



**CIBMTR**<sup>®</sup>

CENTER FOR INTERNATIONAL BLOOD  
& MARROW TRANSPLANT RESEARCH

**Cellular Therapy Product**

**Registry Use Only**  
Sequence Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
                  YYYY   MM   DD

**Cellular Therapy Product Identification**

**If more than one type of cell therapy product is infused, each product type must be reported separately.**

1. Name of product  Tisagenlecleucel (Kymriah®)  Axicabtagene Ciloleucel (Yescarta®)  Other product
2. Specify donor:  
 Autologous - **Go to question 4**  
 Allogeneic, related - **Go to question 4**  
 Allogeneic, unrelated - **Go to question 3**

3. Did NMDP/Be the Match facilitate the procurement, collection, or transportation of the product?  
 Yes  No

4. Was the product a cord blood unit?  Yes  No

5. NMDP cord blood unit ID: \_\_\_\_\_ - **Go to question 19**

6. NMDP donor ID: \_\_\_\_\_ - **Go to question 19**

7. Non-NMDP unrelated donor ID: (not applicable for related donor)  
 \_\_\_\_\_ - **Go to question 9**

8. Non-NMDP cord blood unit ID: (include related and autologous CBUs)  
 \_\_\_\_\_ - **Go to question 9**

9. Is there an ISBT DIN number associated with the product?  
 Yes - **Cord blood go to question 10, all other products go to question 12**  
 No - **Autologous go to question 19, Related go to question 14, Non-NMDP unrelated donor go to question 12**

10. Is the CBU ID also the ISBT DIN number?  
 Yes - **Go to question 12**  
 No - **Go to question 11**

11. Specify the ISBT DIN number: \_\_\_\_\_

12. Registry or UCB Bank ID: \_\_\_\_\_ - **Go to question 19**

13. Specify other Registry or UCB Bank: \_\_\_\_\_

14. Date of birth (donor / infant):  
 Known →

15. Date of birth (donor / infant): \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ - **Go to question 18**  
 YYYY MM DD

Unknown →

16. Age (donor / infant):  
 Known →  Unknown

17. Age (donor / infant): \_\_\_\_  
 Months (use only if <1 year old)  Years

18. Sex (donor / infant):  Male  Female



32. Specify other cell manipulation: \_\_\_\_\_ - **Go to question 52**

**Specify the type of genetic manipulation:**

33. Transfection

- Yes →
- No

34. Viral transduction

- Yes →
- No

- 35. Lentivirus  Yes  No
- 36. Retrovirus  Yes  No

37. Non-viral transfection:

- Yes →
- No

- 38. Transposon  Yes  No
- 39. Electroporation  Yes  No
- 40. Other non-viral transfection  Yes  No

41. Specify other non-viral transfection:  
\_\_\_\_\_

42. Gene editing

- Yes →
- No

43. Specify gene

- ABCD1
- CCR5
- Factor IX
- Factor VIII
- Globin gene
- TCR (T-cell receptor)
- Other gene →

44. Specify other gene: \_\_\_\_\_

45. Were cells engineered to express a non-native protein?

- Yes →
- No

46. Specify the protein inserted into the cellular product:

- T-cell receptor - **Go to question 50**
- Chimeric Antigen Receptor (CAR) - **Go to question 47**
- Suicide gene - **Go to question 49**

47. Specify details of the CAR construct: (check all that apply)

- CD3ζ
- CD27
- CD28
- ICOS
- OX40
- 4-1BB
- EGFR
- Other construct →

48. Specify other construct:  
\_\_\_\_\_

49. Specify suicide gene: \_\_\_\_\_

50. Other genetic manipulation

- Yes →
- No

51. Specify other genetic manipulation:  
\_\_\_\_\_

52. Was the product manipulated to recognize a specific target/antigen?

- Yes →
- No

53. Specify target (check all that apply)

- Viral - **Go to question 54**
- Tumor / cancer antigen - **Go to question 56**
- Other target - **Go to question 58**

**Targets specific to viral infections**

54. Specify viral target(s): (check all that apply)

- Adenovirus
- BK virus
- Cytomegalovirus (CMV)
- Epstein-Barr virus (EBV)
- Human herpes virus 6
- Human Immunodeficiency Virus (HIV)
- Other virus →

55. Specify other virus:  
\_\_\_\_\_

**- Go to question 59**

**Targets specific to tumors**

56. Specify the tumor / cancer antigen: (check all that apply)

- AFP (alpha fetoprotein)
- BCMA
- CD16
- CD19
- CD20
- CD22
- CD30
- CD33
- CD38
- CD123
- CD138
- CD171
- CS-1 (SLAMF7)
- HPV-16E6
- Lewis-Y
- MAGE-A4
- MAGE-A10
- MUC16
- NY-ESO-1
- PRAME
- PSCA (prostate stem cell antigen)
- WT-1
- Other tumor / cancer antigen →

57. Specify tumor / cancer antigen:

\_\_\_\_\_

**- Go to question 59**

**Other Target**

58. Specify other target: \_\_\_\_\_

**Cell Product Analysis**

59. Was transfection efficiency done? (genetically engineered cells)

- Yes →
- No
- Unknown

60. Date: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

61. Transfection efficiency: \_\_\_\_\_ %

62. Was transfection efficiency target achieved?  Yes  No

63. Was viability of cells done?

- Yes →
- No
- Unknown

64. Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
          YYYY   MM   DD

65. Viability of cells: \_\_\_\_\_ %

66. Method of testing cell viability:

- 7-AAD
- Propidium iodide
- Trypan blue
- Other method →

67. Specify other method: \_\_\_\_\_

**Product Infusion**

68. Specify the total number of planned infusions \_\_\_\_\_ (of this product) (as part of this course of cellular therapy)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
          YYYY   MM   DD