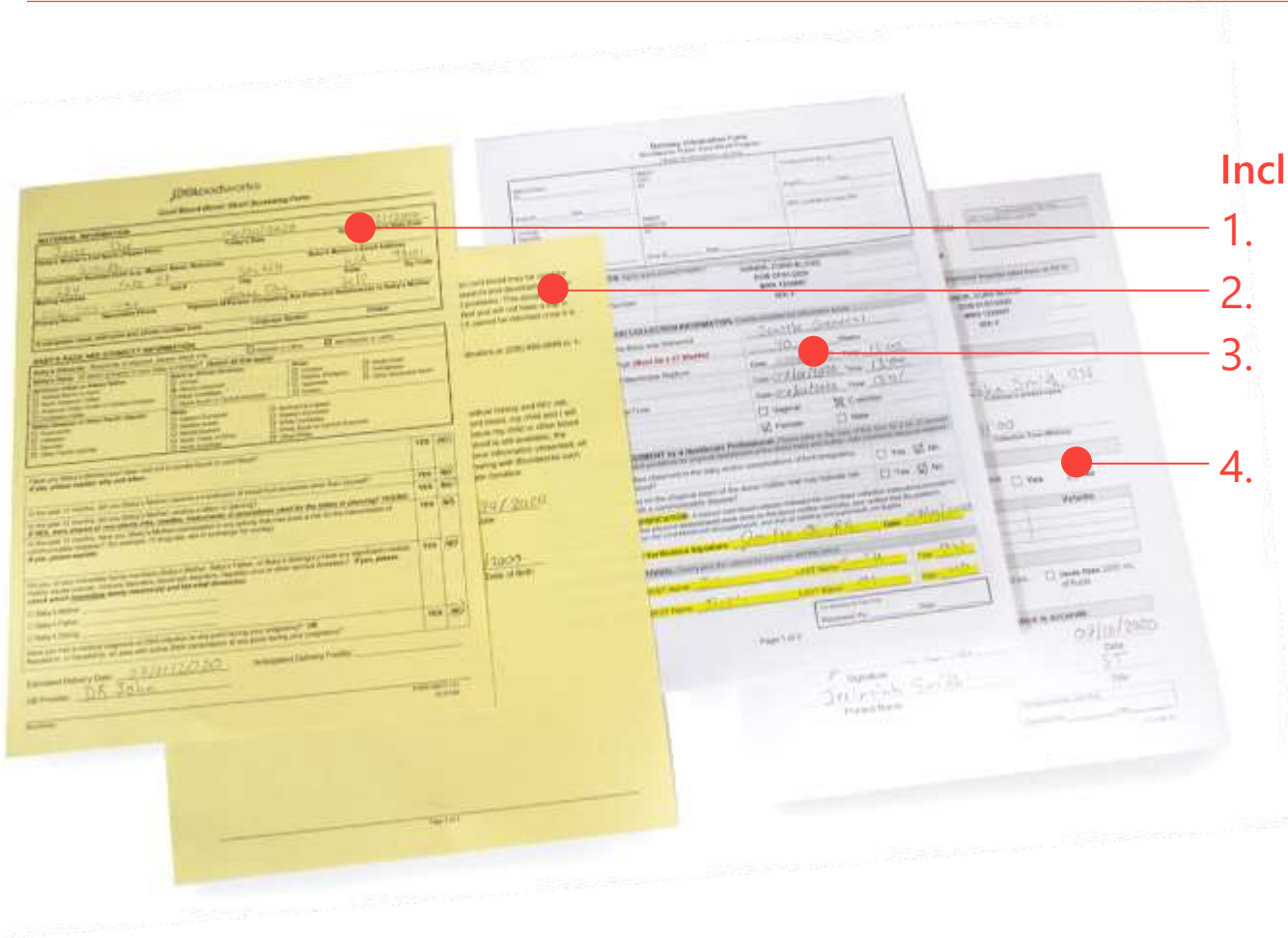
I verify the above Blood Product and Fluids information is accurate.
Signature: *Daisy Duck*
Printed Name: *Daisy Duck*
Date: *06/01/2020*
Title: *INC*

For Bloodworks Use Only
Keywords: _____
ECHOFORM 4.1.0 (Effective 01/10/16)

- ◆ Maternal Samples form must be **completed in entirety, accurate, and sent with the samples.**
- ◆ Collection information must be **completed by the person who collected the samples.**
- ◆ The blood products and IV fluid section is **completed by the laboratory staff, L&D nurse, or OB Tech.**
- ◆ Maternal information must contain **two identifiers** – a hospital label may be used



COMPLETED PAPERWORK



Include all paperwork:

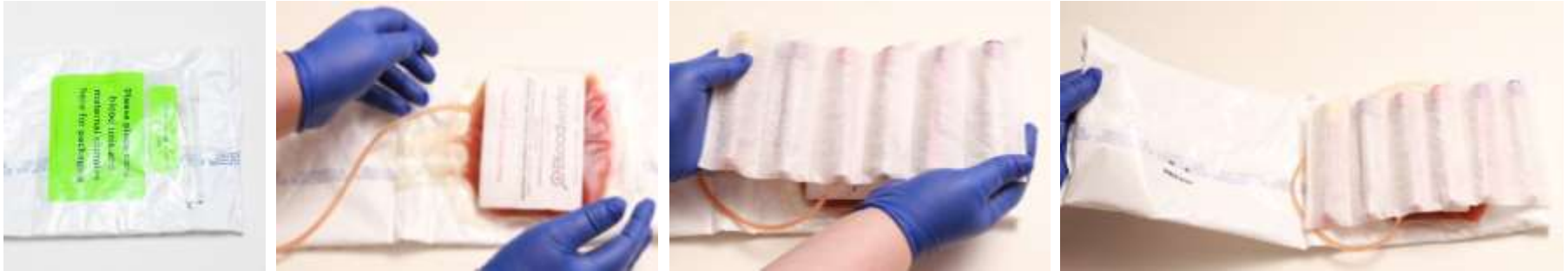
1. Donor Short Screening
2. Donor Consent
3. Delivery Information Form
4. Maternal Sample Form

Review forms for completion before packaging with unit – all forms must be complete



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PACKAGING



- 1 Place the collected, bagged unit and maternal samples, **directly on the wording "Please place cord blood unit here for packaging" of the gel pack**
- 2 **Fold the side of the gel pack over** the unit and maternal samples

Maternal samples MUST be packaged inside gel pack

PACKAGING

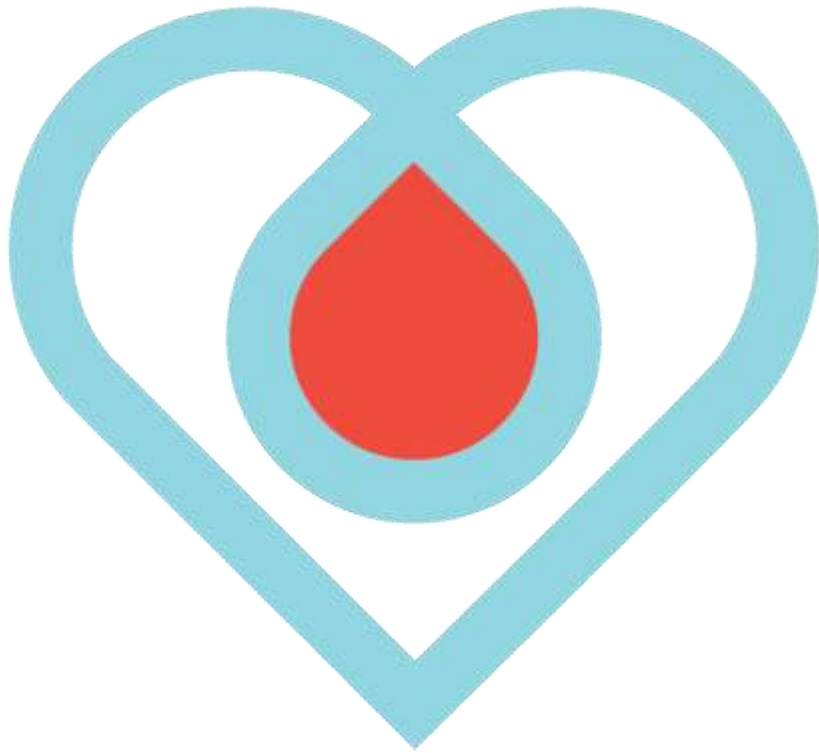


- 3 Place the **entire gel pack** into the insulated foil pouch ensuring the **unit and maternal samples are “sandwiched” in the gel pack**

The Cord Blood Unit and Maternal Samples must be packaged together inside the gel pack.



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THANK YOU FOR YOUR CONTINUED SUPPORT

Please contact us with any questions, updates in name, contact information changes, or any concerns

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