



## CONTINUING EDUCATION

Provided below and on the following pages are:

- General information about CME, CMLE and Certificates of Participation.
- Evaluation Form
- Continuing Education Transcript

To receive credit, both the Evaluation Form and the Transcript must be completed and submitted by **October 31, 2021**.

### Conflicts of Interest

Potential conflicts of interest reported by the congress faculty and planners [can be viewed here](#).

### ACCME Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Medical College of Wisconsin and the Cord Blood Association. The Medical College of Wisconsin is accredited by the ACCME to provide continuing medical education for physicians.

### AMA Credit Designation Statement

The Medical College of Wisconsin designates this live activity for a maximum of **11.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Hours of Participation for Allied Health Care Professionals

The Medical College of Wisconsin designates this activity for up to **11.5** hours of participation for continuing education for allied health care professionals.

### Clinical Laboratory Personnel

This continuing medical laboratory education activity is recognized by the American Society for Clinical Pathology (ASCP) as meeting the criteria for a maximum of **11.5** CMLE credits. CMLE credits are acceptable to meet the continuing education requirements for the ASCP Board of Registry Certification Maintenance Program. Approval #294-09-22.

### Florida Clinical Laboratory Personnel

This continuing medical laboratory education activity is recognized by the Florida Board of Clinical Laboratory Personnel as meeting the criteria for a maximum of **11.5** contact hours. Provider #50-32521. Course # 20-851477.

### Certificate of Participation

A Certificate of Participation will be e-mailed to registered attendees upon request to [facultyconnect@aol.com](mailto:facultyconnect@aol.com). There is no charge, but duplicates requested 45 or more days after the congress require a \$50 fee.

### To Obtain Credits

To receive CME or CMLE credit, applicants must complete and submit both the Evaluation Form and the Continuing Education Transcript to the *Cord Blood Connect* office at [facultyconnect@aol.com](mailto:facultyconnect@aol.com) by **October 31, 2021**. There is a \$65 non-refundable processing fee for CME and CMLE credit. If you did not pay the processing fee at the time of registration, please mail a check, payable to the Cord Blood Association, addressed to 211 Garfield Street, Geneva, IL 60134, USA. Or, to charge the fee to a credit card, call 1 (630) 463-9040, extension 4, by October 31.







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**EDUCATIONAL OBJECTIVES:**

Upon completion of this CME activity, participants should be able to:

1. Report on the state-of-the-art in cord blood and perinatal tissue therapies
2. Analyze contemporary and new methods for collecting, processing, banking and releasing cord blood and perinatal tissue products
3. Describe novel uses of cord blood and perinatal tissue in cellular therapies and regenerative medicine
4. Discuss current procedures, methods and issues in cord blood and tissue processing, manufacturing, regulation, accreditation and public education
5. Report on the accomplishments of the Cord Blood Association in its priority areas of quality products and services, advocacy, market expansion, education, and research and development

**OVERALL CONFERENCE EVALUATION:**

	n/a	poor	fair	good	very good	outstanding
	0	1	2	3	4	5
To what extent were program objectives met?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent were presentations relevant to your medical practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent were presentations free from commercial bias		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood you will use this information for your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning environment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant enthusiasm/involvement in discussion (Q&A)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audio-visuals		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Virtual platform		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**OTHER MEETING-RELATED QUESTIONS (please check all that apply):**

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**Why did you attend this congress?**

- To fulfill a personal learning objective
- To satisfy curiosity for personal interest
- To review something I had forgotten
- To share information with a patient, their family, or home health aides
- To exchange information with other health professionals/a colleague
- To manage aspects of patient care with my care team
- To address a clinical question or problem regarding a specific patient (*please describe*)
- Other (*please describe*)

**I am concerned there was:**

- Too much information
- Not enough information
- Information poorly organized
- Too technical
- Other (*please describe*)

**My practice was (will be) changed and improved in the following way(s)**

- No change
- Diagnostic approach
- Therapeutic approach
- Disease prevention or health education
- Prognostic approach
- Not applicable

**What is the impact of this information on you or your practice?**

- I learned something new
- This information confirmed I did (am doing) the right thing
- I am reassured
- I am reminded of something I already knew
- I am dissatisfied
- This basic science information has no immediate impact on my practice
- Not applicable

**Did you (will you) use this information for a specific patient?**

Yes    No    Possibly    Not applicable

**If Yes, please check all that apply:**

- As a result of this information, I will manage this patient differently
- I had several options for this patient, and I will use this information to justify a choice
- I thought I knew what to do, and I used this information to be more certain about the management of this patient
- I used this information to better understand a particular issue related to this patient
- I will use this information in a discussion with this patient, or with other health professionals about this patient
- I will use this information to persuade this patient or to persuade other health professionals to make a change for this patient
- Not applicable

**For this patient, do you expect any health benefit as a result of applying this information?**    Yes    No    Possibly

**If Yes, please check all that apply:**

- This information will help improve this patient's health status, functioning or resilience (i.e., ability to adapt to significant life stressors).
- This information will help prevent a disease or worsening of disease for this patient
- This information will help avoid unnecessary/inappropriate treatment, diagnostic procedures, preventative interventions or a referral for this patient.

**What did you like most about this congress?**

**What did you like least about this congress?**

**Did you have any administrative problems with this conference?**

**What could the organizers do better next time?**

**Other comments and suggestions:**

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Thank you!



# CONTINUING EDUCATION TRANSCRIPT

## 2021 virtual Cord Blood Connect international congress

### September 23 & 30, 2021



**Instructions:** Complete this Form along with the Evaluation Form and submit both to the Cord Blood Connect congress office at: [facultyconnect@aol.com](mailto:facultyconnect@aol.com), prior to October 31, 2021. A copy will be filed with the MCW Continuing Medical Education office or ASCP, as appropriate, for future reference/verification. No other certificate will be provided. Credits will be issued based on session attendance (1 hour = 1 credit) and submission of corresponding Evaluation Form. **Credits will not be issued after October 31, 2021.**

**Indicate sessions attended and credit claimed below:**

**Thursday, September 23**

**NUMBER OF CREDITS:    MAXIMUM #    ACTUAL #**

- Congress Overview and Status of the Field ( .50 credits) \_\_\_\_\_
- Improved Time and Access to CBT: What Transplant Centers Want ( .75 credits) \_\_\_\_\_
- Innovations in Cord Blood Banking to Democratize HSCT ( .75 credits) \_\_\_\_\_
- Cord Blood Banking Sustainability: Strategies for the Future ( .75 credits) \_\_\_\_\_
- What Parents and Physicians Should Know about Cord Blood Banking ( .50 credits) \_\_\_\_\_
- Advances in Cord Blood Transplantation for Leukemia (1.00 credits) \_\_\_\_\_
- Beyond Ex-vivo Expansion for Malignant and Non-Malignant Diseases ( .75 credits) \_\_\_\_\_
- Cord Blood Transplant Outcomes: Clinical and Economic Perspectives ( .75 credits) \_\_\_\_\_
- Critical Aspects of MSC Manufacturing for Clinical Use ( .75 credits) \_\_\_\_\_

**6.50 MAX**

**Thursday, September 30**

- Cord Blood Banking 2.0 ( .75 credits) \_\_\_\_\_
- Perinatal Tissue as Source Material for Novel Therapies ( .75 credits) \_\_\_\_\_
- Ethical Considerations Regarding Non-Transplant Uses of Cord Blood ( .75 credits) \_\_\_\_\_
- Best Abstract Oral Presentations ( .50 credits) \_\_\_\_\_
- Emerging Therapies and Regenerative Medicine... ( .75 credits) \_\_\_\_\_
- Cord Blood & the Treatment of Sickle Cell Disease & Other Hemoglobinopathies ( .75 credits) \_\_\_\_\_
- Immune-Modulating Cell Therapies ( .75 credits) \_\_\_\_\_

**5.00 MAX**

**GRAND TOTAL CREDITS: MAXIMUM 11.50** \_\_\_\_\_

LAST (FAMILY) NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 Degree: [ ] MD [ ] PhD [ ] Other: \_\_\_\_\_ Email: \_\_\_\_\_  
 Institution/Company: \_\_\_\_\_ Department: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Signature (certifies information is correct): \_\_\_\_\_ Date: \_\_\_\_\_ FL license #: \_\_\_\_\_

**Choose Appropriate Category Below:**

- ACCME Accreditation Statement:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Medical College of Wisconsin and Cord Blood Association. The Medical College of Wisconsin is accredited by the ACCME to provide continuing medical education for physicians.
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