Hematopoietic Cellular Transplant (HCT) Infusion

OMB No: 0915-0310
Expiration Date: 09/30/2028

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Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Event date: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

HCT type (check only one)

- ☐ Autologous
- ☐ Allogeneic, unrelated
- ☐ Allogeneic, related

Product type (check only one)

- ☐ Bone marrow
- ☐ PBSC
- ☐ Single cord blood unit
- ☐ Other product

Specify: _____

NMDP Product

- ☐ Yes
- ☐ No

Product Identifiers:

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

NMDP cord blood unit ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___NMDP donor ID: __ __ __ __ - __ __ __ __ - __

Registry donor ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Non-NMDP cord blood unit ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Global Registration Identifier for Donors (GRID): __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Registry or UCB Bank ID: __ __ __ __

Donor DOB: __ __ __ __ - __ __ - __ __
YYYY MM DD

Donor age: __ __ ☐ Months (use only if less than 1 year old)

☐ Years

Donor sex: ☐ Male ☐ Female

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

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.

Pre-Collection Therapy

1. Did the donor receive growth and mobilizing factors, prior to any stem cell harvest, to enhance the product collection for this HCT? **Allogeneic donors only**
   - ☐ Yes – ***Go to question 2***
   - ☐ No – ***Go to question 4***

2. Specify growth and mobilizing factor(s) *(check all that apply)*
   - ☐ G-CSF (TBO-filgrastim, filgrastim, Granix, Neupogen and biosimilars) – ***Go to question 4***
   - ☐ Pegylated G-CSF (pegfilgrastim, Neulasta) – ***Go to question 4***
   - ☐ Motixafortide (Aphexda) – ***Go to question 4***
   - ☐ Plerixafor (Mozobil and biosimilars) – ***Go to question 4***
   - ☐ Other growth or mobilizing factor(s) – ***Go to question 3***

3. Specify other growth or mobilizing factor(s): _____– ***Go to question 4***

Product Collection

4. Date of first collection for this mobilization: ___ ___ ___ ___ — ___ ___ — ___ ___
   YYYY MM DD

5. Were anticoagulants or other agents added to the product between collection and infusion?
   - ☐ Yes – ***Go to question 6***
   - ☐ No – ***Go to question 8***

6. Specify anticoagulant(s) or other agents *(check all that apply)*
   - ☐ Acid citrate dextrose (ACD, ACD-A) – ***Go to question 8***
   - ☐ Citrate phosphate dextrose (CPD, CPD-A) – ***Go to question 8***
   - ☐ Dimethylsulfoxide (DMSO) – ***Go to question 8***
   - ☐ Ethylenediaminetetraacetic acid (EDTA) – ***Go to question 8***
   - ☐ Heparin– ***Go to question 8***
   - ☐ Plasmalyte– ***Go to question 8***
   - ☐ Other agent – ***Go to question 7***

7. Specify other agent: _____

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Product Transport and Receipt

8. Was this product collected off-site and shipped to your facility?
   - ☐ Yes – ***Go to question 9***
   - ☐ No – ***Go to question 22***

9. Date of receipt of product at your facility: ___ ___ ___ ___ – ___ ___ – ___ ___
   YYYY MM DD

10. Time of receipt of product (24-hour clock): ___ ___ : ___ ___ ☐ standard time ☐ daylight savings time
    Hour Minute

11. Specify the shipping environment of the product(s)
    - ☐ Room temperature – ***Go to question 13***
    - ☐ Cooled *(refrigerator temperature, not frozen, refrigerated gel packs or Credo Cube™ transporter)* – ***Go to question 13***
    - ☐ Frozen *(cryopreserved)* – ***Go to question 13***
    - ☐ Other shipping environment – ***Go to question 12***

12. Specify other shipping environment: _____

13. Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment?
    - ☐ Yes
    - ☐ No

14. Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center?
    - ☐ Yes
    - ☐ No

15. Was the cord blood unit stored at your center prior to thawing? **(Cord blood units only)**
    - ☐ Yes – ***Go to question 16***
    - ☐ No – ***Go to question 19***

16. Specify the storage method used for the cord blood unit
    - ☐ Electric freezer
    - ☐ Liquid nitrogen
    - ☐ Vapor phase

17. Temperature during storage
    - ☐ ≤ -150° C
    - ☐ -149° C to ≥ -80° C

18. Date storage started: ___ ___ ___ ___ — ___ ___ — ___ ___ (YYYY MM DD)

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

19. Total nucleated cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___ (Includes nucleated red and nucleated white cells) **(Cord blood units only)**

20. CD34+ cells **(Cord blood units only)**
    - ☐ Done – ***Go to question 21***
    - ☐ Not done – ***Go to question 22***

21. Total number of CD34+ cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

Product Processing / Manipulation

22. Was the product thawed from a cryopreserved state prior to infusion?
    - ☐ Yes – ***Go to question 23***
    - ☐ No – ***Go to question 30***

23. Was the entire product received by the center thawed?
    - ☐ Yes
    - ☐ No

24. Date thawing process initiated: ___ ___ ___ ___ — ___ ___ — ___ ___ (YYYY MM DD)

25. Time at initiation of thaw (24-hour clock): ___ ___ : ___ ___ (Hour : Minute) ☐ standard time ☐ daylight savings time

26. Time of thaw completion (24-hour clock): ___ ___ : ___ ___ (Hour : Minute) ☐ standard time ☐ daylight savings time

27. What method was used to thaw the product?
    - ☐ Water bath – ***Go to question 29***
    - ☐ Electric warmer – ***Go to question 29***
    - ☐ Other method – ***Go to question 28***

28. Specify other method used to thaw the product: _____

29. Did any incidents or product complaints occur while preparing or thawing the product?
- ☐ Yes
- ☐ No

30. Was the product **processed** prior to infusion?
- ☐ Yes – ***Go to question 31***
- ☐ No – ***Go to question 32***

31. Specify processing *(check all that apply)*
- ☐ Buffy coat enriched *(buffy coat preparation)*
- ☐ Diluted
- ☐ Plasma reduced
- ☐ RBC reduced
- ☐ Washed

32. Was the product **manipulated** prior to infusion?
- ☐ Yes – ***Go to question 33***
- ☐ No – ***Go to question 42***

33. Specify manipulations performed *(check all that apply)*
- ☐ Ex-vivo expansion – ***Go to question 34***
- ☐ Genetic manipulation (gene transfer / transduction) – ***Go to question 36***
- ☐ CD34 enriched (CD34+ selection) – ***Go to question 42***
- ☐ Ex-vivo T-cell depletion – ***Go to question 37***
- ☐ Negative fraction – ***Go to question 42***
- ☐ Other manipulation – ***Go to question 41***

34. Specify ex-vivo expansion
- ☐ Omidubicel (OMISIRGE)
- ☐ Other method

35. Specify other ex-vivo expansion: _____

36. Specify genetic manipulation: (gene transfer / transduction) _____

37. Specify antibodies used *(check all that apply)*
- ☐ Anti CD3
- ☐ Anti CD4

- ☐ Anti CD8
- ☐ Anti CD19
- ☐ Anti CD45RA
- ☐ α/β Antibody
- ☐ Anti CD52
- ☐ Other antibody– ***Go to question 38***

38. Specify other antibody used: _____

39. Specify T-cell depletion method
    - ☐ Antibody affinity column
    - ☐ Immunomagnetic beads
    - ☐ Other method – ***Go to question 40***

40. Specify other T-cell depletion method: _____

41. Specify other cell manipulation: _____

Product Analysis at Infusion

42. Date of product analysis: ___ ___ ___ ___ — ___ ___ — ___ ___
    YYYY MM DD

43. Total volume of product received by center plus additives: ___ ___ ___ ___ ___ • ___mL

In this section, report the total number of cells (not cells per kilogram) and do not correct for viability.

44. Total nucleated cells (TNC) *(whole product)*
    - ☐ Done **– *Go to question 45***
    - ☐ Not done – ***Go to question 50***

45. Total nucleated cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

46. Viability of TNC
    - ☐ Done **– *Go to question 47***
    - ☐ Not done **– *Go to question 50***

47. Viability of TNC: ___ ___ ___ %

48. Method of testing TNC viability
- ☐ Flow cytometry based *(includes 7-AAD, AOPI, and AOEB)* – ***Go to question 50***
- ☐ Trypan blue – ***Go to question 50***
- ☐ Other method – ***Go to question 49***

49. Specify other method of testing TNC viability: _____

50. Nucleated white blood cells
- ☐ Done – ***Go to question 51***
- ☐ Not done – ***Go to question 52***

51. Total number of nucleated white blood cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

52. Mononuclear cells
- ☐ Done – ***Go to question 53***
- ☐ Not done – ***Go to question 54***

53. Total number of mononuclear cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

54. Nucleated red blood cells
- ☐ Done – ***Go to question 55***
- ☐ Not done – ***Go to question 56***

55. Total number of nucleated red blood cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

56. CD34+ cells
- ☐ Done – ***Go to question 57***
- ☐ Not done – ***Go to question 62***

57. Total number of CD34+ cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

58. Viability of CD34+ cells
- ☐ Done – ***Go to question 59***
- ☐ Not done – ***Go to question 62***

59. Viability of CD34+ cells: ___ ___ ___ %

60. Method of testing CD34+ cell viability
- ☐ Flow cytometry based *(7-AAD, AOPI, and AOEB)* – ***Go to question 62***

☐ Trypan blue – ***Go to question 62***

☐ Other method – ***Go to question 61***

61. Specify other method of testing CD34+ cell viability: _____

62. CD3+ cells
☐ Done – ***Go to question 63***

☐ Not done – ***Go to question 68***

63. Total number of CD3+ cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

64. Viability of CD3+ cells
☐ Done – ***Go to question 65***

☐ Not done – ***Go to question 68***

65. Viability of CD3+ cells: ___ ___ ___ %

66. Method of testing CD3+ cell viability
☐ Flow cytometry based *(7-AAD, AOPI, and AOEB)* **– *Go to question 68***

☐ Trypan blue**– *Go to question 68***

☐ Other method – ***Go to question 67***

67. Specify other method of testing CD3+ cell viability: _____

68. CD3+CD4+ cells
☐ Done – ***Go to question 69***

☐ Not done – ***Go to question 70***

69. Total number of CD3+CD4+ cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

70. CD3+CD8+ cells
☐ Done – ***Go to question 71***

☐ Not done – ***Go to question 72***

71. Total number of CD3+CD8+ cells: ___ ___ ___ ___ • ___ ___ x 10 ___ ___

72. Were the colony-forming units (CFU) assessed after thawing? **(Cord blood units only)**
☐ Yes – ***Go to question 73***

☐ No – ***Go to question 78***

73. Was there growth?

☐ Yes

☐ No

74. Indicate which assessments were carried out *(check all that apply)*
☐ Total CFU-GM – ***Go to question 75***
☐ Total CFU-GEMM – ***Go to question 76***
☐ Total BFU-E – ***Go to question 77***

75. Total CFU-GM: ___ ___ ___ ___ • ___ x 10 ___ ___

76. Total CFU-GEMM: ___ ___ ___ ___ • ___ x 10 ___ ___

77. Total BFU-E: ___ ___ ___ ___ • ___ x 10 ___ ___

78. Were any positive cultures (for bacterial or fungal infections) obtained from the product at the transplant center? *(complete for all cell products)*
☐ Yes – ***Go to question 79***
☐ No – ***Go to question 84***
☐ Pending – ***Go to question 84***
☐ Unknown– ***Go to question 84***

Specify organism code(s):

79. ___ ___ ___

80. ___ ___ ___

81. ___ ___ ___

82. ___ ___ ___

83. Specify other organism: _____

Codes for Commonly Reported Organisms
Bacterial Infections

☐ 121 Acinetobacter (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
- ☐ 196 Cutibacterium acnes (Propionibacterium)
- ☐ 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 cheloneae
- ☐ 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 Salmonella (all species)
- ☐ 161 Serratia marcescens
- ☐ 162 Shigella (all species)
- ☐ 180 Staphylococcus aureus (Methicillin Resistant)
- ☐ 179 Staphylococcus aureus (Methicillin Sensitive)
- ☐ 158 Stenotrophomonas maltophilia
- ☐ 166 Stomatococcus mucilaginosis
- ☐ 181 Streptococcus, alpha-hemolytic
- ☐ 182 Streptococcus, Group B
- ☐ 178 Streptococcus pneumoniae
- ☐ 168 Treponema (syphilis)
- ☐ 169 Vibrio (all species)

Fungal Infections

- ☐ 210 Aspergillus, NOS
- ☐ 211 Aspergillus flavus
- ☐ 212 Aspergillus fumigatus
- ☐ 213 Aspergillus niger
- ☐ 215 Aspergillus terreus
- ☐ 214 Aspergillus ustus
- ☐ 270 Blastomyces (dermatitidis)
- ☐ 201 Candida albicans
- ☐ 208 Candida non-albicans
- ☐ 271 Coccidioides (all species)
- ☐ 222 Cryptococcus gattii
- ☐ 221 Cryptococcus neoformans
- ☐ 230 Fusarium (all species)
- ☐ 261 Histoplasma (capsulatum)
- ☐ 241 Mucorales (all species)
- ☐ 260 Pneumocystis (PCP / PJP)

- ☐ 242 Rhizopus (all species)
- ☐ 272 Scedosporium (all species)
- ☐ 240 Zygomycetes, NOS
- ☐ 503 Suspected fungal infection
- ☐ 777 Other organism

Product Infusion

84. Date of this product infusion: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

85. Was the entire volume of the product received by the center infused?
- ☐ Yes – ***Go to question 88***
- ☐ No – ***Go to question 86***

86. Specify what happened to the reserved portion *(check all that apply)*
- ☐ Discarded – ***Go to question 88***
- ☐ Cryopreserved for future use – ***Go to question 88***
- ☐ Research ***– Go to question 88***
- ☐ Training or Quality Control ***– Go to question 88***
- ☐ Other fate – ***Go to question 87***

87. Specify other fate: _____

88. Time product infusion initiated (24-hour clock): ___ ___ : ___ ___ (Hour : Minute)
☐ standard time
☐ daylight savings time

89. Date infusion stopped: ___ ___ ___ ___ - ___ ___ - ___ ___
YYYY MM DD

90. Time product infusion completed (24-hour clock): ___ ___ : ___ ___ (Hour : Minute)
☐ standard time
☐ daylight savings time

91. Specify the route of product infusion
- ☐ Intravenous – ***Go to question 93***
- ☐ Intramedullary *(Intraosseous)* – ***Go to question 93***
- ☐ Other route of infusion – ***Go to question 92***

92. Specify other route of infusion: _____

The following questions are applicable to cord blood units only. Non-NMDP allogeneic products continue with question 134. Autologous and NMDP products go to end of form.

93. Were there any adverse events or incidents associated with the stem cell infusion?
- ☐ Yes – ***Go to question 94***
- ☐ No – ***Go to question 134***

Specify the following adverse event(s)

94. Brachycardia
- ☐ Yes – ***Go to question 95***
- ☐ No – ***Go to question 96***

95. In the clinician's judgment, was the adverse event a direct result of the infusion?
- ☐ Yes
- ☐ No

96. Chest tightness / pain
- ☐ Yes – ***Go to question 97***
- ☐ No – ***Go to question 98***

97. In the clinician's judgment, was the adverse event a direct result of the infusion?
- ☐ Yes
- ☐ No

98. Chills at time of infusion
- ☐ Yes – ***Go to question 99***
- ☐ No – ***Go to question 100***

99. In the clinician's judgment, was the adverse event a direct result of the infusion?
- ☐ Yes
- ☐ No

100. Fever ≤ 103° F within 24 hours of infusion
- ☐ Yes – ***Go to question 101***
- ☐ No – ***Go to question 102***

101. In the clinician's judgment, was the adverse event a direct result of the infusion?
- ☐ Yes
- ☐ No

102. Fever > 103° F within 24 hours of infusion

☐ Yes – ***Go to question 103***

☐ No – ***Go to question 104***

103. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

104. Gross hemoglobinuria
☐ Yes – ***Go to question 105***

☐ No – ***Go to question 106***

105. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

106. Headache
☐ Yes– ***Go to question 107***

☐ No – ***Go to question 108***

107. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

108. Hives
☐ Yes – ***Go to question 109***

☐ No – ***Go to question 110***

109. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

110. Hypertension
☐ Yes – ***Go to question 111***

☐ No – ***Go to question 112***

111. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

112. Hypotension

☐ Yes – ***Go to question 113***

☐ No – ***Go to question 114***

113. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

114. Hypoxia requiring oxygen (O_2) support
☐ Yes – ***Go to question 115***

☐ No – ***Go to question 116***

115. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

116. Nausea
☐ Yes – ***Go to question 117***

☐ No – ***Go to question 118***

117. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐Yes

☐No

118. Rigors, mild
☐ Yes – ***Go to question 119***

☐ No – ***Go to question 120***

119. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

120. Rigors, severe
☐ Yes – ***Go to question 121***

☐ No – ***Go to question 122***

121. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes

☐ No

122. Shortness of breath (SOB)

☐ Yes – ***Go to question 123***

☐ No – ***Go to question 124***

123. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes
☐ No

124. Tachycardia
☐ Yes – ***Go to question 125***
☐ No – ***Go to question 126***

125. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes
☐ No

126. Vomiting
☐ Yes – ***Go to question 127***
☐ No – ***Go to question 128***

127. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes
☐ No

128. Other expected AE
☐ Yes – ***Go to question 129***
☐ No – ***Go to question 131***

129. Specify other expected AE: _____

130. In the clinician's judgment, was the adverse event a direct result of the infusion?
☐ Yes
☐ No

131. Other unexpected AE
☐ Yes – ***Go to question 132***
☐ No – ***Go to question 134***

132. Specify other unexpected AE: _____

133. In the clinician's judgment, was the adverse event a direct result of the infusion?
- ☐ Yes
- ☐ No

Donor / Infant Demographic Information

This Donor Demographic Information section (questions 134-159) 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 to the end of the form.

134. Was the donor ever pregnant?
- ☐ Yes – ***Go to question 135***
- ☐ No – ***Go to question 137***
- ☐ Unknown – ***Go to question 137***

135. Number of pregnancies
- ☐ Known – ***Go to question 136***
- ☐ Unknown – ***Go to question 137***

136. Specify number of pregnancies: ___ ___

137. Geographic ancestry *(select one or more options that closest identifies the donor's background)*
- ☐ Asian – ***Go to question 138***
- ☐ Black or African – ***Go to question 138***
- ☐ Hispanic or Latino – ***Go to question 138***
- ☐ Indigenous American – ***Go to question 138***
- ☐ Jewish – ***Go to question 138***
- ☐ Middle Eastern or North African – ***Go to question 138***
- ☐ Pacific Islander – ***Go to question 138***
- ☐ White – ***Go to question 138***
- ☐ Not otherwise specified – ***Go to question 139***
- ☐ Prefer not to answer – ***Go to question 139***

138. Geographic ancestry detail *(select one or more options that closest identifies the donor's background)*

Asian

- ☐ Caribbean Indian
- ☐ Chinese
- ☐ Filipino

- ☐ Indian
- ☐ Japanese
- ☐ Korean
- ☐ Malaysian
- ☐ Mongolian
- ☐ Pakistani
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Indian Subcontinent *(e.g. Bangladeshi, Nepali, Sri Lankan, etc.)*
- ☐ Other Southeast Asian *(e.g. Cambodian, Indonesian, Singaporean, etc.)*
- ☐ Not otherwise specified Asian

Black or African

- ☐ African American
- ☐ Black Caribbean *(e.g. Haitian, Jamaican, etc.)*
- ☐ Black South or Central American
- ☐ East African *(e.g. Ethiopian, Kenyan, Somali, Tanzanian, etc.)*
- ☐ South African *(e.g. Angolan, Botswanan, Mozambican, Zambian, Zimbabwean, etc.)*
- ☐ West African *(e.g. Ghanian, Malian, Nigerian, Senegalese, etc.)*
- ☐ Not otherwise specified Black/African

Hispanic or Latino

- ☐ Brazilian
- ☐ Caribbean Hispanic *(e.g. Dominican)*
- ☐ Cuban
- ☐ Mexican
- ☐ Puerto Rican
- ☐ South / Central American Hispanic
- ☐ Not otherwise specified Hispanic / Latino

Indigenous American

- ☐ Alaska Native
- ☐ Indigenous Caribbean
- ☐ Indigenous North American
- ☐ Indigenous South / Central American

☐ Not otherwise specified Indigenous American

Jewish

☐ Ashkenazi

☐ Mizrahi

☐ Sephardi

☐ Not otherwise specified Jewish

Middle Eastern or North African

☐ Arab Peninsula *(e.g. Emirati, Kuwaiti, Saudi, Yemeni etc.)*

☐ Central Asian *(e.g. Afghan, Iranian, Kazakhstani, Turkish, etc.)*

☐ East Mediterranean *(e.g. Iraqi, Jordanian, Lebanese, Syrian, etc.)*

☐ North African *(e.g. Algerian, Egyptian, Moroccan, etc.)*

☐ Not otherwise specified Middle Eastern / North African

Pacific Islander

☐ Melanesian *(e.g. Fijian, Papua New Guinean, etc.)*

☐ Micronesian *(e.g. Chamorro, Guamanian, Marshallese, etc.)*

☐ Native Hawaiian

☐ Polynesian *(e.g. Māori, Samoan, Tongan, etc.)*

☐ Not otherwise specified Pacific Islander

White

☐ Eastern European *(e.g. Bulgarian, Georgian, Polish, Romanian, Ukrainian etc.)*

☐ Northern European *(e.g. Finnish, Norwegian, Swedish etc.)*

☐ Russian or Former Soviet Union

☐ Southern European *(e.g. Greek, Italian, Portuguese, Spanish, etc.)*

☐ Western European *(e.g. British, French, German, Irish, Scottish, etc.)*

☐ White Caribbean

☐ White South or Central American

☐ Not otherwise specified White

139. Was the donor a carrier for potentially transferable genetic diseases?

☐ Yes– ***Go to question 140***

☐ No– ***Go to question 142***

140. Specify potentially transferable genetic disease **(check all that apply)**

☐ Sickle cell anemia

☐ Thalassemia

- ☐ Other hemoglobinopathy
- ☐ Other disease– ***Go to question 141***

141. Specify other transferable genetic disease: _____

142. Was the donor / product tested for other transferable genetic or clonal abnormalities?
- ☐ Yes – ***Go to question 143***
- ☐ No – **If this is a related donor, go to question 148; all other donor types go to end of form**
- ☐ Unknown – **If this is a related donor, go to question 148; all other donor types go to end of form**

143. Clonal hematopoiesis of indeterminate potential (CHIP)
- ☐ Yes– ***Go to question 144***
- ☐ No– ***Go to question 145***

144. What was the method of testing used? _____

145. Monoclonal B-cell lymphocytosis
- ☐ Yes
- ☐ No

146. Other transferable genetic or clonal abnormality
- ☐ Yes– ***Go to question 147***
- ☐ No– ***Go to question 148***

147. Specify other transferable genetic or clonal abnormality: _____

The following questions (148 - 159) 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 to the end of the form.

148. Did this donor have a central line placed?
- ☐ Yes
- ☐ No

149. Was the donor hospitalized (inpatient) during or after the collection?
- ☐ Yes
- ☐ No

150. Did the donor experience any life-threatening complications during or after the collection?
- ☐ Yes – ***Go to question 151***
- ☐ No – ***Go to question 152***

151. Specify life-threatening complication experienced: _____

152. Did the allogeneic donor give one or more autologous transfusion units?
- ☐ Yes – ***Go to question 153***
- ☐ No – ***Go to question 155***

153. Date of collection: __ __ __ __ - __ __ - __ __
YYYY MM DD

154. Number of units: __ __

155. Did the donor receive blood transfusions as a result of the collection? *(check all that apply)*
- ☐ Autologous transfusions – ***Go to question 156***
- ☐ Allogeneic transfusions– ***Go to question 157***
- ☐ No – ***Go to question 158***

156. Specify number of autologous units: ___ ___

157. Specify number of allogeneic units: ___ ___

158. Did the donor die as a result of the collection?
- ☐ Yes – ***Go to question 159***
- ☐ No – ***Go to end of form***

159. Specify cause of death: _____