Filgrastim Mobilized PBSC Days One, Two, Three and Four
Donor Assessment

Registry Use Only
Sequence Number:

Date Received:

Donor NMDP ID: __________ - __________ - ________
Recipient NMDP ID: __________ - __________ - ________
DC Code: __________
TC Code: __________
Date of Medical Evaluation from form 700: ________ ________ ________ - ________ ________ ________

Day of Assessment: □ One (Form 710) □ Two (Form 712) □ Three (Form 713) □ Four (Form 714)

1. Date of assessment / filgrastim administration: ________ ________ ________ - ________ ________ ________

2. Donor weight on Day One only: (without shoes)
   □ lbs
   □ kg

Vital Signs

3. Pulse: ________ ________ beats per minute

4. Blood pressure: ________ ________ mmHg (systolic)
   ________ ________ mmHg (diastolic)

5. Temperature: ________ ________ ° F
   □ ° C

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Document number F00166 revision 4
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Conditions Present Prior to Administration of Filgrastim

Using the following Modified Toxicity Criteria, review each body symptom with the donor. For each symptom associated with a system, select the statement that most closely reflects the donor’s current condition. On Days Two, Three, and Four, include any symptoms experienced between injections, even if they have resolved before the next day’s evaluation. In the Modified Toxicity Criteria below, the term “activities of daily living” (ADL) refers to tasks performed by individuals in a typical day that allow for independent living. Basic activities of daily living include feeding, dressing, hygiene, and physical mobility.

Contact NMDP Case Management to report any toxicities that are grade 3 or higher, and complete a Stem Cell Donor Adverse Event Form.

**Flu-Like Symptoms**

6. Fever in absence of infections:
   - None (grade 0)
   - 38.0 – 39.0°C / 100.0 – 102.2°F (grade 1)
   - Greater than 39.0 – 40.0°C / 102.2 – 104.0°F (grade 2)
   - Greater than 40.0°C / 104.0°F for less than 24 hours (grade 3)
   - Greater than 40.0°C / 104.0°F for more than 24 hours (grade 4)

**Constitutional Symptoms**

7. Fatigue (lethargy, malaise, asthenia):
   - None (grade 0)
   - Mild fatigue over baseline (grade 1)
   - Moderate or causing difficulty performing some ADL (grade 2)
   - Severe fatigue interfering with ADL (grade 3)
   - Disabling (grade 4)

**Dermatologic**

8. Rashes on skin:
   - None (grade 0)
   - Macular or papular eruption or erythema that is asymptomatic (discrete areas of raised or flat, discolored and/or reddened skin patches, with no other symptoms) (grade 1)
   - Macular or papular eruption or erythema with pruritus or other associated symptoms (same as above in conjunction with symptoms such as itching and pain) (grade 2)
   - Severe, generalized erythroderma or macular, papular, or vesicular eruption (same as above with the possible addition of fluid-filled blisters; also, the condition is not widely spaced, but instead covers the majority of the body) (grade 3)
   - Generalized exfoliative dermatitis or ulcerating dermatitis (skin inflammation leading to peeling and/or ulceration) (grade 4)

9. Injection site reaction (filgrastim, IV, or marrow collection):
   - None (grade 0)
   - Pain; itching; erythema (grade 1)
   - Pain and swelling with inflammation or phlebitis (grade 2)
   - Ulceration or necrosis that is severe; operative intervention indicated (grade 3)

**Gastrointestinal**

10. Nausea:
    - None (grade 0)
    - Loss of appetite without alteration in eating habits (grade 1)
    - Oral intake decreased without significant weight loss, dehydration or malnutrition (grade 2)
    - Inadequate oral caloric or fluid intake (grade 3)
    - Life-threatening consequences (grade 4)
Day of Assessment: □ One  □ Two  □ Three  □ Four  DID __ __ __ __ - __ __ __ __ - __

11. Vomiting:
- □ None (grade 0)
- □ 1 episode in 24 hours (grade 1)
- □ 2–5 episodes in 24 hours (grade 2)
- □ 6 or more episodes in 24 hours (grade 3)
- □ Life-threatening consequences (grade 4)

12. Loss of appetite (anorexia):
- □ None (grade 0)
- □ Loss of appetite without alteration in eating habits (grade 1)
- □ Altered intake without significant weight loss or malnutrition (grade 2)
- □ Significant weight loss or malnutrition (grade 3)
- □ Life-threatening (grade 4)

**Neurological**

13. Inability to sleep (insomnia):
- □ Normal (grade 0)
- □ Occasional difficulty sleeping, not interfering with function (grade 1)
- □ Difficulty sleeping, interfering with function but not interfering with ADL (grade 2)
- □ Frequent difficulty sleeping, interfering with ADL (grade 3)
- □ Disabling (grade 4)

14. Dizziness, vertigo, or lightheadedness:
- □ None (grade 0)
- □ With head movements only; not interfering with function (grade 1)
- □ Interfering with function, but not interfering with ADL (grade 2)
- □ Interfering with ADL (grade 3)
- □ Disabling (grade 4)

15. Fainting (syncope):
- □ None (grade 0)
- □ Present (grade 3)
- □ Life-threatening consequences (grade 4)

**Sites of Pain**

For each of the sites listed below, indicate the severity of pain present using the following scale:
- 0 = none (grade 0)
- 1 = mild pain not interfering with function (grade 1)
- 2 = moderate pain interfering with function but not ADL (grade 2)
- 3 = severe pain severely interfering with ADL (grade 3)
- 4 = disabling (grade 4)

16. Back:
- □ None (grade 0)
- □ Mild (grade 1)
- □ Moderate (grade 2)
- □ Severe (grade 3)
- □ Disabling (grade 4)
Day of Assessment: □ One □ Two □ Three □ Four

17. Bones (including sternum and ribs):
   □ None (grade 0)
   □ Mild (grade 1)
   □ Moderate (grade 2)
   □ Severe (grade 3)
   □ Disabling (grade 4)

18. Headache:
   □ None (grade 0)
   □ Mild (grade 1)
   □ Moderate (grade 2)
   □ Severe (grade 3)
   □ Disabling (grade 4)

19. Hip:
   □ None (grade 0)
   □ Mild (grade 1)
   □ Moderate (grade 2)
   □ Severe (grade 3)
   □ Disabling (grade 4)

20. IV site:
   □ None (grade 0)
   □ Mild (grade 1)
   □ Moderate (grade 2)
   □ Severe (grade 3)
   □ Disabling (grade 4)

21. Joints (excluding hip):
   □ None (grade 0)
   □ Mild (grade 1)
   □ Moderate (grade 2)
   □ Severe (grade 3)
   □ Disabling (grade 4)

22. Limbs (arms, legs, hands, feet):
   □ None (grade 0)
   □ Mild (grade 1)
   □ Moderate (grade 2)
   □ Severe (grade 3)
   □ Disabling (grade 4)

23. Muscles:
   □ None (grade 0)
   □ Mild (grade 1)
   □ Moderate (grade 2)
   □ Severe (grade 3)
   □ Disabling (grade 4)
Day of Assessment: [ ] One  [ ] Two  [ ] Three  [ ] Four

DID ______ - ______ - ______ - ______

24. Neck:
☐ None (grade 0)
☐ Mild (grade 1)
☐ Moderate (grade 2)
☐ Severe (grade 3)
☐ Disabling (grade 4)

25. Throat:
☐ None (grade 0)
☐ Mild (grade 1)
☐ Moderate (grade 2)
☐ Severe (grade 3)
☐ Disabling (grade 4)

26. Other pain site:
☐ None (grade 0)  **Day 1 go to question 28; Day 2-4 go to question 44**
☐ Mild (grade 1)  **Go to question 27**
☐ Moderate (grade 2)  **Go to question 27**
☐ Severe (grade 3)  **Go to question 27**
☐ Disabling (grade 4)  **Go to question 27**

27. Specify pain site: ________________________  **Day 1 go to question 28; Day 2-4 go to question 44**

Day One Hematology

Questions 28–43 should be completed on Day One only. If this is Day Two, Three, or Four, proceed to question 44.

CBC

28. Date of sample collection:

___ ___ ___ ___ - ___ ___ - ___ ___

YYYY                              MM                      DD

29. WBC:

___ ____  • ___ x 10^9/L

30. Hemoglobin:

___ ____  • ___ g/dL

31. Hematocrit:

___ ____  • ___ %

32. Platelets:

___ ____ ___ x 10^9/L
Day of Assessment: □ One  □ Two  □ Three  □ Four  

WBC Differential

33. Segmented neutrophils:
   ___ ___ • ___ %

34. Band neutrophils:
   ___ ___ • ___ %

35. Lymphocytes:
   ___ ___ • ___ %

36. Monocytes:
   ___ ___ • ___ %

37. Eosinophils:
   ___ ___ • ___ %

38. Basophils:
   ___ ___ • ___ %

39. Metamyelocytes:
   ___ ___ • ___ %

40. Myelocytes:
   ___ ___ • ___ %

41. Promyelocytes:
   ___ ___ • ___ %

42. Blasts:
   ___ ___ • ___ %

43. Other (e.g., LUC, unclassified cells):
   ___ ___ • ___ %

Filgrastim Administration

44. Was filgrastim administered to the donor today?
   □ Yes  Go to question 45
   □ No, dose withheld  Go to question 76

45. Time filgrastim was administered:
   ___ : ___   (24-hour Clock)
Sizes and lot numbers from Neupogen® (filgrastim) vials or SingleJect® syringes injected:

**One**

46. Vial / syringe one:
   - □ 1.0 mL (300 μg) vial  Go to question 47
   - □ 1.6 mL (480 μg) vial  Go to question 47
   - □ 0.5 mL (300 μg) syringe Go to question 47
   - □ 0.8 mL (480 μg) syringe Go to question 47

47. Specify the portion administered:
   - □ Full vial / syringe  Go to question 49
   - □ Partial vial / syringe Go to question 48

48. Partial dose administered:
   ___ • ___ mL

49. Lot number:
   ________________

50. Lot expiration date:
   ___ ___ ___ ___ - ___ ___ YYYY - MM

**Two**

51. Vial / syringe two:
   - □ 1.0 mL (300 μg) vial  Go to question 52
   - □ 1.6 mL (480 μg) vial  Go to question 52
   - □ 0.5 mL (300 μg) syringe Go to question 52
   - □ 0.8 mL (480 μg) syringe Go to question 52

52. Specify the portion administered:
   - □ Full vial / syringe  Go to question 54
   - □ Partial vial / syringe Go to question 53

53. Partial dose administered:
   ___ • ___ mL

54. Lot number:
   ________________

55. Lot expiration date:
   ___ ___ ___ ___ - ___ ___ YYYY - MM
Day of Assessment: □ One □ Two □ Three □ Four

Three

56. Vial / syringe three:
   □ 1.0 mL (300 μg) vial  Go to question 57
   □ 1.6 mL (480 μg) vial  Go to question 57
   □ 0.5 mL (300 μg) syringe Go to question 57
   □ 0.8 mL (480 μg) syringe Go to question 57

57. Specify the portion administered:
   □ Full vial / syringe  Go to question 59
   □ Partial vial / syringe  Go to question 58

58. Partial dose administered:
   ___ • ___ mL

59. Lot number:
   _______________________

60. Lot expiration date:
   ____ ____ ____ ____

Four

61. Vial / syringe four:
   □ 1.0 mL (300 μg) vial  Go to question 62
   □ 1.6 mL (480 μg) vial  Go to question 62
   □ 0.5 mL (300 μg) syringe Go to question 62
   □ 0.8 mL (480 μg) syringe Go to question 62

62. Specify the portion administered:
   □ Full vial / syringe  Go to question 63
   □ Partial vial / syringe  Go to question 63

63. Partial dose administered:
   ___ • ___ mL

64. Lot number:
   _______________________

65. Lot expiration date:
   ____ ____ ____ ____

66. Was the filgrastim dose reduced?
   □ Yes  Go to questions 67-74
   □ No  Go to question 76

   Specify reason(s) for filgrastim dose reduction:

67. Bone pain
   □ Yes
   □ No
68. Donor weight change
   □ Yes
   □ No

69. Headache
   □ Yes
   □ No

70. Local (injection site reaction)
   □ Yes
   □ No

71. Low platelet count
   □ Yes
   □ No

72. Nausea
   □ Yes
   □ No

73. Vomiting
   □ Yes
   □ No

74. Other reason
   □ Yes  Go to question 75
   □ No  Go to question 76

75. Specify other reason(s) for dose reduction: ______________________________________________________

76. Additional notes on donor assessment: (optional)

77. Please print name: _____________________________________________________________________________
    First and Last Name person submitting form

    Date: _______________________________________________________________________________________

    Preferred method of contact: ___________________________________________________________________
    Phone number or e-mail address