

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 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

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.

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Initials:

--	--

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

--	--	--	--	--	--

Form 4006 R3.0: Cellular Therapy Infusion

Center:

CRID:

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

Questions: 46 - 49

46 Did the recipient receive concomitant therapy?

Yes No

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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: ____ - ____ - ____

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