



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: ____ - ____ - ____
- YYY Y MM DD
3. Date of first discharge: ____ - ____ - ____
- YYY Y 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: _____ • _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L (x 1/mm³) (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 10⁹/L (x 10³/mm³)
☐ x 10⁶/L (x 1/mm³) (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 date the sample was drawn? (*or long acting growth factor within 14 days prior*)

- ☐ Yes

CIBMTR Center Number: _____ CIBMTR Research ID: _____

☐ 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: _____
YYY YYY 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: _____
YYY YYY 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**

CIBMTR Center Number: _____ CIBMTR Research ID: _____

☐ 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