National Marrow Donor Program®

Filgrastim Mobilized Peripheral Blood Stem Cells (PBSC)
Transplant Center PBSC Product Analysis

Registry Use Only

Sequence Number:

Date Received:

Donor NMDP ID: ____ - ____ - ____

Recipient NMDP ID: ___ - ___ - ___

DC Code: ___ TC Code: ___

Today's Date: Month ___ Day ___ Year 20__

Date of PBSC infusion for which this form is being completed: Month ___ Day ___ Year 20__

If more than one product is collected, each product must be analyzed separately. Products must not be pooled prior to analysis.

1. How many PBSC products were received?

1 ☐ one →

2. Date of collection for product 1: Month ___ Day ___ Year 20__

2 ☐ two →

3. Date of collection for product 1: Month ___ Day ___ Year 20__

4. Date of collection for product 2: Month ___ Day ___ Year 20__

Product Analysis

	Product 1	Product 2
5. Date of receipt of PBSC product at your facility:	Month ___ Day ___ Year 20__	b. Month ___ Day ___ Year 20__
6. Time of receipt: *(24-hour clock)*	a. Hour ___ : Minute ___	b. Hour ___ : Minute ___
7. Shipping temperature:	a. 1 ☐ frozen gel pack 2 ☐ room temperature per transplant center request 3 ☐ other temperature, specify: _____ *(not in accordance with protocol)*	b. 1 ☐ frozen gel pack 2 ☐ room temperature per transplant center request 3 ☐ other temperature, specify: _____ *(not in accordance with protocol)*
8. Total volume of PBSC product: *(mL = weight in grams ÷ 1.06)*	a. ___.___ mL	b. ___.___ mL

Product Hematology

	Product 1	Product 2
9. Date sample tested:	a. Month ___ Day ___ Year 20__	b. Month ___ Day ___ Year 20__
10. WBC:	a. ___.___ x 10^9/L	b. ___.___ x 10^9/L
11. Platelets:	a. ____.___ x 10^9/L	b. ____.___ x 10^9/L
12. Hematocrit:	a. ___.___ %	b. ___.___ %

Mail this form to:
The NMDP Registry
Suite 500
3001 Broadway St. N.E.
Minneapolis, MN 55413
Retain a copy at the Transplant Center.

NMDP Form 0580 v3.1 (1–5) May 2004

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Donor NMDP ID: ☐☐☐☐ - ☐☐☐☐ - ☐ Recipient NMDP ID: ☐☐☐ - ☐☐☐ - ☐

Product WBC Differential *(See instruction manual for directions to complete this section. Attach a copy of the lab report.)*

	Product 1	Product 2
13. Segmented neutrophils:	a. ☐☐.☐ %	b. ☐☐.☐ %
14. Band neutrophils:	a. ☐☐.☐ %	b. ☐☐.☐ %
15. Metamyelocytes:	a. ☐☐.☐ %	b. ☐☐.☐ %
16. Myelocytes:	a. ☐☐.☐ %	b. ☐☐.☐ %
17. Promyelocytes:	a. ☐☐.☐ %	b. ☐☐.☐ %
18. Eosinophils:	a. ☐☐.☐ %	b. ☐☐.☐ %
19. Basophils:	a. ☐☐.☐ %	b. ☐☐.☐ %
20. Blasts:	a. ☐☐.☐ %	b. ☐☐.☐ %
21. Lymphocytes:	a. ☐☐.☐ %	b. ☐☐.☐ %
22. Monocytes:	a. ☐☐.☐ %	b. ☐☐.☐ %
23. Total mononuclear cells: *(see instruction manual for calculation information)*	a. ☐☐☐ x 10^9	b. ☐☐.☐ x 10^9
24. Total CD34+ cells:	a. ☐☐☐☐.☐ x 10^6	b. ☐☐☐☐.☐ x 10^6

25. Was product 1 manipulated at your center prior to infusion?
- 1 ☐ yes → 26
- 2 ☐ no

26. Indicate what product 1 was manipulated for: *(check only one)*
- 1 ☐ T-cell depletion → 27
- 2 ☐ CD34+ cell selection
- 3 ☐ removal of red cells
- 4 ☐ removal of plasma
- 5 ☐ T cell depletion / CD34+ cell selection
- 6 ☐ other, specify: _____

27. Specify method used:
- 1 ☐ antibody + complement
- 2 ☐ antibody + toxin
- 3 ☐ antibody affinity column
- 4 ☐ soybean lectin only
- 5 ☐ sheep red blood cell rosetting only
- 6 ☐ soybean lectin and sheep red blood cell rosetting
- 7 ☐ elutriation
- 8 ☐ immunomagnetic beads
- 9 ☐ antibody coated plates
- 10 ☐ soybean lectin and antibody coated plates
- 11 ☐ other, specify: _____

28. If antibodies were used during manipulation, indicate which were used:

a. anti CD2	1 ☐ yes	2 ☐ no
b. anti CD3	1 ☐ yes	2 ☐ no
c. anti CD4	1 ☐ yes	2 ☐ no
d. anti CD5	1 ☐ yes	2 ☐ no
e. anti CD6	1 ☐ yes	2 ☐ no
f. anti CD7	1 ☐ yes	2 ☐ no
g. anti CD8	1 ☐ yes	2 ☐ no
h. anti CD34	1 ☐ yes	2 ☐ no
i. other, specify: _____	1 ☐ yes	2 ☐ no
j. no antibodies used	☐	

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29. Was product 2 manipulated at your center prior to infusion?
    1 ☐ yes →
    2 ☐ no
    3 ☐ not applicable

30. Indicate what product 2 was manipulated for: *(check only one)*
    1 ☐ T-cell depletion →
    2 ☐ CD34+ cell selection
    3 ☐ removal of red cells
    4 ☐ removal of plasma
    5 ☐ T cell depletion / CD34+ cell selection
    6 ☐ other, specify: _____

31. Specify method used:
    1 ☐ antibody + complement
    2 ☐ antibody + toxin
    3 ☐ antibody affinity column
    4 ☐ soybean lectin only
    5 ☐ sheep red blood cell rosetting only
    6 ☐ soybean lectin and sheep red blood cell rosetting
    7 ☐ elutriation
    8 ☐ immunomagnetic beads
    9 ☐ antibody coated plates
    10 ☐ soybean lectin and antibody coated plates
    11 ☐ other, specify: _____

32. If antibodies were used during manipulation, indicate which were used:

a. anti CD2	1 ☐ yes	2 ☐ no
b. anti CD3	1 ☐ yes	2 ☐ no
c. anti CD4	1 ☐ yes	2 ☐ no
d. anti CD5	1 ☐ yes	2 ☐ no
e. anti CD6	1 ☐ yes	2 ☐ no
f. anti CD7	1 ☐ yes	2 ☐ no
g. anti CD8	1 ☐ yes	2 ☐ no
h. anti CD34	1 ☐ yes	2 ☐ no
i. other, specify: _____	1 ☐ yes	2 ☐ no
j. no antibodies used	☐	

33. Were product 1 and product 2 pooled together prior to infusion?
    1 ☐ yes →
    2 ☐ no

Enter the values for questions 34–40 using the areas designated for Product 1.

	Product 1	Product 2
34. Viability of product infused:	a. ☐☐☐.☐ %	b. ☐☐☐.☐ %
35. What was the method of testing cell viability?	a. 1 ☐ trypan blue; 2 ☐ propidium iodide; 3 ☐ other method, specify: _____	b. 4 ☐ trypan blue; 5 ☐ propidium iodide; 6 ☐ other method, specify: _____
36. Volume of infused product:	a. ☐☐☐.☐ mL	b. ☐☐☐.☐ mL
37. Mononuclear cell count of infused product:	a. ☐☐☐.☐ x 10^6/mL	b. ☐☐☐.☐ x 10^6/mL
38. Total CD34+ cells / kg infused:	a. ☐☐☐☐.☐ x 10^6/kg	b. ☐☐☐☐.☐ x 10^6/kg
39. Time at start of infusion: *(24-hour clock)*	a. ☐☐:☐☐ (Hour : Minute)	b. ☐☐:☐☐ (Hour : Minute)

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Donor NMDP ID: ☐☐☐☐ - ☐☐☐☐ - ☐ Recipient NMDP ID: ☐☐☐ - ☐☐☐ - ☐

40. Was a fraction of product 1 cryopreserved for back-up infusion?
    1 ☐ yes →
    2 ☐ no

    41. Total volume of cryopreserved product: ☐☐☐.☐ mL
    42. Nucleated cell count of cryopreserved product: ☐☐☐.☐ x 10^6/mL

43. Was a fraction of product 2 cryopreserved for back-up infusion?
    1 ☐ yes →
    2 ☐ no
    3 ☐ not applicable

    44. Total volume of cryopreserved product: ☐☐☐.☐ mL
    45. Nucleated cell count of cryopreserved product: ☐☐☐.☐ x 10^6/mL

46. Were there any adverse events associated with the infusion?
    1 ☐ yes →
    2 ☐ no

    47. Specify expected adverse events that occurred:

		Did event require medical intervention?
a. chills at time of infusion	1 ☐ yes 2 ☐ no	b. 1 ☐ yes 2 ☐ no
c. fever ≤ 103° F (within 24 hours of infusion)	1 ☐ yes 2 ☐ no	d. 1 ☐ yes 2 ☐ no
e. mild rigors	1 ☐ yes 2 ☐ no	f. 1 ☐ yes 2 ☐ no
g. headache	1 ☐ yes 2 ☐ no	h. 1 ☐ yes 2 ☐ no
i. nausea	1 ☐ yes 2 ☐ no	j. 1 ☐ yes 2 ☐ no
k. vomiting	1 ☐ yes 2 ☐ no	l. 1 ☐ yes 2 ☐ no
m. other, specify: _____	1 ☐ yes 2 ☐ no	n. 1 ☐ yes 2 ☐ no

    48. Specify unexpected adverse events that occurred:

		Did event require medical intervention?
a. fever > 103° F (within 24 hours of infusion)	1 ☐ yes 2 ☐ no	b. 1 ☐ yes 2 ☐ no
c. hives	1 ☐ yes 2 ☐ no	d. 1 ☐ yes 2 ☐ no
e. tachycardia	1 ☐ yes 2 ☐ no	f. 1 ☐ yes 2 ☐ no
g. severe rigors	1 ☐ yes 2 ☐ no	h. 1 ☐ yes 2 ☐ no
i. chest tightness / pain	1 ☐ yes 2 ☐ no	j. 1 ☐ yes 2 ☐ no
k. other, specify: _____	1 ☐ yes 2 ☐ no	l. 1 ☐ yes 2 ☐ no

    49. Was the adverse event resolved at the time of this report?
        1 ☐ yes
        2 ☐ no
        3 ☐ unknown
    50. In the Medical Director's judgement, was the adverse event a direct result of the infusion of the stem cells?
        1 ☐ yes
        2 ☐ no →
        3 ☐ unknown

        51. Specify the most likely cause of the event:
            1 ☐ regimen related
            2 ☐ product reaction
            3 ☐ drug reaction
            4 ☐ other illness, specify: _____
            5 ☐ other, specify: _____

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Donor NMDP ID: | | | | | - | | | | | - | |

Recipient NMDP ID: | | | | - | | | | | - | |

52. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____