



Information Collection Domain: Transplant Procedure and Product Information

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Infectious Disease Markers			yes	Sequence Number:	Auto Filled Field		Sequence Number:	Auto Filled Field	
Infectious Disease Markers			yes	Date Received:	Auto Filled Field		Date Received:	Auto Filled Field	
Infectious Disease Markers			yes	CIBMTR Center Number:	Auto Filled Field		CIBMTR Center Number:	Auto Filled Field	
Infectious Disease Markers			yes	CIBMTR Research ID:	Auto Filled Field		CIBMTR Research ID:	Auto Filled Field	
Infectious Disease Markers				Event date:	Auto Filled Field created with CRID		Event date:	Auto Filled Field created with CRID	
Infectious Disease Markers		no	no	HCT type (check all that apply)	Allogeneic, related, Allogeneic, unrelated		HCT type (check all that apply)	Allogeneic, related, Allogeneic, unrelated	
Infectious Disease Markers		no	no	Product type (check all that apply)	Bone marrow, Other product, PBSC, Single cord blood unit		Product type (check all that apply)	Bone marrow, Other product, PBSC, Single cord blood unit	
Infectious Disease Markers		no	no	Other product. Specify:	open text		Other product. Specify:	open text	
Infectious Disease Markers		no	no	Registry donor ID:	open text		Registry donor ID:	open text	
Infectious Disease Markers		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Infectious Disease Markers		no	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Infectious Disease Markers		no	no	ISBT DIN:	open text		ISBT DIN:	open text	

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Infectious Disease Markers		no	no	Registry or UCB Bank ID	<p>Registry, (ACB) 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, (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)</p>	Registry or UCB Bank ID			
Infectious Disease Markers		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
Infectious Disease Markers		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
Infectious Disease Markers		no	no	Donor sex	female,male		Donor sex	female,male	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Who is being tested for IDMs?	donor IDM (marrow or PBSC),cord blood unit IDM,maternal IDM (cord blood)		Who is being tested for IDMs?	donor IDM (marrow or PBSC),cord blood unit IDM,maternal IDM (cord blood)	

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Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	HBsAg: (hepatitis B surface antigen)	Non-reactive,Not done,Reactive		HBsAg: (hepatitis B surface antigen)	Non-reactive,Not done,Reactive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti HBc: (hepatitis B core antibody)	Non-reactive,Not done,Reactive		Anti HBc: (hepatitis B core antibody)	Non-reactive,Not done,Reactive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	FDA licensed NAAT testing for HBV	Negative,Not done,Positive		FDA licensed NAAT testing for HBV	Negative,Not done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-HCV: (hepatitis C antibody)	Non-reactive,Not done,Reactive		Anti-HCV: (hepatitis C antibody)	Non-reactive,Not done,Reactive	

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Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	FDA licensed NAAT testing for HCV	Negative,Not done,Positive		FDA licensed NAAT testing for HCV	Negative,Not done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	HIV-1 p24 antigen	Non-reactive,Not done,Not reported,Reactive		HIV-1 p24 antigen	Non-reactive,Not done,Not reported,Reactive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	FDA licensed NAAT testing for HIV-1	Negative,Not done,Positive		FDA licensed NAAT testing for HIV-1	Negative,Not done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	

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Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-HIV 1 and anti-HIV 2*: (antibodies to Human Immunodeficiency Viruses)	Non-reactive,Not done,Not reported,Reactive		Anti-HIV 1 and anti-HIV 2*: (antibodies to Human Immunodeficiency Viruses)	Non-reactive,Not done,Not reported,Reactive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Chagas testing	Negative,Not Done,Positive		Chagas testing	Negative,Not Done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-HSV (Herpes simplex virus antibody)	Negative,Not Done,Positive		Anti-HSV (Herpes simplex virus antibody)	Negative,Not Done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-EBV (Epstein-Barr virus antibody)	Inconclusive,Negative,Not done,Positive		Anti-EBV (Epstein-Barr virus antibody)	Inconclusive,Negative,Not done,Positive	

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Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Anti-VZV (Varicella zoster virus antibody)	Negative,Not Done,Positive		Anti-VZV (Varicella zoster virus antibody)	Negative,Not Done,Positive	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Other infectious disease marker, specify	no,yes		Other infectious disease marker, specify	no,yes	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Date sample collected:	YYYY/MM/DD		Date sample collected:	YYYY/MM/DD	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Specify test and method:	open text		Specify test and method:	open text	
Infectious Disease Markers	Non NMDP Allogeneic or syngeneic Donor or Non NMDP Cord Blood Unit Information	yes	no	Specify test results:	open text		Specify test results:	open text	

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Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Registry donor ID:	open text		Registry donor ID:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	ISBT DIN:	open text		ISBT DIN:	open text	





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Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Donor sex	female,male		Donor sex	female,male	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specify the person for whom this typing is being done	Donor,Recipient-final typing		Specify the person for whom this typing is being done	Donor,Recipient-final typing	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Was documentation submitted to the CIBMTR (e.g. lab report)	No,Yes		Was documentation submitted to the CIBMTR (e.g. lab report)	No,Yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus A	Known,Unknown		Locus A	Known,Unknown	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First A* allele designations:	open text		First A* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second A* allele designations:	open text		Second A* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus B	Known,Unknown		Locus B	Known,Unknown	

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Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First B* allele designations:	open text		First B* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second B* allele designations:	open text		Second B* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus C	Known,Unknown		Locus C	Known,Unknown	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First C* allele designations:	open text		First C* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second C* allele designations:	open text		Second C* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Locus DRB1	Known,Unknown		Locus DRB1	Known,Unknown	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	First DRB1* allele designations:	open text		First DRB1* allele designations:	open text	

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Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Second DRB1* allele designations:	open text		Second DRB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DRB3	Known,Unknown		Locus DRB3	Known,Unknown	
Confirmation of HLA Typing		no	no	First DRB3* allele designations:	open text		First DRB3* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB3* allele designations:	open text		Second DRB3* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DRB4	Known,Unknown		Locus DRB4	Known,Unknown	
Confirmation of HLA Typing		no	no	First DRB4* allele designations:	open text		First DRB4* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB4* allele designations:	open text		Second DRB4* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DRB5	Known,Unknown		Locus DRB5	Known,Unknown	
Confirmation of HLA Typing		no	no	First DRB5* allele designations:	open text		First DRB5* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DRB5* allele designations:	open text		Second DRB5* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DQB1	Known,Unknown		Locus DQB1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DQB1* allele designations:	open text		First DQB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DQB1* allele designations:	open text		Second DQB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DPB1	Known,Unknown		Locus DPB1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DPB1* allele designations:	open text		First DPB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DPB1* allele designations:	open text		Second DPB1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DQA1	Known,Unknown		Locus DQA1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DQA1* allele designations:	open text		First DQA1* allele designations:	open text	

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Confirmation of HLA Typing		no	no	Second DQA1* allele designations:	open text		Second DQA1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Locus DPA1	Known,Unknown		Locus DPA1	Known,Unknown	
Confirmation of HLA Typing		no	no	First DPA1* allele designations:	open text		First DPA1* allele designations:	open text	
Confirmation of HLA Typing		no	no	Second DPA1* allele designations:	open text		Second DPA1* allele designations:	open text	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	A Antigens. Number of antigens provided	one,two		A Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A25(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19),A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74(19),A80,A9,AX		Specificity – 1st antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A25(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19),A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74(19),A80,A9,AX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A25(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19),A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74(19),A80,A9,AX		Specificity – 2nd antigen	A1,A10,A11,A19,A2,A203,A210,A23(9),A24(9),A2403,A25(10),A26(10),A28,A29(19),A3,A30(19),A31(19),A32(19),A33(19),A34(10),A36,A43,A66(10),A68(28),A69(28),A74(19),A80,A9,AX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	B Antigens. Number of antigens provided	one,two		B Antigens. Number of antigens provided	one,two	

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Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	B12,B13,B14,B15,B16,B17,B18,B21,B22,B27,B2708,B35,B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,B44(12),B45(12),B46,B47,B48,B49(21),B5,B50(21),B51(5),B5102,B5103,B52(5),B53,B54(22),B55(22),B56(22),B57(17),B58(17),B59,B60(40),B61(40),B62(15),B63(15),B64(14),B65(14),B67,B7,B70,B703,B71(70),B72(70),B73,B75(15),B76(15),B77(15),B78,B8,B81,B82,BX		Specificity – 1st antigen	B12,B13,B14,B15,B16,B17,B18,B21,B22,B27,B2708,B35,B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,B44(12),B45(12),B46,B47,B48,B49(21),B5,B50(21),B51(5),B5102,B5103,B52(5),B53,B54(22),B55(22),B56(22),B57(17),B58(17),B59,B60(40),B61(40),B62(15),B63(15),B64(14),B65(14),B67,B7,B70,B703,B71(70),B72(70),B73,B75(15),B76(15),B77(15),B78,B8,B81,B82,BX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	B12,B13,B14,B15,B16,B17,B18,B21,B22,B27,B2708,B35,B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,B44(12),B45(12),B46,B47,B48,B49(21),B5,B50(21),B51(5),B5102,B5103,B52(5),B53,B54(22),B55(22),B56(22),B57(17),B58(17),B59,B60(40),B61(40),B62(15),B63(15),B64(14),B65(14),B67,B7,B70,B703,B71(70),B72(70),B73,B75(15),B76(15),B77(15),B78,B8,B81,B82,BX		Specificity – 2nd antigen	B12,B13,B14,B15,B16,B17,B18,B21,B22,B27,B2708,B35,B37,B38(16),B39(16),B3901,B3902,B40,B4005,B41,B42,B44(12),B45(12),B46,B47,B48,B49(21),B5,B50(21),B51(5),B5102,B5103,B52(5),B53,B54(22),B55(22),B56(22),B57(17),B58(17),B59,B60(40),B61(40),B62(15),B63(15),B64(14),B65(14),B67,B7,B70,B703,B71(70),B72(70),B73,B75(15),B76(15),B77(15),B78,B8,B81,B82,BX	

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Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	C Antigens. Number of antigens provided	one,two		C Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX		Specificity – 1st antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX		Specificity – 2nd antigen	Cw1,Cw10(W3),Cw2,Cw3,Cw4,Cw5,Cw6,Cw7,Cw8,Cw9(W3),CX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity Bw4 present?	no,yes		Specificity Bw4 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity Bw6 present?	no,yes		Specificity Bw6 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DR Antigens. Number of antigens provided	one,two		DR Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX		Specificity – 1st antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX		Specificity – 2nd antigen	DR1,DR10,DR103,DR11(5),DR12(5),DR13(6),DR14(6),DR1403,DR1404,DR15(2),DR16(2),DR17(3),DR18(3),DR2,DR3,DR4,DR5,DR6,DR7,DR8,DR9,DRX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR51 present?	no,yes		Specificity DR51 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR52 present?	no,yes		Specificity DR52 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity DR53 present?	no,yes		Specificity DR53 present?	no,yes	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DQ Antigens. Number of antigens provided	one,two		DQ Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX		Specificity – 1st antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX		Specificity – 2nd antigen	DQ1,DQ2,DQ3,DQ4,DQ5(1),DQ6(1),DQ7(3),DQ8(3),DQ9(3),DQX	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	DP Antigens. Number of antigens provided	one,two		DP Antigens. Number of antigens provided	one,two	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 1st antigen	DPw1,DPw2,DPw3, DPw4,DPw5,DPw6, DPX		Specificity – 1st antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX	
Confirmation of HLA Typing	Non NMDP Allogeneic or syngeneic Donor / Recipient or Non NMDP Cord Blood Unit Information	yes	no	Specificity – 2nd antigen	DPw1,DPw2,DPw3, DPw4,DPw5,DPw6, DPX		Specificity – 2nd antigen	DPw1,DPw2,DPw3,DPw4,DPw5,DPw6,DPX	
Hematopoietic Cellular Transplant (HCT) Infusion		no	no	HCT type (check only one)	Allogeneic, related,Allogeneic, unrelated,Autologous		HCT type (check only one)	Allogeneic, related,Allogeneic, unrelated,Autologous	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Product type (check only one)	Bone marrow,Other product,PBSC,Single cord blood unit		Product type	Bone marrow,Other product,PBSC,Single cord blood unit	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify:	open text		Specify:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP Product	No,Yes		NMDP Product	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP cord blood unit ID:	open text		NMDP cord blood unit ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	NMDP donor ID:	open text		NMDP donor ID:	open text	



Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry donor ID:	open text		Registry donor ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Non-NMDP cord blood unit ID:	open text		Non-NMDP cord blood unit ID:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Global Registration Identifier for Donors (GRID)	open text		Global Registration Identifier for Donors (GRID)	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	ISBT DIN:	open text		ISBT DIN:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Registry or UCB Bank ID	Registry, (B) 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, (ARCB) BANCEL - Argentina Cord Blood Bank, (AUCB) Australian Cord Blood Registry, (AUS) Australian / New Zealand Bone Marrow Donor Registry, (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)	Registry or UCB Bank ID	Registry or UCB Bank ID		

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor DOB:	YYYY/MM/DD		Donor DOB:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor age:	open text, check "Months" or check "Years"		Donor age:	open text, check "Months" or check "Years"	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Donor sex	open text, check "Months" or check "Years"		Donor sex	open text, check "Months" or check "Years"	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Did the donor receive growth and mobilizing factors, prior to any stem cell harvest, to enhance the product collection for this HCT?	No,Yes		Did the donor receive growth and mobilizing factors, prior to any stem cell harvest, to enhance the product collection for this HCT?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Specify growth and mobilizing factor(s) (check all that apply)	G-CSF (filgrastim, Neupogen),Pegylated G-CSF(pegfilgrastim, Neulasta) , Plerixafor (Mozobil) Other growth or mobilizing factor(s)		Specify growth and mobilizing factor(s) (check all that apply)	G-CSF (filgrastim, Neupogen),Pegylated G-CSF(pegfilgrastim, Neulasta) , Plerixafor (Mozobil) Other growth or mobilizing factor(s)	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Allogeneic Donors	yes	no	Specify other growth or mobilizing factor(s):	open text		Specify other growth or mobilizing factor(s):	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date of first collection for this mobilization:	YYYY/MM/DD		Date of first collection for this mobilization:	YYYY/MM/DD	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Were anticoagulants or other agents added to the product between collection and infusion?	No, Yes		Were anticoagulants or other agents added to the product between collection and infusion?	No, Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify anticoagulant(s) or other agents (check all that apply)	Acid citrate dextrose (ACD, ACD-A), Citrate phosphate dextrose (CPD, CPD-A), Ethylenediaminetetraacetic acid (EDTA), Heparin, Other agent		Specify anticoagulant(s) or other agents (check all that apply)	Acid citrate dextrose (ACD, ACD-A), Citrate phosphate dextrose (CPD, CPD-A), Ethylenediaminetetraacetic acid (EDTA), Heparin, Other agent	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other agent:	open text		Specify other agent:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was this product collected off-site and shipped to your facility?	no, yes		Was this product collected off-site and shipped to your facility?	no, yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date of receipt of product at your facility:	YYYY/MM/DD		Date of receipt of product at your facility:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Time of receipt of product (24-hour clock):	Hour:Minute Check standard time or check daylight savings		Time of receipt of product (24-hour clock):	Hour:Minute Check standard time or check daylight savings	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerator temperature, not frozen), Frozen (cryopreserved), Other shipping environment	Change/Clarification of Response Options	Specify the shipping environment of the product(s)	Room temperature, Cooled (refrigerated gel pack, refrigerator temperature, not frozen), Frozen (cryopreserved), Other shipping environment	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other shipping environment:	open text		Specify other shipping environment:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment?	no,yes		Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?	no,yes		Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Was the cord blood unit stored at your center prior to thawing?	no,yes		Was the cord blood unit stored at your center prior to thawing?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify the storage method used for the cord blood unit	Electric freezer,Liquid nitrogen,Vapor phase		Specify the storage method used for the cord blood unit	Electric freezer,Liquid nitrogen,Vapor phase	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Temperature during storage	< -150 0C , > -150 0C to < -135 0C , > -135 0C to < -80 0C, > -80 0C		Temperature during storage	< -150 0C , > -150 0C to < -135 0C , > -135 0C to < -80 0C, > -80 0C	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date storage started:	YYYY/MM/DD		Date storage started:	YYYY/MM/DD	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Total nucleated cells: (Includes nucleated red and nucleated white cells)	----- . ---- x 10 ---- (Includes nucleated red and nucleated white cells) (Cord blood units only)		Total nucleated cells: (Includes nucleated red and nucleated white cells)	----- . ---- x 10 ---- (Includes nucleated red and nucleated white cells) (Cord blood units only)	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Total number of CD34+ cells:	----- . ---- x 10 ----		Total number of CD34+ cells:	----- . ---- x 10 ----	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product thawed from a cryopreserved state prior to infusion?	no,yes		Was the product thawed from a cryopreserved state prior to infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the entire product thawed?	no,yes		Was the entire product thawed?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify the percent of the product that was thawed? (Cord Blood units only)	20%,80%,Other percent		Specify the percent of the product that was thawed? (Cord Blood units only)	20%,80%,Other percent	
Hematopoietic Cellular Transplant (HCT) Infusion Product	Cord Blood Product Infusion	yes	no	Specify other percent:	--%		Specify other percent:	--%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Date thawing process initiated:	YYYY/MM/DD		Date thawing process initiated:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Time at initiation of thaw (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"		Time at initiation of thaw (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	

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Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Time of thaw completion:	Hour:Minute Check "standard time" or "check daylight savings time"		Time of thaw completion:	Hour:Minute Check "standard time" or "check daylight savings time"	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	What method was used to thaw the product?	Electric warmer,Other method,Waterbath		What method was used to thaw the product?	Electric warmer,Other method,Waterbath	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Did any incidents or product complaints occur while preparing or thawing the product?	No,Yes		Did any incidents or product complaints occur while preparing or thawing the product?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product processed prior to infusion?	No,Yes		Was the product processed prior to infusion?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Diluted,Plasma reduced,RBC reduced,Washed		Specify processing (check all that apply)	Buffy coat enriched (buffy coat preparation) ,Diluted,Plasma reduced,RBC reduced,Washed	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Was the product manipulated prior to infusion?	no,yes		Was the product manipulated prior to infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify manipulations performed (check all that apply)	CD34 enriched (CD34+ selection), Ex-vivo expansion, Ex-vivo T-cell depetion, Genetic manipulation (gene transfer / transuction), Other cell manipulation		Specify manipulations performed (check all that apply)	CD34 enriched (CD34+ selection), Ex-vivo expansion, Ex-vivo T-cell depetion, Genetic manipulation (gene transfer / transuction), Other cell manipulation	

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Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify antibodies used (check all that apply)	Alpha/beta antibody,Anti CD19,Anti CD3,Anti CD4,Anti CD45RA,Anti CD52,Anti CD8,Other antibody		Specify antibodies used (check all that apply)	Alpha/beta antibody,Anti CD19,Anti CD3,Anti CD4,Anti CD45RA,Anti CD52,Anti CD8,Other antibody	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other antibody:	open text		Specify other antibody:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify T-cell depletion method	Antibody affinity column,Immunomagnetic beads,Other Method		Specify T-cell depletion method	Antibody affinity column,Immunomagnetic beads,Other Method	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	no	Specify other cell manipulation:	open text		Specify other cell manipulation:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify the timepoint in the product preparation phase that the product was analyzed	Product arrival (cord blood only) , At infusion (final quantity infused)		Specify the timepoint in the product preparation phase that the product was analyzed	Product arrival (cord blood only) , At infusion (final quantity infused)	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Date of product analysis:	YYYY/MM/DD		Date of product analysis:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total volume of product plus additives:	-----' _ ml		Total volume of product plus additives:	-----' _ ml	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total nucleated cells (TNC)	Done,Not done		Total nucleated cells (TNC)	Done,Not done	

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Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total nucleated cells:	----- . ____ x 10 ____		Total nucleated cells:	----- . ____ x 10 ____	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of TNC	Done,Not done,Unknown		Viability of TNC	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of TNC:	___ %		Viability of TNC:	___ %	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing TNC viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing TNC viability	Flow cytometry based (7AAD, AOPI, AOEB),Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Nucleated white blood cells	Done,Not done		Nucleated white blood cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of nucleated white blood cells:	----- . ____ x 10 ____		Total number of nucleated white blood cells:	----- . ____ x 10 ____	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Mononuclear cells	Done,Not done		Mononuclear cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of mononuclear cells:	----- . ____ x 10 ____		Total number of mononuclear cells:	----- . ____ x 10 ____	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Nucleated red blood cells	Done,Not done		Nucleated red blood cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of nucleated red blood cells:	----- . ____ x 10 ____		Total number of nucleated red blood cells:	----- . ____ x 10 ____	



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Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD34+ cells	Done,Not done		CD34+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD34+ cells:	----- . ---- x 10 ----		Total number of CD34+ cells:	----- . ---- x 10 ----	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD34+ cells	Done,Not done,Unknown		Viability of CD34+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD34+ cells:	---%		Viability of CD34+ cells:	---%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD34+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD34+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+ cells	Done,Not done		CD3+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+ cells	Done,Not done,Unknown		Viability of CD3+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+ cells:	----- . ---- x 10 ----		Total number of CD3+ cells:	----- . ---- x 10 ----	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+ cells:	---%		Viability of CD3+ cells:	---%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+CD4+ cells	Done,Not done		CD3+CD4+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+CD4+ cells:	----- . ---- x 10 ---		Total number of CD3+CD4+ cells:	----- . ---- x 10 ---	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD4+ cells	Done,Not done,Unknown		Viability of CD3+CD4+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD4+ cells:	---%		Viability of CD3+CD4+ cells:	---%	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD4+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD4+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	CD3+CD8+ cells	Done,Not done		CD3+CD8+ cells	Done,Not done	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Total number of CD3+CD8+ cells:	----- * x 10 ---		Total number of CD3+CD8+ cells:	----- * x 10 ---	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD8+ cells	Done,Not done,Unknown		Viability of CD3+CD8+ cells	Done,Not done,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Viability of CD3+CD8+ cells:	---%		Viability of CD3+CD8+ cells:	---%	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Method of testing CD3+CD8+ cell viability	Flow cytometry based,Other method,Trypan blue	Change/Clarification of Response Options	Method of testing CD3+CD8+ cell viability	Flow cytometry based (7AAD, AOPI, AOEB), Other method,Trypan blue	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Infusion Product		no	yes	Specify other method:	open text		Specify other method:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Were the colony-forming units (CFU) assessed after thawing? (cord blood units only)	no,yes		Were the colony-forming units (CFU) assessed after thawing? (cord blood units only)	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Was there growth?	no,yes		Was there growth?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM	Done,Not done	Merged to Check all that Apply	Indicate which Assessments were Carried out (Check all that apply)	Total CFU-GM, Total CFU-GEMM, Total BFU-E	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GM:	-----x10__ —		Total CFU-GM:	-----x10__	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM	Done,Not done	Merged to Check all that Apply	Total CFU-GEMM	Done,Not done	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total CFU-GEMM:	-----x10__ —		Total CFU-GEMM:	-----x10__	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E	Done,Not done	Merged to Check all that Apply	Total BFU-E	Done,Not done	Reduce burden: expanded response options to include responses previously reported manually or created a "check all that apply"
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	yes	Total BFU-E:	-----x10__ —		Total BFU-E:	-----x10__	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? (complete for all cell products)	No, Pending, Unknown, Yes		Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? (complete for all cell products)	No, Pending, Unknown, Yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E.	Change/Clarification of Response Options	Specify Organism Code(s):	Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 103 Legionella pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium chelonae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas aeruginosa, 186 Pseudomonas non-aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E.	Change/Clarification of Response Options	Specify Organism Code(s):	Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium chelonae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas aeruginosa, 186 Pseudomonas non-aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E.	Change/Clarification of Response Options	Specify Organism Code(s):	Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium chelonae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas aeruginosa, 186 Pseudomonas non-aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160	Examples added or typographical errors corrected for clarification

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Product Analysis	yes	yes	Specify Organism Code(s):	121 inetobacter (all species), 125 Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E.	Change/Clarification of Response Options	Specify Organism Code(s):	Bordetella pertussis (whooping cough), 128 Campylobacter (all species), 129 Capnocytophaga (all species), 171 Chlamydia (pneumoniae), 130 Citrobacter (freundii, other species), 131 Clostridium (all species except difficile), 132 Clostridium difficile, 173 Corynebacterium jeikeium, 134 Enterobacter (all species), 135 Enterococcus (all species), 177 Enterococcus, vancomycin resistant (VRE), 136 Escherichia (also E. coli), 139 Fusobacterium (all species), 187 Haemophilus influenzae, 188 Haemophilus non-influenzae, 146 Klebsiella (all species), 147 Lactobacillus (bulgaricus, acidophilus, other species), 189 Legionella pneumophila, 190 Legionella non-pneumophila, 103 Leptospira (all species), 148 Leptotrichia buccalis, 149 Leuconostoc (all species), 104 Listeria monocytogenes, 151 Micrococcus, NOS, 118 Mycobacterium abscessus, 112 Mycobacterium avium - intracellulare (MAC, MAI), 108 Mycobacterium chelonae, 109 Mycobacterium fortuitum, 114 Mycobacterium haemophilum, 115 Mycobacterium kansasii, 116 Mycobacterium marinum, 117 Mycobacterium mucogenicum, 110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus), 105 Mycoplasma (all species), 183 Neisseria gonorrhoeae, 184 Neisseria meningitidis, 106 Nocardia (all species), 153 Pasteurella multocida, 155 Proteus (all species), 157 Pseudomonas or Burkholderia cepacia, 185 Pseudomonas aeruginosa, 186 Pseudomonas non-aeruginosa, 159 Rhodococcus (all species), 107 Rickettsia (all species), 160	Examples added or typographical errors corrected for clarification
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify organism:	open text		Specify organism:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Date of this product infusion:	YYYY/MM/DD		Date of this product infusion:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Was the entire volume of received product infused?	no,yes		Was the entire volume of received product infused?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify what happened to the reserved portion	cryopreserved for future use,discarded,other fate		Specify what happened to the reserved portion	cryopreserved for future use,discarded,other fate	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify other fate:	open text		Specify other fate:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Time product infusion initiated (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"		Time product infusion initiated (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Date infusion stopped:	YYYY/MM/DD		Date infusion stopped:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Time product infusion completed (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"		Time product infusion completed (24-hour clock):	Hour:Minute Check "standard time" or "check daylight savings time"	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify the route of product infusion (24-hour clock);	Intramedullary,Intravenous,Other route of infusion		Specify the route of product infusion (24-hour clock);	Intramedullary,Intravenous,Other route of infusion	
Hematopoietic Cellular Transplant (HCT) Product Infusion		no	yes	Specify other route of infusion:	open text		Specify other route of infusion:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Were there any adverse events or incidents associated with the stem cell infusion?	no,yes		Were there any adverse events or incidents associated with the stem cell infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Brachycardia	no,yes		Brachycardia	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	



Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chest tightness / pain	no,yes		Chest tightness / pain	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Chills at time of infusion	no,yes		Chills at time of infusion	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Fever ≤ 103 °F within 24 hours of infusion	no,yes		Fever ≤ 103 °F within 24 hours of infusion	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Fever > 103° F within 24 hours of infusion	no,yes		Fever > 103° F within 24 hours of infusion	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Gross hemoglobinuria	no,yes		Gross hemoglobinuria	no,yes	

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Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Headache	no,yes		Headache	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hives	no,yes		Hives	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypertension	no,yes		Hypertension	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypotension	no,yes		Hypotension	no,yes	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Hypoxia requiring oxygen (O <sub>2</sub> ) support	no,yes		Hypoxia requiring oxygen (O <sub>2</sub> ) support	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Nausea	no,yes		Nausea	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, mild	no,yes		Rigors, mild	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Rigors, severe	no,yes		Rigors, severe	no,yes	

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Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Shortness of breath (SOB)	no,yes		Shortness of breath (SOB)	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Tachycardia	no,yes		Tachycardia	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Vomiting	no,yes		Vomiting	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Other expected AE	no,yes		Other expected AE	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Specify other expected AE:	open text		Specify other expected AE:	open text	

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Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Other unexpected AE	no,yes		Other unexpected AE	no,yes	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	Specify other unexpected AE:	open text		Specify other unexpected AE:	open text	
Hematopoietic Cellular Transplant (HCT) Product Infusion	Cord Blood Product Infusion	yes	no	In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes		In the Medical Director's judgment, was the adverse event a direct result of the infusion?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown,Yes		Was the donor ever pregnant?	Not applicable (male donor or cord blood unit) ,No,Unknown,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Number of pregnancies	Known,Unknown		Number of pregnancies	Known,Unknown	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify number of pregnancies:	open text		Specify number of pregnancies:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Ethnicity (donor)	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown		Ethnicity (donor)	Hispanic or Latino,Not applicable (not a resident of the USA),Not Hispanic or Latino,Unknown	

Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Race (donor) (check all that apply)	American Indian or Alaska Native,Asian,Black or African American,Not reported,Native Hawaiian or Other Pacific Islander,Unknown,White		Race (donor) (check all that apply)	American Indian or Alaska Native,Asian,Black or African American,Not reported,Native Hawaiian or Other Pacific Islander,Unknown,White	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Race detail (donor) (check all that apply)	American,African (both parents born in Africa),South Asian,American Indian, South or Central America,Alaskan Native or Aleut,North American Indian,Black Caribbean,Caribbean Indian,Other White,Eastern European,Filipino (Pilipino),Guamania n,Hawaiian,Japanese,Korean,Mediterranean,Middle Eastern,North American,North Coast of Africa,Chinese,Northern European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vietnamese,White Caribbean,Western European,White South or Central American		Race detail (donor) (check all that apply)	African American,African (both parents born in Africa),South Asian,American Indian, South or Central America,Alaskan Native or Aleut,North American Indian,Black Caribbean,Caribbean Indian,Other White,Eastern European,Filipino (Pilipino),Guamanian,Hawaiian,Japanese,Korean,Mediterranean,Middle Eastern,North American,North Coast of Africa,Chinese,Northern European,Other Pacific Islander,Other Black,Samoan,Black South or Central American,Other Southeast Asian,Unknown,Vietnamese,White Caribbean,Western European,White South or Central American	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor a carrier for potentially transferable genetic diseases?	No,Yes		Was the donor a carrier for potentially transferable genetic diseases?	No,Yes	

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Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify potentially transferable genetic disease (check all that apply)	Other hemoglobinopathy, Other disease, Sickle cell anemia, Thalassemia		Specify potentially transferable genetic disease (check all that apply)	Other hemoglobinopathy, Other disease, Sickle cell anemia, Thalassemia	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify other disease:	open text		Specify other disease:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Was the donor / product tested for other transferable genetic or clonal abnormalities?	No, Unknown, Yes		Was the donor / product tested for other transferable genetic or clonal abnormalities?	No, Unknown, Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Clonal hematopoiesis of indeterminate potential (CHIP)	No, Yes		Clonal hematopoiesis of indeterminate potential (CHIP)	No, Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	What was the method of testing used?	open text		What was the method of testing used?	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Monoclonal B-cell lymphocytosis	No, Yes		Monoclonal B-cell lymphocytosis	No, Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Other transferable genetic or clonal abnormality	No, Yes		Other transferable genetic or clonal abnormality	No, Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Non NMDP Allogeneic Donor / Infant Demographic Information	yes	no	Specify other transferable genetic or clonal abnormality:	open text		Specify other transferable genetic or clonal abnormality:	open text	

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Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Did this donor have a central line placed?	no,yes		Did this donor have a central line placed?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Was the donor hospitalized (inpatient) during or after the collection?	no,yes		Was the donor hospitalized (inpatient) during or after the collection?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Did the donor experience any life-threatening complications during or after the collection?	no,yes		Did the donor experience any life-threatening complications during or after the collection?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify:	open text		Specify:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Did the allogeneic donor give one or more autologous transfusion units?	No,Yes		Did the allogeneic donor give one or more autologous transfusion units?	No,Yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Date of collection:	YYYY/MM/DD		Date of collection:	YYYY/MM/DD	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Number of units:	open text		Number of units:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions,Autologous transfusions,No		Did the donor receive blood transfusions as a result of the collection?	Allogeneic transfusions,Autologous transfusions,No	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify number of autologous units:	open text		Specify number of autologous units:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify number of allogeneic units:	open text		Specify number of allogeneic units:	open text	



Information Collection Domain Sub-Type	Information Collection Domain Additional Sub Domain	Response required if Additional Sub Domain applies	Information Collection may be requested multiple times	Current Information Collection Data Element (if applicable)	Current Information Collection Data Element Response Option(s)	Information Collection update:	Proposed Information Collection Data Element (if applicable)	Proposed Information Collection Data Element Response Option(s)	Rationale for Information Collection Update
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Did the donor die as a result of the collection?	no,yes		Did the donor die as a result of the collection?	no,yes	
Hematopoietic Cellular Transplant (HCT) Infusion	Allo Related Donor / Infant Demographic Information	yes	no	Specify cause of death:	open text		Specify cause of death:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	First Name (person completing form):	open text		First Name (person completing form):	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Last Name:	open text		Last Name:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	E-mail address:	open text		E-mail address:	open text	
Hematopoietic Cellular Transplant (HCT) Infusion		no	yes	Date:	YYYY/MM/DD		Date:	YYYY/MM/DD	