



## Post-Cellular Therapy Follow-Up

**Registry Use Only**

Sequence Number:

Date Received:

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_\_\_\_

YYYY                    MM                    DD

Visit

100 day

6 months

1 year

2 years

>2 years, Specify: \_\_\_\_\_

**Survival**

1. Was the recipient admitted to the hospital post-infusion?

- Yes – **Go to question 2**
- No – **Go to question 4**

2. Date of first hospital admission: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
YYYY      MM      DD

3. Date of first discharge: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
YYYY      MM      DD

**Disease Relapse or Progression**

4. Was there evidence of antigen escape?

- Yes – **Go to question 5**
- No – **Go to question 9**
- Not tested – **Go to question 9**
- Not applicable – **Go to question 9**

5. Method of detection of antigen escape (*check all that apply*)

- Flow cytometry – **Go to question 7**
- Immunohistochemistry (IHC) – **Go to question 7**
- Other method – **Go to question 6**
- Unknown – **Go to question 7**

6. Specify other method: \_\_\_\_\_

7. Is documentation being attached? (*e.g. pathology; CIBMTR strongly recommends attaching documentation*)

- Yes
- No

8. Date of antigen escape: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
YYYY      MM      DD

**Current Hematologic Findings**

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

- WBC
- Neutrophils
- Lymphocytes
- Hemoglobin
- Hematocrit
- Platelets

10. Date of most recent complete blood count (CBC) sample drawn: \_\_\_\_\_

\_\_\_\_\_ YYYY MM DD

11. WBC: \_\_\_\_\_ •   $\times 10^9/L$  ( $\times 10^3/mm^3$ )  
  $\times 10^6/L$  ( $\times 1/mm^3$ ) ( $\times 1/\mu L$ ) (cells/ $\mu L$ )

12. Neutrophils: \_\_\_\_\_ %

13. Lymphocytes: \_\_\_\_\_ %

14. Hemoglobin: \_\_\_\_\_ •  g/dL  
 g/L  
 mmol/L

15. Hematocrit: \_\_\_\_\_ • %

16. Were RBCs transfused  $\leq$  30 days before the date the sample was drawn?

- Yes
- No

17. Platelets: \_\_\_\_\_   $\times 10^9/L$  ( $\times 10^3/mm^3$ )  
  $\times 10^6/L$  ( $\times 1/mm^3$ ) ( $\times 1/\mu L$ ) (cells/ $\mu L$ )

18. Were platelets transfused  $\leq$  7 days before the date the sample was drawn?

- Yes
- No

19. Did the recipient receive any growth factors  $\leq$  7 days before the date the sample was drawn? (*or long acting growth factor within 14 days prior*)

- Yes

No

### Persistence of Cells

This section pertains to the evaluation of persistence of a cellular product in the recipient.

20. Were tests performed to detect persistence of the cellular product?

Yes – **Go to question 21**  
 No – **Go to question 42**

21. Was persistence evaluated by molecular assay? (e.g. PCR)

Yes – **Go to question 22**  
 No – **Go to question 26**

22. Date sample collected: \_\_\_\_\_

YYYY                    MM                    DD

23. Specify the cell source (check all that apply)

Bone marrow – **Go to question 25**  
 Peripheral blood – **Go to question 25**  
 Tumor – **Go to question 25**  
 Other – **Go to question 24**

24. Specify other cell source: \_\_\_\_\_

25. Were the infused cells detected?

Yes  
 No

26. Was persistence evaluated by flow cytometry testing? (immunophenotyping)

Yes – **Go to question 27**  
 No – **Go to question 31**

27. Date sample collected: \_\_\_\_\_

YYYY                    MM                    DD

28. Specify the cell source (check all that apply)

Bone marrow – **Go to question 30**  
 Peripheral blood – **Go to question 30**  
 Tumor – **Go to question 30**

Other – **Go to question 29**

29. Specify other cell source: \_\_\_\_\_

30. Were the infused cells detected?

Yes  
 No

31. Was persistence evaluated by immunohistochemistry?

Yes – **Go to question 32**  
 No – **Go to question 36**

32. Date sample collected: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_  
YYYY MM DD

33. Specify the cell source (*check all that apply*)

Bone marrow – **Go to question 35**  
 Peripheral blood – **Go to question 35**  
 Tumor – **Go to question 35**  
 Other – **Go to question 34**

34. Specify other cell source: \_\_\_\_\_

35. Were the infused cells detected?

Yes  
 No

36. Was persistence evaluated by another method?

Yes – **Go to question 37**  
 No – **Go to question 42**

37. Specify other method: \_\_\_\_\_

38. Date sample collected: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_  
YYYY MM DD

39. Specify the cell source (*check all that apply*)

Bone marrow – **Go to question 41**  
 Peripheral blood – **Go to question 41**  
 Tumor – **Go to question 41**

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Other – **Go to question 40**

40. Specify other cell source: \_\_\_\_\_

41. Were the infused cells detected?

Yes  
 No

42. Were B-cell counts monitored after infusion?

Yes – **Go to question 43**  
 No – **Go to End of form**  
 Unknown – **Go to End of form**

43. Was there B-cell recovery?

Yes – **Go to question 44**  
 No – **Go to End of form**  
 Unknown – **Go to End of form**  
 Previously reported (*recipient's initial recovery was recorded on a previous report*) – **Go to End of form**

44. Date of initial B-cell recovery: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
        YYYY           MM           DD

45. Did the recipient receive a subsequent infusion for loss of B-cell aplasia?

Yes – **Also update CIBMTR Form 4003.**  
 No