

# ERROR CORRECTION FORM

Sequence Number:	CIBMTR Recipient ID:	Initials:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Today's Date:	Infusion Date:	CIBMTR Center Number:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Month Day Year	Month Day Year	

## Form 4006 R1.0: Cellular Therapy Infusion

Center: \_\_\_\_\_ CRID: \_\_\_\_\_

### Key fields

Sequence Number: \_\_\_\_\_

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

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

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

Event date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

### Cellular Therapy Product Identification

Questions: 1 - 26

#### 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
- Other

2 Specify: \_\_\_\_\_

3 NMDP cord blood unit ID: \_\_\_\_\_

4 NMDP donor ID: \_\_\_\_\_

5 Non-NMDP unrelated donor ID: (not applicable for related donor) \_\_\_\_\_

6 Non-NMDP cord blood unit ID: (include related and autologous CBUs) \_\_\_\_\_

7 Is there an ISBT DIN number associated with the product?

- Yes  No

8 Is the CBU ID also the ISBT DIN number?

- yes  no

9 Specify the ISBT DIN number: \_\_\_\_\_

10 Registry or UCB Bank ID: \_\_\_\_\_

11 Specify other Registry or UCB Bank: \_\_\_\_\_

12 Date of birth (donor / infant)

- Known  Unknown

13 Date of birth: (donor / infant) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

14 Age (donor / infant)

- Known  Unknown

15 Age: (donor / infant) \_\_\_\_\_  Months (use only if less than 1 year old)

- years

16 Sex (donor / infant)

- male  female

#### Specify any identifiers associated with this cell product:

17 Cell product ID

- Yes  No

18 Cell product ID: \_\_\_\_\_

19 Batch number

- Yes  No

20 Batch number: \_\_\_\_\_

21 Lot number

- Yes  No

22 Lot number: \_\_\_\_\_

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## Form 4006 R1.0: Cellular Therapy Infusion

Center: \_\_\_\_\_ CRID: \_\_\_\_\_

- 23 Where was the cellular therapy product manufactured?
- Pharmaceutical / biotech company
  - Cell processing laboratory off site
  - Cell processing laboratory at the same center as the product is being infused
  - Other site

24 Specify other site: \_\_\_\_\_

25 Specify pharmaceutical / biotech company \_\_\_\_\_

**Specify the institution/company where the cellular product was manufactured:**

26 Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

### Cell Product Source

Questions: 27 - 32

27 Date of cell product collection

- Known  Unknown

28 Date of cell product collection: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Cell Product Source (1)

Questions: 29 - 32

29 What is the tissue source of the cellular product? \_\_\_\_\_

30 Specify other tissue source: \_\_\_\_\_

31 What is the cell type? \_\_\_\_\_

32 Specify other cell type: \_\_\_\_\_

### Cell Product Manipulation

Questions: 33 - 76

33 Were the cells in the infused product selected / modified / engineered prior to infusion?

- Yes  No

34 Specify the portion manipulated

- Entire product  Portion of product

35 Was the unmanipulated portion of the product also infused?

- Yes  No

36 Was the same manipulation method used on the entire product / all portions of the product?

- Yes  No

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

37 Cultured (ex-vivo expansion)

- Yes  No

38 Induced cell differentiation

- yes  no

39 Cell selection (positive or negative)

- yes  no

40 Cell selection based on affinity to a specific antigen

- Yes  No

41 Genetic manipulation (gene transfer/transduction)

- yes  no

**Specify the type of genetic manipulation:**

42 Transfection

- Yes  No

43 Viral transfection

- yes  no

44 Lentivirus

- Yes  No

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   20 

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Day

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Month

Day

Year

CIBMTR Center Number:

## Form 4006 R1.0: Cellular Therapy Infusion

Center:

CRID:

### 45 Retrovirus

Yes  No

### 46 Non-viral transfection

yes  no

### 47 Transposon

Yes  No

### 48 Electroporation

Yes  No

### 49 Other non-viral transfection

Yes  No

50 Specify other non-viral transfection: \_\_\_\_\_

### 51 Gene editing

Yes  No

### 52 Specify gene

CCR5  Factor IX  Factor VIII  Other gene

53 Specify other gene: \_\_\_\_\_

### 54 Other genetic manipulation

Yes  No

55 Specify other genetic manipulation: \_\_\_\_\_

### 56 Were cells engineered to express a non-native antigen receptor?

Yes  No

### 57 Specify the construct utilized

T-cell receptor  
 Chimeric Antigen Receptor (CAR)

## Cell Product Manipulation (1)

Questions: 58 - 59

58 Specify details of the CAR construct \_\_\_\_\_

59 Specify other construct: \_\_\_\_\_

### 60 Was the product manipulated to recognize a specific target/antigen?

Yes  No

### 61 Specify target

Viral  
 Tumor / cancer antigen  
 Other target

### Targets specific to viral infections

#### 62 Adenovirus

Yes  No

#### 63 BK virus

Yes  No

#### 64 Cytomegalovirus (CMV)

Yes  No

#### 65 Epstein-Barr virus (EBV)

Yes  No

#### 66 Human herpes virus 6

Yes  No

#### 67 Human Immunodeficiency Virus (HIV)

Yes  No

#### 68 Other virus

Yes  No

69 Specify other virus: \_\_\_\_\_

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