

GENECORD LLC
900 Northern Blvd, Suite 230
Great Neck, NY 11021
877 - 783 - 7836 (available 24/7)



Cord Blood Collection Worksheet

→ Hospital Collector to Complete at Collection ←

Collector Printed Name: _____

Collector Signature: _____

I certify that the caregiver instructions provided me with the necessary information to collect umbilical cord blood.

Date of Collection: _____

Time of Collection: Start: _____ Finish: _____

Number of umbilical cord punctures: 1___ 2___ 3___ Unknown

(Ensure puncture sites are disinfected)

Do you have any reason to suspect contamination of the cord blood, e.g., evidence of infection (mother, baby or placenta), significant tears or other problems with cord or placenta, collection difficulty:
Yes ___ No ___ Maybe ___ If yes or maybe, please explain in comments.

Comments:

Check list for collection kit
4 tubes of mother's blood
1 bag of labeled infant umbilical cord blood
This Collection Worksheet