

**INSERT
AlloCB**

FOR REGISTRY USE ONLY:
 I.D. - -
 Date received: _____

TEAM:

IUBMID:
(Institutional Unique Blood or Marrow Transplant Identification Number)

1. Date of HSCT for which this form is being completed:
 Month Day Year

2. Date of report:

Registry (circle all that apply):
 IBMTR
 Eurocord
 NMDP ID:
 NHLBI COBLT Trial ID:

Donor Information*

* If cord blood cells from more than one donor are given, check here and complete an ALLOCB Insert for each donor

3. Relationship of cord blood donor to recipient:
 1 Sibling
 4 Recipient's child
 5 Other relative, 4. specify: _____
 6 Unrelated

5. Donor sex:
 1 Male
 2 Female

6. Ethnicity:
 1 Hispanic or Latino
 2 Non Hispanic or non-Latino
 8 Unknown

7. Donor race (If donor's parents are from two separate groups of the following, check both):

Caucasian/White	22 <input type="checkbox"/> African Black (both parents born in Africa)	60 <input type="checkbox"/> Native Pacific Islander, NOS
10 <input type="checkbox"/> White, NOS	21 <input type="checkbox"/> African American	61 <input type="checkbox"/> Guamanian
16 <input type="checkbox"/> Eastern European	23 <input type="checkbox"/> Caribbean Black	62 <input type="checkbox"/> Hawaiian
11 <input type="checkbox"/> European, NOS	24 <input type="checkbox"/> South or Central American Black	63 <input type="checkbox"/> Samoan
13 <input type="checkbox"/> Mediterranean	Asian/Pacific Islander	Native American
82 <input type="checkbox"/> North West of Africa	30 <input type="checkbox"/> Asian, NOS	50 <input type="checkbox"/> Native American, NOS
83 <input type="checkbox"/> Middle Eastern	31 <input type="checkbox"/> Asian Indian/South Asian	51 <input type="checkbox"/> Native Alaskan/Eskimo/Aleut
14 <input type="checkbox"/> White North American	36 <input type="checkbox"/> Chinese	52 <input type="checkbox"/> American Indian, NOS
17 <input type="checkbox"/> Northern European	32 <input type="checkbox"/> Filipino	53 <input type="checkbox"/> North American Indian
84 <input type="checkbox"/> Western European	34 <input type="checkbox"/> Japanese	54 <input type="checkbox"/> South or Central American Indian
85 <input type="checkbox"/> White Caribbean	35 <input type="checkbox"/> Korean	55 <input type="checkbox"/> Caribbean Indian
15 <input type="checkbox"/> White South or Central American	38 <input type="checkbox"/> Vietnamese	Other
Black	37 <input type="checkbox"/> Other Southeast Asian	88 <input type="checkbox"/> Unknown
20 <input type="checkbox"/> Black, NOS		90 <input type="checkbox"/> Other, 8. specify: _____

9. Donor's date of delivery:
 Month Day Year -8 Unknown

10. Gestational age at birth: weeks -8 Unknown

TEAM:

IUBMID:

Testing of Cord Blood for Serological Evidence of Prior Viral Exposure/Infection

	Positive	Negative	Inconclusive	Not Tested
11. HTLV1 antibody:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
12. Cytomegalovirus antibody (IgG):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
13. Hepatitis B core antibody:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
14. Hepatitis B surface antigen:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
15. Hepatitis C antibody:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
16. Anti-syphilis antibody (VDRL/FTA):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
17. Human Immunodeficiency virus (HIV) antibody:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
6 <input type="checkbox"/> Not able to release information for HIV				

18. Was cord blood tested for potentially transplantable genetic diseases?

1 Yes

0 No

8 Unknown

19. Specify:

Information for Donor's Mother

Testing of Donor's Mother for Serological Evidence of Prior Viral Exposure/Infection

	Positive	Negative	Inconclusive	Not Tested
20. HTLV1 antibody:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
21. Cytomegalovirus antibody (IgG):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
22. Cytomegalovirus antibody (IgM):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
23. Hepatitis B core antibody:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
24. Hepatitis B surface antigen:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
25. Hepatitis C antibody:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
26. Varicella/Zoster antibody (IgG):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
27. Herpes Simplex antibody (IgG):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
28. Epstein-Barr antibody (IgG):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
29. Human Immunodeficiency virus (HIV) antibody:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
6 <input type="checkbox"/> Not able to release information for HIV				

30. Age of mother (approximate): years -8 Unknown

31. Gravida: -8 Unknown

32. Para: -8 Unknown

TEAM:

IUBMID:

Perinatal History of Cord Blood Donor

33. Type of delivery:

- 1 Vaginal
- 2 Caesarean section
- 8 Unknown

Histocompatibility Information

34. Donor-recipient relationship and histocompatibility (based on Class I Serology and HLA-DRB1 DNA-testing):

- 1 HLA-identical sibling
- 3 HLA-identical other relative
- 4 Related, 1-antigen mismatch
- 5 Related, ≥ 2 -antigen mismatch
- 6 Unrelated, HLA-identical
- 7 Unrelated, HLA-mismatch
- 90 Other, **36.** specify: _____

35. Numbers of A, B, DRB1 antigens mismatched (check only one):

- 8 1-Ag mismatch
- 9 2-Ag mismatch
- 10 3-Ag mismatch
- 11 > 3 -Ag mismatch

37. Donor's blood type:

- 1 A, Rh positive
- 2 B, Rh positive
- 3 AB, Rh positive
- 4 O, Rh positive
- 5 A, Rh negative
- 6 B, Rh negative
- 7 AB, Rh negative
- 8 O, Rh negative
- 9 A, Rh unknown
- 10 B, Rh unknown
- 11 AB, Rh unknown
- 12 O, Rh unknown
- 8 Unknown

Retired - Not for Data Submission

TEAM:

IUBMID:

Antigens Defined by Serologic Typing

Report broad antigens only when your laboratory is unable to confirm typing for a known split antigen.

38. Complete (including parental typing, if done) typing report enclosed:

1 Yes ————— **Go to Q.115**

0 No, or if using StemSoft

Note: Do not report "w" with serologic typing, e.g., DRW6 , not w 6

	Recipient	Donor	Recipient's Mother 7 <input type="checkbox"/> Not tested	Recipient's Father 7 <input type="checkbox"/> Not tested	Donor's Mother 7 <input type="checkbox"/> Not tested
	Unknown	Unknown	Unknown	Unknown	Unknown
HLA-A					
39. 1st	<input type="text"/>	40. <input type="text"/>	41. <input type="text"/>	42. <input type="text"/>	43. <input type="text"/>
44. 2nd	<input type="text"/>	45. <input type="text"/>	46. <input type="text"/>	47. <input type="text"/>	48. <input type="text"/>
HLA-B (Private antigens; do not include Bw4 or Bw6)					
49. 1st	<input type="text"/>	50. <input type="text"/>	51. <input type="text"/>	52. <input type="text"/>	53. <input type="text"/>
54. 2nd	<input type="text"/>	55. <input type="text"/>	56. <input type="text"/>	57. <input type="text"/>	58. <input type="text"/>
HLA-C					
59. 1st	<input type="text"/>	60. <input type="text"/>	61. <input type="text"/>	62. <input type="text"/>	63. <input type="text"/>
64. 2nd	<input type="text"/>	65. <input type="text"/>	66. <input type="text"/>	67. <input type="text"/>	68. <input type="text"/>
HLA-DR (Do not include DR51, 52 or 53)					
69. 1st	<input type="text"/>	70. <input type="text"/>	71. <input type="text"/>	72. <input type="text"/>	73. <input type="text"/>
74. 2nd	<input type="text"/>	75. <input type="text"/>	76. <input type="text"/>	77. <input type="text"/>	78. <input type="text"/>
HLA-DQ					
79. 1st	<input type="text"/>	80. <input type="text"/>	81. <input type="text"/>	82. <input type="text"/>	83. <input type="text"/>
84. 2nd	<input type="text"/>	85. <input type="text"/>	86. <input type="text"/>	87. <input type="text"/>	88. <input type="text"/>
	Present Absent Unk	Present Absent Unk	Present Absent Unk	Present Absent Unk	Present Absent Unk
HLA-Bw4	89. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	90. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	91. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	92. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	93. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>
HLA-Bw6	94. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	95. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	96. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	97. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	98. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>
HLA-DR51	99. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	100. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	101. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	102. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	103. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>
HLA-DR52	104. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	105. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	106. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	107. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	108. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>
HLA-DR53	109. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	110. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	111. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	112. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	113. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>

114. Is an HLA Typing Report available?

1 Yes

0 No

If HLA Typing Report is available, attach copy and reference Q.38

Retired - Not for Data Submission

TEAM:

IUBMID:

Antigens Defined by DNA Technology

115. Were any antigens defined by DNA technology?

- 1 Yes
- 0 No
- 8 Unknown

Go to Q.230

116. Date of DNA typing:
Month Day Year

117. Laboratory performing typing (include name, address and phone number): _____

118. Method used (e.g., SSOP, sequencing): _____

119. Is a complete DNA Typing Report (including parental typing) available?

- 1 Yes
- 0 No

If complete DNA Typing Report (including parental typing) is available, attach copy and reference Q. 15 and go to Q.230

Go to Q.120

Retired – Not for Data Submission

TEAM:

IUBMID:

Recipient's mother not tested –
Skip Qs. 124-125, 134-135,
144-145, 154-155, 164-165,
174-175, 184-185, 194-195,
204-205, 214-215, 224-225

Recipient's father not tested –
Skip Qs. 126-127, 136-137,
146-147, 156-157, 166-167,
176-177, 186-187, 196-197,
206-207, 216-217, 226-227

Donor's mother not tested –
Skip Qs. 128-129, 138-139,
148-149, 158-159, 168-169,
178-179, 188-189, 198-199,
208-209, 218-219, 228-229

DRB1

Recipient Unknown

120. 1st / /

121. 2nd / /

Donor Unknown

122. 1st / /

123. 2nd / /

Recipient's Mother Unknown

124. 1st / /

125. 2nd / /

Recipient's Father Unknown

126. 1st / /

127. 2nd / /

Donor's Mother Unknown

128. 1st / /

129. 2nd / /

DRB3

Recipient Unknown

130. 1st / /

131. 2nd / /

Donor Unknown

132. 1st / /

133. 2nd / /

Recipient's Mother Unknown

134. 1st / /

135. 2nd / /

Recipient's Father Unknown

136. 1st / /

137. 2nd / /

Donor's Mother Unknown

138. 1st / /

139. 2nd / /

Retired - Not for Data Submission

TEAM:

IUBMID:

DRB4 Recipient Unknown

140.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
141.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor Unknown

142.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
143.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Mother Unknown

144.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
145.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Father Unknown

146.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
147.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor's Mother Unknown

148.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
149.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

DRB5 Recipient Unknown

150.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
151.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor Unknown

152.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
153.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Mother Unknown

154.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
155.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Father Unknown

156.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
157.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor's Mother Unknown

158.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
159.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Retired - Not for Data Submission

TEAM:

IUBMID:

DQA1 Recipient Unknown

160.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
161.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor Unknown

162.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
163.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Mother Unknown

164.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
165.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Father Unknown

166.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
167.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor's Mother Unknown

168.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
169.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

DQB1 Recipient Unknown

170.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
171.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor Unknown

172.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
173.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Mother Unknown

174.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
175.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Father Unknown

176.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
177.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor's Mother Unknown

178.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
179.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Retired - Not for Data Submission

TEAM:

IUBMID:

DPA1 Recipient Unknown

180.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
181.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor Unknown

182.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
183.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Mother Unknown

184.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
185.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Father Unknown

186.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
187.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor's Mother Unknown

188.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
189.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

DPB1 Recipient Unknown

190.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
191.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor Unknown

192.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
193.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Mother Unknown

194.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
195.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Father Unknown

196.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
197.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor's Mother Unknown

198.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
199.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Retired - Not for Data Submission

TEAM:

IUBMID:

A Recipient Unknown

200. 1st

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Donor Unknown

202. 1st

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203. 2nd

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Recipient's Mother Unknown

204. 1st

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205. 2nd

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Recipient's Father Unknown

206. 1st

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207. 2nd

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Donor's Mother Unknown

208. 1st

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209. 2nd

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B Recipient Unknown

210. 1st

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211. 2nd

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Donor Unknown

212. 1st

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213. 2nd

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Recipient's Mother Unknown

214. 1st

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215. 2nd

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Recipient's Father Unknown

216. 1st

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217. 2nd

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Donor's Mother Unknown

218. 1st

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219. 2nd

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Retired - Not for Data Submission

TEAM:

IUBMID:

C

Recipient Unknown

220. 1st / /

221. 2nd / /

Donor Unknown

222. 1st / /

223. 2nd / /

Recipient's Mother Unknown

224. 1st / /

225. 2nd / /

Recipient's Father Unknown

226. 1st / /

227. 2nd / /

Donor's Mother Unknown

228. 1st / /

229. 2nd / /

230. Were other tests done to determine donor-recipient histocompatibility?

- 1 Yes
- 0 No
- 8 Unknown

Results:	Matched	Mismatched	Inconclusive	Not Tested
231. Isoelectric Focusing (IEF):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
232. Cytotoxic Lymphocyte Precursors (CTL):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
233. Helper T Lymphocyte Precursors (HTLP):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
234. Other	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
235. Specify: _____				

Retired - Not for Data Submission

TEAM:

IUBMID:

Graft Information

236. Timing of collection:

- 1 Before delivery of placenta
- 2 After delivery of placenta
- 8 Unknown

Method of collection:

Yes No Unknown

- 237. 1 0 8 Collection by gravity (open system)
- 238. 1 0 8 Collection by aspiration of vessels (closed system)
- 239. 1 0 8 Other

240. Specify:

241. Volume of placental blood without anticoagulant: ml

242. Was anticoagulant added to cord blood?

- 1 Yes
- 0 No
- 8 Unknown

		Yes	No	Unknown
243.	1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	Acid citrate dextrose (ACD)		
244.	1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	Citrate phosphate dextrose (CPD)		
245.	1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	Heparin		
246.	1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	Other		
		247. Specify: <input type="text"/>		

248. Were bacterial cultures of cord blood done?

- 1 Yes
- 0 No
- 8 Unknown

249. Results:			
1 <input type="checkbox"/> Positive			
0 <input type="checkbox"/> Negative			
8 <input type="checkbox"/> Unknown			
250. Specify organism code (see <i>pg 28</i> of <i>002-CORE</i>):			
T	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	<input type="text"/>	<input type="text"/>	<input type="text"/>

251. Were CMV cultures of cord blood done?

- 1 Yes
- 0 No
- 8 Unknown

252. Results:	
1 <input type="checkbox"/> Positive	
0 <input type="checkbox"/> Negative	
8 <input type="checkbox"/> Unknown	

253. Were CMV cultures of cord blood donor done?

- 1 Yes
- 0 No
- 8 Unknown

254. Results:	
1 <input type="checkbox"/> Positive	
0 <input type="checkbox"/> Negative	
8 <input type="checkbox"/> Unknown	

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TEAM:

IUBMID:

255. Were antibiotics added to cord blood before storage?

- 1 Yes
- 0 No
- 8 Unknown

	Yes	No	Unknown	
256.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Penicillin
257.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Streptomycin
258.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Aminoglycoside
259.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Amphotericin
260.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other
261. Specify: _____				

262. Viability of collected cells before cryopreservation: %

Provide total numbers of cells after processing. Do not report numbers of cells per bag. If cells were cryopreserved, give totals after processing, but before cryopreservation (fresh cord blood).

	Not Tested	Number	Exponent
263. Nucleated cells:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 <input type="text"/> <input type="text"/>
264. Mononucleated cells:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 <input type="text"/> <input type="text"/>
265. CD34+ cells:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 <input type="text"/> <input type="text"/>
266. CD3+ cells:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 <input type="text"/> <input type="text"/>
267. CD2+ cells:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 <input type="text"/> <input type="text"/>
268. CD5+ cells:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 <input type="text"/> <input type="text"/>

269. Specify method used to determine numbers of T-cells:

- 1 Flow cytometry
- 2 Limiting dilution analysis
- 7 Other, 270. specify: _____
- 8 Unknown

271. Was cord blood cryopreserved?

- 1 Yes
- 0 No
- 8 Unknown

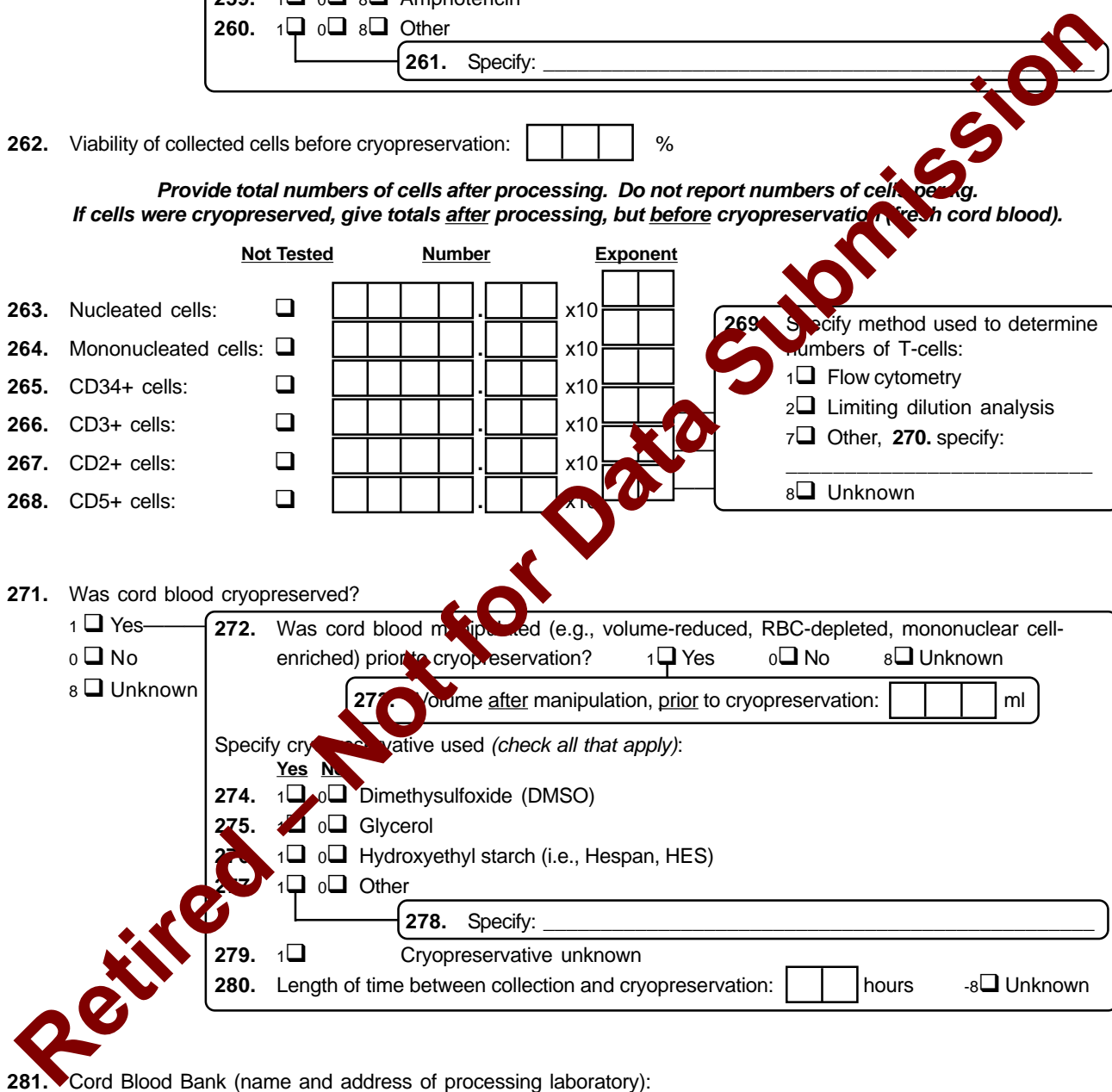
272. Was cord blood manipulated (e.g., volume-reduced, RBC-depleted, mononuclear cell-enriched) prior to cryopreservation? 1 Yes 0 No 8 Unknown

273. Volume after manipulation, prior to cryopreservation: ml

Specify cryopreservative used (check all that apply):

	Yes	No	
274.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Dimethylsulfoxide (DMSO)
275.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Glycerol
276.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Hydroxyethyl starch (i.e., Hespan, HES)
277.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other
278. Specify: _____			
279.	1 <input type="checkbox"/>		Cryopreservative unknown
280.			Length of time between collection and cryopreservation: <input type="text"/> <input type="text"/> hours -8 <input type="checkbox"/> Unknown

281. Cord Blood Bank (name and address of processing laboratory):



TEAM:

IUBMID:

Method of shipment from Bank (processing center) to transplant center (check all that apply):

Yes No Unknown

282. 1 0 8 Insulated carrier

283. 1 25°C
2 4°C
7 Other, 284. specify: _____

285. 1 0 8 Dry shipper/vapor phase liquid nitrogen

286. 1 0 8 Overnight Express Mail

287. 1 0 8 Delivered by hospital personnel/family member

288. 1 0 8 Other

289. Specify: _____

290. Were there any complications in the shipment process?

1 Yes

0 No

8 Unknown

291. Specify: _____

Retired – Not for Data Submission

TEAM:

IUBMID:

292. Was the graft manipulated prior to transplant (after thawing)? 1 Yes 0 No 8 Unknown

Specify method(s) used:

Yes No Unknown

293. 1 0 8 Dextran-albumin wash

294. 1 0 8 Genetic manipulation (gene transfer/transduction)

295. 1 0 8 CD34+ selection

296. Method: _____

297. Manufacturer: _____

298. 1 0 8 T-cell depletion

Yes No Unknown

299. 1 0 8 Antibody + complement _____

300. 1 0 8 Antibody + toxin _____ *If Yes, complete Qs.314-331*

301. 1 0 8 Antibody affinity column _____

302. 1 0 8 Soybean lectin only

303. 1 0 8 Sheep red blood cell rosetting only

304. 1 0 8 Soybean lectin and sheep red blood cell rosetting

305. 1 0 8 Elutriation

306. 1 0 8 Immunomagnetic beads _____

307. 1 0 8 Antibody coated plates _____ *If Yes, complete Qs.314-331*

308. 1 0 8 Soybean lectin and antibody coated plates _____

309. 1 0 8 Other _____

310. Specify: _____

311. 1 0 8 Ex vivo expansion

Complete Qs.333-43

312. 1 0 8 Other manipulation

313. Specify: _____

314. Were antibodies used during graft manipulation?

1 Yes

0 No

8 Unknown

Yes No Unknown

315. 1 0 8 Anti CD2

316. 1 0 8 Anti CD4

317. 1 0 8 Anti CD5

318. 1 0 8 Anti CD6

319. 1 0 8 Anti CD7

320. 1 0 8 Anti CD8

321. 1 0 8 Anti CD34

322. 1 0 8 Anti TCR alpha/beta (T10-B9)

323. 1 0 8 OKT-3

324. 1 0 8 Other CD3 _____

325. Specify: _____

326. 1 0 8 Anti CD52

Yes No Unknown

327. 1 0 8 Campath-NOS

328. 1 0 8 Campath-1M

329. 1 0 8 Campath-1G

330. 1 0 8 Campath-1H

331. 1 0 8 Other _____

332. Specify: _____

Retired - Not for Data Submission

TEAM:

IUBMID:

333. Were cells (or a portion of cells) expanded ex vivo prior to infusion?

Yes

No

Go to Q.433

334. Days of expansion culture:

Growth factors used:

Yes No

335. G-CSF

336. GM-CSF

337. IL-2

338. IL-3

339. IL-6

Yes No

340. IL-11

341. IL-12

342. SCF (stem cell factor)

343. Thrombopoietin

344. EPO (erythropoietin)

Yes No

345. M-CSF (IL-1)

346. PIXY 321

347. FLK-2/FLT-3 ligand

348. Gamma-interferon

349. Other

350. Specify:

Provide Total numbers of cells after processing. Do not report numbers of cells per kg. If cells were cryopreserved, give totals after processing, but before cryopreservation.

PRE-EXPANSION				POST-EXPANSION			
Number	Exponent	Percentage	Not Tested	Number	Exponent	Percentage	Not Tested
Nucleated cells							
351. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		352. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	353. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		354. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
CD34+ cells							
355. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		356. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	357. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		358. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
Megakaryocytic cells							
359. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		360. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	361. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		362. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
CD3+ cells							
363. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		364. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	365. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		366. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
CD4+ cells							
367. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		368. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	369. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		370. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
CD8+ cells							
371. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		372. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	373. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		374. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
Promyelocytes							
375. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		376. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	377. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		378. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
Metamyelocytes							
379. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		380. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	381. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		382. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
Myelocytes							
383. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		384. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	385. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		386. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
Granulocytes							
387. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		388. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	389. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		390. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
Monocytes							
391. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		392. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	393. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		394. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
LTC-IC							
395. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		396. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	397. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		398. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
CFU-GM							
399. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		400. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	401. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		402. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>
Other:							
403. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		404. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>	405. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		406. <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="checkbox"/>

Continued on next page

TEAM:

IUBMID:

Continued from previous page

407. Were all expanded cells infused for this transplant?

1 Yes
 0 No
 8 Unknown

Provide number of cells infused:

		Number		Exponent	Percentage		Not Tested
Nucleated cells	408.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	409.	<input type="text"/>	<input type="checkbox"/>
CD34+ cells	410.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	411.	<input type="text"/>	<input type="checkbox"/>
Megakaryocytic cells	412.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	413.	<input type="text"/>	<input type="checkbox"/>
CD3+ cells	414.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	415.	<input type="text"/>	<input type="checkbox"/>
CD4+ cells	416.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	417.	<input type="text"/>	<input type="checkbox"/>
CD8+ cells	418.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	419.	<input type="text"/>	<input type="checkbox"/>
Promyelocytes	420.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	421.	<input type="text"/>	<input type="checkbox"/>
Metamyelocytes	422.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	423.	<input type="text"/>	<input type="checkbox"/>
Myelocytes	424.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	425.	<input type="text"/>	<input type="checkbox"/>
Granulocytes	426.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	427.	<input type="text"/>	<input type="checkbox"/>
Monocytes	428.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	429.	<input type="text"/>	<input type="checkbox"/>
Other	430.	<input type="text"/>	<input type="text"/>	x10 ^{<input type="text"/>}	431.	<input type="text"/>	<input type="checkbox"/>

432. Specify: _____

Go to **41**

Total numbers of cells infused, assessed post-cryopreservation (after thawing)
 (do not report numbers of cells per kg)

	Not Tested	Number	Exponent
433. Nucleated cells:	<input type="checkbox"/>	<input type="text"/>	x10 ^{<input type="text"/>}
434. Mononucleated cells:	<input type="checkbox"/>	<input type="text"/>	x10 ^{<input type="text"/>}
435. CD34+ cells:	<input type="checkbox"/>	<input type="text"/>	x10 ^{<input type="text"/>}
436. CD3+ cells:	<input type="checkbox"/>	<input type="text"/>	x10 ^{<input type="text"/>}
437. CD4+ cells:	<input type="checkbox"/>	<input type="text"/>	x10 ^{<input type="text"/>}
438. CD8+ cells:	<input type="checkbox"/>	<input type="text"/>	x10 ^{<input type="text"/>}

439. Specify method used to determine numbers of T-cells:

1 Flow cytometry
 2 Limiting dilution analysis
 7 Other, **440.** specify: _____
 8 Unknown

441. Viability of collected cells after thawing: %

Retired - Not for Data Submission

TEAM:

IUBMID:

442. Was graft cultured to determine bacterial or fungal contamination?

- 1 Yes
- 0 No
- 8 Unknown

443. Were cultures positive?

1 Yes

0 No

	Yes	No	Unknown
444.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
445.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
446.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
447.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

444. Coag-negative Staph species

445. Coag-positive Staph species

446. Strep species

447. Other

448. Specify organism code (see pg 28 of 002-CORE):

T	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	<input type="text"/>	<input type="text"/>	<input type="text"/>

449. Was cord blood tested for presence of maternal T-cells?

- 1 Yes
- 0 No
- 8 Unknown

450. Method of analysis (check only one):

- 1 X-chromosome
- 2 G6PD
- 3 Restriction Fragment Length Polymorphisms (RFLP)
- 4 HLA-testing
- 5 Short tandem repeats (STR)
- 90 Other, 451. specify: _____

452. Were maternal T-cells detected in the graft?

1 Yes

0 No

8 Unknown

453. Number: x 10² -8 Unknown

454. Were there complications related to cord blood infusion (events within 24 hours)?

- 1 Yes
- 0 No
- 8 Unknown

	Yes	No	Unknown
455.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
456.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
457.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
458.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

455. Hemolytic reaction

456. Anaphylaxis

457. Toxicity from cryopreservative

458. Other, 459. specify: _____

Retired - Not for Data Submission

TEAM: [][][][]

IUBMID: [][][][][][]

Chimerism Studies

460. Were chimerism studies performed (Disappearance of an abnormality associated with the patient's disease [e.g., Philadelphia chromosome] indicates remission of disease, but does not by itself support chimerism)?

- 1 Yes — Provide information below
- 0 No
- 8 Unknown

Date (month day year)	Cell Method Type (See valid list below)		Number of Cells Examined (total cells)	Number of Donor Cells	Number of Host Cells	Percent of Donor Cells		Percent of Host Cells	
						*Non-Quantity	*Non-Qty	*Non-Quantity	*Non-Qty
461.									
462.									
463.									
464.									
465.									
466.									
467.									
468.									
469.									
470.									
471.									
472.									

* If performed by non-quantitative method, indicate the presence of donor, host or third party cells by (1) in Non-Qty Column

Valid Method Codes

- 1 = Standard Cytogenetics
- 2 = Fluorescent in situ Hybridization (FISH)
- 3 = Restriction Fragment-length polymorphisms (RFLP)
- 5 = HLA typing
- 6 = VNTR (variable nucleotide tandem repeats) or STR (short tandem repeats)
- 8 = ABO Blood Group change
- 90 = Other, specify: _____

Note: If PCR was done, determine method used for chimerism study, e.g., RFLP, VNTR, STR, etc)

Valid Cell Types

- 1 = Bone Marrow (BM)
- 2 = Peripheral Blood Mononuclear Cells (PBMC)
- 3 = T-cells
- 4 = B-cells
- 5 = Red Cells
- 6 = Monocytes
- 7 = Neutrophils
- 90 = Other, specify: _____