

## Transplant Center Fee Schedule

Form #	Description	Reimbursement
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### PRODUCT INSERT

Form 2006	HSCT Infusion	\$25.00*
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### COMPREHENSIVE DATA FORMS

The following four forms will be paid as a unit when all required forms are received.

Form 2000	Recipient Baseline Form, plus disease specific inserts	
Form 2004	Infectious Disease Markers (related donor only)	
Form 2005	Confirmation of HLA Typing (related donor only)	\$135.00
Form 2006	HSCT Infusion	

Form 2100	100 Days Post-HSCT Data, plus any required inserts	\$110.00
Form 2200	Six months to Two Years Post-HSCT Data, plus any required inserts	\$85.00
Form 2300	Yearly Follow-up for Greater than Two Years Post-HSCT Data, plus any required inserts	\$65.00
Form 2900	Recipient Death Data	\$15.00

\*Applies to unrelated transplants that are not selected for Comprehensive Forms submission. No center will be paid twice for the same form.

### NMDP CENTERS

N/A	Repository sample received	\$35.00
Form F00227	Repository Excuse Code	\$10.00
Form 22	Confirmatory Typing of Donor	\$5.50