

INSERT
AlloDCI Graft

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

TEAM:

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

Registry (circle all that apply): **IBMTR** EBMT NMDP

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

2. Date of report: / /
 Month Day Year

Donor Information

3. Was the same donor used for both the current DCI and the most recent preceding HSCT/DCI?

- 1 Yes
- 0 No

Stop! Complete Day 100 Report Form, not DCI Report Form

4. Was donor testing for serological evidence of prior viral exposure/infection repeated?

- 1 Yes
- 0 No
- 8 Unknown

Donor Testing for Serological Evidence of Prior Viral Exposure/Infection

	Positive	Negative	Inconclusive	Not Tested or Unknown
5. HTLV1 antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
7. Cytomegalovirus antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Epstein-Barr antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
9. Hepatitis B surface antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
10. Hepatitis B core antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
11. Hepatitis B surface antigen	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
12. Hepatitis C antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
13. Hepatitis A antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
14. 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				

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TEAM:

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DCI Information

Source of DCI:

Yes No

- 15. Collected at time of PBSC mobilization and collection
- 16. Negative fraction of CD34 selected PBSC
- 17. Negative fraction of CD34 selected BM
- 18. Apheresis at a different time than collection of PBSC used for allogeneic transplant
- 19. Isolated from a unit(s) of whole blood

20. Specify number of units:

21. Method used for cell collection (if any part of the collection was done through a central venous catheter, check "2"):

- 1 Peripheral venous catheter
- 2 Central venous catheter
- 8 Unknown

22. Timing of donor cell collection (*check only one*):

- 1 At time of PBSC collection for a previous transplant
- 2 Separate from a PBSC graft collection
- 8 Unknown

23. Was donor hospitalized (inpatient) for donation?

- 1 Yes
- 0 No
- 8 Unknown

24. Did donor have a complication from donation?

- 1 Yes
- 0 No
- 8 Unknown

25. Specify: _____

26. Did donor receive blood transfusions as a result of donation?

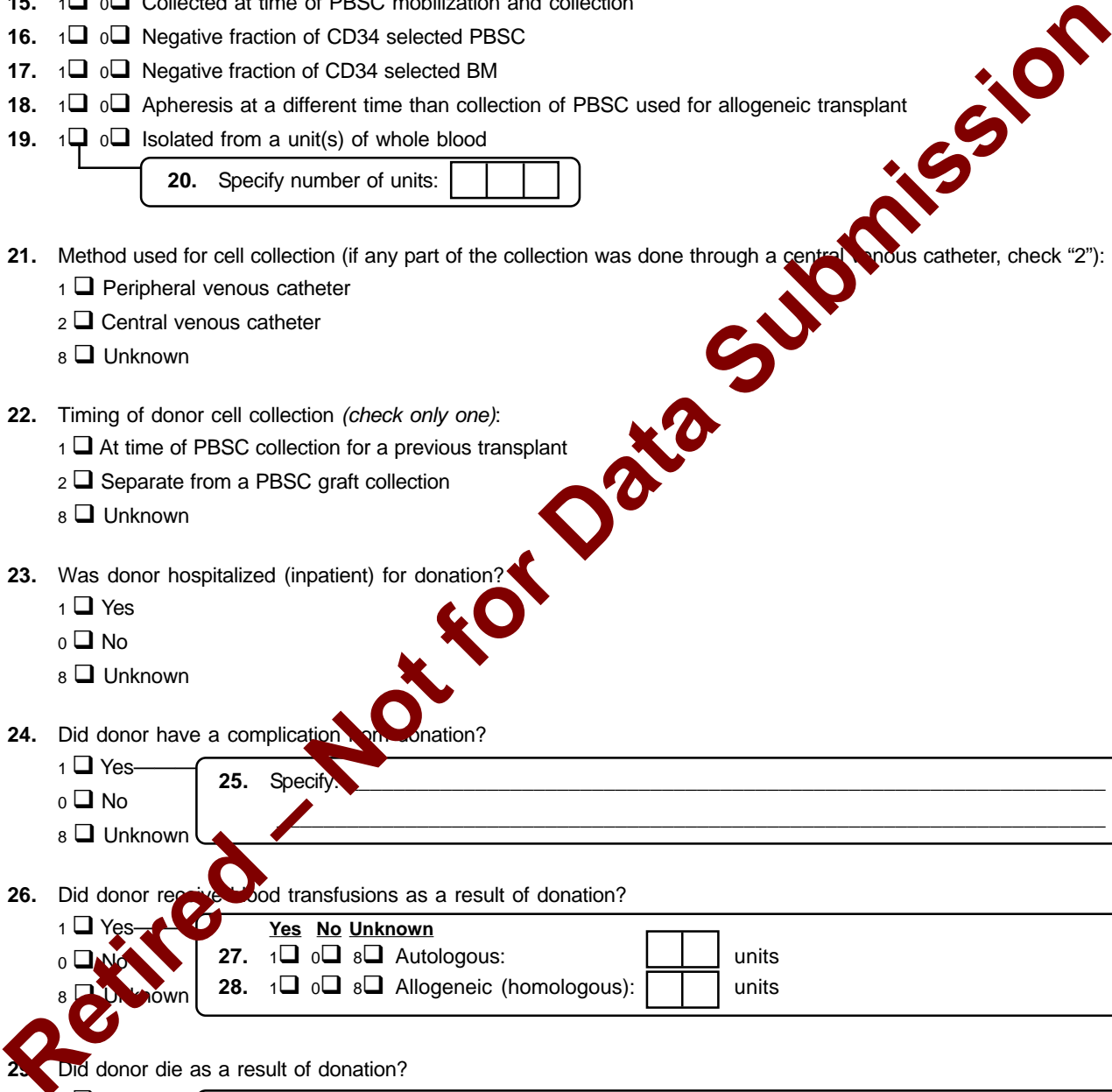
- 1 Yes
- 0 No
- 8 Unknown

Yes No Unknown
27. Autologous: units
28. Allogeneic (homologous): units

29. Did donor die as a result of donation?

- 1 Yes
- 0 No

30. Cause of death: _____



TEAM:

IUBMID:

31. Were donor cells collected by leukopheresis?

- 1 Yes
- 0 No

32. Date of first leukopheresis:
Month Day Year

33. Date of last leukopheresis:

34. Number of leukophereses:

35. Did donor receive treatment prior to donation to enhance cell collection?

- 1 Yes
- 0 No
- 8 Unknown

Yes No Unknown

36. 1 0 8 Growth factors

Yes No Unknown

37. 1 0 8 G-CSF

38. 1 0 8 GM-CSF

39. 1 0 8 Other

40. Specify:

41. 1 0 8 Other treatment

42. Specify:

43. Were the cells cryopreserved?

- 1 Yes
- 0 No

44. 1 All
2 Some

45. Were the cells manipulated or other intervention done to prevent hemolysis?

- 1 Yes
- 0 No
- 8 Unknown

46. Describe method (check only one):

- 1 Removal of plasma from graft
- 2 Apheresis of recipient pre-infusion
- 3 Extracorporeal immunoadsorption
- 7 Other, 47. specify:

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48. Were any DCIs reported on this Graft Insert manipulated? 1 Yes 0 No 8 Unknown

49. 1 All
2 Some

Specify all methods used to manipulate DCIs reported on this Graft Insert:
Yes No Unknown

50. 1 0 8 Dextran-albumin wash

51. 1 0 8 Genetic manipulation (gene transfer/transduction)

52. 1 0 8 CD34+ selection

53. Method: _____

54. Manufacturer: _____

55. 1 0 8 T-cell depletion

Method(s) of T-depletion:
Yes No Unknown

56. 1 0 8 Antibody + complement _____ If Yes, complete Qs.70-80

57. 1 0 8 Antibody + toxin _____

58. 1 0 8 Antibody affinity column _____

59. 1 0 8 Soybean lectin only

60. 1 0 8 Sheep red blood cell rosetting only

61. 1 0 8 Soybean lectin and sheep red blood cell rosetting

62. 1 0 8 Elutriation

63. 1 0 8 Immunomagnetic beads _____ If Yes, complete Qs.70-80

64. 1 0 8 Antibody coated plates _____

65. 1 0 8 Soybean lectin and antibody coated plates _____

66. 1 0 8 Other _____

67. Specify: _____

68. 1 0 8 Other manipulation _____

69. Specify: _____

Continued on next page

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Continued from previous page

70. Were antibodies used during graft manipulation?

1 Yes
0 No
8 Unknown

	Yes	No	Unknown	
71.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti CD2
73.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti CD4
74.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti CD5
75.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti CD6
76.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti CD7
77.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti CD8
78.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti CD34
78.²	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti TCR alpha/beta (T10-B9)
78.³	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	OKT-3
78.⁴	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other CD3
78.⁵ Specify: <input type="text"/>				
78.⁶	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti CD52
78.⁷ 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Campath-1C				
78.⁸ 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Campath-1M				
78.⁹ 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Campath-1G				
78.¹⁰ 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Campath-1H				
79.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other
80. Specify: <input type="text"/>				

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

1 Yes

0 No Go to Q.151

82. Days of expansion culture:

Yes No

83. 1 0 G-CSF

84. 1 0 GM-CSF

85. 1 0 IL-2

86. 1 0 IL-3

87. 1 0 IL-6

Yes No

88. 1 0 IL-11

89. 1 0 IL-12

90. 1 0 SCF (stem cell factor)

91. 1 0 Thrombopoietin

92. 1 0 EPO (Erythropoietin)

Yes No

93. 1 0 M-CSF (IL-1)

94. 1 0 PIXY 321

95. 1 0 FLK-2/FLT-3 ligand

96. 1 0 Gamma-interferon

97. 1 0 Other

98. Specify:

Note: Provide Total numbers, not numbers per kg. If you have questions about converting units or any other questions regarding completion of this section, contact the Statistical Center.

PRE-EXPANSION				POST-EXPANSION			
Number	Exponent	Percentage	Not Tested	Number	Exponent	Percentage	Not Tested
Nucleated cells							
99. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		100. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	101. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		102. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
CD34+ cells							
103. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		104. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	105. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		106. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
Megakaryocytic cells							
107. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		108. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	109. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		110. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
CD3+ cells							
111. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		112. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	113. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		114. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
CD4+ cells							
115. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		116. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	117. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		118. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
CD8+ cells							
119. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		120. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	121. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		122. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
NK cells							
123. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		124. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	125. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		126. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
Promyelocytes							
127. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		128. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	129. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		130. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
Metamyelocytes							
131. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		132. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	133. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		134. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
Myelocytes							
135. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		136. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	137. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		138. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
Granulocytes							
139. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		140. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	141. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		142. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
Monocytes							
143. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		144. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	145. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		146. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
Other:							
147. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		148. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	149. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ^{<input type="text"/>}		150. <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>

TEAM: [][][][]

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

151. Consecutive number of infusions within 28 days of first: [][]

152. Date of first infusion: [][] [][] [][][][]
Month Day Year

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	Percentage		Not Tested
Nucleated cells	153.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
CD34+ cells	155.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Megakaryocytic cells	157.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
CD3+ cells	159.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
CD4+ cells	161.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
CD8+ cells	163.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
NK cells	165.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Promyelocytes	167.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Metamyelocytes	169.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Myelocytes	171.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Granulocytes	173.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Monocytes	175.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Other, specify: 179.	177.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>

180. Were more than 2 DCIs given within a 4-week period? 1 Yes 0 No

Note: If more than 2 DCIs given within a 4-week period, copy this page and provide additional infusion data.

181. Date of second infusion: [][] [][] [][][][]
Month Day Year

		Number		Exponent	Percentage		Not Tested
Nucleated cells	182.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
CD34+ cells	184.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Megakaryocytic cells	186.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
CD3+ cells	188.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
CD4+ cells	190.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
CD8+ cells	192.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
NK cells	194.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Promyelocytes	196.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Metamyelocytes	198.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Myelocytes	200.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Granulocytes	202.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Monocytes	204.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>
Other, specify: 208.	206.	[][][]	[][]	x10	[][]	[][]	% <input type="checkbox"/>

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TEAM:

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Chimerism Studies

209. 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 *Non-Qty		Percent of Host Cells *Non-Qty	
	(See valid list below)	(See valid list below)				Qty	Qty	Qty	Qty
210.									
211.									
212.									
213.									
214.									
215.									
216.									
217.									
218.									
219.									
220.									
221.									

* 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: _____