

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: _____

YYYY

MM

DD

This form reflects the baseline data of the recipient for ONE course of cellular therapy and must be completed for all recipients of non-HCT cellular products. For recipients of hematopoietic cell transplants, complete the Form 2400 – Pre-Transplant Essential Data.

If the cellular therapy is a post-HCT donor lymphocyte infusion (DLI), then complete Form 2199.

Recipient Data

1. Country of primary residence - **Go to question 6 unless otherwise noted**

- | | | |
|---|--|---|
| <input type="checkbox"/> Afghanistan | <input type="checkbox"/> Ghana | <input type="checkbox"/> Palau |
| <input type="checkbox"/> Åland Islands | <input type="checkbox"/> Gibraltar | <input type="checkbox"/> Palestine, State of |
| <input type="checkbox"/> Albania | <input type="checkbox"/> Greece | <input type="checkbox"/> Panama |
| <input type="checkbox"/> Algeria | <input type="checkbox"/> Greenland | <input type="checkbox"/> Papua New Guinea |
| <input type="checkbox"/> Andorra | <input type="checkbox"/> Grenada | <input type="checkbox"/> Paraguay |
| <input type="checkbox"/> Angola | <input type="checkbox"/> Guadeloupe | <input type="checkbox"/> Peru |
| <input type="checkbox"/> Anguilla | <input type="checkbox"/> Guatemala | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Antarctica | <input type="checkbox"/> Guernsey | <input type="checkbox"/> Pitcairn Islands |
| <input type="checkbox"/> Antigua and Barbuda | <input type="checkbox"/> Guinea | <input type="checkbox"/> Poland |
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Guinea-Bissau | <input type="checkbox"/> Portugal |
| <input type="checkbox"/> Armenia | <input type="checkbox"/> Guyana | <input type="checkbox"/> Qatar |
| <input type="checkbox"/> Aruba | <input type="checkbox"/> Haiti | <input type="checkbox"/> Réunion |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Heard Island and McDonald Islands | <input type="checkbox"/> Romania |
| <input type="checkbox"/> Austria | <input type="checkbox"/> Holy See | <input type="checkbox"/> Russia |
| <input type="checkbox"/> Azerbaijan | <input type="checkbox"/> Honduras | <input type="checkbox"/> Rwanda |
| <input type="checkbox"/> Bahamas | <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Saint Barthélemy |
| <input type="checkbox"/> Bahrain | <input type="checkbox"/> Hungary | <input type="checkbox"/> Saint Helena |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Iceland | <input type="checkbox"/> Saint Kitts and Nevis |
| <input type="checkbox"/> Barbados | <input type="checkbox"/> India | <input type="checkbox"/> Saint Lucia |
| <input type="checkbox"/> Belarus | <input type="checkbox"/> Indonesia | <input type="checkbox"/> Saint Martin, French |
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Iran | <input type="checkbox"/> Saint Pierre and Miquelon |
| <input type="checkbox"/> Belize | <input type="checkbox"/> Iraq | <input type="checkbox"/> Saint Vincent and the Grenadines |
| <input type="checkbox"/> Benin | <input type="checkbox"/> Ireland | <input type="checkbox"/> Samoa |
| <input type="checkbox"/> Bermuda | <input type="checkbox"/> Isle of Man | <input type="checkbox"/> San Marino |
| <input type="checkbox"/> Bhutan | <input type="checkbox"/> Israel | <input type="checkbox"/> São Tomé and Príncipe |
| <input type="checkbox"/> Bolivia | <input type="checkbox"/> Italy | <input type="checkbox"/> Saudi Arabia |
| <input type="checkbox"/> Bonaire, Sint Eustatius and Saba | <input type="checkbox"/> Jamaica | <input type="checkbox"/> Senegal |
| <input type="checkbox"/> Bosnia and Herzegovina | <input type="checkbox"/> Japan | <input type="checkbox"/> Serbia |

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- Botswana
- Bouvet Island
- Brazil - **Go to question 2**
- British Indian Ocean Territory
- British Virgin Islands
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada - **Go to question 3**
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo, Democratic Republic of the
- Congo, Republic of the
- Cook Islands
- Costa Rica
- Côte d'Ivoire
- Croatia
- Cuba
- Curacao
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macau
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten, Dutch
- Slovak Republic
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Swaziland
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu

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- | | | |
|--|---|--|
| <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Morocco | <input type="checkbox"/> Uganda |
| <input type="checkbox"/> Ecuador | <input type="checkbox"/> Mozambique | <input type="checkbox"/> Ukraine |
| <input type="checkbox"/> Egypt | <input type="checkbox"/> Myanmar | <input type="checkbox"/> United Arab Emirates |
| <input type="checkbox"/> El Salvador | <input type="checkbox"/> Namibia | <input type="checkbox"/> United Kingdom (England, Wales, Scotland, Northern Ireland) |
| <input type="checkbox"/> Equatorial Guinea | <input type="checkbox"/> Nauru | <input type="checkbox"/> United States - Go to question 4 |
| <input type="checkbox"/> Eritrea | <input type="checkbox"/> Nepal | <input type="checkbox"/> Uruguay |
| <input type="checkbox"/> Estonia | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Uzbekistan |
| <input type="checkbox"/> Ethiopia | <input type="checkbox"/> Netherlands Antilles | <input type="checkbox"/> Vanuatu |
| <input type="checkbox"/> Falkland Islands | <input type="checkbox"/> New Caledonia | <input type="checkbox"/> Venezuela |
| <input type="checkbox"/> Faroe Islands | <input type="checkbox"/> New Zealand | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> Fiji | <input type="checkbox"/> Nicaragua | <input type="checkbox"/> Wallis and Futuna Islands |
| <input type="checkbox"/> Finland | <input type="checkbox"/> Niger | <input type="checkbox"/> Western Sahara |
| <input type="checkbox"/> France | <input type="checkbox"/> Nigeria | <input type="checkbox"/> Yemen |
| <input type="checkbox"/> French Guiana | <input type="checkbox"/> Niue | <input type="checkbox"/> Zambia |
| <input type="checkbox"/> French Polynesia | <input type="checkbox"/> Norfolk Island | <input type="checkbox"/> Zimbabwe |
| <input type="checkbox"/> French Southern Territories | <input type="checkbox"/> North Korea | |
| <input type="checkbox"/> Gabon | <input type="checkbox"/> Norway | |
| <input type="checkbox"/> Gambia | <input type="checkbox"/> Oman | |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Pakistan | |
| <input type="checkbox"/> Germany | | |

2. State of residence of recipient (*for residents of Brazil*) - **Go to question 6**

- | | | |
|---|---|--|
| <input type="checkbox"/> Acre | <input type="checkbox"/> Maranhão | <input type="checkbox"/> Rio de Janeiro |
| <input type="checkbox"/> Alagoas | <input type="checkbox"/> Mato Grosso | <input type="checkbox"/> Rio Grande do Norte |
| <input type="checkbox"/> Amapá | <input type="checkbox"/> Mato Grosso do Sul | <input type="checkbox"/> Rio Grande do Sul |
| <input type="checkbox"/> Amazonas | <input type="checkbox"/> Minas Gerais | <input type="checkbox"/> Rondônia |
| <input type="checkbox"/> Bahia | <input type="checkbox"/> Pará | <input type="checkbox"/> Roraima |
| <input type="checkbox"/> Ceará | <input type="checkbox"/> Paraíba | <input type="checkbox"/> Santa Catarina |
| <input type="checkbox"/> Distrito Federal | <input type="checkbox"/> Paraná | <input type="checkbox"/> São Paulo |
| <input type="checkbox"/> Espírito Santo | <input type="checkbox"/> Pernambuco | <input type="checkbox"/> Sergipe |
| <input type="checkbox"/> Goiás | <input type="checkbox"/> Piauí | <input type="checkbox"/> Tocantins |

3. Province or territory of residence of recipient (*for residents of Canada*) - **Go to question 5**

Provinces

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Ontario |

Territories

- | |
|--|
| <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Nunavut |

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- Manitoba
- Prince Edward Island
- Yukon
- New Brunswick
- Quebec
- Newfoundland and Labrador
- Saskatchewan

4. State / territory of residence of recipient (*for residents of USA*)

- Alabama
 - Kentucky
 - North Dakota
 - Alaska
 - Louisiana
 - Ohio
 - Arizona
 - Maine
 - Oklahoma
 - Arkansas
 - Maryland
 - Oregon
 - California
 - Massachusetts
 - Pennsylvania
 - Colorado
 - Michigan
 - Rhode Island
 - Connecticut
 - Minnesota
 - South Carolina
 - Delaware
 - Mississippi
 - South Dakota
 - District of Columbia
 - Missouri
 - Tennessee
 - Florida
 - Montana
 - Texas
 - Georgia
 - Nebraska
 - Utah
 - Hawaii
 - Nevada
 - Vermont
 - Idaho
 - New Hampshire
 - Virginia
 - Illinois
 - New Jersey
 - Washington
 - Indiana
 - New Mexico
 - West Virginia
 - Iowa
 - New York
 - Wisconsin
 - Kansas
 - North Carolina
 - Wyoming
- American Samoa
- Guam
- Northern Mariana Islands
- Puerto Rico
- United States Minor Outlying Islands
- United States Virgin Islands

5. Zip or postal code for place of recipient's residence: (*USA and Canada recipients only*)

6. Does the recipient require interpreter services? (*any interpreter for any level of care ex. reading / verbal*)

- Yes
- No

Unknown

7. Is the recipient an emancipated minor?

Yes – **Go to question 8**

No – **Go to question 9**

8. Specify the recipient's current relationship status

Single, never married

Married or living with a partner

Separated / Divorced

Widowed

9. What is the highest degree or level of school that the recipient has completed?

Under school age or no schooling (*U.S. equivalent: less than 1st grade education*)

Up to 8th grade

9th to 12th grade, no diploma

High school diploma or equivalent (GED)

Some college, no degree

Vocational or associate degree

College degree (B.A. / B.S.)

Advanced degree (e.g. Master's or Doctorate program)

Unknown

10. Is the recipient covered by health insurance?

Yes – **Go to question 11**

No – **Go to question 16**

Specify type of health insurance:

11. Specify type of health insurance (*check all that apply*)

Private health insurance – **Go to question 12**

National Health Insurance (*government-sponsored, non-U.S.*) – **Go to question 16**

Medicare (*government-sponsored, U.S., includes Medicare Advantage plans*) – **Go to question 13**

Medigap (*must have Medicare coverage*) – **Go to question 16**

Medicaid (*government-sponsored, U.S.*) – **Go to question 16**

Children's Health Insurance Program (*CHIP*) – **Go to question 16**

Military-related health care (*TRICARE (CHAMPUS) / VA health care / CHAMP-VA*) – **Go to question 16**

Indian Health Service – **Go to question 16**

- State-sponsored health plan – **Go to question 16**
- Disability insurance – **Go to question 16**
- Other government program – **Go to question 14**
- Other health insurance coverage – **Go to question 15**

12. Specify private insurance type

- Private insurance through a current or former employer or union (of this person or another family member)
- Private insurance purchased directly from an insurance company (by this person or another family member)
- Private insurance, type unknown

13. Specify Medicare type

- Original or Traditional Medicare – **Go to question 16**
- Medicare Advantage – **Go to question 16**
- Medicare, not otherwise specified – **Go to question 16**

14. Specify other government program: _____ – **Go to question 16**

15. Specify other health insurance: _____

16. Was this infusion received within the context of a clinical trial?

- Yes – **Go to question 17**
- No – **Go to question 24**

Copy and complete questions 17-23 to report participation in more than one clinical trial.

17. Sponsor

- ANZCTR – **Go to question 18**
- BMT CTN – **Go to question 23**
- CIBMTR CRO Services – **Go to question 23**
- COG – **Go to question 23**
- EudraCT – **Go to question 19**
- PTCTC – **Go to question 23**
- SWOG – **Go to question 23**
- UMIN – **Go to question 20**
- USIDNET – **Go to question 23**
- Corporate / Industry – **Go to question 21**
- Investigator initiated – **Go to question 23**

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Other – **Go to question 22**

18. Specify ACTRN number: _____ - **Go to question 24**

19. Specify EudraCT number: _____ - **Go to question 24**

20. Specify UMIN number: _____ - **Go to question 24**

21. Specify corporate / industry sponsor name: _____ - **Go to question 24**

22. Specify other sponsor: _____ - **Go to question 24**

23. Specify the ClinicalTrials.gov identification number: NCT _____

Copy and complete questions 17-23 to report participation in more than one clinical trial.

24. Was this infusion received outside of the context of a clinical trial?

Yes – **Go to question 25**

No – **Go to question 26**

25. Specify the reason for not being on a clinical trial (*check all that apply*)

Institutional guidelines / standard treatment

Hospital exemption

Compassionate use

Cellular Therapy and HCT History

26. Is this the first time the recipient is being treated using a cellular therapy?

Yes - **Go to question 37**

No (*recipient has previously been treated using cellular therapy*) - **Go to question 27**

Unknown - **Go to question 37**

27. Were all prior cellular therapies (non-HCT) reported to the CIBMTR?

Yes – **Go to question 37**

No - **Go to question 28**

28. Specify the number of prior cellular therapies: _____

Copy and complete questions 29 - 36 to report all prior cellular therapies that have not yet been reported to CIBMTR.

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29. Date of the prior cellular therapy: _____ Date estimated
YYYY MM DD

30. Was the cellular therapy performed at a different institution?

- Yes – **Go to question 31**
 No – **Go to question 34**

Specify the institution that performed the prior cellular therapy.

31. Was the prior cellular therapy performed at a CIBMTR Affiliated Network Center?

- Yes – **Go to question 32**
 No – **Go to question 33**

32. CIBMTR Center Number (CCN): _____

Specify Non-CIBMTR Affiliated Network Center.

33. Name: _____

City: _____

State: _____

Country: _____

34. Specify the primary indication for the prior cellular therapy

- Autoimmune disease
 B cell lymphoproliferative disorder (*PTLD, EBV lymphoma*)
 Cardiovascular disease
 GVHD prophylaxis (*with HCT*)
 GVHD treatment (*post-HCT*)
 Immune reconstitution (*post-HCT*)
 Infection prophylaxis
 Infection treatment
 Malignant hematologic disorder
 Musculoskeletal disorder
 Neurologic disease
 Non-malignant disorder

- Ocular disease
- Prevent disease relapse
- Promote stem cell engraftment (*e.g., co-infusion with HCT*)
- Pulmonary disease
- Relapsed, persistent or progressive disease (*post-HCT*)
- Solid tumor
- Suboptimal donor chimerism
- Other indication - **Go to question 35**

35. Specify other indication: _____

36. What was the cell source for the prior cellular therapy? (*check all that apply*)

- Autologous
- Allogeneic, unrelated
- Allogeneic, related

Copy and complete questions 29 - 36 to report all prior cellular therapies that have not yet been reported to CIBMTR.

HCT History

37. Has the recipient ever had a prior HCT?

- Yes – **Go to question 38**
- No – **Go to question 46**

38. Specify the number of prior HCTs: _____

39. Were all prior HCTs reported to the CIBMTR?

- Yes – **Go to question 46**
- No - **Go to question 40**

Copy and complete questions 40-45 to report all prior HCTs that have not yet been reported to CIBMTR.

40. Date of the prior HCT: _____ – _____ – _____

YYYY

MM

DD

Date estimated

41. Was the HCT performed at a different institution?

- Yes – **Go to question 42**
- No – **Go to question 45**

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Specify the institution that performed the prior HCT.

42. Was the prior HCT performed at a CIBMTR Affiliated Network Center?

Yes – **Go to question 43**

No – **Go to question 44**

43. CIBMTR Center Number (CCN): _____

Specify Non-CIBMTR Affiliated Network Center.

44. Name: _____

City: _____

State: _____

Country: _____

45. Specify the HSC source(s) for the prior HCT (*check all that apply*)

Autologous

Allogeneic, unrelated

Allogeneic, related

Copy and complete questions 40-45 to report all prior HCTs that have not yet been reported to CIBMTR.

Product Identification

46. Are any of the products, associated with this course of cellular therapy, genetically modified?

Yes

No

Copy and complete questions 47 - 65 to report all donors used for these infusions.

47. Specify donor

Autologous – **Go to question 49**

Allogeneic, related – **Go to question 48**

Allogeneic, unrelated – **Go to question 48**

48. Did NMDP facilitate the procurement, collection, or transportation of the product?

Yes

No

49. Was the product a cord blood unit?

Yes
 No

50. Specify the related donor type (*allogeneic, related only*)

Syngeneic (monozygotic twin)
 HLA-identical sibling (may include non-monozygotic twin)
 HLA-matched other relative (does NOT include a haplo-identical donor)
 HLA-mismatched relative (includes haplo-identical donor)

51. Was this donor used for any prior cellular therapies or HCT? (*for this recipient*)

Yes
 No
 Unknown

52. Global Registration Identifier for Donors (GRID): _____

- Go to question 58

53. NMDP cord blood unit ID: _____ - Go to question 56

54. Registry donor ID (*not applicable for related donor*): _____

- Go to question 56

55. Non-NMDP cord blood unit ID: (*include related and autologous CBUs*) - Go to question 56

56. Registry or UCB Bank ID - **If "Other registry", go to question 57, otherwise go to question 58**

- | | | |
|--|--|--|
| <input type="checkbox"/> [AE](5003)EMBDR
Emirates Marrow
Blood Donor Registry
Sharjah Blood
Transfusion &
Research Center | <input type="checkbox"/> [ES](7813)Registro de
Donantes de Médula
Ósea (REDMO) | <input type="checkbox"/> [PL](3918)
Against
Leukemia
Foundation
(ALF) Warsaw |
| <input type="checkbox"/> [AM](5019)Armenian
Bone Marrow Donor
Registry Charitable
Trust | <input type="checkbox"/> [FI](9738)Finnish Stem
Cell Registry | <input type="checkbox"/> [PL](5391)
Poltransplant |

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- | | | |
|---|---|--|
| <input type="checkbox"/> [AR](5117)Argentine HSC Donors Registry - INCUAI | <input type="checkbox"/> [FR](1804)France Greffe de Moelle Registry - FGM | <input type="checkbox"/> [PL](7414)Fundacja DKMS |
| <input type="checkbox"/> [AT](2614)Austrian Bone Marrow Donor Registry | <input type="checkbox"/> [GB](1726)Welsh Bone Marrow Donor Registry | <input type="checkbox"/> [PT](7358)CEDACE/Portuguese BMD Registry |
| <input type="checkbox"/> [AT](4961)Verein Geben für Leben | <input type="checkbox"/> [GB](2731)NHS Blood and Transplant - BBMR | <input type="checkbox"/> [QA](7593)National Center for Cancer Care & Research - Qatar Stem Cell Donor Registry |
| <input type="checkbox"/> [AT](8162)Vita 34 Gesellschaft für Zelltransplantate mbH | | <input type="checkbox"/> [RO](1372)National Registry of Hematopoietic Stem Cells Voluntary Donors |
| <input type="checkbox"/> [AU](7748)Australian Bone Marrow Donor Registry | <input type="checkbox"/> [GB](3509)Precious Cells International | <input type="checkbox"/> [RS](4650)Serbian Bone Marrow Donor Registry |
| <input type="checkbox"/> [BE](4201)Marrow Donor Program Registry Belgium | <input type="checkbox"/> [GB](6354)Anthony Nolan | <input type="checkbox"/> [RU](4381)National Bone Marrow Donors Registry named after Vasya Perevoshchikov |
| <input type="checkbox"/> [BG](7197)Bulgarian Bone Marrow Donor Registry | <input type="checkbox"/> [GB](9968)DKMS United Kingdom | <input type="checkbox"/> [RU](5971)BMD Registry Blood Banks of Russia |
| <input type="checkbox"/> [BR](8766)REDOME - Registro Nacional de Doadores Voluntários de Medula Ossea | <input type="checkbox"/> [GR](1461)Centre of Bone Marrow Donor Volunteers - Save a life, University of Patras | <input type="checkbox"/> [RU](8256)Karelian Registry of Hematopoietic Stem Cells |
| <input type="checkbox"/> [CA](3066)Victoria Angel Registry of Hope | <input type="checkbox"/> [GR](4979)EOM Hellenic Transplant Organization | <input type="checkbox"/> [RU](8714)Kirov Research Institute of Hematology and Blood |

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Transfusion (KRIHBT)		
<input type="checkbox"/> [CA](5103)Canadian Blood Services Stem Cell Registry	<input type="checkbox"/> [HU](1695)Hungarian Stem Cell Donor Registry	<input type="checkbox"/> [RU](9778)HPC Registry (Samara)
	<input type="checkbox"/> [IE](5590)Irish Unrelated Bone Marrow Registry	<input type="checkbox"/> [SA](1810)King Faisal Specialist Hospital & Research Centre Stem Cell Donor Registry (KFSH&RC;-UDR)
<input type="checkbox"/> [CA](6912)Hema- Quebec Stem Cell Donor Registry		
<input type="checkbox"/> [CH](9341) Blutspende SRK Schweiz AG	<input type="checkbox"/> [IL](4068)Chaim Sheba Medical Center	<input type="checkbox"/> [SA](2107) Saudi Stem Cells Donor Registry
<input type="checkbox"/> [CL](1574)Fundación de Beneficencia Pública DKMS	<input type="checkbox"/> [IL](4987)Ezer Mizion Bone Marrow Donor Registry	<input type="checkbox"/> [SE](5285) Tobias Registry
<input type="checkbox"/> [CL](4675)Vidacel	<input type="checkbox"/> [IL](5239)Bone Marrow and Cord Blood Bank Registry Hadassah University Hospital	<input type="checkbox"/> [SG](3785) Singapore BMDP
<input type="checkbox"/> [CL](4946)Fundación de Beneficencia Pública DKMS	<input type="checkbox"/> [IN](2824) GeneBandhu New Delhi	<input type="checkbox"/> [SG](4291) Singapore Cord Blood Bank
<input type="checkbox"/> [CN](1212)Supercell Biotechnology Corporation	<input type="checkbox"/> [IN](4131)MDR Marrow Donor Registry India Mumbai	<input type="checkbox"/> [SI](4565) Slovenia Donor
<input type="checkbox"/> [CN](1714)Meribank Biotech Co. Ltd	<input type="checkbox"/> [IN](4460)Be The Cure Registry by Jeevan Stem Cell Foundation	<input type="checkbox"/> [SK](1005) Slovak National BMD Registry
<input type="checkbox"/> [CN](2197)China Marrow Donor Program	<input type="checkbox"/> [IN](5451)Bangalore Medical Services Trust, Rotary Bangalore - TTK Blood Bank	<input type="checkbox"/> [SK](4398) Slovenský register placentárných krvotvorných buniek- Eurocord- Slovakia (SRPKB)

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|---|--|--|
| <input type="checkbox"/> [CN](3105)Hong Kong Red Cross Blood Transfusion Service Cord Blood Bank | <input type="checkbox"/> [IN](8196)The Arjan Vir Foundation | <input type="checkbox"/> [TH](8362)Thai National Stem Cell Donor Registry |
| <input type="checkbox"/> [CN](3458)Buddhist Tzu Chi Stem Cells Center - BTCSCC | <input type="checkbox"/> [IN](8486)DATRI Blood Stem Cell Donors Registry | <input type="checkbox"/> [TR](3503) TURKOK - Turkish Stem Cell Coordination Centre |
| <input type="checkbox"/> [CN](4070)Hong Kong Bone Marrow Donor Registry | <input type="checkbox"/> [IN](9935)DKMS BMST Foundation India | <input type="checkbox"/> [TR](3893) Ankara University Faculty of Medicine/TRAN Ankara |
| <input type="checkbox"/> [CN](5812)StemCyte Taiwan | <input type="checkbox"/> [IR](1102)Royan Institute Cord Blood Bank | <input type="checkbox"/> [TR](5509) Blood and Bone Marrow Donor Registry of Istanbul Medical Faculty |
| <input type="checkbox"/> [CN](6459)Bionet Corporation | <input type="checkbox"/> [IR](3146)Taleghani Stem Cell Transplantation and Cell Therapy Center | <input type="checkbox"/> [UA](6933) Ukrainian Bone Marrow Donor Registry |
| <input type="checkbox"/> [CN](6681)Beijing New Sunshine Charity Foundation | <input type="checkbox"/> [IR](4993)Iranian National Stem Cell Donor Network (INSCDN) | <input type="checkbox"/> [US](1033)Gift of Life Marrow Registry |
| <input type="checkbox"/> [CN](6692) Healthbanks biomedical Co. Ltd. | <input type="checkbox"/> [IR](6887)Iranian Stem Cell Donor Program (ISCDP) | <input type="checkbox"/> [US](3553) NMDP |
| <input type="checkbox"/> [CN](9281) Mononuclear Therapeutics Limited | <input type="checkbox"/> [IT](7450)Italian Bone Marrow Donor Registry | <input type="checkbox"/> [US](4857) Celebration Stem Cell Centre |
| <input type="checkbox"/> [CO](8339)Instituto Distrital de Ciencia, Biotecnología e Innovación en Salud - IDCBIS | <input type="checkbox"/> [JP](4364)JMDP - Japan Marrow Donor Program | <input type="checkbox"/> [US](5081) DKMS United States of America |
| <input type="checkbox"/> [CY](4278)Cyprus Paraskevaidio Bone | <input type="checkbox"/> [KR](8405)National Institute of | <input type="checkbox"/> [US](5315)C.W. Bill Young Department of |

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Marrow Donor Registry	Organ_Tissue_Blood Management Korea	Defense Marrow Donor Program/ Georgetown University
<input type="checkbox"/> [CY](9751)Cyprus Bone Marrow Donor Registry	<input type="checkbox"/> [KZ](5070)National Register of Bone Marrow Donors in the Republic of Kazakhstan (NRDKMRK)	<input type="checkbox"/> [US](5928) Mayo Clinic
<input type="checkbox"/> [CZ](4753)Czech Stem Cells Registry Prague (CSCR)	<input type="checkbox"/> [LT](2073)Lithuanian National Bone Marrow Donor Registry	<input type="checkbox"/> [US](6579) Cleveland Cord Blood Center
<input type="checkbox"/> [CZ](5440)Czech National Marrow Donor Registry Plzeň	<input type="checkbox"/> [LU](3099) Luxembourg Marrow Donor Program (LMDP)	<input type="checkbox"/> [US](7470) Celularity, Inc.
<input type="checkbox"/> [DE](2547)VKS Paraguay	<input type="checkbox"/> [MK](2285)Scientific Foundation SPIROSKI - Marrow Donor Registry	<input type="checkbox"/> [US](8379) StemCyte Inc. United States
<input type="checkbox"/> [DE](4596)DKMS Registry gGmbH	<input type="checkbox"/> [MK](4307)MBMDR - Macedonian Bone Marrow Donor Registry	<input type="checkbox"/> [US](8691) National Cord Blood Program New York Blood Center
<input type="checkbox"/> [DE](4744)DKMS Stem Cell Bank gGmbH	<input type="checkbox"/> [MX](1671)Mexican BMDR - DONORMO	<input type="checkbox"/> [US]Cord Blood Registry
<input type="checkbox"/> [DE](4908)José Carreras Cord Blood Bank Düsseldorf-Universitätsklinikum Düsseldorf	<input type="checkbox"/> [MX](9275)Be The Match Mexico	<input type="checkbox"/> [US]Viacord
<input type="checkbox"/> [DE](5525)DKMS Donor Center	<input type="checkbox"/> [NG](3034)Bone Marrow Registry Nigeria	<input type="checkbox"/> [UY](6517) Sindome
<input type="checkbox"/> [DE](6939)ZKRD - Zentrales Knochenmarkspender-Register Deutschland	<input type="checkbox"/> [NL](1131)Sanquin	<input type="checkbox"/> [ZA](6738) DKMS Africa
<input type="checkbox"/> [DE](8888)EMDIS	<input type="checkbox"/> [NL](8139)Matchis Foundation	<input type="checkbox"/> [ZA](8118) South African

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Bone Marrow
Registry

[DK](2015)Danish
Stem Cell Donors -
West

[DK](7484)Danish
Stem Cell Donors -
East (DSDE)

[ES](2329)DKMS
España

[NO](7214)Norwegian
Bone Marrow Donor
Registry

[NZ](8261)New
Zealand Bone Marrow
Donor Registry

[PE](6132)Dirección
General de
Donaciones,
Trasplantes y Banco
de Sangre - Ministerio
de Salud

Other Registry –
**Go to
question 57**

57. Specify other Registry or UCB Bank: _____

58. Donor date of birth

- Known – **Go to question 59**
 Unknown – **Go to question 60**

59. Donor date of birth: _____ - **Go to question 62**

YYYY MM DD

60. Donor age

- Known – **Go to question 61**
 Unknown – **Go to question 62**

61. Donor age: _____ Months *(use only if less than 1 year old)*

Years

62. Donor sex

- Male
 Female
 Unknown

63. Specify the total number of products: _____ *(per protocol, as part of this course of cellular therapy)*

64. Name of cellular therapy product (*for most recent cell therapy infusion*)

- Afamitresgene autoleucel (Tecelra[®]) – **Go to question 66**
- Anitocabtagene autoleucel – **Go to question 66**
- Arlocabtagene autoleucel – **Go to question 66**
- Axicabtagene ciloleucel (YesCarta[®]) – **Go to question 66**
- Brexucabtagene autoleucel (TecartusTM) – **Go to question 66**
- Ciltacabtagene autoleucel (CarvyktiTM) – **Go to question 66**
- Idecabtagene vicleucel (Abecma[®]) – **Go to question 66**
- Letetresgene autoleucel – **Go to question 66**
- Lifileucel (Amtagvi[®]) – **Go to question 66**
- Lisocabtagene maraleucel (BreyanziTM) – **Go to question 66**
- Obecabtagene autoleucel (Aucatzy[®]) – **Go to question 66**
- Rapcabtagene autoleucel – **Go to question 66**
- Relmacabtagene autoleucel (Carteyva[®]) – **Go to question 66**
- Tabelecleucel (EbvalloTM) – **Go to question 66**
- Tisagenlecleucel (Kymriah[®]) – **Go to question 66**
- Zamtocabtagene autoleucel – **Go to question 66**
- Zevorcabtagene autoleucel – **Go to question 66**
- Other product – **Go to question 65**
- No product name (*clinical trial or study product*) – **Go to question 66**

65. Specify other cellular therapy product: _____

Copy and complete questions 47 - 65 to report all donors used for these infusions.

Indication for Cellular Therapy

66. What was the primary indication for performing treatment with cellular therapy?

- Cardiovascular disease – **Go to question 67**
- GVHD prophylaxis (*with HCT*) – **Go to question 86**
- GVHD treatment (*post-HCT*) – **Go to question 86**
- Immune reconstitution (*post-HCT*) – **Go to question 86**
- Infection prophylaxis – **Go to question 78**
- Infection treatment – **Go to question 67**
- Malignant hematologic disorder – **Also complete CIBMTR Form 2402 - Go to question 86**
- Musculoskeletal disorder – **Go to question 67**
- Neurologic disease – **Go to question 67**

- Non-malignant disorder - [Also complete CIBMTR Form 2402 – Go to question 86](#)
- Ocular disease – [Go to question 67](#)
- Prevent disease relapse – [Go to question 86](#)
- Pulmonary disease – [Go to question 67](#)
- Solid tumor- [Also complete CIBMTR Form 2402 – Go to question 86](#)
- Other indication – [Go to question 67](#)

67. Date of diagnosis: _____ - _____ - _____
 YYYY MM DD

Cardiovascular disease – Go to question 68

Musculoskeletal disorder – Go to question 71

Neurologic disease – Go to question 73

Ocular disease – Go to question 75

Pulmonary disease – Go to question 76

Infection treatment – Go to question 78

Other indication – Go to question 85

Cardiovascular

68. Specify cardiovascular disease

- AMI, acute myocardial infarction – [Go to question 86](#)
- Chronic coronary artery disease (ischemic, cardiomyopathy) – [Go to question 86](#)
- Heart failure (non-ischemic etiology) – [Go to question 86](#)
- Limb ischemia – [Go to question 86](#)
- Thromboangiitis obliterans – [Go to question 86](#)
- Other cardiovascular disease – [Go to question 69](#)
- Other peripheral vascular disease – [Go to question 70](#)

69. Specify other cardiovascular disease: _____ – [Go to question 86](#)

70. Specify other peripheral vascular disease: _____ – [Go to question 86](#)

Musculoskeletal

71. Specify musculoskeletal disorder

- Avascular necrosis of femoral head – [Go to question 86](#)
- Osteoarthritis – [Go to question 86](#)
- Osteogenesis imperfecta – [Go to question 86](#)
- Traumatic joint injury – [Go to question 86](#)

- Other musculoskeletal disorder – **Go to question 72**

72. Specify other musculoskeletal disorder: _____ – **Go to question 86**

Neurologic

73. Specify neurologic disease

- Acute cerebral vascular ischemia – **Go to question 86**
- Amyotrophic lateral sclerosis (ALS) – **Go to question 86**
- Autism spectrum disorder (ASD) – **Go to question 86**
- Cerebral palsy – **Go to question 86**
- Congenital hydrocephalus – **Go to question 86**
- Duchenne muscular dystrophy – **Go to question 86**
- Hemorrhagic stroke – **Go to question 86**
- Hypoxic ischemic encephalopathy (HIE) – **Go to question 86**
- Myasthenia gravis – **Go to question 86**
- Parkinson disease – **Go to question 86**
- Spinal cord injury – **Go to question 86**
- Transient ischemic stroke – **Go to question 86**
- Traumatic brain injury – **Go to question 86**
- Other neurologic disease – **Go to question 74**

74. Specify other neurologic disease: _____ – **Go to question 86**

Ocular

75. Specify ocular disease: _____ – **Go to question 86**

Pulmonary

76. Specify pulmonary disease

- Asthma – **Go to question 86**
- Bronchiectasis – **Go to question 86**
- Bronchopulmonary dysplasia – **Go to question 86**
- Pulmonary fibrosis – **Go to question 86**
- Other pulmonary disease – **Go to question 77**

77. Specify other pulmonary disease: _____ – **Go to question 86**

Infection**Specify the organism for which the cellular therapy is being given to treat.**

Cytomegalovirus (CMV)	Candida albicans	Hepatitis A Virus	Measles Virus (Rubeola)
Adenovirus	Candida non-albicans	Hepatitis B Virus	Mumps Virus
Epstein-Barr Virus (EBV)	Coccidioides (all species)	Hepatitis C Virus	Norovirus
BK Virus	Cryptococcus gattii	Hepatitis E Virus	Polioviruses
Gram negative bacteria including Pseudomonas aeruginosa	Cryptococcus neoformans	Herpes Simplex Virus (HSV)	Respiratory Syncytial Virus (RSV)
Gram positive bacteria including Staphylococcus aureus	Fusarium (all species)	Human herpesvirus 6 (HHV-6)	Rhinovirus (all species)
Mycobacterium avium complex	Histoplasma (all species, including capsulatum)	Human Immunodeficiency Virus 1 or 2	Rotavirus (all species)
Mycobacterium tuberculosis	Lomentospora prolificans	Human metapneumovirus	Rubella Virus
Mycobacterium NOS	Mucorales (all species including Rhizopus, Mucor, Rhizomucor, Absidia, Lichtheimia, Cunninghamella species)	Human Papillomavirus (HPV)	Varicella Virus
Aspergillus flavus	Pneumocystis (PCP / PJP)	Human Parainfluenza Virus (all species)	West Nile Virus (WNV)
Aspergillus fumigatus	Scedosporium (all species)	Human T-lymphotropic Virus 1 or 2	Zika Virus
Aspergillus niger	Suspected fungal infection	Influenza A Virus	Suspected viral infection
Aspergillus terreus	Chikungunya virus	Influenza B Virus	Cryptosporidium
Aspergillus ustus	Coronavirus (excluding COVID-19 (SARS-CoV-2))	Influenza, NOS	Malaria
Aspergillus, NOS	COVID-19 (SARS-CoV-2)	JC Virus (Progressive Multifocal Leukoencephalopathy (PML))	Other organism
Blastomycetes (all species, including dermatitidis)	Dengue Virus		
	Enterovirus D68 (EV-D68)		
	Enterovirus except polioviruses and D68 (including echoviruses and coxsackieviruses)		

78. _____

79. _____

80. _____

81. _____

82. _____

83. _____

84. Specify other organism: _____ – **Go to question 86**

Question 78-83 are dropdowns of the options above

Other

85. Specify other indication: _____ – **Go to question 86****Holding / Bridging Therapy Prior to Infusion**

86. Did the recipient receive holding / bridging therapy prior to infusion?

 Yes – **Go to question 87** No – **Go to question 92** Unknown – **Go to question 92**87. Type of holding / bridging therapy (*check all that apply*) Chemotherapy Immunotherapy Radiation therapy

88. Date holding / bridging therapy started

 Known – **Go to question 89** Unknown – **Go to question 90**89. Date holding / bridging therapy started: _____ Date estimated

YYYY

MM

DD

90. Date holding / bridging therapy stopped

 Known – **Go to question 91** Unknown – **Go to question 92**91. Date holding / bridging therapy stopped: _____ Date estimated

YYYY

MM

DD

Lymphodepleting Therapy Prior to Cellular Therapy92. Was lymphodepleting therapy given prior to the infusion? (*does not include lines of therapy given for disease treatment, bridging therapy or maintenance*) Yes – **Go to question 93** No – **Go to question 99**93. Height at start of lymphodepleting therapy: _____ • _____ inches centimeters94. Actual weight at start of lymphodepleting therapy: _____ • _____ pounds kilograms

Copy and complete questions 95-98 to report each drug given as lymphodepleting therapy.

95. Drug

- Bendamustine – **Go to question 97**
- Carboplatin – **Go to question 97**
- Cladribine – **Go to question 97**
- Clofarabine (Clolar[®]) – **Go to question 97**
- Cyclophosphamide (Cytoxan) – **Go to question 97**
- Cytarabine (Ara-C) – **Go to question 97**
- Etoposide (VP-16, VePesid[®]) – **Go to question 97**
- Fludarabine – **Go to question 97**
- Gemcitabine – **Go to question 97**
- Melphalan (L-Pam) – **Go to question 97**
- Pentostatin – **Go to question 97**
- Thiotepa – **Go to question 97**
- Other drug – **Go to question 96**

96. Specify other drug: _____

97. Total prescribed dose: _____ • _____ mg/kg
 mg/m²

98. Date started: _____ – _____ – _____
YYYY MM DD

Copy and complete questions 95-98 to report each drug given as lymphodepleting therapy.

Hematologic Findings Prior to Lymphodepleting Therapy

99. LDH (*report LDH value immediately prior to lymphodepleting therapy*)

- Known – **Go to question 100**
- Unknown – **Go to question 103**

100. LDH _____ • _____ U/L

µkat/L

101. Date sample collected: _____ – _____ – _____
YYYY MM DD

102. LDH upper limit of normal for your institution: _____ • _____

Functional Status

Specify the functional status of the recipient immediately prior to the cellular therapy.

103. What scale was used to determine the recipient's functional status prior to the cellular therapy (*check all that apply*)

- Karnofsky (*recipient age ≥ 16 years*) – **Go to question 104**
- Lansky (*recipient age ≥ 1 and < 16 years*) – **Go to question 105**
- ECOG – **Go to question 106**

104. Karnofsky Scale (recipient age ≥ 16 years) – **Go to question 107**

- 100 Normal; no complaints; no evidence of disease
- 90 Able to carry on normal activity
- 80 Normal activity with effort
- 70 Cares for self; unable to carry on normal activity or to do active work
- 60 Requires occasional assistance but is able to care for most needs
- 50 Requires considerable assistance and frequent medical care
- 40 Disabled; requires special care and assistance
- 30 Severely disabled; hospitalization indicated, although death not imminent
- 20 Very sick; hospitalization necessary
- 10 Moribund; fatal process progressing rapidly

105. Lansky Scale (recipient age ≥ 1 and < 16 years) – **Go to question 107**

- 100 Fully active
- 90 Minor restriction in physically strenuous play
- 80 Restricted in strenuous play, tires more easily, otherwise active
- 70 Both greater restrictions of, and less time spent in, active play
- 60 Ambulatory up to 50% of time, limited active play with assistance / supervision
- 50 Considerable assistance required for any active play; fully able to engage in quiet play
- 40 Able to initiate quiet activities
- 30 Needs considerable assistance for quiet activity
- 20 Limited to very passive activity initiated by others (e.g., TV)
- 10 Completely disabled, not even passive play

106. ECOG score

- 0 – Fully active, able to carry on all pre-disease performance without restriction
- 1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work
- 2 – Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
- 3 – Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
- 4 -- Completely disabled; cannot carry on any selfcare; totally confined to bed or chair

Comorbid Conditions

Questions 107– 115 to be completed for malignant hematologic disorders and solid tumor indications ONLY.

107. Prior viral exposure / infection (*check all that apply*)

- Anti-EBV (Epstein-Barr virus IgG and / or EBNA antibody)
- Anti HBC (hepatitis B core antibody)
- Anti-HCV (hepatitis C antibody)
- CMV IgG (cytomegalovirus IgG antibody)
- HBsAg (hepatitis B surface antigen)
- Hepatitis B – NAAT
- HbsAb (hepatitis B surface antibody)
- Hepatitis C – NAAT
- HIV antibody – **For HIV tests that have a positive result, also complete HIV Form 2048**
- HIV – NAAT – **For HIV tests that have a positive result, also complete HIV Form 2048**
- HTLV1 antibody
- Toxoplasma IgG (Toxoplasma antibody)
- Not done
- Not applicable (all baseline serology / NAATs negative)

108. Did the recipient have a prior malignancy?

- Yes – **Go to question 109**
- No – **Go to question 113**

109. Specify prior malignancy (*check all that apply*)

- Acute lymphoblastic leukemia - **Go to question 112**
- Acute myeloid leukemia - **Go to question 112**
- Breast cancer - **Go to question 112**
- Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma) - **Go to question 112**
- Chronic lymphocytic leukemia - **Go to question 112**

- Chronic myeloid leukemia - **Go to question 112**
- Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal) - **Go to question 112**
- Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate) - **Go to question 112**
- Lung cancer - **Go to question 112**
- Lymphoma (includes Hodgkin & non-Hodgkin lymphoma) - **Go to question 112**
- MDS / MPN - **Go to question 112**
- Melanoma - **Go to question 112**
- Multiple myeloma / plasma cell disorder (PCD) - **Go to question 112**
- Oropharyngeal cancer (e.g., tongue, buccal mucosa) - **Go to question 112**
- Sarcoma - **Go to question 112**
- Thyroid cancer - **Go to question 112**
- Other skin malignancy (basal cell, squamous cell) - **Go to question 112**
- Other hematologic malignancy - **Go to question 110**
- Other solid tumor - **Go to question 111**

110. Specify other hematologic malignancy: *(prior)* _____

111. Specify other solid tumor: *(prior)* _____

112. Was the prior malignancy treated?

- Yes
- No

113. Were there any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-CI)? *(within 6 months prior to the infusion, unless noted as ANY history in the list of coexisting diseases)*

Source: Sorror, M. L. (2013). How I assess comorbidities before hematopoietic cell transplantation. Blood, 121(15), 2854-2863. For the full description of each comorbidity, please review Appendix J in the Forms Instruction Manual

- Yes- **Go to question 114**
- No- **Go to question 116**

114. Specify co-existing diseases or organ impairment (*check all that apply*)

- Arrhythmia - **Go to question 116**
- Cardiac - **Go to question 116**
- Cerebrovascular disease - **Go to question 116**
- Diabetes - **Go to question 116**
- Heart valve disease. - **Go to question 116**
- Hepatic, mild - **Go to question 116**
- Hepatic, moderate / severe - **Go to question 116**

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- Infection - **Go to question 116**
- Inflammatory bowel disease - **Go to question 116**
- Obesity - **Go to question 116**
- Peptic ulcer - **Go to question 116**
- Psychiatric disturbance - **Go to question 116**
- Pulmonary, moderate - **Go to question 116**
- Pulmonary, severe - **Go to question 116**
- Renal, moderate / severe - **Go to question 115**
- Rheumatologic - **Go to question 116**

115. Was the recipient on dialysis immediately prior to start of systemic therapy?

- Yes
- No
- Unknown

116. Did the recipient have a prior solid organ transplant?

- Yes – **Go to question 117**
- No – **Go to End of Form**

Copy and complete questions 117-119 for each prior solid organ transplant.

117. Specify organ

- Bowel – **Go to question 119**
- Heart – **Go to question 119**
- Kidney(s) – **Go to question 119**
- Liver – **Go to question 119**
- Lung(s) – **Go to question 119**
- Pancreas – **Go to question 119**
- Other organ – **Go to question 118**

118. Specify other organ: _____

119. Year of prior solid organ transplant: _____
YYYY

Copy and complete questions 117-119 for each prior solid organ transplant.