ERROR CORRECTION FORM

Form 4006 R2.0: Cellular Therapy Infusion

Center: CRID:

Key Fields

Sequence Number: __________________________
Date Received: ___________________________
CIBMTR Center Number: __________________________
CIBMTR Research ID: __________________________

Event date: ___________________________

Cellular Therapy Product Identification

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

1 Specify donor
   - Autologous
   - Allogeneic, related
   - Allogeneic, unrelated

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

3 Was the product a cord blood unit?
   - Yes
   - No

4 NMDP cord blood unit ID: ___________________________

5 NMDP donor ID: ___________________________

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

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

8 Is there an ISBT DIN number associated with the product?
   - Yes
   - No

9 Is the CBU ID also the ISBT DIN number?
   - Yes
   - No

10 Specify the ISBT DIN number: ___________________________

11 Registry or UCB Bank ID ___________________________

12 Specify other Registry or UCB Bank: ___________________________

13 Date of birth (donor / infant)
   - Known
   - Unknown

14 Date of birth (donor / infant) ___________________________

15 Age (donor / infant)
   - Known
   - Unknown

16 Age: (donor / infant) ___________________________
   - Months (use only if less than 1 year old)
   - Years

17 Sex (donor / infant)
   - Male
   - Female

Specify any identifiers associated with this cell product:

18 Cell product ID
   - Yes
   - No

19 Cell product ID: ___________________________

20 Batch number
   - Yes
   - No

21 Batch number: ___________________________

22 Lot number
   - Yes
   - No

23 Lot number: ___________________________

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

25 Specify other site: ___________________________

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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Center: CRID:

26 Specify pharmaceutical / biotech company
   - Atara Biotherapeutics
   - Bellicum Pharmaceuticals
   - Bluebird Bio
   - Celgene
   - Juno Therapeutics
   - Kite Pharma
   - Mesoblast
   - Novartis
   - Other pharmaceutical company

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

27 Name:__________________________
   City:____________________________
   State:____________________________
   Country:__________________________

28 Date of cell product collection
   [ ] Known  [ ] Unknown

29 Date of cell product collection: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ____
# Form 4006 R2.0: Cellular Therapy Infusion

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

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## Collection Procedure

**Questions:** 34 - 39

**This section is for autologous infusions only.**

32. What is the cell type? (check all that apply)
   - Lymphocytes (unselected)
   - CD4+ lymphocytes
   - CD8+ lymphocytes
   - Natural killer cells (NK cells)
   - Dendritic cells / tumor cell hybridomas (tumor vaccines)
   - Mesenchymal stromal stem cells (MSCs)
   - Unspecified mononuclear cells
   - Endothelial progenitor cells
   - Human umbilical cord perivascular (HUCPV) cells
   - Cardiac progenitor cells
   - Islet cells
   - Oligodendrocytes
   - Other cell type

33. Specify other cell type: ________________________

34. Did the recipient have more than one mobilization event to acquire cells?
   - yes
   - no

35. Specify the total number of mobilization events performed for this cellular therapy: (regardless of the number of collections or which collections were used)

36. Number of collections: ________________________

37. Specify the method of product collection
   - Bone marrow aspirate
   - Leukapheresis
   - Byoptic sample
   - Other method

38. Specify other method: ________________________

Specify all agents used in the mobilization events reported above:

39. Specify agent(s) used in the mobilization events (check all that apply)
   - G-CSF
   - GM-CSF
   - Pegylated G-CSF
   - Plerixafor (Mozobil)
   - Other CXCR4 inhibitor

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## Cell Product Manipulation

**Questions:** 40 - 72

40. Were the cells in the infused product selected / modified / engineered prior to infusion?
   - Yes
   - No

41. Specify the portion manipulated
   - Entire product
   - Portion of product

42. Was the unmanipulated portion of the product also infused?
   - Yes
   - No

43. Was the same manipulation method used on the entire product / all portions of the product?
   - Yes
   - No
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Center: CRID: 

Specify all methods used to manipulate the product:

44 Specify method(s) used to manipulate the product (check all that apply)
- Cultured (ex-vivo expansion)
- Induced cell differentiation
- Cell selection - positive
- Cell selection - negative
- Cell selection based on affinity to a specific antigen
- Genetic manipulation (gene transfer / transduction)
- Other cell manipulation

45 Specify other cell manipulation: ________________________________

Specify the type of genetic manipulation:

46 Transfection
- Yes
- No

47 Viral transfection
- Yes
- No

48 Lentivirus
- Yes
- No

49 Retrovirus
- Yes
- No

50 Non-viral transfection
- Yes
- No

51 Transposon
- Yes
- No

52 Electroporation
- Yes
- No

53 Other non-viral transfection
- Yes
- No

54 Specify other non-viral transfection: ________________________________

55 Gene editing
- Yes
- No

56 Specify gene
- CCR5
- Factor IX
- Factor VIII
- Other gene

57 Specify other gene: ________________________________

58 Were cells engineered to express a non-native antigen receptor?
- Yes
- No

59 Specify the construct utilized
- T-cell receptor
- Chimeric Antigen Receptor (CAR)

60 Specify details of the CAR construct (check all that apply)
- CD3ξ
- CD27
- CD28
- ICOS
- OX40
- 4-1BB
- EGFR
- Other construct

61 Specify other construct: ________________________________
### Form 4006 R2.0: Cellular Therapy Infusion

**Center:**

**CRID:**

#### Key Fields

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<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
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<td>Day</td>
</tr>
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</table>

**CIBMTR Center Number:**

**CIBMTR Research Center:**

- The total number of cells (not cells per kilogram) contained in the product administered, not corrected for viability.

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#### Questions

**62** Suicide gene
- Yes
- No

**63** Specify suicide gene:__________________________

**64** Other genetic manipulation
- Yes
- No

**65** Specify other genetic manipulation:__________________________

**66** Was the product manipulated to recognize a specific target/antigen?
- Yes
- No

**67** Specify target
- Viral
- Tumor / cancer antigen
- Other target

#### Targets specific to viral infections

**68** 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

**69** Specify other virus:__________________________

#### Targets specific to tumors

**70** Specify the tumor / cancer antigen
- CD19
- CD20
- CD22
- CD30
- CD138
- BOMA
- Lewis Y
- Other tumor / cancer antigen

**71** Specify tumor / cancer antigen:__________________________

**Other Target**

**72** Specify other target:__________________________

---

#### Cell Product Analysis

**Questions: 73 - 81**

**73** Was transfection efficiency done? (genetically engineered cells)
- Yes
- No
- Unknown

**74** Date:____________ |

**75** Transfection efficiency:__________________________ %

**76** Was transfection efficiency target achieved?
- Yes
- No

**77** Was viability of cells done?
- Yes
- No
- Unknown

**78** Date:____________ |

**79** Viability of cells:__________________________ %

**80** Method of testing cell viability
- 7-AAD
- Propidium iodide
- Trypan blue
- Other method

**81** Specify other method:__________________________

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#### Product Infusion

**Questions: 82 - 120**

**82** Date of this product infusion:____________ |

**83** Was the entire volume of product infused?
- Yes
- No
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Center: CRID:

84 Specify what happened to the reserved portion
- Discarded
- Cryopreserved for future use
- Other fate

85 Specify other fate:

86 Specify the route of product infusion
- Intravenous
- Intramedullary
- Intraperitoneal
- Intra arterial
- Intramuscular
- Intrathecal
- Intraorgan
- Locally in the tissue
- Other route of infusion

87 Specify other route of infusion:

88 Specify the site of intraorgan administration of cells
- Bone
- Heart
- Liver
- Pancreas
- Kidney
- Brain
- Lung
- Other site

89 Specify other site:

Cell doses

90 Recipient weight used for this infusion: ____________________________  pounds  kilograms

91 Recipient height used for this infusion: ____________________________  inches  centimeters

Report the total number of cells (not cells per kilogram) contained in the product administered, not corrected for viability

92 Total number of cells administered
- Known  Unknown

93 Total number of cells: ____________________________  x 10

94 Lymphocytes (unselected) administered
- Yes  No

95 Total number of cells: ____________________________  x 10

96 CD4+ lymphocytes administered
- Yes  No

97 Total number of cells: ____________________________  x 10

98 CD8+ lymphocytes administered
- Yes  No

99 Total number of cells: ____________________________  x 10

100 Natural killer cells (NK cells) administered
- Yes  No

101 Total number of cells: ____________________________  x 10

102 Dendritic cells / tumor cell hybridomas administered
- Yes  No

103 Total number of cells: ____________________________  x 10

104 Mesenchymal stromal stem cells (MSCs) administered
- Yes  No

105 Total number of cells: ____________________________  x 10

106 Unspecified mononuclear cells administered
- Yes  No

107 Total number of cells: ____________________________  x 10

108 Endothelial progenitor cells administered
- Yes  No

109 Total number of cells: ____________________________  x 10
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Center: CRID:  

110 Human umbilical cord perivascular (HUCPV) cells administered
   □ Yes □ No

111 Total number of cells: __________ x 10

112 Cardiac progenitor cells administered
   □ Yes □ No

113 Total number of cells: __________ x 10

114 Islet cells administered
   □ Yes □ No

115 Total number of cells: __________ x 10

116 Oligodendrocytes administered
   □ Yes □ No

117 Total number of cells: __________ x 10

118 Other cell type administered
   □ Yes □ No

119 Specify other cell type: __________________

120 Total number of cells: __________ x 10

Concomitant Therapy
Questions: 121 - 124

121 Did the recipient receive concomitant therapy?
   □ Yes □ No

122 Specify drugs (check all that apply)
   □ Atezolizumab (Tecentriq)
   □ Avelumab (Bavencio)
   □ Durvalumab
   □ GM-CSF
   □ IL-2
   □ IL-15
   □ Ipilimumab (Yervoy)
   □ Lenalidomide (Revlimid)
   □ Nivolumab (Opdiva)
   □ Pembrolizumab (Keytruda)
   □ Pomalidomide
   □ Other

123 Specify other drug: __________________

124 Specify time point
   □ Simultaneous □ Post cell therapy □ Unknown

First Name: __________________________
Last Name: __________________________
E-mail address: _______________________
Date: ________ - ________ - ________