

Form 4006 R3.0: Cellular Therapy Infusion

Center: _____

CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____-____-____

Product Infusion

Questions: 1 - 45

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: ____-____-____

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
 Intramedullary
 Intraperitoneal
 Intra arterial
 Intramuscular
 Intrathecal
 Intraorgan
 Locally in the tissue
 Other route of infusion

12 Specify other route of infusion: _____

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, not corrected for viability

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 _____

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Center: _____

CRID: _____

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

Questions: 46 - 49

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: ____ - ____ - ____