



Mater Misericordiae University Hospital

HLT-F-0065	Rev. No. 1	Heart Valve / Tissue Pre-Donation Checklist for Covid-19 Neonatal Donors	Page 1 of 1
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Baby's Name		
Hospital Name		
Questions For The Mother (1-6)		
Please Indicate a Yes or No Response To The Following Questions	Yes / No	Comments
1. Have you being adhering to Public Health Advice		
2. Have you or members of your household had any of the following symptoms in the last 12 days:-		
<ul style="list-style-type: none"> • New flu like symptoms including shortness of breath, difficulty breathing, runny nose, sore throat, loss of taste or smell 		
<ul style="list-style-type: none"> • New temperature / fever above 38 degrees C of unknown cause 		
<ul style="list-style-type: none"> • Had a new chest infection, including at least one of fever or shortness of breath or cough, and had a temperature above 38 degrees C 		
3. Have you ever tested positive for Covid-19		
4. Have any members of your household tested positive for Covid-19 in the last 12 days		
5. Have you had close contact with someone while they had Covid-19 in the last 12 days		
6. Have you had your Covid-19 vaccine(s)		
Question Relating To The Baby		
7. Neonate with identifiable risks for Covid-19 (if yes, testing will be required)		<i>If yes, test result will be required</i>
Transplant Coordinator		
Signature		
Date		
Donor Number		

Please file in relevant donor file