Pre-Cellular Therapy Baseline Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

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

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

YYYY	MM	DD

CIBMTR Center Number: ___ ___ ___ ___ ___   CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Product Identification

1. In what setting is this cell therapy product infusion being planned?

   ☐ Inpatient

   ☐ Outpatient

Planned HCT

2. Is a subsequent HCT part of the overall treatment protocol?

   ☐ Yes – *Go to question 3*

   ☐ No – *Go to question 5*

   3. Specify the HCT type

      ☐ Autologous

      ☐ Allogeneic

   4. Specify the circumstances in which the subsequent HCT will be performed

      ☐ Regardless of response to cellular therapy

      ☐ Only if the recipient responds to cellular therapy

      ☐ Only if the recipient fails to respond or has an incomplete response

Toxicity Prophylaxis

5. Therapy given for the prevention of CRS *(prophylactic therapy) (check all that apply)*

   ☐ Anakinra – *Go to question 7*

   ☐ Corticosteroids – *Go to question 7*

   ☐ Dasatinib – *Go to question 7*

   ☐ Duvelisib – *Go to question 7*

   ☐ Emapalumab – *Go to question 7*

   ☐ Ruxolitinib **– *Go to question 7***

   ☐ Siltuximab – *Go to question 7*

   ☐ Tocilizumab – *Go to question 7*

   ☐ Other – *Go to question 6*

   ☐ None – *Go to question 7*

   6. Specify other therapy given: _____

7.   Therapy given for the prevention of neurotoxicity *(prophylactic therapy) (check all that apply)*

☐ Anakinra – ***Go to question 9***

☐ Anti-epileptics – ***Go to question 9***

☐ Corticosteroids – ***Go to question 9***

☐ Dasatinib – ***Go to question 9***

☐ Duvelisib – ***Go to question 9***

☐ Emapalumab – ***Go to question 9***

☐ Ruxolitinib **– *Go to question 9***

☐ Tocilizumab – ***Go to question 9***

☐ Other – ***Go to question 8***

☐ None – ***Go to question 9***

8.   Specify other therapy given: _____

Hematologic Findings Prior to Lymphodepleting Therapy

Report most recent value prior to lymphodepleting therapy.

9.   Complete blood count results available *(check all that apply)*

☐ WBC

☐ Neutrophils

☐ Lymphocytes

☐ Hemoglobin

☐ Hematocrit

☐ Platelets

10.   Date complete blood count (CBC) sample drawn: ___ ___ ___ ___ — ___ ___ — ___ ___

                                                                YYYY   MM   DD

11.   WBC: ___ ___ ___ ___ ___ ___ ● ___ ☐ x 10^9/L (x 10^3/mm^3)
                                                    ☐ x 10^6/L (x 1/mm^3) (x 1/µL) (cells/µL)

12.   Neutrophils: ___ ___ %

13.   Lymphocytes: ___ ___ %

14. Hemoglobin: ___ ___ ___ ___ ● ___ ___   ☐ g/dL
                                                          ☐ g/L
                                                          ☐ mmol/L

15. Hematocrit: ___ ___ ___ ● ___%

16. Were RBCs transfused ≤ 30 days before the date the sample was drawn?

☐ Yes

☐ No

17. Platelets: ___ ___ ___ ___ ___ ___ ___   ☐ x 10^9/L (x 10^3/mm^3)
                                                                  ☐ x 10^6/L (x 1/mm^3) (x 1/µL) (cells/µL)

18. Were platelets transfused ≤ 7 days before the date the sample was drawn?

☐ Yes

☐ No

19. Did the recipient receive any growth factors ≤ 7 days before the start of systemic therapy? *(or long acting growth factor within 14 days prior)*

☐ Yes

☐ No

20. Total serum ferritin: ___ ___ ___ ___ ___ ng/mL (µg/L)

21. Date total serum ferritin collected: __ __ __ __ - __ __ - __ __
                                                              YYYY   MM   DD

22. C-reactive protein

☐ Known – ***Go to question 23***

☐ Unknown – ***Go to question 26***

23. C-reactive protein: ___ ___ ___ ● ___   ☐mg/dL
                                                               ☐mg/L

24. Date C-reactive protein collected: ___ ___ ___ ___ - ___ ___ - ___ ___
                                                              YYYY   MM   DD

25. Upper limit of normal for your institution: ___ ___ ___ ___ ___ ● ___

26.   Serum creatinine: ___ ___ ___ ___ • ___ ___   ☐ mg/dL

                                                    ☐ mmol/L

                                                    ☐ μmol/L

27.   Date serum creatinine collected: ___ ___ ___ ___ - ___ ___ - ___ ___

                                                  YYYY   MM   DD

Socioeconomic Information

28.   Specify the category which best describes the recipient's current occupation *(if the recipient is not currently employed, check the box which best describes his / her last job)*

☐ Professional, technical, or related occupation *(e.g., teacher/professor, nurse/physician, lawyer, engineer)* – **Go to question 30**

☐ Manager, administrator, or proprietor *(e.g., sales manager, real estate agent, postmaster)* – **Go to question 30**

☐ Clerical or related occupation *(e.g., secretary, clerk, mail carrier)* – **Go to question 30**

☐ Sales occupation *(e.g., sales associate, demonstrator, agent, broker)* – **Go to question 30**

☐ Service occupation *(e.g., police officer, cook, hairdresser)* – **Go to question 30**

☐ Skilled craft or related occupation *(e.g., carpenter, repair technician, telephone line worker)* – **Go to question 30**

☐ Equipment / vehicle operator or related occupation *(e.g., driver, railroad brakeman, sewer worker)* – **Go to question 30**

☐ Laborer *(e.g., helper, longshoreman, warehouse worker)* – **Go to question 30**

☐ Farmer *(e.g., owner, manager, operator, tenant)* – **Go to question 30**

☐ Member of the military – **Go to question 30**

☐ Homemaker – **Go to question 30**

☐ Student – **Go to question 30**

☐ Under school age – **Go to question 31**

☐ Not previously employed – **Go to question 30**

☐ Unknown – **Go to question 30**

☐ Other – **Go to question 29**

29.   Specify other occupation: _____

30.   What is the recipient's most recent work status? *(within the last year)*

    ☐   Full time

    ☐   Part time, by choice and not due to illness

    ☐   Part time, due to illness

    ☐   Unemployed, by choice and not due to illness

☐   Unemployed, due to illness

☐   Medical disability

☐   Retired

☐   Unknown

31.   Is the recipient currently in school, or was enrolled prior to illness?

☐ Yes

☐ No

☐ Unknown