

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

 20

Month Day Year

Infusion Date:

 20

Month Day Year

CIBMTR Center Number:

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

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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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 _____

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

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Initials:

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Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

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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: _____

Date: ____ - ____ - ____

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