

Cord Blood Transplantation – Registration Form For CB Banks

For Eurocord use only

OBS

CIC

Country

PATIENT DATA

Patient initials (3 letters): **Last name:** **First Name:**

Patient ID given by National Donor Registry:

Specify which National Donor Registry:

Date of birth (dd/mm/yy):

Weight (kg):

Sex 1. Male 2. Female

ABO group 1. A 2. B 3. AB 4. O

Rh 1. negative 2. positive

Diagnosis (check one diagnosis and specify subtype):

- | | |
|--|--|
| <input type="checkbox"/> 1. Acute Leukemia: | <input type="checkbox"/> 1. Acute Lymphoblastic Leukemia or Lymphoma (ALL)
<input type="checkbox"/> 2. Acute Myeloid Leukemia (AML)
<input type="checkbox"/> 3. Acute biphenotypic leukemia
<input type="checkbox"/> 4. other AL, specify: |
| <input type="checkbox"/> 2. Myelodysplastic syndrome (MDS): | <input type="checkbox"/> 1. Refractory anemia without ring sideroblasts (RA)
<input type="checkbox"/> 2. RA with ring sideroblasts (RARS)
<input type="checkbox"/> 3. RA with excess of blasts (RAEB-1)
<input type="checkbox"/> 4. RA with excess of blasts (RAEB-2)
<input type="checkbox"/> 5. Refractory cytopenia with multilineage dysplasia (RCMD)
<input type="checkbox"/> 6. RCMD and ring sideroblasts (RCMD-RS)
<input type="checkbox"/> 7. MDS associated with isolated del(5q)
<input type="checkbox"/> 8. unclassifiable MDS
<input type="checkbox"/> 9. MDS transformed to acute leukemia |
| <input type="checkbox"/> 3. Myeloproliferative disorder (MPD): | <input type="checkbox"/> 1. Chronic Myeloid Leukemia (CML)
<input type="checkbox"/> 2. Chronic Idiopathic Myelofibrosis
<input type="checkbox"/> X. other MPD, specify: |
| <input type="checkbox"/> 4. Combined MDS/MPD: | <input type="checkbox"/> 1. Chronic Myelomonocytic Leukemia (CMML)
<input type="checkbox"/> 2. Juvenile Myelomonocytic Leukemia (JMML)
<input type="checkbox"/> X. other MDS/MPD, specify: |
| <input type="checkbox"/> 5. Lymphoproliferative disorder: | <input type="checkbox"/> 1. Chronic Lymphocytic Leukemia (CLL)
<input type="checkbox"/> 2. Non Hodgkin Lymphoma (NHL), specify:
<input type="checkbox"/> 3. Hodgkin Lymphoma |
| <input type="checkbox"/> 6. Plasma cell disorder: | <input type="checkbox"/> 1. Multiple Myeloma, specify:
<input type="checkbox"/> 2. Plasma cell leukemia
<input type="checkbox"/> 4. Amyloidosis
<input type="checkbox"/> X. other PCD, specify: |
| <input type="checkbox"/> 7. Histiocytic disorder, specify: | |
| <input type="checkbox"/> 8. Solid tumor, specify: | |
| <input type="checkbox"/> 9. Bone marrow failure syndromes: | <input type="checkbox"/> 1. Aplastic Anemia
<input type="checkbox"/> 2. Paroxysmal Nocturnal Hemoglobinuria (PNH)
<input type="checkbox"/> 5. Fanconi's Anemia
<input type="checkbox"/> X. other BMF, specify: |
| <input type="checkbox"/> 10. Hemoglobinopathy: | <input type="checkbox"/> 1. Thalassemia, specify:
<input type="checkbox"/> 2. Sickle cell anemia
<input type="checkbox"/> X. other hemoglobinopathy, specify: |
| <input type="checkbox"/> 11. Primary immune deficiency, specify: | |
| <input type="checkbox"/> 12. Metabolic disorder, specify: | |
| <input type="checkbox"/> 13. Autoimmune disease, specify: | |
| <input type="checkbox"/> 14. other diagnosis, specify: | |

Please send the filled questionnaire to:

*Eurocord, Agence de la biomédecine, 1 ave du Stade de France, 93212 St-Denis La Plaine cedex, France
 Tel : 33 (0)1 55 93 64 35 Fax : 33 (0)1 55 93 65 13 E-mail : irina.ionescu@biomedecine.fr*

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3. AFTER THAWING OF AN ALIQUOT (quality control data) 1. no 2. yes.

If yes, specify following details:

tests performed on: 1. contiguous segment 2. Vial associated to the bag

Total number of nucleated cells (10^8):

Total number of viable nucleated cells (10^8):

Viability of nucleated cells (%):

- specify method: 1. trypan blue
 2. 7-AAD (7-aminoactinomycin)
 3. acridine orange-ethidium bromide
 4. acridine orange-propidium iodide
 5. other, specify:

Total number of CFU-GM (10^5):

Total number of CD34+ cells (10^6):

CD34 cell count method: 1. Single platform 2. Double platform

Total number of viable CD34+ cells (10^6):

Viability of CD34+ cells (%):

- specify method: 2. 7-AAD (7-aminoactinomycin)
 3. acridine orange-ethidium bromide
 4. acridine orange-propidium iodide
 5. other, specify:

CBU cryopreservation:

Cryoprotectant used: 1. DMSO 2. glycerol 3. other, specify:

Volume of cryoprotectant added to CBU (ml):

Total volume of CBU and additives prior to cryopreservation (ml):

CBU stored into more than one bag? 1. no 2. yes, specify nb of bags:

Freezing method: controlled rate freezing? 1. no 2. yes

Storage method: 1. electric freezer 2. liquid nitrogen (LN2)
 3. vapor phase 4. other, specify:

Freezer type: 1. BioArchive System 2. other, specify:

Storage temperature: 1. less than -150°C 2. -150°C to -135°C
 3. -135°C to -80°C 4. more than -80°C

Shipment container: 1. dry shipper
 2. other, specify:

Temperature monitoring: 1. electronic temperature monitor
 2. Cryoguard indicator
 3. other, specify:

Samples kept at the CBB for future use? 1. no 2. yes
 if yes, specify: 1. DNA 2. cells 3. both

CBU infectious markers (if performed on both CBU and maternal sample, give CBU results only):

performed on: 1. CBU 2. maternal sample 3. both

		1. negative	2. positive	77. not performed	comments
CMV	Anti-CMV IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HBV	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Anti-HBc IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HCV	Anti-HCV IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EBV	Anti-EBV IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toxoplasmosis	Anti-Toxo IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CBU ABO group: 1. A 2. B 3. AB 4. O

CBU Rh: 1. negative 2. positive

CBU Sex: 1. male 2. female

HLA typing (fill out the table below or send copies of the original HLA typing reports):

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	DONOR (CBU) HLA	RECIPIENT HLA
Class I (antigenic - 2 digits)		
A	/	/
B	/	/
C	/	/
Class I (allelic - 4 digits)		
A	/	/
B	/	/
C	/	/
Class II (antigenic - 2 digits)		
DRB1	/	/
DQB1	/	/
DPB1	/	/
Class II (allelic - 4 digits)		
DRB1	/	/
DQB1	/	/
DPB1	/	/