Form 2006 R4.0: Hematopoietic Cellular Transplant (HCT) Infusion

Center: CRID:

Key Fields

OMB No: 0915-0310
Expiration Date: 1/31/2020

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Sequence Number:
Date Received: __ __ __ __ - __ __- __ __
CIBMTR Center Number:
CIBMTR Recipient ID:

Date of HCT for which this form is being completed: __ __ __ __ - __ __- __ __

HCT type
(check only one)
- Autologous
- Allogeneic, unrelated
- Allogeneic, related

Product type
(check only one)
- Bone marrow
- PBSC
- Single cord blood unit
- Other product

Specify:

Donor/Cord Blood Unit Identification

Questions: 1 - 15

1 Specify donor

- Autologous
- Autologous cord blood unit
- NMDP unrelated cord blood unit
- NMDP unrelated donor
- Related donor
- Related cord blood unit
- Non-NMDP unrelated donor
- Non-NMDP unrelated cord blood unit

2 NMDP cord blood unit ID:

3 NMDP donor ID:

4 Non-NMDP unrelated donor ID: ____________________ (not applicable for related donor)

5 Non-NMDP cord blood unit ID: ____________________ (include related and autologous CBUs)

6 Is the CBU ID also the ISBT DIN number?

- yes  o no

7 Specify the ISBT DIN number:

8 Registry or UCB Bank ID

9 Specify other Registry or UCB Bank:

10 Date of birth

(donor/infant)

- Known  o Unknown

11 Date of birth: __ __ __ __ - __ __- __ __

(donor/infant)

12 Age

(donor/infant)

- Known  o Unknown
13 Age: ___________________________ Months (use only if less than 1 year old) years

14 Sex (donor/infant)
   - male
   - female

15 Was the product derived from an NMDP adult donor, NMDP cord blood unit, or non-NMDP cord blood unit?
   - yes
   - no

Pre-Collection Therapy

16 Did the donor receive therapy, prior to any stem cell harvest, to enhance the product collection for this HCT?
   - yes
   - no

17 Growth and mobilizing factor(s)
   - yes
   - no

18 G-CSF
   - yes
   - no

19 Pegylated G-CSF
   - yes
   - no

20 GM-CSF
   - yes
   - no

21 Plerixafor (Mozobil)
   - yes
   - no

22 Other growth or mobilizing factor
   - yes
   - no

23 Specify other growth or mobilizing factor: ____________________________

24 Systemic therapy (chemotherapy) (autologous only)
   - yes
   - no

25 Anti-CD20 (rituximab, Rituxan)
   - yes
   - no

26 Other therapy
   - yes
   - no

27 Specify other therapy: ____________________________

Product Collection

28 Date of first collection for this mobilization: __ __ __ __ __ __ __ __ __

29 Was more than one collection required for this HCT?
   - yes
   - no

Complete a separate CIBMTR form 2006 – HCT Infusion for each subsequent collection that was not part of this mobilization.

30 Specify the number of subsequent days of collection in this episode: ____________________________

31 Were anticoagulants added to the product during collection?
   - yes
   - no

Specify anticoagulant(s):

32 Acid citrate dextrose (ACD)
   - yes
   - no

33 Citrate phosphate dextrose (CPD)
   - yes
   - no

34 Heparin
   - yes
   - no

35 Other anticoagulant
   - yes
   - no

36 Specify other anticoagulant: ____________________________
### Key Fields
- **Sequence Number:**
- **Date Received:** __ __ __ __ - __ __- __ __
- **CIBMTR Center Number:** __ __ __ __ - __ __- __ __
- **CIBMTR Recipient ID:** __ __ __ __ - __ __- __ __
- **Initials:** __ __ __ __ - __ __- __ __

### Form 2006 R4.0: Hematopoietic Cellular Transplant (HCT) Infusion

**Center:** CRID:

#### Questions: 158 - 195 (Cord blood units only)

- **What is the biological relationship of the donor to the patient?**
- **Total volume of product plus additives intended for infusion:**
- **Did the donor receive blood transfusions as a result of the collection?**
- **Specify blood type:**
- **Were there any adverse events or incidents associated with the stem cell infusion?**
- **Was the entire volume of product infused?**
- **Specify the timepoint in the product preparation phase that the product was analyzed:**
- **CD34+ cells**
- **Nucleated red blood cells**
- **Mononuclear cells**
- **CD8 reduced**
- **B-cell reduced**

#### Questions: 250 - 285 (male donor or cord blood unit)

- **Was the product derived from an NMDP adult donor, NMDP cord blood unit, or non-NMDP cord blood unit?**
- **Date of birth**
- **Was the product infusion described on this insert intended to produce hematopoietic engraftment?**
- **Total number of CD3+CD8+ cells:**
- **Total number of CD34+ cells:**
- **Total CFU-GM:**
- **Other anticoagulant**
- **Other therapy**
- **Was the product derived from an NMDP adult donor, NMDP cord blood unit, or non-NMDP cord blood unit?**

#### Product Transport and Receipt

- **Questions: 43 - 56**
- **Was this product collected off-site and shipped to your facility?**
- **Date of receipt of product at your facility:** __ __ __ __ - __ __- __ __
- **Time of receipt of product (24-hour clock):** __ __ __ __ - __ __- __ __
- **Specify the shipping environment of the product(s):**
  - Frozen gel pack (refrigerator temperature)
  - Frozen cord blood unit(s)
  - Room temperature per transplant center request
  - Other shipping environment
- **Specify other shipping environment:** __ __ __ __ - __ __- __ __

#### Questions: 57 - 108

- **Was there any indication that the environment within the shipper was outside the expected temperature range for this product at any time during shipment? (Cord blood units only)**
- **Were the secondary containers (e.g., insulated shipping containers and unit cassette) intact when they arrived at your center? (Cord blood units only)**
- **Was the cord blood unit stored at your center prior to thawing?**
- **Specify the storage method used for the cord blood unit:**
  - Electric freezer
  - Liquid nitrogen
  - Vapor phase
- **Temperature during storage:**
  - < -150° C
  - ≥ -150° C to < -135° C
  - ≥ -135° C to < -80° C
  - ≥ -80° C
- **Date storage started:** __ __ __ __ - __ __- __ __

**Report the total number of cells (not cells per kilogram) prior to cryopreservation: (Information provided for the unit by the cord blood bank).**

- **Total nucleated cells:** __ __ __ __ x 10
- **Total number of CD34+ cells (Cord blood units only):**
  - **Done**
  - **Not done**
- **Total number of CD34+ cells:** __ __ __ __ x 10

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**Form 2006 R4.0: Hematopoietic Cellular Transplant (HCT) Infusion**

### Key Fields
- **Sequence Number:**
- **Date Received:** __ __ __ __ - __ __- __ __
- **CIBMTR Center Number:**
- **CIBMTR Recipient ID:**
- **CRID:**
- **Initals:**

### Date Infusion Started:

**Month Day Year**

### Expiration Date:

1/31/2020

### Time of Receipt of Product (24-hour clock):

**Month Day Year**

**Standard time**

### In this section, report the total number of cells (not cells per kilogram) not corrected for viability

- **Related donors only**

### Total nucleated cells:

163

### Total number of CD3+CD8+ cells:

179

### Total number of CD3+ cells:

178

### Total BFU-E:

185

### Was there growth?

- **Yes**
- **No**

### Was the product infusion described on this insert intended to produce hematopoietic engraftment?

- **Yes**
- **No**

### Other molecular technique

- **Yes**
- **No**

### Routine histopathology

- **Yes**
- **No**

### Immunomagnetic column

- **Yes**
- **No**

### Polymerase chain reaction (PCR)

- **Yes**
- **No**

### Other disease

- **Yes**
- **No**

### Did the donor experience any life-threatening complications during or after the collection?

- **Yes**
- **No**

### Was the donor ever pregnant?

- **Yes**
- **No**

### Was the blood transfusion product autologous?

- **Yes**
- **No**

### Was there growth?

- **Yes**
- **No**

### Known

- **Yes**
- **No**

### Anti CD52

- **Yes**
- **No**

### Anti CD8

- **Yes**
- **No**

### Other antigens

- **Yes**
- **No**

### Temperatures

- **≥ 80° C**
- **≥ 135° C to < 80° C**
- **≥ 135° C to < 100° C**
- **≥ 100° C to < 135° C**
- **≥ 100° C to < 100° C**

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80 Cultured (ex-vivo expansion)
   - yes
   - no

81 Genetic manipulation (gene transfer / transduction)
   - yes
   - no

82 PUVA treated
   - yes
   - no

83 CD34 enriched (CD34+ selection)
   - yes
   - no

84 CD133 enriched
   - yes
   - no

85 Monocyte enriched
   - yes
   - no

86 Mononuclear cells enriched
   - yes
   - no

87 T-cell depletion
   - yes
   - no

   Specify method:
   88 Antibody affinity column
      - yes - Report the antibodies used for T-cell depletion at question 96
      - no

89 Antibody coated plates
   - yes - Report the antibodies used for T-cell depletion at question 96
   - no

90 Antibody coated plates and soybean lectin
   - yes - Report the antibodies used for T-cell depletion at question 96
   - no

91 Antibody + toxin
   - yes - Report the antibodies used for T-cell depletion at question 96
   - no

92 Immunomagnetic beads
   - yes - Report the antibodies used for T-cell depletion at question 96
   - no

93 CD34 affinity column plus sheep red blood cell rosetting
   - yes
   - no

94 Other cell manipulation
   - yes
   - no

95 Specify other cell manipulation:

96 Were antibodies used during product manipulation?
   - yes
   - no

   Specify antibodies:
   97 Anti CD2
      - yes
      - no

98 Anti CD3
   - yes
   - no

99 Anti CD4
   - yes
   - no

100 Anti CD5
    - yes
    - no
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Center: CRID:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Anti CD6</td>
</tr>
<tr>
<td>102</td>
<td>Anti CD7</td>
</tr>
<tr>
<td>103</td>
<td>Anti CD8</td>
</tr>
<tr>
<td>104</td>
<td>Anti CD19</td>
</tr>
<tr>
<td>105</td>
<td>All antibody</td>
</tr>
<tr>
<td>106</td>
<td>Anti CD52</td>
</tr>
<tr>
<td>107</td>
<td>Other antibody</td>
</tr>
<tr>
<td>108</td>
<td>Specify other antibody:</td>
</tr>
</tbody>
</table>

Autologous Products Only

**Questions: 109 - 157**

The following section refers to autologous products only, including autologous cord blood; if this is not an autologous HCT, continue with the Product Analysis section at question 158.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>109</td>
<td>Were tumor cells detected in the recipient or autologous product prior to HCT?</td>
</tr>
<tr>
<td></td>
<td>Yes  No  No</td>
</tr>
</tbody>
</table>

Specify tumor cell detection method used and site(s) of tumor cells:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>Routine histopathology</td>
</tr>
<tr>
<td></td>
<td>Yes  No  No</td>
</tr>
</tbody>
</table>

Specify site(s):

<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td>Circulating blood cells</td>
</tr>
<tr>
<td></td>
<td>Yes  No  Not done</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>112</td>
<td>Bone marrow</td>
</tr>
<tr>
<td></td>
<td>(in the interval between last systemic therapy and collection)</td>
</tr>
<tr>
<td></td>
<td>Yes  No  Not done</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>113</td>
<td>Collected cells</td>
</tr>
<tr>
<td></td>
<td>(before purging)</td>
</tr>
<tr>
<td></td>
<td>Yes  No  Not done</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>114</td>
<td>Polymerase chain reaction (PCR)</td>
</tr>
<tr>
<td></td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

Specify site(s):

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<tr>
<td>115</td>
<td>Circulating blood cells</td>
</tr>
<tr>
<td></td>
<td>Yes  No  Not done</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>117</td>
<td>Collected cells</td>
</tr>
<tr>
<td></td>
<td>(before purging)</td>
</tr>
<tr>
<td></td>
<td>Yes  No  Not done</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
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</tr>
</thead>
<tbody>
<tr>
<td>118</td>
<td>Other molecular technique</td>
</tr>
<tr>
<td></td>
<td>Yes  No  No</td>
</tr>
</tbody>
</table>

Specify method:_________________________

Specify site(s):

<table>
<thead>
<tr>
<th>Questions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>119</td>
<td>Circulating blood cells</td>
</tr>
<tr>
<td></td>
<td>Yes  No  Not done</td>
</tr>
</tbody>
</table>
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Center:  CRID:  

121 Bone marrow  
   (in the interval between last systemic therapy and collection)  
   ☐ Yes ☐ No ☐ Not done  

122 Collected cells  
   (before purging)  
   ☐ Yes ☐ No ☐ Not done  

123 Immunohistochemistry  
   ☐ yes ☐ no  

   Specify site(s):  

124 Circulating blood cells  
   ☐ Yes ☐ No ☐ Not done  

125 Bone marrow  
   (in the interval between last systemic therapy and collection)  
   ☐ Yes ☐ No ☐ Not done  

126 Collected cells  
   (before purging)  
   ☐ Yes ☐ No ☐ Not done  

127 Cell culture technique  
   ☐ yes ☐ no  

   Specify site(s):  

128 Circulating blood cells  
   ☐ Yes ☐ No ☐ Not done  

129 Bone marrow  
   (in the interval between last systemic therapy and collection)  
   ☐ Yes ☐ No ☐ Not done  

130 Collected cells  
   (before purging)  
   ☐ Yes ☐ No ☐ Not done  

131 Other technique  
   ☐ yes ☐ no  

132 Specify:  

   Specify site(s):  

133 Circulating blood cells  
   ☐ Yes ☐ No ☐ Not done  

134 Bone marrow  
   (in the interval between last systemic therapy and collection)  
   ☐ Yes ☐ No ☐ Not done  

135 Collected cells  
   (before purging)  
   ☐ Yes ☐ No ☐ Not done  

136 Was the product treated to remove malignant cells (purged)?  
   ☐ yes ☐ no  

   Specify method(s) used:  

137 Monoclonal antibody  
   ☐ yes ☐ no  

138 Specify monoclonal antibody:  

139 4-hydroperoxycyclophosphamide (4HC)  
   ☐ yes ☐ no  

140 Mafosfamide  
   ☐ yes ☐ no  

141 Other drug  
   ☐ yes ☐ no  

142 Specify other drug:  

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Form 2006 R4.0: Hematopoietic Cellular Transplant (HCT) Infusion

143 Elution
- yes
- no

144 Immunomagnetic column
- yes
- no

145 Toxin
- yes
- no

146 Specify toxin:

147 CD34 selection
- yes
- no

148 Specify method:

149 Other method
- yes
- no

150 Specify:

Specify if tumor cells were detected in the graft after purging by each method used:

151 Routine histopathology
- Yes
- No
- Not done

152 Polymerase chain reaction (PCR)
- Yes
- No
- Not done

153 Other molecular technique
- Yes
- No
- Not done

154 Immunohistochemistry
- Yes
- No
- Not done

155 Cell culture technique
- Yes
- No
- Not done

156 Other
- Yes
- No
- Not done

157 Specify:

Product Analysis (All Products)  Questions: 158 - 195

<table>
<thead>
<tr>
<th>Questions: 158 - 195</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Analysis (1)</td>
</tr>
</tbody>
</table>

158 Specify the timepoint in the product preparation phase that the product was analyzed
- Product arrival
- Pre-cryopreservation
- Post-thaw
- At infusion

159 Date of product analysis: _______ _______ _______ _______

160 Total volume of product plus additives: ___________ mL

In this section, report the total number of cells (not cells per kilogram) not corrected for viability

161 Total nucleated cells (TNC)
- Includes nucleated red and nucleated white cells
- Done
- Not done

162 Total nucleated cells: ___________ x 10

163 Nucleated white blood cells
- Done
- Not done

164 Total number of nucleated white blood cells: ___________ x 10

165 Mononuclear cells
- Done
- Not done

166 Total number of mononuclear cells: ___________ x 10

167 Nucleated red blood cells
- Done
- Not done

168 Total number of nucleated red blood cells: ___________ x 10

169 CD34+ cells
- Done
- Not done

170 Total number of CD34+ cells: ___________ x 10

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
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Center: CRID:

171 CD3+ cells
   □ Done □ Not done
172 Total number of CD3+ cells: ______________________ x 10
173 CD3+CD4+ cells
   □ Done □ Not done
174 Total number of CD3+CD4+ cells: ______________________ x 10
175 CD3+CD8+ cells
   □ Done □ Not done
176 Total number of CD3+CD8+ cells: ______________________ x 10
177 Viability of cells
   □ Done □ Not done
178 Viability of cells: %
179 Method of testing cell viability
   □ 7-AAD □ Propidium iodide □ Trypan blue □ Other method
180 Specify other method:

181 Were the colony-forming units (CFU) assessed after thawing? (Cord blood units only)
   □ yes □ no
182 Was there growth?
   □ yes □ no
183 Total CFU-GM
   □ Done □ Not done
184 Total CFU-GM: ______________________ x 10
185 Total BFU-E
   □ Done □ Not done
186 Total BFU-E: ______________________ x 10
187 Were cultures performed before infusion to test the product(s) for bacterial or fungal infection? (complete for all cell products)
   □ yes □ no
188 Specify results
   □ Positive □ Negative □ Unknown
Specify organism(s):
189
190
191
192
193
194
195 Specify organism:

Product Infusion

Questions: 196 - 249

196 Date of this product infusion:
197 Was more than one product infused? (e.g., marrow and PBSC, PBSC and cord blood, two different cords, etc.)
   □ yes □ no
198 Was the product infusion described on this insert intended to produce hematopoietic engraftment?
   □ yes □ no
199 Date infusion started: ______________________
200 Time product infusion initiated (24-hour clock): ______________________ □ standard time □ daylight savings time
201 Date infusion stopped: ______________________
### Form 2006 R4.0: Hematopoietic Cellular Transplant (HCT) Infusion

- **Center:** CRID:

#### Key Fields
- **Sequence Number:**
- **Date Received:** __ __ __ __ - __ __- __ __
- **CIBMTR Recipient ID:**
- **CIBMTR Center Number:**

#### Form Details
- **Today’s Date:** Month Day __ __ __ __ - __ __
- **Infusion Date:** Month Day 2 0 __ __ __ __ - __ __
- **CIBMTR Center Number:**

#### Questions
- **202** Time product infusion completed (24-hour clock):
  - ☐ standard time
  - ☐ daylight savings time

- **203** Total volume of product plus additives intended for infusion:
  - __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ _______
### Form 2006 R4.0: Hematopoietic Cellular Transplant (HCT) Infusion

#### Donor/Infant Demographic Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>225 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>226 Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>227 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>228 Hypotension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>229 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>230 Hypoxia requiring oxygen (O2) support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>231 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>232 Nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>233 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>234 Rigors, mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>235 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>236 Rigors, severe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>237 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>238 Shortness of breath (SOB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>239 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>240 Tachycardia</td>
<td></td>
<td></td>
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<tr>
<td>241 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
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<tr>
<td>242 Vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>243 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>244 Other expected AE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>245 Specify other expected AE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>246 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>247 Other unexpected AE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>248 Specify other unexpected AE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>249 In the Medical Director's judgment, was the adverse event a direct result of the infusion?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Form 2006 R4.0: Hematopoietic Cellular Transplant (HCT) Infusion**

Center: CRID:

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**The Donor Demographic Information section** *(questions 250-270)* **is to be completed for all non-NMDP allogeneic donors. If the stem cell product was from an NMDP donor or an autologous donor, continue with the signature lines.**

**250**  Was the donor ever pregnant?  
- [ ] Yes  
- [ ] No  
- [ ] Unknown  
- [ ] Not applicable (male donor or cord blood unit)

**251**  Number of pregnancies  
- [ ] Known  
- [ ] Unknown

**252**  Specify number of pregnancies: ____________

**253**  Specify blood type  
- [ ] A  
- [ ] B  
- [ ] AB  
- [ ] O

**254**  Specify Rh factor  
- [ ] Positive  
- [ ] Negative

**255**  Did this donor have a central line placed?  
- [ ] Yes  
- [ ] No  
- [ ] Not applicable (cord blood unit or marrow product)

**256**  Specify the site of the central line placement  
- [ ] femoral  
- [ ] subclavian  
- [ ] internal jugular  
- [ ] Other site

**257**  Specify other site: ____________

**258**  Ethnicity (donor)  
- [ ] Hispanic or Latino  
- [ ] Not Hispanic or Latino  
- [ ] Not applicable (not a resident of the USA)  
- [ ] Unknown

**Race (1)**

**259**  Race (donor)  

**260**  Race detail (donor)  

**261**  What is the biological relationship of the donor to the patient?  

**262**  Specify the biological relationship of the donor to the recipient  

**263**  Specify:

**264**  Was the donor / product tested for potentially transplantable genetic diseases?  
- [ ] yes  
- [ ] no  
- [ ] Unknown

**Specify disease(s) tested:**

**265**  Sickle cell anemia  
- [ ] yes  
- [ ] no

**Specify results:**  
- [ ] Positive  
- [ ] Carrier of the trait  
- [ ] Negative

**266**  Thalassemia  
- [ ] yes  
- [ ] no

**Specify results:**  
- [ ] Positive  
- [ ] Carrier of the trait  
- [ ] Negative

**267**  Other disease  
- [ ] yes  
- [ ] no

**268**  Specify other disease: ____________
<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Today's Date:**

Month 2020  Year

**Infusion Date:**

Month 2020  Year

**CIBMTR Center Number:**


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**Form 2006 R4.0: Hematopoietic Cellular Transplant (HCT) Infusion**

**Center:**

CRID:

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**271** Specify results

- [ ] Positive
- [ ] Carrier of the trait
- [ ] Negative

The following questions (272–285) apply only to allogeneic related donors. If the stem cell product was from an autologous donor, Non-NMDP unrelated donor, NMDP donor, or was a cord blood unit, then continue with the signature lines.

**272** Was the donor hospitalized (inpatient) during or after the collection?

- [ ] yes
- [ ] no

**273** Did the donor experience any life-threatening complications during or after the collection?

- [ ] yes
- [ ] no

**274** Specify:

**275** Did the donor receive blood transfusions as a result of the collection?

- [ ] yes
- [ ] no

**276** Was the blood transfusion product autologous?

- [ ] yes
- [ ] no

**277** Specify number of units:

**278** Was the blood transfusion product allogeneic (homologous)?

- [ ] yes
- [ ] no

**279** Specify number of units:

**280** Did the donor die as a result of the collection?

- [ ] yes
- [ ] no

**281** Specify cause of death:

**282** Did the recipient submit a research sample to the NMDP/CIBMTR repository?

- [ ] Related donors only
- [ ] yes
- [ ] no

**283** Research sample recipient ID:

**284** Did the donor submit a research sample to the NMDP/CIBMTR repository?

- [ ] Related donors only
- [ ] yes
- [ ] no

**285** Research sample donor ID:

---

**First Name:**

**Last Name:**

**E-mail address:**

**Date:**  ___/___/___