

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

Donor / Cord Blood Unit Identification

1. Specify donor:
 - Autologous – **Go to question 16**
 - Autologous cord blood unit – **Go to question 5**
 - NMDP unrelated cord blood unit – **Go to question 2**
 - NMDP unrelated donor – **Go to question 3**
 - Related donor – **Go to question 10**
 - Related cord blood unit – **Go to question 5**
 - Non-NMDP unrelated donor – **Go to question 4**
 - Non-NMDP unrelated cord blood unit – **Go to question 5**

2. NMDP Cord Blood Unit ID: _____ – **Go to question 15**

3. NMDP Donor ID: _____ – **Go to question 15**

4. Non-NMDP unrelated donor ID: *(not applicable for related donor)*
_____ - **Go to question 8**

5. Non-NMDP cord blood unit ID: *(include related and autologous CBUs)*

6. Is the CBU ID also the ISBT DIN: number?
 - Yes – **Go to question 8**
 - No – **Go to question 7**

7. Specify the ISBT DIN number: _____

8. Registry or UCB Bank ID: _____

9. Specify other Registry or UCB Bank: _____

10. Date of birth (donor / infant):
 - Known – **Go to question 11**
 - Unknown – **Go to question 12**

11. Date of birth (donor / infant): _____ - **Go to question 14**

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

12. Age (donor / infant):

Known – **Go to question 13**

Unknown – **Go to question 14**

13. Age (donor / infant): _____ Months (use only if less than 1 year old)

Years

14. Sex (donor / infant):

Male

Female

15. Was the product derived from an NMDP adult donor, NMDP cord blood unit, or non-NMDP cord blood unit?

Yes – **Go to questions 43**

No – **Go to question 16**

Pre-Collection Therapy

16. Did the donor receive therapy, prior to any stem cell harvest, to enhance the product collection for this HCT?

Yes – **Go to questions 17**

No – **Go to question 28**

Specify therapy(s):

17. Growth and mobilizing factor(s)

Yes – **Go to questions 18**

No – **Go to question 24**

Specify growth factor(s):

18. _____ G-CSF

Yes

No

19. _____ Pegylated G-CSF

Yes

No

20. _____ GM-CSF

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

Complete a separate CIBMTR form 2006 – HCT Infusion for each subsequent collection that was not part of this mobilization.

30. _____ Specify the number of subsequent days of collection in this episode: _____

31. Were anticoagulants added to the product during collection?

Yes – **Go to questions 32**

No – **Go to question 37**

Specify anticoagulant(s):

32. _____ Acid citrate dextrose (ACD)

Yes

No

33. _____ Citrate phosphate dextrose (CPD)

Yes

No

34. Heparin

Yes

No

35. _____ Other anticoagulant

Yes – **Go to question 36**

No – **Go to question 37**

36. _____ Specify other anticoagulant:

37. Were anticoagulants added to the product before freezing?

Yes – **Go to questions 38**

No – **Go to question 43**

Specify anticoagulant(s):

38. _____ Acid citrate dextrose (ACD)

Yes

No

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

66. expansion (24-hour clock): ____ : ____

Time product ready for infusion or
 standard time
Hour Minute daylight savings time

67. _____ Was the primary container (e.g., cord blood unit bag) intact upon thawing?

- Yes
- No

68. _____ What method was used to thaw the product?

- Waterbath – **Go to question 70**
- Electric warmer – **Go to question 70**
- Other method – **Go to question 69**

69. _____ Specify other method:

70. Did any adverse events, incidents, or product complaints occur while preparing or thawing the product?

- Yes
- No

71. Was the product manipulated prior to infusion?

- Yes – **Go to questions 72**
- No – **If autologous product, go to question 109; if allogeneic product, go to question 158**

72. _____ Specify portion manipulated:

- Entire product
- Portion of product

Specify all methods used to manipulate the product:

73. _____ Washed

- Yes
- No

74. _____ Diluted

- Yes
- No

75. Buffy coat enriched (buffy coat preparation)

- Yes

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

No

76. B cell reduced

Yes

No

77. CD8 reduced

Yes

No

78. Plasma reduced (removal)

Yes

No

79. RBC reduced

Yes

No

80. _____ Cultured (ex-vivo expansion)

Yes

No

81. Genetic manipulation (gene transfer / transduction)

Yes

No

82. _____ PUVA treated

Yes

No

83. _____ CD34 enriched (CD34+ selection)

Yes

No

84. _____ CD133 enriched

Yes

No

85. _____ Monocyte enriched

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Yes

No

86. _____ Mononuclear cells enriched

Yes

No

87. _____ T-cell depletion

Yes – **Go to questions 88**

No – **Go to question 94**

Specify method:

88. _____ Antibody affinity column

Yes – **Report the antibodies used for T-cell depletion at question 96**

No

89. _____ Antibody coated plates

Yes – **Report the antibodies used for T-cell depletion at question 96**

No

90. _____ Antibody coated plates and soybean lectin

Yes – **Report the antibodies used for T-cell depletion at question 96**

No

91. _____ Antibody + toxin

Yes – **Report the antibodies used for T-cell depletion at question 96**

No

92. _____ Immunomagnetic beads

Yes – **Report the antibodies used for T-cell depletion at question 96**

No

93. _____ CD34 affinity column plus sheep red blood cell rosetting

Yes

No

94. _____ Other cell manipulation

Yes – **Go to question 93**

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

No – **Go to question 96**

95. _____ Specify other cell manipulation:

96. _____ Were antibodies used during product manipulation?

Yes – **Go to questions 97**

No – **Go to question 109**

Specify antibodies:

97. _____ Anti CD2

Yes

No

98. _____ Anti CD3

Yes

No

99. _____ Anti CD4

Yes

No

100. _____ Anti CD5

Yes

No

101. _____ Anti CD6

Yes

No

102. _____ Anti CD7

Yes

No

103. _____ Anti CD8

Yes

No

104. _____ Anti CD19

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Yes

No

105. α/β antibody

Yes

No

106. _____ Anti CD52 (Campath)

Yes

No

107. _____ Other antibody

Yes – **Go to question 108**

No – **Go to question 109**

108. _____ Specify other antibody:

Autologous Products Only

The following section refers to autologous products only, including autologous cord blood; if this is not an autologous HCT, continue with the Product Analysis section at question 158.

109. Were tumor cells detected in the recipient or autologous product prior to HCT?

Yes – **Go to question 110**

No – **Go to question 136**

Specify tumor cell detection method used and site(s) of tumor cells:

110. Routine histopathology

Yes – **Go to questions 111**

No – **Go to question 114**

Specify site(s):

111. Circulating blood cells

Yes

No

Not done

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

112. Bone marrow (in the interval between last systemic therapy and collection)

- Yes
- No
- Not done

113. Collected cells (before purging)

- Yes
- No
- Not done

114. Polymerase chain reaction (PCR)

- Yes – **Go to questions 115**
- No – **Go to question 118**

Specify site(s):

115. Circulating blood cells

- Yes
- No
- Not done

116. Bone marrow (in the interval between last systemic therapy and collection)

- Yes
- No
- Not done

117. Collected cells (before purging)

- Yes
- No
- Not done

118. Other molecular technique

- Yes – **Go to questions 119**
- No – **Go to question 123**

119. Specify method:

Specify site(s):

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

120. Circulating blood cells
- Yes
 - No
 - Not done
121. Bone marrow (in the interval between last systemic therapy and collection)
- Yes
 - No
 - Not done
122. Collected cells (before purging)
- Yes
 - No
 - Not done

123. Immunohistochemistry
- Yes – **Go to questions 124**
 - No – **Go to question 127**

Specify site(s):

124. Circulating blood cells
- Yes
 - No
 - Not done
125. Bone marrow (in the interval between last systemic therapy and collection)
- Yes
 - No
 - Not done
126. Collected cells (before purging)
- Yes
 - No
 - Not done
127. Cell culture technique

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Yes – **Go to questions 128**

No – **Go to question 131**

Specify site(s):

128. Circulating blood cells

Yes

No

Not done

129. Bone marrow (in the interval between last systemic therapy and collection)

Yes

No

Not done

130. Collected cells (before purging)

Yes

No

Not done

131. Other technique

Yes – **Go to questions 132**

No – **Go to question 136**

132. Specify:

Specify site(s):

133. Circulating blood cells

Yes

No

Not done

134. Bone marrow (in the interval between last systemic therapy and collection)

Yes

No

Not done

135. Collected cells (before purging)

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

- Yes
- No
- Not done

136. Was the product treated to remove malignant cells (purged)?

- Yes – **Go to question 137**
- No – **Go to question 158**

Specify method(s) used:

137. _____ Monoclonal antibody

- Yes – **Go to question 138**
- No – **Go to question 139**

138. _____ Specify monoclonal antibody:

139. _____ 4-hydroperoxycyclophosphamide (4HC)

- Yes
- No

140. _____ Mafosfamide

- Yes
- No

141. _____ Other drug

- Yes – **Go to question 142**
- No – **Go to question 143**

142. _____ Specify other drug:

143. _____ Elutriation

- Yes
- No

144. _____ Immunomagnetic column

- Yes
- No

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

145. _____ Toxin

Yes – **Go to question 146**

No – **Go to question 147**

146. _____ Specify toxin:

147. CD34 selection (other than preparation of mononuclear fraction)

Yes – **Go to question 148**

No – **Go to question 149**

148. _____ Specify method:

149. _____ Other method

Yes – **Go to question 150**

No – **Go to question 151**

150. _____ Specify:

Specify if tumor cells were detected in the graft after purging by each method used:

151. _____ Routine histopathology

Yes

No

Not done

152. _____ Polymerase chain reaction (PCR)

Yes

No

Not done

153. _____ Other molecular technique

Yes

No

Not done

154. _____ Immunohistochemistry

Yes

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

163. Nucleated white blood cells

Done – **Go to question 164**

Not done – **Go to question 165**

164. Total number of nucleated white blood cells: _____ • _____ x 10 _____

165. Mononuclear cells

Done – **Go to question 166**

Not done – **Go to question 167**

166. Total number of mononuclear cells: _____ • _____ x 10 _____

167. Nucleated red blood cells

Done – **Go to question 168**

Not done – **Go to question 169**

168. Total number of nucleated red blood cells: _____ • _____ x 10 _____

169. CD34+ cells

Done – **Go to question 170**

Not done – **Go to question 171**

170. Total number of CD34+ cells: _____ • _____ x 10 _____

171. CD3+ cells

Done – **Go to question 172**

Not done – **Go to question 173**

172. Total number of CD3+ cells: _____ • _____ x 10 _____

173. CD3+CD4+ cells

Done – **Go to question 174**

Not done – **Go to question 175**

174. Total number of CD3+CD4+ cells: _____ • _____ x 10 _____

175. CD3+CD8+ cells

Done – **Go to question 176**

Not done – **Go to question 177**

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

176. Total number of CD3+CD8+ cells: _____ • _____ x 10 _____

177. Viability of cells

Done – **Go to question 178**

Not done – **Go to question 181**

178. Viability of cells: _____ %

179. Method of testing cell viability:

7-AAD – **Go to question 181**

Propidium iodide – **Go to question 181**

Trypan blue – **Go to question 181**

Other method – **Go to question 180**

180. Specify other method: _____

181. Were the colony-forming units (CFU) assessed after thawing? (*cord blood units only*)

Yes – **Go to questions 182**

No – **Go to question 187**

182. _____ Was there growth?

Yes

No

183. _____ Total CFU-GM

Done – **Go to question 184**

Not done – **Go to question 185**

184. Total CFU-GM: _____ • _____ x 10 _____

185. _____ Total BFU-E

Done – **Go to question 186**

Not done – **Go to question 187**

186. Total BFU-E: _____ • _____ x 10 _____

187. Were cultures performed before infusion to test the product(s) for bacterial or fungal infection? (*complete for all cell products*)

Yes – **Go to questions 188**

No – **Go to question 196**

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

188. Specify results:

- Positive
- Negative
- Unknown

Specify organism code(s):

189. _____

190. _____

191. _____

192. _____

193. _____

194. _____

195. _____ Specify organism:

Copy questions 158 -195 to report multiple instances of Product Analysis

‡ The codes for “other organism, specify” (codes 198, 209, 219 and 259) should rarely be needed; check with your microbiology lab or HSCT physician before using them.

Codes for Commonly Reported Organisms

Bacterial Infections

- 121 Acinetobacter
- 122 Actinomyces
- 123 Bacillus
- 124 Bacteroides (gracillis, uniformis, vulgaris, other species)
- 125 Bordetella pertussis (whooping cough)
- 126 Borrelia (Lyme disease)
- 127 Branhamella or Moraxella catarrhalis (other species)
- 128 Campylobacter (all species)
- 129 Capnocytophaga
- 171 Chlamydia pneumoniae
- 172 Other chlamydia, specify

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

- 113 Chlamydia, NOS
- 130 Citrobacter (freundii, other species)
- 131 Clostridium (all species except difficile)
- 132 Clostridium difficile
- 173 Corynebacterium jeikeium
- 133 Corynebacterium (all nondiphtheria species)
- 101 Coxiella
- 134 Enterobacter
- 177 Enterococcus, vancomycin resistant (VRE)
- 135 Enterococcus (all species)
- 136 Escherichia (also E. coli)
- 137 Flavimonas oryzihabitans
- 138 Flavobacterium
- 139 Fusobacterium
- 144 Haemophilus (all species, including influenzae)
- 145 Helicobacter pylori
- 146 Klebsiella
- 147 Lactobacillus (bulgaricus, acidophilus, other species)
- 102 Legionella
- 103 Leptospira
- 148 Leptotrichia buccalis
- 149 Leuconostoc (all species)
- 104 Listeria
- 150 Methylobacterium
- 151 Micrococcus, NOS
- 112 Mycobacterium avium–intracellulare (MAC, MAI)
- 174 Mycobacterium species (cheloneae, fortuitum, haemophilum, kansasii, mucogenicum)
- 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus)
- 175 Other mycobacterium, specify
- 176 Mycobacterium, NOS
- 105 Mycoplasma
- 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 Nocardia
- 153 Pasteurella multocida
- 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 Proteus

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

- 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 Pseudomonas or Burkholderia cepacia
- 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 Rhodococcus
- 107 Rickettsia
- 160 Salmonella (all species)
- 161 Serratia marcescens
- 162 Shigella
- 163 Staphylococcus, coagulase negative (not aureus)
- 164 Staphylococcus aureus
- 165 Staphylococcus, NOS
- 166 Stomatococcus mucilaginosus
- 167 Streptococcus (all species except Enterococcus)
- 178 Streptococcus pneumoniae
- 168 Treponema (syphilis)
- 169 Vibrio (all species)
- 197 Multiple bacteria at a single site, specify bacterial codes
- 198 Other bacteria, specify ‡
- 501 Suspected atypical bacterial infection
- 502 Suspected bacterial infection

Fungal Infections

- 200 Candida, NOS
- 201 Candida albicans
- 206 Candida guilliermondi
- 202 Candida krusei
- 207 Candida lusitanae
- 203 Candida parapsilosis
- 204 Candida tropicalis
- 205 Candida (Torulopsis) glabrata
- 209 Other Candida, specify ‡
- 210 Aspergillus, NOS
- 211 Aspergillus flavus
- 212 Aspergillus fumigatus
- 213 Aspergillus niger
- 219 Other Aspergillus, specify ‡

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Yes – **Go to question 207**

No – **Go to question 205**

205. Specify what happened to the reserved portion:

Discarded – **Go to question 207**

Cryopreserved for future use – **Go to question 207**

Other fate – **Go to question 206**

206. _____ Specify other fate:

207. Specify the route of product infusion:

Intravenous – **Go to question 209**

Intramedullary – **Go to question 209**

Intraperitoneal – **Go to question 209**

Other route of infusion – **Go to question 208**

208. _____ Specify other route of infusion:

The following questions refer to all stem cell products except for autologous marrow or autologous PBSC products. If this HCT used an autologous marrow or autologous PBSC product, continue with the signature lines.

209. Were there any adverse events or incidents associated with the stem cell infusion?

Yes – **Go to question 210**

No – **Go to question 250**

Specify the following adverse event(s):

210. _____ Brachycardia

Yes – **Go to question 211**

No – **Go to question 212**

211. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

212. _____ Chest tightness / pain

Yes – **Go to question 213**

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

No – **Go to question 214**

213. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

214. _____ Chills at time of infusion

Yes – **Go to question 215**

No – **Go to question 216**

215. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

216. _____ Fever $\leq 103^\circ$ F within 24 hours of infusion

Yes – **Go to question 217**

No – **Go to question 218**

217. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

218. _____ Fever $> 103^\circ$ F within 24 hours of infusion

Yes – **Go to question 219**

No – **Go to question 220**

219. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

220. _____ Gross hemoglobinuria

Yes – **Go to question 221**

No – **Go to question 222**

221. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

222. _____ Headache

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Yes – **Go to question 223**

No – **Go to question 224**

223. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

224. _____ Hives

Yes – **Go to question 225**

No – **Go to question 226**

225. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

226. _____ Hypertension

Yes – **Go to question 227**

No – **Go to question 228**

227. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

228. _____ Hypotension

Yes – **Go to question 229**

No – **Go to question 230**

229. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

230. _____ Hypoxia requiring oxygen (O₂) support

Yes – **Go to question 231**

No – **Go to question 232**

231. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

232. _____ Nausea

Yes – **Go to question 233**

No – **Go to question 234**

233. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

234. _____ Rigors, mild

Yes – **Go to question 235**

No – **Go to question 236**

235. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

236. _____ Rigors, severe

Yes – **Go to question 237**

No – **Go to question 238**

237. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

238. _____ Shortness of breath (SOB)

Yes – **Go to question 239**

No – **Go to question 240**

239. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

240. _____ Tachycardia

Yes – **Go to question 241**

No – **Go to question 242**

241. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

242. _____ Vomiting

Yes – **Go to question 243**

No – **Go to question 244**

243. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

244. _____ Other expected AE

Yes – **Go to questions 245**

No – **Go to question 247**

245. _____ Specify other expected AE:

246. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

247. _____ Other unexpected AE

Yes – **Go to questions 248**

No – **Go to question 250**

248. _____ Specify other unexpected AE:

249. In the Medical Director's judgment, was the adverse event a direct result of the infusion?

Yes

No

Donor / Infant Demographic Information

This Donor Demographic Information section (questions 250–270) is to be completed for all non-NMDP allogeneic donors. If the stem cell product was from an NMDP donor or an autologous donor, continue with the signature lines.

250. Was the donor ever pregnant?

Yes – **Go to question 251**

No – **Go to question 253**

Unknown – **Go to question 253**

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

Not applicable (male donor or cord blood unit) – **Go to question 253**

251. Number of pregnancies

Known – **Go to question 252**

Unknown – **Go to question 253**

252. Specify number of pregnancies: _____

253. Specify blood type:

A

B

AB

O

254. Specify Rh factor:

Positive

Negative

255. Did this donor have a central line placed?

Yes – **Go to question 256**

No – **Go to question 258**

Not applicable (cord blood unit or marrow product) – **Go to question 258**

256. _____ Specify the site of the central line placement:

Femoral – **Go to question 258**

Subclavian – **Go to question 258**

Internal jugular – **Go to question 258**

Other site – **Go to question 257**

257. _____ Specify other site:

258. Ethnicity (donor):

Hispanic or Latino

Not Hispanic nor Latino

Unknown

259. Race: (donor)

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

- White
- Black or African American
- Asian American Indian or Alaska Native
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Not reported
- Unknown

260. Race detail: (donor)

- Eastern European
- Mediterranean
- Middle Eastern
- North Coast of Africa
- North American
- Northern European
- Western European
- White Caribbean
- White South or Central American
- Other White
- African (both parents born in Africa)
- African American
- Black Caribbean
- Black South or Central American
- Alaskan Native or Aleut
- North American Indian
- American Indian, South or Central America
- Caribbean Indian
- South Asian
- Filipino (Pilipino)
- Japanese
- Korean
- Chinese
- Vietnamese
- Other Southeast Asian
- Guamanian
- Hawaiian

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

- Samoan
- Other Pacific Islander

Copy questions 259 – 260 to report more than one race.

261. What is the biological relationship of the donor to the recipient?

- Sibling – **Go to question 264**
- Half-sibling – **Go to question 264**
- Syngeneic (identical) twin – **Go to question 264**
- Fraternal twin – **Go to question 264**
- Recipient's child – **Go to question 264**
- Other biological relative – **Go to question 262**
- Unrelated – **Go to question 264**

262. _____ Specify the biological relationship of the donor to the recipient:

- Mother – **Go to question 264**
- Father – **Go to question 264**
- Maternal aunt – **Go to question 264**
- Maternal uncle – **Go to question 264**
- Maternal cousin – **Go to question 264**
- Paternal aunt – **Go to question 264**
- Paternal uncle – **Go to question 264**
- Paternal cousin – **Go to question 264**
- Other biological relative – **Go to question 263**

263. _____ Specify:

264. Was the donor / product tested for potentially transplantable genetic diseases?

- Yes – **Go to questions 265**
- No – **If this is a related donor, go to question 272; all other donor types go to signature line**
- Unknown – **If this is a related donor, go to question 272; all other donor types go to signature line**

Specify disease(s) tested:

265. Sickle cell anemia

- Yes – **Go to question 266**
- No - **Go to question 267**

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

266. Specify results:

- Positive
- Carrier of the trait
- Negative

267. _____Thalassemia

- Yes - **Go to question 268**
- No - **Go to question 269**

268. Specify results:

- Positive
- Carrier of the trait
- Negative

269. _____Other disease

- Yes – **Go to question 270**
- No – **If this is a related donor, go to question 272; all other donor types go to signature line**

270. _____Specify other disease:

271. Specify results:

- Positive
- Carrier of the trait
- Negative

The following questions (272–285) apply only to allogeneic related donors. If the stem cell product was from an autologous donor, Non-NMDP unrelated donor, NMDP donor, or was a cord blood unit, then continue with the signature lines.

272. Was the donor hospitalized (inpatient) during or after the collection?

- Yes
- No

273. Did the donor experience any life-threatening complications during or after the collection?

- Yes – **Go to question 274**
- No – **Go to question 275**

274. _____Specify:

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

275. Did the donor receive blood transfusions as a result of the collection?

Yes – **Go to question 276**

No – **Go to question 280**

276. Was the blood transfusion product autologous?

Yes – **Go to question 277**

No – **Go to question 278**

277. _____ Specify number of units: _____

278. _____ Was the blood transfusion product allogeneic (homologous)?

Yes – **Go to question 279**

No – **Go to question 280**

279. _____ Specify number of units: _____

280. Did the donor die as a result of the collection?

Yes – **Go to question 281**

No – **Go to question 282**

281. _____ Specify cause of death:

282. Did the recipient submit a research sample to the NMDP/CIBMTR repository? *(Related donors only)*

Yes – **Go to question 283**

No – **Go to question 284**

283. _____ Research sample recipient ID: _____

284. Did the donor submit a research sample to the NMDP/CIBMTR repository? *(Related donors only)*

Yes – **Go to question 285**

No – **Go to signature line**

285. _____ Research sample donor ID: _____

First Name: _____

Person completing form

Last Name: _____

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

E-mail address: _____

Date: _____ - _____ - _____

YYYY

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