

Request for Cord Blood Collection for Private Banking

Your signature below confirms that we have provided you with a copy of patient FAQ #172—Cord Blood Banking from the American College of Obstetricians and Gynecologists AND Sparks & Favor’s “Cord Blood Banking—What Expectant Parents Need to Know.” You agree that you have satisfied any questions you may have about risks and benefits of cord blood banking before signing this document. For our patients who request private cord blood banking, we inform you that we do not endorse or partner with any cord blood bank. It is your responsibility to understand their contract and consent form. If you ask us to collect cord blood, **we do this at your request. We have no control over what tests may or may not be performed on your baby’s cord blood or your blood. We accept no responsibility of notifying you of any results or information from the Cord Blood Bank. We accept no responsibility for the security of personal identifying information or sensitive health information you may share or authorize us to share with third parties.** We are pleased to try to collect cord blood at your request. We cannot guarantee, however, that an adequate collection will be possible. Various medical circumstances of the mother or newborn may prevent umbilical cord blood collection. The American College of Obstetricians and Gynecologists explains that:

“Umbilical cord blood collection is not part of routine obstetric care and is not medically indicated. Umbilical cord blood collection should not compromise obstetric or neonatal care or alter routine practice for the timing of umbilical cord clamping. A variety of circumstances may arise during the process of labor and delivery that may preclude adequate collection.”

We would also disclose to our patients that your physician receives financial reimbursement for collecting the sample.

To make your choice, please sign this form ***in our office along with your physician or nurse.***

_____ I request that my physician attempt to collect cord blood at the time of my delivery. I understand that such collection cannot be guaranteed. I agree that, when I am admitted to the hospital for my delivery, I will provide the blood collection kit supplied by the private cord blood bank I have chosen.

_____ (patient signature) _____ (date)

_____ (printed name)

_____ (witness) _____ (date)

_____ (printed name)