

**Family Link® Cord Blood
Storage Program**



**PARTICIPATING PHYSICIAN/MIDWIFE
COMPETENCY CERTIFICATION**

My signature below indicates understanding of the following statements:

- I have had the opportunity to read and understand the Storage Agreement and Informed Consent and the OB/Midwife Instructions for Cord Blood Collection.
- I understand this competency is to be performed at least annually to perform a collection. I understand that if the cord blood I collect falls outside Family Link’s cord blood collection guidelines, the Instructions for Cord Blood Collection and this training and annual competency assessment will be sent to me for completion prior to the next collection to document and assure understanding of cord blood collection. The Competency Certification form should then be returned to Family Link so that my understanding of the process can be documented. Doing so will assure that I remain part of the Family Link Program collection staff (participating OB/midwife) and help Family Link stay compliant with all required accreditations.
- I understand that if I have any questions about the procedure, this form, or the program, I can contact Family Link’s technical staff 24 hours per day/7 days per week by beeper at (502) 421-0800.

Obstetrician/Midwife Signature

Date

Obstetrician/Midwife Printed Name

For Family Link Use Only

Reviewed By/Date

Medical Director Approval/Date