

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 (BMDC)
- (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**

Pre-Collection Therapy	Questions: 16-27
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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: _____

Product Collection	Questions: 28-42
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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 | | |

Product Transport and Receipt	Questions: 43-56
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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

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 →

no

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

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
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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):**

- | | | | | |
|-----------------------------|---|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> no | 111. Circulating blood cells | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 112. Bone marrow (in the interval between last systemic therapy and collection) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 113. Collected cells (before purging) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |

114. Polymerase chain reaction (PCR)

yes → **Specify site(s):**

- | | | | | |
|-----------------------------|---|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> no | 115. Circulating blood cells | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 116. Bone marrow (in the interval between last systemic therapy and collection) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 117. Collected cells (before purging) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |

118. Other molecular technique

yes → 119. Specify method: _____

no **Specify site(s):**

- | | | | | |
|--|---|------------------------------|-----------------------------|-----------------------------------|
| | 120. Circulating blood cells | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 121. Bone marrow (in the interval between last systemic therapy and collection) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 122. Collected cells (before purging) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |

123. Immunohistochemistry

yes → **Specify site(s):**

- | | | | | |
|-----------------------------|---|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> no | 124. Circulating blood cells | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 125. Bone marrow (in the interval between last systemic therapy and collection) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 126. Collected cells (before purging) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |

127. Cell culture technique

yes → **Specify site(s):**

- | | | | | |
|-----------------------------|---|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> no | 128. Circulating blood cells | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 129. Bone marrow (in the interval between last systemic therapy and collection) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 130. Collected cells (before purging) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |

131. Other technique

yes → 132. Specify: _____

no **Specify site(s):**

- | | | | | |
|--|---|------------------------------|-----------------------------|-----------------------------------|
| | 133. Circulating blood cells | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 134. Bone marrow (in the interval between last systemic therapy and collection) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| | 135. Collected cells (before purging) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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
- 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

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
- 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
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- 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

193. 121 Acinetobacter
- 122 Actinomyces
 - 123 Bacillus
 - 124 Bacteroides (gracilis, 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)
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 - 134 Enterobacter
 - 177 Enterococcus, vancomycin resistant (VRE)
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- 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)
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- 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

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)
- 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)
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- 149 Leuconostoc (all species)
- 104 Listeria
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- 151 Micrococcus, NOS
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- 110 Mycobacterium tuberculosis (tuberculosis,Koch bacillus)
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- 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)
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- 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

Product Infusion	Questions: 196-249
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196. Date of this product infusion: __ __ / __ __ / __ __
YYYY MM DD

197. Was more than one product infused? (e.g., marrow and PBSC, PBSC and cord blood, two different cords, etc.)

- yes
- no

198. Was the product infusion described on this insert intended to produce hematopoietic engraftment? yes no

199. Date infusion started: __ __ / __ __ / __ __
YYYY MM DD

200. Time product infusion initiated (24-hour clock): __ __ - __ __ standard time daylight savings time
HH MM

201. Date infusion stopped: __ __ / __ __ / __ __
YYYY MM DD

202. Time product infusion completed (24-hour clock): __ __ - __ __ standard time daylight savings time
HH MM

203. Total volume of product plus additives intended for infusion: _____ • __ mL

204. Was the entire volume of product infused?

- yes
- no

205. Specify what happened to the reserved portion

- discarded
- cryopreserved for future use
- other fate → 206. Specify other fate: _____

207. Specify the route of product infusion

- intravenous
- intramedullary
- intraperitoneal
- other route of infusion

208. Specify other route of infusion: _____

The following questions refer to all stem cell products except for autologous marrow and 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
- no

Specify the following adverse event(s):

210. Bradycardia

- yes → 211. In the Medical Director's judgment, was the adverse event a direct result of the infusion? yes no
- no

212. Chest tightness/pain

- yes → 213. In the Medical Director's judgment, was the adverse event a direct result of the infusion? yes no
- no

214. Chills at time of infusion

- yes → 215. In the Medical Director's judgment, was the adverse event a direct result of the infusion? yes no
- no

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

Donor/Infant Demographic Information	Questions: 250-285
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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