Form 4000 R3.0: Cellular Therapy Essential Data Pre-Infusion Form

Key Fields

Sequence Number: __________________________

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: __________________________

CIBMTR Research ID: __________________________

Event date: __ __ __ __ - __ __- __ __

Recipient Data

This form must be completed for all recipients of non-HCT cellular products. For recipients of hematopoietic stem cell transplants, complete a form 2400 - Pre-Transplant Essential Data.

This form reflects baseline recipient data for one course of cellular therapy.

1 Has the recipient signed an IRB / Ethics Committee-approved consent form for submitting research data to the CIBMTR?
   - Yes (patient consented)
   - No (patient declined)
   - Not approached
   - Not applicable

2 Date form was signed: __ __ __ __ - __ __- __ __

3 Is the recipient participating in a cellular therapy clinical trial?
   - yes
   - no

Clinical Trials (1)

4 Study sponsor
   - BMT CTN
   - RCI BMT
   - USIDNET
   - COG
   - Corporate / Industry
   - Other

5 Specify corporate / industry sponsor name: __________________________

6 Specify other sponsor: __________________________

7 Study ID Number: __________________________

8 Specify the ClinicalTrials.gov identification number: __________________________

Cellular Therapy and HCT History

9 Is this the first application of cellular therapy (non-HCT)?
   - Yes
   - No

10 Were all prior cellular therapies (non-HCT) reported to the CIBMTR?
   - Yes
   - No
   - Unknown

11 Specify the number of prior cellular therapies: __________________________

Prior Cellular Therapies (1)

12 Date of the prior cellular therapy: __ __ __ __ - __ __- __ __

13 Was the indication for the prior cellular therapy the same as the current cellular therapy?
   - Yes
   - No
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14 Specify the indication for the prior cellular therapy:
- Promote stem cell engraftment (e.g. co-infusion with HCT)
- Suboptimal donor chimerism (post-HCT)
- Immune reconstitution (post-HCT)
- GVHD prophylaxis (with HCT)
- GVHD treatment (post-HCT)
- Prevent disease relapse (post-HCT)
- Relapsed, persistent or progressive disease (post-HCT)
- Infection treatment
- Infection prophylaxis
- B cell lymphoproliferative disorder (PTLD, EBV lymphoma)
- Autoimmune disease
- Cardiovascular disease
- Musculoskeletal disorder
- Neurologic disease
- Ocular disease
- Pulmonary disease
- Solid tumor
- Malignant hematologic disorder
- Non-malignant disorder
- Other indication

15 Specify other indication:

16 Was the cellular therapy performed at a different institution?
- Yes
- No

17 Specify the institution that performed the prior cellular therapy:

18 What was the cell source for the prior cellular therapy?
- Autologous
- Allogeneic, unrelated
- Allogeneic, related

HCT History

19 Has the recipient ever had a prior HCT?
- Yes
- No

20 Were all prior HCTs reported to the CIBMTR?
- Yes
- No

21 Date of the prior HCT: __ __ __ __ - __ __- __ __

22 Was the HCT performed at a different institution?
- Yes
- No

Specify the institution that performed the prior HCT:

23 Name: __________________________
City: __________________________
State: __________________________
Country: __________________________
### Specifying the HSC source(s) for the prior HCT:

- **24.** Autologous
  - Yes
  - No
- **25.** Allogeneic, unrelated
  - Yes
  - No
- **26.** Allogeneic, related
  - Yes
  - No
- **27.** Syngeneic
  - Yes
  - No

---

### Is a subsequent HCT part of the overall treatment protocol?  
- Yes
- No

### Specify the HCT type
- Autologous
- Allogeneic

### Specify the circumstances in which the subsequent HCT will be performed
- Regardless of response to cellular therapy
- Only if the patient responds to cellular therapy
- Only if the patient fails to respond or has an incomplete response

---

### Planned Infusions in First 100 Days

<table>
<thead>
<tr>
<th>Questions: 31 - 35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned infusion date:</td>
</tr>
<tr>
<td>Planned infusions in First 100 Days (1)</td>
</tr>
</tbody>
</table>

### Specify the cell source
- Autologous
- Allogeneic, unrelated
- Allogeneic, related

---

### Specify the related donor type
- Syngeneic (monozygotic twin)
- HLA-identical sibling (may include non-monozygotic twin)
- HLA-matched other relative
- HLA-mismatched relative

### Was this donor used for any prior cellular therapies?  
- Yes
- No

### Was the product genetically modified?  
- Yes
- No

---

### Indication for Cellular Therapy

| Questions: 36 - 82 |
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Center: CRID:

36 What was the indication for performing treatment with cellular therapy?
- Promote stem cell engraftment (e.g. co-infusion with HCT)
- Suboptimal donor chimerism (post-HCT)
- Immune reconstitution (post-HCT)
- GVHD prophylaxis (with HCT)
- GVHD treatment (post-HCT)
- Prevent disease relapse (post-HCT)
- Relapsed, persistent or progressive disease (post-HCT)
- Infection treatment
- Infection prophylaxis
- B cell lymphoproliferative disorder (PTLD, EBV lymphoma)
- Autoimmune disease
- Cardiovascular disease
- Musculoskeletal disorder
- Neurologic disease
- Ocular disease
- Pulmonary disease
- Solid tumor
- Malignant hematologic disorder
- Non-malignant disorder
- Other indication

37 Date of diagnosis: __ __ __ __ - __ __- __ __

Autoimmune disease

38 Specify autoimmune disease
- Crohn’s disease (649)
- Ulcerative colitis (650)
- Other autoimmune bowel disorder (651)
- Diabetes mellitus type 1 (660)
- Rheumatoid arthritis (603)
- Systemic lupus erythematosus (605)
- Systemic sclerosis (607)
- Other autoimmune disease (629)

39 Specify other autoimmune bowel disorder:

40 Specify other autoimmune disease:

Cardiovascular disease

41 Specify cardiovascular disease
- AML, acute myocardial infarction (701)
- Chronic coronary artery disease (ischemic, cardiomyopathy) (702)
- Heart failure (non-ischemic etiology) (703)
- Other cardiovascular disease (709)
- Limb ischemia (710)
- Thromboangiitis obliterans (711)
- Other peripheral vascular disease (719)

42 Specify other cardiovascular disease:

43 Specify other peripheral vascular disease:
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**Musculoskeletal**

44 Specify musculoskeletal disorder
   - Avascular necrosis of femoral head (721)
   - Osteoarthritis (722)
   - Osteogenesis imperfecta (723)
   - Traumatic joint injury (724)
   - Other musculoskeletal disorder (729)

45 Specify other musculoskeletal disorder:

**Neurologic Disease**

46 Specify neurologic disease
   - Acute cerebral vascular ischemia (731)
   - ALS, amyotrophic lateral sclerosis (732)
   - Parkinson disease (733)
   - Spinal cord injury (734)
   - Cerebral palsy (753)
   - Congenital hydrocephalus (754)
   - Multiple sclerosis (602)
   - Myasthenia gravis (601)
   - Other neurologic disorder (749)

47 Specify other neurologic disease:
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Solid Tumor

48 Specify solid tumor classification

- Breast cancer (250)
- Lung, small cell (202)
- Lung, non-small cell (203)
- Lung, not otherwise specified (230)
- Testicular (210)
- Ovarian (epithelial) (214)
- Germ cell tumor, extragonadal (225)
- Bone sarcoma (excluding Ewing family tumors) (273)
- Ewing family tumors of bone (including PNET) (275)
- Ewing family tumors, extrasosseous (including PNET) (276)
- Fibrosarcoma (244)
- Hemangiosarcoma (246)
- Leiomyosarcoma (242)
- Liposarcoma (243)
- Lymphangio sarcoma (247)
- Neurogenic sarcoma (248)
- Rhabdomyosarcoma (232)
- Synovial sarcoma (245)
- Soft tissue sarcoma (excluding Ewing family tumors) (274)
- Central nervous system tumor, including CNS PNET (220)
- Medulloblastoma (226)
- Neuroblastoma (222)
- Head / neck (201)
- Mediastinal neoplasm (204)
- Colorectal (228)
- Gastric (229)
- Pancreatic (206)
- Hepatobiliary (207)
- Prostate (209)
- External genitalia (211)
- Cervical (212)
- Uterine (213)
- Vaginal (215)
- Melanoma (219)
- Wilms tumor (221)
- Retinoblastoma (223)
- Thymoma (231)
- Renal cell (208)
- Other solid tumor (269)

49 Specify other solid tumor: ____________________________
Malignant Hematologic Disorders

50 Specify the malignant hematologic disorder

- Acute myelogenous leukemia (AML) (10)
- Acute lymphoblastic leukemia (ALL) (20)
- Other acute leukemia (80)
- Chronic myelogenous leukemia (CML) (40)
- Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (if recipient has transformed to AML, indicate AML as the primary disease)
- Chronic lymphocytic leukemia (71)
- Hodgkin lymphoma (150)
- Non-Hodgkin lymphoma (100)
- Multiple myeloma / plasma cell disorder (PCD) (170)
- Other malignant hematologic disorder (791)

51 Specify other malignant hematologic disorder:

52 Specify the AML classification

- AML with t(9;11)(p22;q23); MLLT3-MLL (5)
- AML with t(6;9)(p23;q34); DEK-NUP214 (6)
- AML with inv(3) (q21;q26.2) or t(3;3) (q21;q26.2); RPN1-EVI1 (7)
- AML (megakaryoblastic) with t(1;22) (p13;q13); RBM15-MKL1 (8)
- AML with t(8;21); (q22; q22); RUNX1/RUNX1T1 (281)
- AML with inv(16)(p13.1q22) or t(16;16)(p13.1;q22); CBFB-MYH11 (282)
- APL with t(15;17)(q22;q12); PML-RARA (283)
- AML with 11q23 (MLL) abnormalities (i.e., t(4;11), i(6;11), t(9;11), t(11;19)) (284)
- AML with myelodysplasia – related changes (285)
- Therapy related AML (t-AML) (9)
- Myeloid sarcoma (295)
- Blastic plasmacytoid dendritic cell neoplasm (296)
- AML or ANLL, not otherwise specified (280)
- AML, minimally differentiated (M0) (286)
- AML without maturation (M1) (287)
- AML with maturation (M2) (288)
- Acute myelomonocytic leukemia (M4) (289)
- Acute monoblastic / acute monocytic leukemia (M5) (290)
- Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (M6) (291)
- Acute megakaryoblastic leukemia (M7) (292)
- Acute basophilic leukemia (293)
- Acute panmyelosis with myelofibrosis (294)

53 Specify ALL classification

- t(9;22)(q34;q11.2); BCR-ABL1 (192)
- t(v;11q23); MLL rearranged (193)
- t(1;19)(q23;p13.3); E2A-PBX1 (194)
- t(12;21)(p13;q22); TEL-AML1 (195)
- t(5;14) (q31;q32); IL3-IGH (81)
- Hyperdiploidy (51-65 chromosomes) (82)
- Hypodiploidy (<45 chromosomes) (83)
- B-cell ALL, NOS (L1/L2) (191)
- T-cell lymphoblastic leukemia / lymphoma (Precursor T-cell ALL) (196)
- ALL, NOS (190)
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54 Specify other acute leukemia classification
   - Acute undifferentiated leukemia (31)
   - Biphenotypic, bilineage or hybrid leukemia (32)
   - Acute mast cell leukemia (33)
   - Other acute leukemia (89)

55 Specify other acute leukemia:

56 Specify CML classification
   - Ph+/bcr+ (41)
   - Ph+/bcr- (42)
   - Ph- / bcr unknown (43)
   - Ph- / bcr+ (44)
   - Ph unknown / bcr+ (47)

57 What was the MDS / MPN subtype?
   - Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51)
   - Refractory anemia with ringed sideroblasts (RARS) (55)
   - Refractory anemia with excess blasts-1 (RAEB-1) (61)
   - Refractory anemia with excess blasts-2 (RAEB-2) (62)
   - Refractory cytopenia with multilineage dysplasia (RCMD) (64)
   - Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68)
   - Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66)
   - Myelodysplastic syndrome (MDS), unclassifiable (50)
   - Chronic neutrophilic leukemia (165)
   - Chronic eosinophilic leukemia, NOS (166)
   - Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocytopenia) (58)
   - Polycythemia vera (PCV) (57)
   - Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angioenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)
   - Myeloproliferative neoplasm (MPN), unclassifiable (60)
   - Chronic myelomonocytic leukemia (CMMoL) (54)
   - Juvenile myelomonocytic leukemia (JMML/JCM) (no evidence of Ph1 or BCR/ABL) (36)
   - Atypical chronic myeloid leukemia, Ph-bcr/abl- (CML, NOS) (45)
   - Atypical chronic myeloid leukemia, Ph+/bcr unknown (CML, NOS) (46)
   - Atypical chronic myeloid leukemia, Ph unknown/bcr- (CML, NOS) (48)
   - Atypical chronic myeloid leukemia, Ph unknown/bcr unknown (CML, NOS) (49)
   - Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69)

58 Specify the CLL classification
   - Chronic lymphocytic leukemia (CLL), NOS (34)
   - Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71)

59 Specify Hodgkin lymphoma classification
   - Nodular lymphocyte predominant Hodgkin lymphoma (155)
   - Lymphocyte-rich (151)
   - Nodular sclerosis (152)
   - Mixed cellularity (153)
   - Lymphocyte depleted (154)
   - Hodgkin lymphoma, NOS (150)
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Center: CRID:

Specify Non-Hodgkin lymphoma classification
- Splenic marginal zone B-cell lymphoma (124)
- Extramedullary marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)
- Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)
- Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
- Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)
- Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)
- Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)
- Follicular (grade unknown) (164)
- Mantle cell lymphoma (115)
- Intravascular large B-cell lymphoma (136)
- Primary mediastinal (thymic) large B-cell lymphoma (125)
- Primary effusion lymphoma (138)
- Diffuse, large B-cell lymphoma — NOS (107)
- Burkitt lymphoma (111)
- B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and Burkitt lymphoma (140)
- B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin Lymphoma (149)
- T-cell / histiocytic rich large B-cell lymphoma (120)
- Primary diffuse large B-cell lymphoma of the CNS (118)
- Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma (173)
- Other B-cell lymphoma (129)
- Extranodal NK / T-cell lymphoma, nasal type (137)
- Enteropathy-type T-cell lymphoma (133)
- Hepatosplenic T-cell lymphoma (145)
- Subcutaneous panniculitis-like T-cell lymphoma (146)
- Mycosis fungoides (141)
- Sézary syndrome (142)
- Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)
- Peripheral T-cell lymphoma (PTCL), NOS (130)
- Angioimmunoblastic T-cell lymphoma (131)
- Anaplastic large-cell lymphoma (ALCL), ALK positive (143)
- Anaplastic large-cell lymphoma (ALCL), ALK negative (144)
- T-cell large granular lymphocytic leukemia (126)
- Aggressive NK-cell leukemia (27)
- Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)
- Other T-cell / NK-cell lymphoma (139)

Specify other lymphoma:
62 Specify the multiple myeloma/plasma cell disorder (PCD) classification
   - Multiple myeloma-IgG (181)
   - Multiple myeloma-IgA (182)
   - Multiple myeloma-IgD (183)
   - Multiple myeloma-IgE (184)
   - Multiple myeloma-IgM (not Waldenstrom macroglobulinemia) (185)
   - Multiple myeloma-light chain only (186)
   - Multiple myeloma-non-secretory (187)
   - Plasma cell leukemia (172)
   - Solitary plasmacytoma (no evidence of myeloma) (175)
   - Amyloidosis (174)
   - Osteosclerotic myeloma / POEMS syndrome (176)
   - Light chain deposition disease (177)
   - Other plasma cell disorder (179)

Non-Malignant Disorders

63 Specify other plasma cell disorder: ____________________________

64 Specify the non-malignant disorder
   - Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease)
   - Inherited abnormalities of erythrocyte differentiation or function (310)
   - Disorders of the immune system (400)
   - Inherited abnormalities of platelets (500)
   - Inherited disorders of metabolism (520)
   - Histiocytic disorders (570)
   - Hemophilia A (740)
   - Hemophilia B (741)
   - Other non-malignant disorder (792)

65 Specify the severe aplastic anemia classification
   - Acquired severe aplastic anemia, not otherwise specified (301)
   - Acquired SAA secondary to hepatitis (302)
   - Acquired SAA secondary to toxin / other drug (303)
   - Acquired amegakaryocytosis (not congenital) (304)
   - Acquired pure red cell aplasia (not congenital) (306)
   - Dyskeratosis congenita (307)
   - Other acquired cytopenic syndrome (309)

66 Specify other acquired cytopenic syndrome: __________________

67 Specify the inherited abnormalities of erythrocyte differentiation or function classification
   - Paroxysmal nocturnal hemoglobinuria (PNH) (56)
   - Shwachman-Diamond (305)
   - Diamond-Blackfan anemia (pure red cell aplasia) (312)
   - Other constitutional anemia (319)
   - Fanconi anemia (311) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease).
   - Sickle thalassemia (355)
   - Sickle cell disease (356)
   - Beta thalassemia major (357)
   - Other hemoglobinopathy (359)

68 Specify other constitutional anemia: ___________________________

69 Specify other hemoglobinopathy: ______________________________
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70 Specify disorder of immune system classification
   - Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401)
   - Absence of T and B cells SCID (402)
   - Absence of T, normal B cell SCID (403)
   - Omenn syndrome (404)
   - Reticular dysgenesis (405)
   - Bare lymphocyte syndrome (406)
   - Other SCID (419)
   - SCID, not otherwise specified (410)
   - Ataxia telangiectasia (451)
   - HIV infection (452)
   - DiGeorge anomaly (454)
   - Common variable immunodeficiency (457)
   - Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459)
   - Kostmann agranulocytosis (congenital neutropenia) (460)
   - Neutrophil actin deficiency (461)
   - Cartilage-hair hypoplasia (462)
   - CD40 ligand deficiency (464)
   - Other immunodeficiencies (479)
   - Immune deficiency, not otherwise specified (400)
   - Chediak-Higashi syndrome (456)
   - Griscelli syndrome type 2 (465)
   - Hermansky-Pudlak syndrome type 2 (466)
   - Chronic granulomatous disease (455)
   - Wiskott-Aldrich syndrome (453)
   - X-linked lymphoproliferative syndrome (458)

71 Specify other SCID: __________________________

72 Specify other immunodeficiency: __________________________

73 Specify inherited abnormalities of platelets classification
   - Congenital amegakaryocytosis / congenital thrombocytopenia (501)
   - Glanzmann thrombasthenia (502)
   - Other inherited platelet abnormality (509)

74 Specify other inherited platelet abnormality: __________________________
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Center: CRID:

75 Specify inherited disorders of metabolism classification
- Osteopetrosis (malignant infantile osteopetrosis) (521)
- Metachromatic leukodystrophy (MLD) (542)
- Adrenoleukodystrophy (ALD) (543)
- Krabbe disease (globoid leukodystrophy) (544)
- Lesch-Nyhan (HGPRT deficiency) (522)
- Neuronal ceroid lipofuscinosis (Batten disease) (523)
- Hunter syndrome (IH) (531)
- Scheie syndrome (IS) (532)
- Hunter syndrome (II) (533)
- Sanfilippo (III) (534)
- Morquio (IV) (535)
- Maroteaux-Lamy (VI) (536)
- β-glucuronidase deficiency (VII) (537)
- Mucopolysaccharidosis (V) (538)
- Mucopolysaccharidosis, not otherwise specified (530)
- Gaucher disease (541)
- Niemann-Pick disease (545)
- L-cell disease (546)
- Wolman disease (547)
- Glucose storage disease (548)
- Mucolipidoses, not otherwise specified (540)
- Aspartyl glucosaminidase (561)
- Fucosidosis (562)
- Mannosidosis (563)
- Polysaccharide hydrolase abnormality, not otherwise specified (560)
- Other inherited metabolic disorder (529)
- Inherited metabolic disorder, not otherwise specified (520)

76 Specify other inherited metabolic disorder:

77 Specify histiocytic disorder classification
- Hemophagocytic lymphohistiocytosis (HLH) (571)
- Langerhans cell histiocytosis (histiocytosis-X) (572)
- Hemophagocytosis (reactive or viral associated) (573)
- Malignant histiocytosis (574)
- Other histiocytic disorder (579)
- Histiocytic disorder, not otherwise specified (570)

78 Specify other histiocytic disorder:

79 Specify other non-malignant disorder:

Ocular
80 Specify ocular disease:

Pulmonary
81 Specify pulmonary disease:

Other
82 Specify other indication:

Infection

Questions: 83 - 89

Specify organism code(s):

83

84
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Center: CRID:

---

85
86
87
88
89 Specify other organism:

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Disease assessment at Last Evaluation Prior to Cellular Therapy

Questions: 90 - 115

Specify the method(s) of disease detection below. For each method used, if the result was positive report the first date the disease was detected; if the result was negative report the last date the method was used prior to cellular therapy.

90 Was the disease assessed prior to the cellular therapy?
   ☐ Yes ☐ No

91 Was the disease status assessed by molecular testing? (e.g. PCR)
   ☐ Yes ☐ No ☐ Not Applicable

92 Date sample collected: __ __ __ __ - __ __- __ __

93 Was disease detected?
   ☐ yes ☐ no

94 Was the status considered a disease relapse or progression?
   ☐ yes ☐ no

95 Was the disease status assessed via flow cytometry? (immunophenotyping)
   ☐ Yes ☐ No ☐ Not Applicable

96 Date sample collected: __ __ __ __ - __ __- __ __

97 Was disease detected?
   ☐ yes ☐ no

98 Was the status considered a disease relapse or progression?
   ☐ yes ☐ no

99 Was the disease status assessed by cytogenetic testing? (karyotyping or FISH)
   ☐ Yes ☐ No ☐ Not Applicable

100 Was the disease status assessed via karyotyping?
   ☐ Yes ☐ No ☐ Not Applicable

101 Date sample collected: __ __ __ __ - __ __- __ __

102 Was disease detected?
   ☐ yes ☐ no

103 Was the status considered a disease relapse or progression?
   ☐ yes ☐ no

104 Was the disease status assessed via FISH?
   ☐ Yes ☐ No ☐ Not Applicable

105 Date sample collected: __ __ __ __ - __ __- __ __

106 Was disease detected?
   ☐ yes ☐ no

107 Was the status considered a disease relapse or progression?
   ☐ yes ☐ no

108 Was the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)
   ☐ Yes ☐ No ☐ Not Applicable

109 Date assessed: __ __ __ __ - __ __- __ __

110 Was disease detected?
   ☐ yes ☐ no

111 Was the disease status assessed by clinical / hematologic assessment?
   ☐ yes ☐ no

112 Date assessed: __ __ __ __ - __ __- __ __

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Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.

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<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>113 Was disease detected?</td>
<td>yes/no</td>
</tr>
<tr>
<td>114 What was the recipient's disease status immediately prior to the cellular therapy?</td>
<td>Complete remission (CR) or Not in complete remission</td>
</tr>
<tr>
<td>115 Date assessed:</td>
<td></td>
</tr>
</tbody>
</table>

Therapy Prior to Cellular therapy

<table>
<thead>
<tr>
<th>Questions: 116 - 119</th>
</tr>
</thead>
<tbody>
<tr>
<td>116 Was systemic therapy given immediately prior to cellular therapy as part of the cellular therapy protocol?</td>
</tr>
<tr>
<td>117 Date started:</td>
</tr>
</tbody>
</table>

Specify the reason for which the systemic therapy was given per protocol

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>118 Lympho-depleting therapy</td>
<td></td>
</tr>
<tr>
<td>119 Other reason:</td>
<td></td>
</tr>
</tbody>
</table>

Functional Status

<table>
<thead>
<tr>
<th>Questions: 120 - 122</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 What scale was used to determine the recipient’s functional status prior to the cellular therapy?</td>
</tr>
<tr>
<td>121 Karnofsky Scale (recipient age ≥ 16 years)</td>
</tr>
</tbody>
</table>

Lansky Scale (recipient age < 16 years)  

First Name:  

Last Name:  

E-mail address:  

Date:  

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