

Form 4006 R4.0: Cellular Therapy Infusion

Center: _____

CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____-____-____

Product Infusion

Questions: 1 - 46

1 Name of product

- Tisagenlecleucel (Kymriah®)
- Axicabtagene ciloleucel (Yescarta®)
- Lisocabtagene maraleucel
- Idecabtagene vicleucel
- Other product

Specify any identifiers associated with this cell product:

2 Cell product ID

- Yes No

3 Cell product ID: _____

4 Batch number

- Yes No

5 Batch number: _____

6 Lot number

- Yes No

7 Lot number: _____

8 Date of this product infusion: ____-____-____

9 Was the entire volume of product infused?

- Yes No

10 Specify what happened to the reserved portion

- Discarded
- Cryopreserved for future use
- Other fate

11 Specify other fate: _____

12 Specify the route of product infusion

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

13 Specify other route of infusion: _____

14 Specify the site of intraorgan administration of cells

- Bone Heart Liver Pancreas Kidney Brain Lung Other site

15 Specify other site: _____

Cell doses

16 Recipient weight used for this infusion: _____ pounds kilograms

17 Recipient height used for this infusion: _____ inches centimeters

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

18 Total number of cells administered

- Known Unknown

19 Total number of cells: _____ x 10 _____

20 Lymphocytes (unselected) administered

- Yes No

21 Total number of cells: _____ x 10 _____

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- 22 CD4+ lymphocytes administered
 Yes No
23 Total number of cells: _____ x 10 _____
- 24 CD8+ lymphocytes administered
 Yes No
25 Total number of cells: _____ x 10 _____
- 26 Natural killer cells (NK cells) administered
 Yes No
27 Total number of cells: _____ x 10 _____
- 28 Dendritic cells / tumor cell hybridomas administered
 Yes No
29 Total number of cells: _____ x 10 _____
- 30 Mesenchymal stromal stem cells (MSCs) administered
 Yes No
31 Total number of cells: _____ x 10 _____
- 32 Unspecified mononuclear cells administered
 Yes No
33 Total number of cells: _____ x 10 _____
- 34 Endothelial progenitor cells administered
 Yes No
35 Total number of cells: _____ x 10 _____
- 36 Human umbilical cord perivascular (HUCPV) cells administered
 Yes No
37 Total number of cells: _____ x 10 _____
- 38 Cardiac progenitor cells administered
 Yes No
39 Total number of cells: _____ x 10 _____
- 40 Islet cells administered
 Yes No
41 Total number of cells: _____ x 10 _____
- 42 Oligodendrocytes administered
 Yes No
43 Total number of cells: _____ x 10 _____
- 44 Other cell type administered
 Yes No
45 Specify other cell type: _____
46 Total number of cells: _____ x 10 _____

Concomitant Therapy

Questions: 47 - 50

- 47 Did the recipient receive concomitant therapy?
 Yes No
- 48 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
- 49 Specify other drug: _____
- 50 Specify time point
 Simultaneous Post cell therapy Unknown

First Name: _____

Last Name: _____

E-mail address: _____

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CRID:

Date: ____ - ____ - ____