



## Donor/Cord Blood Unit Identification

Questions: 1-15

## 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
- no →

7. Specify the ISBT DIN number: \_\_\_\_\_

8. Registry or UCB Bank ID

- (A) Austrian Bone Marrow Donors
- (ACB) Austrian Cord Blood Registry
- (ACCB) StemCyte, Inc.
- (AE) Emirates Bone Marrow Donor Registry
- (AM) Armenian Bone Marrow Donor Registry Charitable Trust
- (AOCB) University of Colorado Cord Blood Bank
- (AR) Argentine CPH Donors Registry
- (ARCB) BANCEL - Argentina Cord Blood Bank
- (AUCB) Australian Cord Blood Registry
- (AUS) Australian/New Zealand Bone Marrow Donor Registry
- (B) Marrow Donor Program Belgium
- (BCB) Belgium Cord Blood Registry
- (BG) Bulgarian Bone Marrow Donor Registry
- (BR) INCA/REDOMO
- (BSCB) British Bone Marrow Registry - Cord Blood
- (CB) Cord Blood Registry
- (CH) Swiss BloodStem Cells - Adult Donors
- (CHCB) Swiss Blood Stem Cells - Cord Blood
- (CKCB) Celgene Cord Blood Bank
- (CN) China Marrow Donor Program (CMDP)
- (CNCB) Shan Dong Cord Blood Bank
- (CND) Canadian Blood Services Bone Marrow Donor Registry
- (CS2) Czech National Marrow Donor Registry

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Recipient ID: \_\_\_\_\_

- (CSCR) Czech Stem Cells Registry
- (CY) Cyprus Paraskevaudio Bone Marrow Donor Registry
- (CY2) The Cyprus Bone Marrow Donor Registry
- (D) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Adult Donors
- (DCB) ZKRD - Zentrales Knochenmarkspender - Register Deutschland Cord Blood
- (DK) The Danish Bone Marrow Donor Registry
- (DK2) Bone Marrow Donors Copenhagen (BMDK)
- (DUCB) German Branch of the European Cord Blood Bank
- (E) REDMO
- (ECB) Spanish Cord Blood Registry
- (F) France Greffe de Moelle - Adult Donors
- (FCB) France Greffe de Moelle - Cord Blood
- (FI) Finnish Bone Marrow Donor Registry
- (FICB) Finnish Cord Blood Registry
- (GB) The Anthony Nolan Trust
- (GB3) Welsh Bone Marrow Donor Registry
- (GB4) British Bone Marrow Registry
- (GR) Unrelated Hematopoietic Stem Cell Donor Registry Greece
- (GRCB) Michigan Community Blood Centers Cord Blood Bank
- (H) Hungarian Bone Marrow Donor Registry
- (HEM) Hema-Quebec
- (HK) Hong Kong Bone Marrow Donor Registry
- (HR) Croatian Bone Marrow Donor Registry
- (I) Italian Bone Marrow Donor Registry
- (I3CB) Sheba Medical Centre Cord Blood Registry
- (ICB) Italian Cord Blood Bank Network
- (IL) Hadassah BMDR
- (IL2) Ezer Mizion Bone Marrow Donor Registry
- (IL3) Sheba Medical Center Donor Registry
- (ILCB) Isreal Cord Blood Bank
- (IN) Asian Indian Donor Marrow Registry
- (IN2) Dept. of Transfusion Medicine
- (IRL) The Irish Unrelated Bone Marrow Panel
- (JP) Japan Marrow Donor Program
- (KR) Korea Marrow Donor Program
- (LT) Lithuanian National Bone Marrow Donor Registry
- (LVCB) Leuven Cord Blood Bank
- (MACB) Victoria Angel Registry of Hope
- (MX) Mexican Bone Marrow Donor Registry
- (N) The Norwegian Bone Marrow Donor Registry
- (NL) Europdonor Foundation- Adult Donors
- (NLCB) Europdonor Foundation - Cord Blood
- (NYCB) National Cord Blood Program, New York Blood Center
- (P) Portuguese Bone Marrow Donors Registry

- (PL) National Polish Bone Marrow Registry
- (PL2) Unrelated Bone Marrow Donor Registry -Adult Donors
- (PL3) Against Leukemia Foundation Marrow Donor Registry
- (PL4) Ursula Jaworska Foundation - Bone Marrow Donor Registry
- (PL5) Polish Central Bone Marrow Donor Registry - Adult Donors
- (PMCB) Elie Katz Umbilical Cord Blood Program
- (R) Russian Bone Marrow Donor Registry
- (R2) Karelian Registry of Unrelated Donors of Hematopoietic Stem Cells
- (S) Tobias Registry of Swedish Bone Marrow Donors
- (SG) Singapore Bone Marrow Donor Programme (BMDP)
- (SK) Slovak National Bone Marrow Donor Registry
- (SKCB) Eurocord Slovakia/Slovak Pacental Stem Cell Registry
- (SLCBB) St Louis Cord Blood Bank
- (SLO) Slovenia Donor
- (SM) San Marino Bone Marrow Donor Registry
- (T1CB) TRAN - Cord Blood
- "(TACB) StemCyte, Inc. Taiwan"
- "(TECB) Healthbanks Biotech, Co., Ltd "
- (TH) Thai Stem Cell Donor Registry (TSCDR)
- (TOCB) Tokyo Cord Blood Bank
- (TPCB) BIONET/BabyBanks
- (TRAN) TRAN - Adult Donors
- (TRIS) Bone Marrow Bank of Istanbul Medical Faculty
- (TW) Buddhist Tzu Chi Stem Cells Center - Adult Donors
- (TWCB) Buddhist Tzu Chi Stem Cells Center - Cord Blood
- (U1CB) National Marrow Donor Program - Cord Blood
- (USA1) National Marrow Donor Program - Adult Donors
- (USA2) America Bone Marrow Donor Registry
- (UY) SINDOME
- (VIAC) Viacord
- (W3CB) Polish Central Bone Marrow Donor Registry - Cord Blood
- (WACB) Unrelated Bone Marrow Donor Registry - Cord Blood
- (ZA) South African Bone Marrow Registry
- (OTH) Other Registry →

9. Specify other Registry or UCB Bank: \_\_\_\_\_

10. Date of birth (donor/infant)

Known →

11. Date of birth: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYY Y      MM      DD

Unknown →

12. Age (donor/infant)

Known → 13. Age (donor/infant) \_\_ \_\_

Unknown       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 question 43**

no - **Go to question 16**

|                               |                  |
|-------------------------------|------------------|
| <b>Pre-Collection Therapy</b> | Questions: 16-27 |
|-------------------------------|------------------|

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

yes →

no

17. Growth and mobilizing factor(s)

yes →

no

|                                       |  |
|---------------------------------------|--|
| 18. G-CSF                             | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 19. Pegylated G-CSF                   | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 20. GM-CSF                            | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 21. Plerixafor (Mozobil)              | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 22. Other growth or mobilizing factor |  |
| <input type="checkbox"/> yes →        | 23. Specify other growth or mobilizing factor: _____     |
| <input type="checkbox"/> no           |  |

24. Systemic therapy (chemotherapy) (autologous only)

yes →

no       yes       no

25. Anti-CD20 (rituximab, Rituxan) (autologous only)

26. Other therapy

yes →

no      27. Specify other therapy: \_\_\_\_\_

|                           |                  |
|---------------------------|------------------|
| <b>Product Collection</b> | Questions: 28-42 |
|---------------------------|------------------|

If more than one type of HCT product is infused, each product type must be analyzed and reported separately. A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if applicable), even if the collections are performed on different days.

28. Date of first collection for this mobilization: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

29. Was more than one collection required for this HCT?

- yes →  
 no

**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 →  
 no

**Specify anticoagulant(s):**

- |                                      |  |                             |
|--------------------------------------|--|-----------------------------|
| 32. Acid citrate dextrose (ACD)      | <input type="checkbox"/> yes           | <input type="checkbox"/> no |
| 33. Citrate phosphate dextrose (CPD) | <input type="checkbox"/> yes           | <input type="checkbox"/> no |
| 34. Heparin                          | <input type="checkbox"/> yes           | <input type="checkbox"/> no |
| 35. Other anticoagulant              |  |                             |
| <input type="checkbox"/> yes →       | 36. Specify other anticoagulant: _____ |                             |
| <input type="checkbox"/> no          |  |                             |

37. Were anticoagulants added to the product before freezing?

- yes →  
 no

**Specify anticoagulant(s):**

- |                                      |  |                             |
|--------------------------------------|--|-----------------------------|
| 38. Acid citrate dextrose (ACD)      | <input type="checkbox"/> yes           | <input type="checkbox"/> no |
| 39. Citrate phosphate dextrose (CPD) | <input type="checkbox"/> yes           | <input type="checkbox"/> no |
| 40. Heparin                          | <input type="checkbox"/> yes           | <input type="checkbox"/> no |
| 41. Other anticoagulant              |  |                             |
| <input type="checkbox"/> yes →       | 42. Specify other anticoagulant: _____ |                             |
| <input type="checkbox"/> no          |  |                             |

|                                      |                  |
|--------------------------------------|------------------|
| <b>Product Transport and Receipt</b> | Questions: 43-56 |
|--------------------------------------|------------------|

43. Was this product collected off-site and shipped to your facility?

- yes →  
 no

44. Date of receipt of product at your facility: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

45. Time of receipt of product (24-hour clock):

\_\_ \_\_ - \_\_ \_\_  standard time  daylight savings time  
HH MM

46. Specify the shipping environment of the product(s)

- Frozen gel pack (refrigerator temperature)  
 Frozen cord blood unit(s)  
 Room temperature per transplant center request

Other shipping environment →
 

47. Specify other shipping environment:  
 \_\_\_\_\_

48. Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment? **(Cord blood units only)**  
 yes     no

49. Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center? **(Cord blood units only)**  
 yes     no

50. Was the cord blood unit stored at your center prior to thawing?  
 yes → 51. Specify the storage method used for the cord blood unit  
 no       Electric freezer     Liquid nitrogen     Vapor phase

52. Temperature during storage  
 < -150° C  
 ≥ -150° C to < -135° C  
 ≥ -135° C to < -80° C  
 ≥ -80° C

53. Date storage started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY    MM    DD

**Report the total number of cells (not cells per kilogram) prior to cryopreservation: (Information provided for the unit by the cord blood bank).**

54. Total nucleated cells: \_\_ \_\_ \_\_ \_\_ • \_\_ \_\_ \_\_ x 10 \_\_ \_\_ (Includes nucleated red and nucleated white cells) **(Cord blood units only)**

55. CD34+ cells **(cord blood units only)**  
 Done → 56. Total number of CD34+ cells:  
 Not done      \_\_ \_\_ \_\_ \_\_ • \_\_ \_\_ \_\_ x 10 \_\_ \_\_

|  |                   |
|--|-------------------|
| <b>Product Processing/Manipulation</b> | Questions: 57-108 |
|--|-------------------|

57. Was a fresh product received (e.g. not frozen)? **(NMDP products only)**  
 Yes →  
 No  
 not applicable, cord blood unit

58. Was the entire fresh product cryopreserved at your facility prior to infusion? **(NMDP products only)**  
 yes     no

59. Was the product thawed from a cryopreserved state prior to infusion?  
 yes →  
 no

60. Was the entire product thawed?  
 yes  
 no → 61. Was only a compartment of the bag thawed? **(Cord blood units only)**  yes     no

62. Were there multiple product bags?  
 yes → 63. Specify number of bags thawed: \_\_\_\_\_  
 no

64. Date thawing process initiated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 YYYY MM DD

65. Time at initiation of thaw (24-hour clock):  
 \_\_\_\_ - \_\_\_\_  standard time  daylight savings time  
 HH MM

66. Time product ready for infusion or expansion (24-hour clock):  
 \_\_\_\_ - \_\_\_\_  standard time  daylight savings time  
 HH MM

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  
 Electric warmer  
 Other method → 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 →  
 no

72. Specify portion manipulated  entire product  portion of product

**Specify all methods used to manipulate the product:**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 73. Washed  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 74. Diluted   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 75. Buffy coat enriched (buffy coat preparation)      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 76. B-cell reduced                                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 77. CD8 reduced                                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 78. Plasma reduced (removal)                          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 79. RBC reduced                                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 80. Cultured (ex-vivo expansion)                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 81. Genetic manipulation (gene transfer/transduction) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 82. PUVA treated                                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 83. CD34 enriched (CD34+ selection)                   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 84. CD133 enriched                                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 85. Monocyte enriched                                 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 86. Mononuclear cells enriched                        | <input type="checkbox"/> yes | <input type="checkbox"/> no |



87. T-cell depletion

yes → **Specify method:**

no

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 →

no

95. Specify other cell manipulation: \_\_\_\_\_

96. Were antibodies used during product manipulation?

yes → **Specify antibodies:**

no

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

yes

no

105. a/β antibody

yes

no

106. Anti CD52 (Campath)

yes

no

107. Other antibody

yes →

no

108. Specify other antibody: \_\_\_\_\_

**Autologous Products Only**

Questions: 109-157

**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 →
- no

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

110. Routine histopathology

yes → **Specify site(s):**

- no 111. Circulating blood cells  Yes  No  Not done
- 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 → **Specify site(s):**

- no 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 → 119. Specify method: \_\_\_\_\_

no **Specify site(s):**

- 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 → **Specify site(s):**

- no 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

yes → **Specify site(s):**

- no 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 → 132. Specify: \_\_\_\_\_

no **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)  Yes  No  Not done

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

- yes →  
 no

**Specify method(s) used:**

137. Monoclonal antibody

- yes → 138. Specify monoclonal antibody: \_\_\_\_\_  
 no

139. 4-hydroperoxycyclophosphamide (4HC)

yes  no

140. Mafosfamide

yes  no

141. Other drug

- yes → 142. Specify other drug: \_\_\_\_\_  
 no

143. Elutriation

yes  no

144. Immunomagnetic column

yes  no

145. Toxin

- yes → 146. Specify toxin: \_\_\_\_\_  
 no

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

- yes → 148. Specify method: \_\_\_\_\_  
 no

149. Other method

- yes → 150. Specify: \_\_\_\_\_  
 no

**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  No  Not done

155. Cell culture technique  Yes  No  Not done

156. Other

- Yes → 157. Specify: \_\_\_\_\_  
 No  
 Not done

**Product Analysis (All Products)**

Questions: 158-195

158. Specify the timepoint in the product preparation phase that the product was analyzed

- Product arrival  Pre-cryopreservation  Post-thaw  At infusion

159. Date of product analysis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 YYYY MM DD

160. Total volume of product plus additives: \_\_\_\_\_ • \_\_\_\_ mL

**In this section, report the total number of cells (not cells per kilogram) not corrected for viability**

161. Total nucleated cells (TNC) (Includes nucleated red and nucleated white cells)

- Done \_\_\_\_\_ →
- Not done

162. Total nucleated cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

163. Nucleated white blood cells

- Done \_\_\_\_\_ →
- Not done

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

165. Mononuclear cells

- Done \_\_\_\_\_ →
- Not done

166. Total number of mononuclear cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

167. Nucleated red blood cells

- Done \_\_\_\_\_ →
- Not done

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

169. CD34+ cells

- Done \_\_\_\_\_ →
- Not done

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

171. CD3+ cells

- Done \_\_\_\_\_ →
- Not done

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

173. CD3+CD4+ cells

- Done \_\_\_\_\_ →
- Not done

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

175. CD3+CD8+ cells

- Done \_\_\_\_\_ →
- Not done

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

177. Viability of cells

- Done \_\_\_\_\_ →
- Not done

178. Viability of cells: \_\_\_\_\_ %

179. Method of testing cell viability

- 7-AAD
- Propidium iodide
- Trypan blue
- Other method \_\_\_\_\_ →

180. Specify other method: \_\_\_\_\_

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

- yes \_\_\_\_\_ →
- no

182. Was there growth?  yes  no

183. Total CFU-GM

- Done →
- Not done

184. Total CFU-GM: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

185. Total BFU-E

- Done →
- Not done

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 →

no

188. Specify results  Positive  Negative  Unknown

**Specify organism(s):**

189.  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  
 113 Chlamydia, NOS  
 130 Citrobacter (freundii, other species)  
 131 Clostridium (all species except difficile)  
 132 Clostridium difficile  
 173 Corynebacterium jeikeium  
 133 Corynebacterium (all non-diphtheria 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 Leptorichia 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
- 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
- 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
- 220 Cryptococcus species
- 230 Fusarium species
- 261 Histoplasmosis

- 240 Zygomycetes, NOS
- 241 Mucormycosis
- 242 Rhizopus
- 250 Yeast, NOS
- 259 Other fungus, specify
- 260 Pneumocystis (PCP/PJP)
- 503 Suspected fungal infection
  
- 190.  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
- 113 Chlamydia, NOS
- 130 Citrobacter (freundii, other species)
- 131 Clostridium (all species except difficile)
- 132 Clostridium difficile
- 173 Corynebacterium jeikeium
- 133 Corynebacterium (all non-diphtheria 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 Leptorichia 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
- 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
- 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
- 220 Cryptococcus species
- 230 Fusarium species
- 261 Histoplasmosis
- 240 Zygomycetes, NOS
- 241 Mucormycosis
- 242 Rhizopus
- 250 Yeast, NOS
- 259 Other fungus, specify
- 260 Pneumocystis (PCP/PJP)
- 503 Suspected fungal infection

191.  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
  - 113 Chlamydia, NOS
  - 130 Citrobacter (freundii, other species)
  - 131 Clostridium (all species except difficile)
  - 132 Clostridium difficile
  - 173 Corynebacterium jeikeium
  - 133 Corynebacterium (all non-diphtheria 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 Leptorichia 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
- 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
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- 197 Multiple bacteria at a single site, specify bacterial codes
- 198 Other bacteria, specify
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- 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
- 220 Cryptococcus species
- 230 Fusarium species
- 261 Histoplasmosis
- 240 Zygomycetes, NOS
- 241 Mucormycosis
- 242 Rhizopus
- 250 Yeast, NOS
- 259 Other fungus, specify
- 260 Pneumocystis (PCP/PJP)
- 503 Suspected fungal infection

192.  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
  - 113 Chlamydia, NOS
  - 130 Citrobacter (*freundii*, other species)
  - 131 Clostridium (all species except *difficile*)
  - 132 Clostridium *difficile*
  - 173 Corynebacterium *jeikeium*
  - 133 Corynebacterium (all non-diphtheria 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 Leptorichia buccalis
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- 174 Mycobacterium species (cheloneae, fortuitum, haemophilum,kansasii, mucogenicum)
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- 175 Other mycobacterium, specify
- 176 Mycobacterium, NOS
- 105 Mycoplasma
- 152 Neisseria (gonorrhoea, meningitidis, other species)
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- 153 Pasteurella multocida
- 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 Proteus
- 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 Pseudomonas or Burkholderia cepacia
- 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 Rhodococcus
- 107 Rickettsia
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- 162 Shigella
- 163 Staphylococcus, coagulase negative(not aureus)
- 164 Staphylococcus aureus
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- 168 Treponema ( syphilis )
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- 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
- 220 Cryptococcus species
- 230 Fusarium species
- 261 Histoplasmosis
- 240 Zygomycetes, NOS
- 241 Mucormycosis
- 242 Rhizopus
- 250 Yeast, NOS
- 259 Other fungus, specify
- 260 Pneumocystis (PCP/PJP)
- 503 Suspected fungal infection

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- 122 Actinomyces
  - 123 Bacillus
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  - 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
  - 113 Chlamydia, NOS
  - 130 Citrobacter (freundii, other species)
  - 131 Clostridium (all species except difficile)
  - 132 Clostridium difficile
  - 173 Corynebacterium jeikeium
  - 133 Corynebacterium (all non-diphtheria 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 Leptorichia buccalis
- 149 Leuconostoc(all species)
- 104 Listeria
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- 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
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- 152 Neisseria (gonorrhoea, meningitidis, other species)
- 106 Nocardia
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- 154 Propionibacterium (acnes, avidum, granulosum, other species)
- 155 Proteus
- 156 Pseudomonas (all species except cepacia & maltophilia)
- 157 Pseudomonas or Burkholderia cepacia
- 158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia
- 159 Rhodococcus
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- 162 Shigella
- 163 Staphylococcus, coagulase negative(not aureus)
- 164 Staphylococcus aureus
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- 167 Streptococcus (all species except Enterococcus)
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- 197 Multiple bacteria at a single site, specify bacterial codes

- 198 Other bacteria, specify
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- 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
- 220 Cryptococcus species
- 230 Fusarium species
- 261 Histoplasmosis
- 240 Zygomycetes, NOS
- 241 Mucormycosis
- 242 Rhizopus
- 250 Yeast, NOS
- 259 Other fungus, specify
- 260 Pneumocystis (PCP/PJP)
- 503 Suspected fungal infection

194.  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
  - 113 Chlamydia, NOS
  - 130 Citrobacter (freundii, other species)
  - 131 Clostridium (all species except difficile)
  - 132 Clostridium difficile
  - 173 Corynebacterium jeikeium

- 133 Corynebacterium (all non-diphtheria species)
- 101 Coxiella
- 134 Enterobacter
- 177 Enterococcus, vancomycin resistant(VRE)
- 135 Enterococcus (all species)
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- 147 Lactobacillus(bulgaricus, acidophilus, other species)
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- 148 Leptorichia 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
- 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 - **Go to question 195**
- 501 Suspected atypical bacterial infection
- 502 Suspected bacterial infection
- 200 Candida, NOS
- 201 Candida albicans
- 206 Candida guilliermondii
- 202 Candida krusei
- 207 Candida lusitanae
- 203 Candida parapsilosis
- 204 Candida tropicalis
- 205 Candida (Torulopsis) glabrata
- 209 Other Candida, specify - **Go to question 195**
- 210 Aspergillus, NOS
- 211 Aspergillus flavus
- 212 Aspergillus fumigatus
- 213 Aspergillus niger
- 219 Other Aspergillus, specify - **Go to question 195**
- 220 Cryptococcus species
- 230 Fusarium species
- 261 Histoplasmosis
- 240 Zygomycetes, NOS
- 241 Mucormycosis
- 242 Rhizopus
- 250 Yeast, NOS
- 259 Other fungus, specify - **Go to question 195**
- 260 Pneumocystis (PCP/PJP)
- 503 Suspected fungal infection

195. Specify organism: \_\_\_\_\_

**Copy questions 158 - 195 if needed for Product Analysis**



216. Fever  $\leq 103^\circ$  F within 24 hours of infusion  
 yes  $\longrightarrow$  217. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
218. Fever  $> 103^\circ$  F within 24 hours of infusion  
 yes  $\longrightarrow$  219. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
220. Gross hemoglobinuria  
 yes  $\longrightarrow$  221. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
222. Headache  
 yes  $\longrightarrow$  223. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
224. Hives  
 yes  $\longrightarrow$  225. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
226. Hypertension  
 yes  $\longrightarrow$  227. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
228. Hypotension  
 yes  $\longrightarrow$  229. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
230. Hypoxia requiring oxygen ( $O_2$ ) support  
 yes  $\longrightarrow$  231. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
232. Nausea  
 yes  $\longrightarrow$  233. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
234. Rigors, mild  
 yes  $\longrightarrow$  235. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
236. Rigors, severe  
 yes  $\longrightarrow$  237. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
238. Shortness of breath (SOB)  
 yes  $\longrightarrow$  239. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no
240. Tachycardia  
 yes  $\longrightarrow$  241. In the Medical Director's judgment, was the adverse event a  
 no direct result of the infusion?  yes  no

242. Vomiting  
 yes → 243. In the Medical Director's judgment, was the adverse event a direct result of the infusion?  yes  no  
 no

244. Other expected AE  
 yes → 245. Specify other expected AE: \_\_\_\_\_  
 no 246. In the Medical Director's judgment, was the adverse event a direct result of the infusion?  yes  no

247. Other unexpected AE  
 yes → 248. Specify other unexpected AE: \_\_\_\_\_  
 no 249. In the Medical Director's judgment, was the adverse event a direct result of the infusion?  yes  no

|   |                    |
|---|--------------------|
| <b>Donor/Infant Demographic Information</b> | Questions: 250-285 |
|---|--------------------|

**The 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 →  
 No  
 Unknown  
 Not applicable (male donor or cord blood unit)

251. Number of pregnancies  
 Known → 252. Specify number of pregnancies: \_\_\_\_  
 Unknown

253. Specify blood type  A  B  AB  O

254. Specify Rh factor  Positive  Negative

255. Did this donor have a central line placed?  
 Yes →  
 No  
 Not applicable (cord blood unit or marrow product)

256. Specify the site of the central line placement  
 femoral  
 subclavian  
 internal jugular  
 Other site → 257. Specify other site: \_\_\_\_\_

258. Ethnicity (donor)  Hispanic or Latino  Not Hispanic or Latino  Not applicable (not a resident of the USA)  Unknown

259. Race (donor)

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

260. Race detail (donor)

- |  |  |
|--|--|
| <input type="checkbox"/> Eastern European                      | <input type="checkbox"/> North American Indian                     |
| <input type="checkbox"/> Mediterranean                         | <input type="checkbox"/> American Indian, South or Central America |
| <input type="checkbox"/> Middle Eastern                        | <input type="checkbox"/> Caribbean Indian                          |
| <input type="checkbox"/> North Coast of Africa                 | <input type="checkbox"/> South Asian                               |
| <input type="checkbox"/> North American                        | <input type="checkbox"/> Filipino (Pilipino)                       |
| <input type="checkbox"/> Northern European                     | <input type="checkbox"/> Japanese                                  |
| <input type="checkbox"/> Western European                      | <input type="checkbox"/> Korean                                    |
| <input type="checkbox"/> White Caribbean                       | <input type="checkbox"/> Chinese                                   |
| <input type="checkbox"/> White South or Central American       | <input type="checkbox"/> Vietnamese                                |
| <input type="checkbox"/> Other White                           | <input type="checkbox"/> Other Southeast Asian                     |
| <input type="checkbox"/> African (both parents born in Africa) | <input type="checkbox"/> Guamanian                                 |
| <input type="checkbox"/> African American                      | <input type="checkbox"/> Hawaiian                                  |
| <input type="checkbox"/> Black Caribbean                       | <input type="checkbox"/> Samoan                                    |
| <input type="checkbox"/> Black South or Central American       | <input type="checkbox"/> Other Pacific Islander                    |
| <input type="checkbox"/> Alaskan Native or Aleut               |  |

**Copy questions 259 - 260 if needed for Race**

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

- Sibling
- Half-sibling
- Syngeneic (identical) twin
- Fraternal twin
- Recipient's child
- Other biological relative →
- Unrelated

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

- Mother
- Father
- Maternal aunt
- Maternal uncle
- Maternal cousin
- Paternal aunt
- Paternal uncle
- Paternal cousin
- Other biological relative → 263. Specify: \_\_\_\_\_

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

- yes →
- no
- Unknown

**Specify disease(s) tested:**

265. Sickle cell anemia

- yes → 266. Specify results
- no  Positive  Carrier of the trait  Negative

267. Thalassemia

- yes → 268. Specify results
- no  Positive  Carrier of the trait  Negative

269. Other disease  
 yes → 270. Specify other disease: \_\_\_\_\_  
 no 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 →  
 no

274. Specify: \_\_\_\_\_

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

yes →  
 no

276. Was the blood transfusion product autologous?  
 yes → 277. Specify number of units: \_\_\_\_  
 no

278. Was the blood transfusion product allogeneic (homologous)?  
 yes → 279. Specify number of units: \_\_\_\_  
 no

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

yes →  
 no

281. Specify cause of death: \_\_\_\_\_

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

yes →  
 no

283. Research sample recipient ID: \_\_\_\_\_

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

yes →  
 no

285. Research sample donor ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD