### Key Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Sequence Number</td>
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<tr>
<td>ELSE GOTO Date Received</td>
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<tr>
<td>Date Received</td>
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<tr>
<td>ELSE GOTO YYYY MM DD</td>
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</tr>
<tr>
<td>CIBMTR Center Number</td>
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<tr>
<td>ELSE GOTO CIBMTR Recipient ID</td>
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<tr>
<td>ELSE GOTO EBMT Center Identification Code (CIC)</td>
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<tr>
<td>ELSE GOTO Unit</td>
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<tr>
<td>Unit</td>
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<tr>
<td>cardiovascular</td>
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<tr>
<td>hematology</td>
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</tr>
<tr>
<td>oncology</td>
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</tr>
<tr>
<td>other unit, specify</td>
<td></td>
</tr>
<tr>
<td>IF Unit := other unit, specify</td>
<td></td>
</tr>
<tr>
<td>THEN GOTO Specify</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO Production Assistance for Cellular Therapies (PACT) protocol number</td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO Production Assistance for Cellular Therapies (PACT) protocol number</td>
<td></td>
</tr>
<tr>
<td>Production Assistance for Cellular Therapies (PACT) protocol number</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO Today's Date</td>
<td></td>
</tr>
</tbody>
</table>
Today's Date: _ _ _ _ _ _ Y Y Y Y - M M - D D
ELSE GOTO Date of the first cellular infusion for which this form is being completed:

Date of the first cellular infusion for which this form is being completed: _ _ _ _ _ _ Y Y Y Y - M M - D D
ELSE GOTO Autologous

Infusion type (check all that apply):
☐ Autologous
ELSE GOTO allogeneic, unrelated

☐ allogeneic, unrelated
ELSE GOTO allogeneic, related

☐ allogeneic, related
ELSE GOTO Syngeneic (identical twin)

☐ Syngeneic (identical twin)
ELSE GOTO If allogeneic, specify number of donors:

If allogeneic, specify number of donors:
☐ single donor
☐ multiple donors
ELSE GOTO (1) Recipient's gender:

Recipient's gender:
☐ male
☐ female
ELSE GOTO (2) dob

Recipient's date of birth: _ _ _ _ _ _ Y Y Y Y - M M - D D
ELSE GOTO (3) Did the recipient provide written consent for data submission for the purpose of research studies?

Did the recipient provide written consent for data submission for the purpose of research studies?
☐ yes

This form must be completed for all recipients of cellular products for regenerative medicine indications. For recipients of hematopoietic stem cell transplants, complete a form 2400 – Pre-Transplant Essential Data. This form captures all cellular infusions given to the same recipient within a period of 10 weeks. If additional infusions are administered beyond 10 weeks from the date of the first infusion, complete and submit another form 4000 – CTRM. A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if applicable), even if the collections are performed on different days. If the recipient’s treatment required a preparative regimen prior to the infusion of a bone marrow-derived cellular product, refer to the forms instruction manual for guidance in completing this form.

1 Recipient's gender:
☐ male
☐ female
ELSE GOTO (2) dob

2 Recipient's date of birth: _ _ _ _ _ _ Y Y Y Y - M M - D D
ELSE GOTO (3) Did the recipient provide written consent for data submission for the purpose of research studies?

3 Did the recipient provide written consent for data submission for the purpose of research studies?
☐ yes

This form must be completed for all recipients of cellular products for regenerative medicine indications. For recipients of hematopoietic stem cell transplants, complete a form 2400 – Pre-Transplant Essential Data. This form captures all cellular infusions given to the same recipient within a period of 10 weeks. If additional infusions are administered beyond 10 weeks from the date of the first infusion, complete and submit another form 4000 – CTRM. A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if applicable), even if the collections are performed on different days. If the recipient’s treatment required a preparative regimen prior to the infusion of a bone marrow-derived cellular product, refer to the forms instruction manual for guidance in completing this form.

1 Recipient's gender:
☐ male
☐ female
ELSE GOTO (2) dob

2 Recipient's date of birth: _ _ _ _ _ _ Y Y Y Y - M M - D D
ELSE GOTO (3) Did the recipient provide written consent for data submission for the purpose of research studies?

3 Did the recipient provide written consent for data submission for the purpose of research studies?
☐ yes

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Is the recipient participating in a cellular therapy clinical trial?

O yes
O no

IF (4) Is the recipient participating in a cellular therapy clinical trial?:= no
THEN GOTO (10) Is this the first application of cellular therapy for this indication?
ELSE GOTO (5) Specify the clinical trial phase:

5 Specify the clinical trial phase:
   O phase I
   O phase II
   O phase III

IF (5) Specify the clinical trial phase:= phase I
THEN GOTO (9) Specify the clinical trial site(s):
ELSE GOTO (6) Blinded

6 Blinded
   O yes
   O no

ELSE GOTO (7) Randomized

7 Randomized
   O yes
   O no

ELSE GOTO (8) Placebo controlled

8 Placebo controlled
   O yes
   O no

ELSE GOTO (9) Specify the clinical trial site(s):

9 Specify the clinical trial site(s):
   O single institution
   O multi-center

ELSE GOTO (10) Is this the first application of cellular therapy for this indication?
11 Specify indication for current treatment:
   O continuing treatment
   O failure of prior cellular therapy infusion(s)
   O other indication
   IF (11) Specify indication for current treatment:= other indication
   THEN GOTO (12) Specify other indication for treatment:
   ELSE GOTO (13) Specify number of previous infusions:

12 Specify other indication for treatment: __________________________

13 Specify number of previous infusions:
   O 1
   O 2-5
   O > 5
   ELSE GOTO (14) What was the status of the primary disease at the time of treatment with cellular therapy?

14 What was the status of the primary disease at the time of treatment with cellular therapy?
   O acute disease
   O acute exacerbation of chronic disease
   O chronic disease
   ELSE GOTO (15) What was the specific disease indication for performing treatment with cellular therapy?

15 What was the specific disease indication for performing treatment with cellular therapy?
   O autoimmune diseases (600)
   O cardio and peripheral vascular disease, not otherwise specified (700)
   O musculoskeletal disease, not otherwise specified (720)
   O neurologic disease, not otherwise specified (730)
   O other disease (900)
   O unknown (888)
   IF (15) What was the specific disease indication for performing treatment with cellular therapy?:= VASC
   THEN GOTO (19) Specify cardiovascular disease:
   ELSE GOTO (16) Specify autoimmune disease:
   IF (15) What was the specific disease indication for performing treatment with cellular therapy?:= MUSC_SKEL
   THEN GOTO (34) Specify musculoskeletal disease:
   ELSE GOTO (16) Specify autoimmune disease:
   IF (15) What was the specific disease indication for performing treatment with cellular therapy?:= NEURO
   THEN GOTO (36) Specify neurologic disease:
   ELSE GOTO (16) Specify autoimmune disease:
   IF (15) What was the specific disease indication for performing treatment with cellular therapy?:= OTHER
   THEN GOTO (38) Specify other specific disease indication for performing treatment with cellular therapy:
   ELSE GOTO (16) Specify autoimmune disease:
   IF (15) What was the specific disease indication for performing treatment with cellular therapy?:= unknown (888)
   THEN GOTO (40) What is the intended distribution of the cellular product?
   ELSE GOTO (16) Specify autoimmune disease:

16 Specify autoimmune disease:
   O Crohn's disease (649)
   O ulcerative colitis (650)
   O other bowel disorder (651)
O diabetes mellitus type I (660)
O rheumatoid arthritis (603)
O systemic lupus erythematos (605)
O systemic sclerosis (607)
O other autoimmune disease (629)

IF (16) Specify autoimmune disease := other bowel disorder (651)
THEN GOTO (17) Specify other bowel disorder:
ELSE GOTO (40) What is the intended distribution of the cellular product?

IF (16) Specify autoimmune disease := other autoimmune disease (629)
THEN GOTO (18) Specify other autoimmune disease:
ELSE GOTO (40) What is the intended distribution of the cellular product?

17 Specify other bowel disorder: ________________________
   IF (17) Specify other bowel disorder := EXISTS
   THEN GOTO (40) What is the intended distribution of the cellular product?
   ELSE GOTO (40) What is the intended distribution of the cellular product?

18 Specify other autoimmune disease: ________________________
   IF (18) Specify other autoimmune disease := EXISTS
   THEN GOTO (40) What is the intended distribution of the cellular product?
   ELSE GOTO (40) What is the intended distribution of the cellular product?

19 Specify cardiovascular disease:
   O AMI, acute myocardial infarction (701)
   O chronic coronary artery disease (ischemic, cardiomyopathy) (702)
   O heart failure (non-ischemic etiology) (703)
   O other cardiovascular disease (709)
   O limb ischemia (710)
   O thromboangiitis obliterans (711)
   O other peripheral vascular disease (719)

   IF (19) Specify cardiovascular disease := OTH_CARDI
   THEN GOTO (20) Specify other cardiovascular disease:
   ELSE GOTO (22) Specify date baseline parameters were established:

   IF (19) Specify cardiovascular disease := OTH_PERIPH
   THEN GOTO (21) Specify other peripheral vascular disease:
   ELSE GOTO (22) Specify date baseline parameters were established:

20 Specify other cardiovascular disease: ________________________
   IF (20) Specify other cardiovascular disease := EXISTS
   THEN GOTO (22) Specify date baseline parameters were established:
   ELSE GOTO (21) Specify other peripheral vascular disease:

21 Specify other peripheral vascular disease: ________________________
   ELSE GOTO (22) Specify date baseline parameters were established:

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22 Specify date baseline parameters were established: ___ ___ ___ ___-___ ___ ___

ELSE GOTO (23) Specify ejection fraction:

23 Specify ejection fraction: ____________________________

ELSE GOTO (24) Left ventricular end-diastolic volume:

24 Left ventricular end-diastolic volume: ______ ______ ______ ______ ______ ______ mL

ELSE GOTO (25) Left ventricular end-systolic volume:

25 Left ventricular end-systolic volume: ______ ______ ______ ______ ______ ______ mL

ELSE GOTO (26) Specify the method used to measure ejection fraction:

26 Specify the method used to measure ejection fraction:
  O echocardiogram (ECHO, cardiac ultrasound, ECG, EKG)
  O fast scan cardiac computed axial tomography (CT) imaging
  O Gated SPECT (single photon emission computed tomography)
  O magnetic resonance imaging (MRI)
  O multiple-gated acquisition (MUGA) scan
  O ventriculography

ELSE GOTO (27) Total number of previous infarcts unknown/not applicable

27 Specify:

IF (27) Total number of previous infarcts unknown/not applicable:= checked

THEN GOTO (28) If decreased cardiac function is present, specify the recipient's Classification of Functional Capacity and Objective Assessment - American Heart Association (previously known as New York Heart Association (NYHA) Functional Classification):

ELSE GOTO (28) If decreased cardiac function is present, specify the recipient's Classification of Functional Capacity and Objective Assessment - American Heart Association (previously known as New York Heart Association (NYHA) Functional Classification):

28 If decreased cardiac function is present, specify the recipient's Classification of Functional Capacity and Objective Assessment - American Heart Association (previously known as New York Heart Association (NYHA) Functional Classification):
  O class I
  O class II
  O class III
  O class IV
  O unknown / not applicable

ELSE GOTO (29) If a history of angina is present, specify the recipient's Canadian Cardiovascular Society Angina Grading Scale:

29 Specify:

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
29 If a history of angina is present, specify the recipient's Canadian Cardiovascular Society Angina Grading Scale:
- class I
- class II
- class III
- class IV
- unknown / not applicable

ELSE GOTO (30) Recipient's ankle brachial pressure index (ABPI/API) unknown

30 □ Recipient's ankle brachial pressure index (ABPI/API) unknown

IF (30) Recipient's ankle brachial pressure index (ABPI/API) unknown := checked
THEN GOTO (31) Were any other measures of cardiac performance assessed prior to any treatment with cellular therapy?
ELSE GOTO Specify the recipient's ankle brachial pressure index (ABPI/API):

31 Were any other measures of cardiac performance assessed prior to any treatment with cellular therapy?
- yes
- no

IF (31) Were any other measures of cardiac performance assessed prior to any treatment with cellular therapy?:= yes
THEN GOTO (32) Specify other cardiac performance measure:
ELSE GOTO (40) What is the intended distribution of the cellular product?

32 Specify other cardiac performance measure: _________________________
ELSE GOTO (33) Specify results:

33 Specify results: _________________________
IF (33) Specify results:= EXISTS
THEN GOTO (40) What is the intended distribution of the cellular product?
ELSE GOTO (34) Specify musculoskeletal disease:

34 Specify musculoskeletal disease:
- avascular necrosis of femoral head (721)
- osteoarthritis (722)
- osteogenesis imperfecta (723)
- traumatic joint injury (724)
- other musculoskeletal disease (729)

IF (34) Specify musculoskeletal disease:= OTHER_MUSC
THEN GOTO (35) Specify other musculoskeletal disease:
ELSE GOTO (40) What is the intended distribution of the cellular product?

35 Specify other musculoskeletal disease: _________________________
IF (35) Specify other musculoskeletal disease:= EXISTS
THEN GOTO (40) What is the intended distribution of the cellular product?
ELSE GOTO (36) Specify neurologic disease:
36 Specify neurologic disease:
- acute cerebral vascular ischemia (731)
- ALS, amiotrophic lateral sclerosis (732)
- Parkinson disease (733)
- spinal cord injury (734)
- cerebral palsy (753)
- congenital hydrocephalus (754)
- multiple sclerosis (602)
- myasthenia gravis (601)
- other neurologic disease (749)

IF (36) Specify neurologic disease:= OTHER_NEURO
THEN GOTO (37) Specify other neurologic disease:
ELSE GOTO (40) What is the intended distribution of the cellular product?

37 Specify other neurologic disease: ________________

IF (37) Specify other neurologic disease:= EXISTS
THEN GOTO (40) What is the intended distribution of the cellular product?
ELSE GOTO (38) Specify other specific disease indication for performing treatment with cellular therapy:

38 Specify other specific disease indication for performing treatment with cellular therapy:
- wound healing (901)
- other specific disease

IF (38) Specify other specific disease indication for performing treatment with cellular therapy:= other specific disease
THEN GOTO (39) Specify other specific disease:
ELSE GOTO (40) What is the intended distribution of the cellular product?

39 Specify other specific disease:

ELSE GOTO (40) What is the intended distribution of the cellular product?

---

**Cellular Therapy Product**

<table>
<thead>
<tr>
<th>Questions: 40-47</th>
</tr>
</thead>
</table>

40 What is the intended distribution of the cellular product?
- single patient use (directed cellular product)
- multiple patient use (cell lines)

ELSE GOTO (41) What is the tissue source of the cellular product?

41 What is the tissue source of the cellular product?
- Bone marrow
- cord blood unit
- peripheral blood
- adipose progenitor cells
- adipose tissue
- amniotic fluid
- cardiac progenitor cells
- cardiac tissue

---

Thank you for completing the form. Please mail or fax your completed form to the designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.
CD34+ enriched cells
Embryonic stem cells
Hepatic tissue
Induced pluripotent stem cells (iPS)
Neuronal tissue
Ophthamic tissue
Pancreatic tissue
Placenta
T-lymphocyte
Umbilical cord
Other tissue source

IF (41) What is the tissue source of the cellular product?:= peripheral blood
THEN GOTO (42) Specify the status of the peripheral blood used as the tissue source:
ELSE GOTO (46) What is the cell type of the cellular product?

IF (41) What is the tissue source of the cellular product?:= induced pluripotent stem cells (iPS)
THEN GOTO (43) Specify the iPS tissue source:
ELSE GOTO (46) What is the cell type of the cellular product?

IF (41) What is the tissue source of the cellular product?:= other tissue source
THEN GOTO (45) Specify other tissue source:
ELSE GOTO (46) What is the cell type of the cellular product?

Specify the status of the peripheral blood used as the tissue source:
- Mobilized
- Non-mobilized
ELSE GOTO (46) What is the cell type of the cellular product?

Specify the iPS tissue source:
- Derived from skin tissue
- Derived from other tissue
- Other iPS tissue source

IF (43) Specify the iPS tissue source:= other iPS tissue source
THEN GOTO (44) Specify other iPS tissue source:
ELSE GOTO (46) What is the cell type of the cellular product?

Specify other iPS tissue source:
ELSE GOTO (46) What is the cell type of the cellular product?

Specify other tissue source:
ELSE GOTO (46) What is the cell type of the cellular product?

What is the cell type of the cellular product?
- Dendritic cells
- Endothelial progenitor cells
- Human umbilical cord perivascular (HUCPV) cells
- Islet cells
- Mesenchymal stromal cells
- Microglia
- Natural killer cells
- Unselected mononuclear cells
## CIBMTR Form 4000 revision 2

### Product Processing / Manipulation

<table>
<thead>
<tr>
<th>Questions</th>
<th>48-61</th>
</tr>
</thead>
<tbody>
<tr>
<td>48 Was the cellular product manipulated prior to the infusion?</td>
<td></td>
</tr>
<tr>
<td>O yes</td>
<td></td>
</tr>
<tr>
<td>O no</td>
<td></td>
</tr>
<tr>
<td>O unknown</td>
<td></td>
</tr>
</tbody>
</table>

**IF (48) Was the cellular product manipulated prior to the infusion?:**

- **yes**
- **no**
- **unknown**

**ELSE GOTO (48) Was the cellular product manipulated prior to the infusion?**

**Specify all methods used to manipulate the cellular product:**

#### 49 Cell expansion

- **O yes**
- **O no**

**IF (49) Cell expansion:= no**

**THEN GOTO (51) Cell selection**

**ELSE GOTO (50) Specify cell expansion:**

#### 50 Specify cell expansion:

- **________________________**

**ELSE GOTO (51) Cell selection**

#### 51 Cell selection

- **O yes**
- **O no**

**IF (51) Cell selection:= no**

**THEN GOTO (53) Growth factor(s):**

**ELSE GOTO (52) Specify cell selection:**

#### 52 Specify cell selection:

- **________________________**

**ELSE GOTO (53) Growth factor(s):**

#### 53 Growth factor(s):

- **O yes**
- **O no**

**IF (53) Growth factor(s):**

- **no**

**THEN GOTO (55) Induced cell differentiation**

**ELSE GOTO (54) Specify growth factor(s):**

---

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54 Specify growth factor(s):

ELSE GOTO (55) Induced cell differentiation

55 Induced cell differentiation
   O yes
   O no

ELSE GOTO (56) Non-viral transfection

56 Non-viral transfection
   O yes
   O no

IF (56) Non-viral transfection:= no
   THEN GOTO (58) Viral transfection
   ELSE GOTO (57) Specify non-viral transfection:

57 Specify non-viral transfection:

   ELSE GOTO (58) Viral transfection

58 Viral transfection
   O yes
   O no

IF (58) Viral transfection:= no
   THEN GOTO (60) Other manipulation
   ELSE GOTO (59) Specify viral transfection:

59 Specify viral transfection:

   ELSE GOTO (60) Other manipulation

60 Other manipulation
   O yes
   O no

IF (60) Other manipulation:= no
   THEN GOTO (62) What was the route of product infusion?
   ELSE GOTO (61) Specify other manipulation:

61 Specify other manipulation:

   ELSE GOTO (62) What was the route of product infusion?

<table>
<thead>
<tr>
<th>Cellular Therapy Product Infusion</th>
<th>Questions: 62-75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route of Product Infusion</td>
<td>Questions: 62-70</td>
</tr>
<tr>
<td>62 What was the route of product infusion?</td>
<td>intra arterial</td>
</tr>
</tbody>
</table>

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<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>

<table>
<thead>
<tr>
<th>Today's Date:</th>
<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
<th>CIBMTR Recipient ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CIBMTR Form 4000 revision 2 (page 12 of 15) Last Updated November 12, 2012.**

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CIBMTR Center Number: ____________________ CIBMTR Recipient ID: ____________________

67 Specify other cell type: __________________________

ELSE GOTO (68) Specify the total number of cellular infusions administered within 10 weeks from the date of the first infusion:

68 Specify the total number of cellular infusions administered within 10 weeks from the date of the first infusion: ____________

ELSE GOTO (69) Specify the median number of cells infused per administration:

69 Specify the median number of cells infused per administration: ____________ x 10

ELSE GOTO per administration exponent

ELSE GOTO per administration units

70 Specify the total number of cells infused within 10 weeks from the date of the first infusion:

71 Was any other procedure performed in conjunction with the cellular therapy?

O yes
O no
O unknown

IF (71) Was any other procedure performed in conjunction with the cellular therapy?:= yes
THEN GOTO (72) Specify procedure:
ELSE GOTO (74) Were there any adverse events or incidents associated with the cellular infusion(s)?

72 Specify procedure:
O coronary artery bypass surgery
O coronary stent placement
O decompression of spinal cord injury
O matrix implant
O other procedure

IF (72) Specify procedure:= other procedure
THEN GOTO (73) Specify other procedure:
ELSE GOTO (74) Were there any adverse events or incidents associated with the cellular infusion(s)?
73 Specify other procedure: ____________________________

ELSE GOTO (74) Were there any adverse events or incidents associated with the cellular infusion(s)?

74 Were there any adverse events or incidents associated with the cellular infusion(s)?
   O yes
   O no
   O unknown

IF (74) Were there any adverse events or incidents associated with the cellular infusion(s)? := yes THEN GOTO (75) Specify severity:
ELSE GOTO (76) Specify the date the clinical response to cellular therapy was established:

75 Specify severity:
   O mild - transient reaction requiring no treatment, or treatment with oral medication
   O moderate - symptomatic reaction requiring parenteral medication
   O severe - life-threatening or anaphylaxis

ELSE GOTO (76) Specify the date the clinical response to cellular therapy was established:

76 Specify the date the clinical response to cellular therapy was established: __________-________-______

ELSE GOTO (77) What was the best clinical / biologic response to cellular therapy?

77 What was the best clinical / biologic response to cellular therapy?
   O complete response
   O normalization of organ function
   O partial response or partial normalization of organ function
   O any response, followed by disease progression or worsening of organ function
   O no response
   O disease progression or worsening of organ function
   O unknown

IF (77) What was the best clinical / biologic response to cellular therapy? := any response, followed by disease progression or worsening of organ function THEN GOTO (78) Was there laboratory, radiologic, or other evidence of response?
ELSE GOTO (81) What is the recipient’s survival status at the time of this report?

78 Was there laboratory, radiologic, or other evidence of response?
   O yes
   O no
   O unknown

IF (78) Was there laboratory, radiologic, or other evidence of response? := yes THEN GOTO (79) Specify organ function parameter:
ELSE GOTO (81) What is the recipient’s survival status at the time of this report?

79 Specify organ function parameter: ____________________________

ELSE GOTO (80) Specify response:
80 Specify response:
  O improved
  O normalized
  O unchanged
  O worse

ELSE GOTO (81) What is the recipient’s survival status at the time of this report?

81 What is the recipient’s survival status at the time of this report?
  O alive
  O dead

IF (81) What is the recipient’s survival status at the time of this report?:= dead
THEN GOTO (83) Specify the date of death:
ELSE GOTO (82) Specify the date of the most recent follow-up:

82 Specify the date of the most recent follow-up: __-__-__

IF (82) Specify the date of the most recent follow-up:= EXISTSWHEN GOTO First name
ELSE GOTO (83) Specify the date of death:

83 Specify the date of death: __-__-__

ELSE GOTO (84) Specify the main cause of death:

84 Specify the main cause of death:
  O disease relapse or progression, or persistent disease
  O related to cell therapy
  O other cause of death
  O unknown

IF (84) Specify the main cause of death:= other cause of death
THEN GOTO (85) Specify other cause of death:
ELSE GOTO First name

85 Specify other cause of death: ________________________

ELSE GOTO First name

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