

**TRANSPLANT REPORT**

<b>PATIENT INFORMATION</b>	<b>DONOR INFORMATION</b>
Patient ID:	Donor ID:
Patient Name:	GRID number:
Transplant Center:	Collection Center:
Collection Date(s): (Day/Month/Year)	Donor Center:

**A. PRODUCT RECEPTION**

<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> PBSC	<input type="checkbox"/> Lymphocytes
Date of arrival at the cell therapy laboratory: (Day/Month/Year)	Time of arrival at the cell therapy laboratory: (local time HH:MM)	
Number of blood samples:	Number of bags:	

**B. PRODUCT INFUSION**

Was the whole product immediately used for infusion? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete Section C		
Date of infusion of cells: (Day/Month/Year)	Time of infusion of cells: (local time HH:MM)	
Was product manipulated at the transplant center before infusion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind of processing was done? (Filtration, CD34 selection, RBC depletion etc) :		
Total number of nucleated cells infused:	x 10 <sup>8</sup> =	x 10 <sup>8</sup> /kg
Total number of CD 34+ cells infused:	x 10 <sup>6</sup> =	x 10 <sup>6</sup> /kg
Total number of CD 3+ cells infused:	x 10 <sup>7</sup> =	x 10 <sup>7</sup> /kg

Person Completing Form:	Signature:	Date: (Day/Month/Year)
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**C. PRODUCT MANIPULATION**

Was the whole product cryopreserved for later infusion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, the product was processed in the context of transplantation and fully infused on: (Day/Month/Year)	
Was any portion after the first infusion stored for later use?    Yes    No	
If yes:	
Product is stored with the intention to treat patient at later timepoint:	Yes    No
If no longer needed: product will be destroyed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Product will be used for validation studies or research purposes:	Yes    No
Identity of the HSCB:	
License number of the HSCB:	HSCB Director:

Person Completing Form:	Signature:	Date: (Day/Month/Year)
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