

**INSERT
AutoPB**

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

TEAM:

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

Registry (circle one): IBMTR **ABMTR**

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

2. Date of report: / /
Month Day Year

Autologous Blood Collection and Processing

3. Date of first stem cell collection: / /
Month Day Year

4. Date of last stem cell collection: / /
Month Day Year

5. Number of collections:

6. Did patient receive treatment prior to harvesting to enhance stem cell collection?

- 1 Yes
- 0 No
- 8 Unknown

Specify treatment patient received (check all that apply):

Yes No Unknown

7. 1 0 8 Chemotherapy—report details on Disease-specific Insert

8. 1 0 8 Anti-CD20 antibody

9. specify: _____

10. 1 0 8 Growth factors

Yes No Unknown

11. 1 0 8 G-CSF

12. 1 0 8 GM-CSF

13. 1 0 8 Other

14. specify: _____

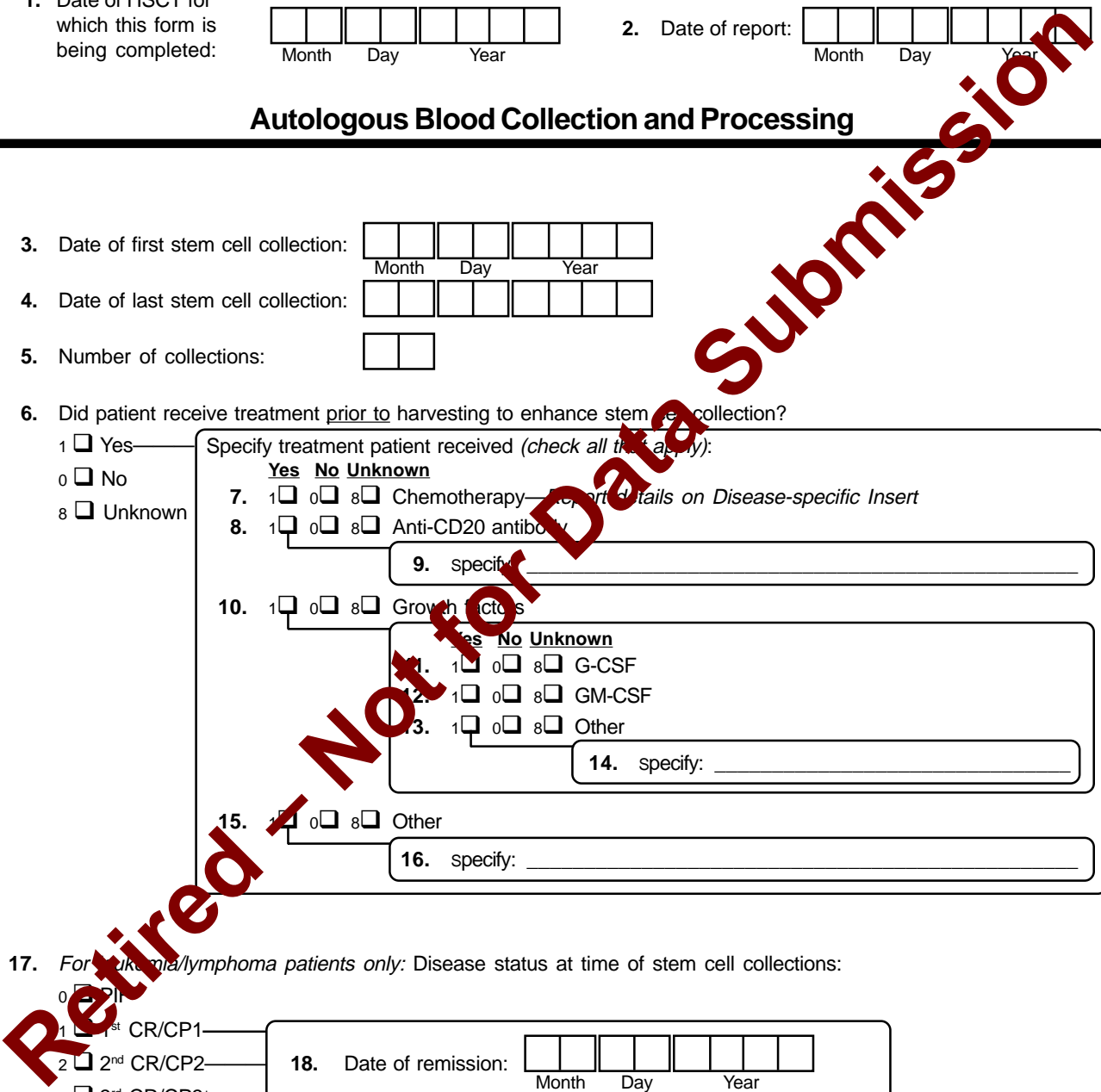
15. 1 0 8 Other

16. specify: _____

17. For leukemia/lymphoma patients only: Disease status at time of stem cell collections:

- 0 CR/CP1
- 1 1st CR/CP1
- 2 2nd CR/CP2
- 3 3rd CR/CP3+
- 4 First relapse
- 5 Second relapse
- 7 Other, 19. specify: _____

18. Date of remission: / /
Month Day Year



TEAM:

IUBMID:

20. Were cells cryopreserved?

- 1 Yes
- 0 No
- 8 Unknown

Indicate whether or not tumor involvement of bone marrow or circulating cells was detected prior to transplant by each of the indicated methods:

	Detected in Circulating Cells*			Detected in bone marrow prior to harvest*			Detected in harvested cells (before purging)					
	Yes	No	Not Tested	Yes	No	Not Tested	Yes	No	Not Tested			
Routine histopathology:	21.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	22.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	23.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
Polymerase chain reaction (PCR):	24.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	25.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	26.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
Other molecular technique:	27.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	28.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	29.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
Immunohistochemistry:	30.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	31.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	32.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
Cell culture technique:	33.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	34.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	35.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
Other,	36.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	37.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	38.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
39. specify: _____												

* Refers to detection of tumor cells in circulation or bone marrow in the interval between last chemotherapy and stem cell collection.

40. Were cells treated to remove malignant cells (purged)?

- 1 Yes
- 0 No
- 8 Unknown

	Yes	No	
41.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Monoclonal antibody
42.	Specify: _____		
43.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	4-hydroperoxy phosphamide (4HC)
44.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Mafosfamide
45.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other drug
46.	Specify: _____		
47.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Fluorination
48.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Immunomagnetic column
49.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Toxin
50.	Specify: _____		
51.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Positive stem cell selection (other than preparation of mononuclear fraction)
52.	Specify method: _____		
53.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other
54.	Specify: _____		

Specify whether tumor cells were detected in the graft after purging by each of the indicated methods:

	Yes	No	Not Tested	
55.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	Routine histopathology
56.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	Polymerase chain reaction (PCR)
57.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	Other molecular technique
58.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	Immunohistochemistry
59.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	Cell culture technique
60.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	Other
61.	Specify: _____			

Retired - Not for Data Submission

TEAM:

IUBMID:

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

- 1 Yes
- 0 No
- 8 Unknown

63. Days of expansion culture:

Growth factors used:

	Yes	No	Unknown	
64.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G-CSF
65.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GM-CSF
66.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IL-2
67.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IL-3
68.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IL-6
69.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCF
70.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrombopoietin
71.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M-CSF
72.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIXY 321
73.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

74. Specify:

75. Number of nucleated cells pre-expansion: x 10 (supply exponent)

76. Number of nucleated cells post-expansion: x 10 (supply exponent)

77. Were progenitor cell assays done?

- 1 Yes
- 0 No
- 8 Unknown

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.

	Number	Exponent	Unknown
78. Nucleated cells	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> x10	<input type="checkbox"/>
79. Mononucleated cells	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> x10	<input type="checkbox"/>
80. CD34+ cells	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> x10	<input type="checkbox"/>

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

- 1 Yes
- 0 No
- 8 Unknown

82. Were cultures positive?

- 1 Yes
- 0 No

Yes No Unknown

83. 1 0 8 Coag-negative Staph species

84. 1 0 8 Coag-positive Staph species

85. 1 0 8 Strep species

86. 1 0 8 Other

87. 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"/>

