Canadian Blood Services — BLOOD PLASMA STEM CELLS ORGANS & TISSUES

Cord Blood Maternal Assessment of Samples

Maternal Hospital ID Label

SECTION 1

			Initials
Kit BATCH #1: _____	Kit BATCH #2: _____ Lavender Top Blood Tube ☐ Pink Top Blood Tube ☐ Red Top Blood Tube ☐ Cord Blood IDM Sample Label ☐		
Hemodilution Assessment (Intravenous fluids infused pre-sample collection):			
A	Crystalloids:(N/S, R/L, D5W) Has patient received 2000mL **within 1hour** 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

DÉPISTAGE DE LA MALADIE DE CHAGAS			Initials
Avez-vous passé 6 mois consécutifs ou plus au Mexique, en Amérique centrale ou en Amérique du Sud?	☐ Oui	☐ Non	
Êtes-vous née au Mexique, en Amérique centrale ou en Amérique du Sud?	☐ Oui	☐ Non	
Votre mère ou votre grand-mère maternelle est-elle née au Mexique, en Amérique centrale ou en Amérique du Sud?	☐ Oui	☐ Non	

SECTION 3

Assessment algorithm to be completed if 2000ml crystalloids within 1hour 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):