



**CIBMTR**<sup>®</sup>

CENTER FOR INTERNATIONAL BLOOD  
& MARROW TRANSPLANT RESEARCH

## Cellular Therapy Infusion

**Registry Use Only**

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

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

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

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

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

**Product Infusion****Specify any identifiers associated with this cell product:**

1. Cell product ID

 Yes → No

2. Cell product ID: \_\_\_\_\_

3. Batch number

 Yes → No

4. Batch number: \_\_\_\_\_

5. Lot number

 Yes → No

6. Lot number: \_\_\_\_\_

7. Date of this product infusion: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

8. Was the entire volume of product infused?

 Yes No →

9. Specify what happened to the reserved portion

 Discarded Cryopreserved for future use Other fate →

10. Specify other fate: \_\_\_\_\_

11. Specify the route of product infusion:

 Intravenous - **Go to question 15** Intramedullary - **Go to question 15** Intraperitoneal - **Go to question 15** Intra arterial - **Go to question 15** Intramuscular - **Go to question 15** Intrathecal - **Go to question 15** Intraorgan- **Go to question 13** Locally in the tissue - **Go to question 15** Other route of infusion - **Go to question 12**12. Specify other route of infusion: \_\_\_\_\_ - **Go to question 15**

13. Specify the site of intraorgan administration of cells:

 Bone Heart Liver Pancreas Kidney Brain Lung Other site →

14. Specify other site: \_\_\_\_\_

**Cell doses**

15. Recipient weight used for this infusion: \_\_\_\_\_  pounds  kilograms  
 16. Recipient height used for this infusion: \_\_\_\_\_  inches  centimeters

**Report the total number of cells (not cells per kilogram) contained in the product administered**

17. Total number of cells administered

- Known →  
 Unknown

18. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

19. Lymphocytes (unselected) administered

- Yes →  
 No

20. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

21. CD4+ lymphocytes administered

- Yes →  
 No

22. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

23. CD8+ lymphocytes administered

- Yes →  
 No

24. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

25. Natural killer cells (NK cells) administered

- Yes →  
 No

26. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

27. Dendritic cells / tumor cell hybridomas administered

- Yes →  
 No

28. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

29. Mesenchymal stromal stem cells (MSCs) administered

- Yes →  
 No

30. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

31. Unspecified mononuclear cells administered

- Yes →  
 No

32. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

33. Endothelial progenitor cells administered

- Yes →  
 No

34. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

35. Human umbilical cord perivascular (HUCPV) cells administered

- Yes →  
 No

36. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

37. Cardiac progenitor cells administered  
 Yes →  
 No

38. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

39. Islet cells administered  
 Yes →  
 No

40. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

41. Oligodendrocytes administered  
 Yes →  
 No

42. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

43. Other cell type administered  
 Yes →  
 No

44. Specify other cell type: \_\_\_\_\_

45. Total number of cells: \_\_\_\_\_ • \_\_\_\_\_ x 10 \_\_\_\_\_

**Concomitant Therapy**

46. Did the recipient receive concomitant therapy?  
 Yes →  
 No

47. 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 →

48. Specify other drug: \_\_\_\_\_

49. Specify time point  Simultaneous  Post cell therapy  Unknown

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

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

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

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