

CB21

HPC, CORD BLOOD UNIT REPORT

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CORD BLOOD BANK (CBB) DATA	
Registry name:	
CBB:	CBB ID:
CBB accreditation:	CBB licence:
HLA laboratory accreditation:	Testing laboratory license:
Address:	
ZIP code:	Phone:
City:	Fax:
Country:	E-mail:

PATIENT DATA			
Patient registry:		Patient ID:	
Diagnosis:		Date of birth: (YYYY-MM-DD)	
Transplant center:			
Race:	Gender:	Weight: (kg)	Blood group/Rh(D):
Date of request/registration: (YYYY-MM-DD)			

CORD BLOOD UNIT (CBU) IDENTITY	
CBU ID:	CBU Local ID/EMDIS:
Gender:	Race:
Blood group/Rh(D):	

HLA TYPING AND CONFIRMATORY TYPING				
	Patient	CBU (Initial typing)	CBU (Confirmatory Typing)	Mother
HLA-A				
HLA-B				
HLA-C				
HLA-DRB1				
HLA-DQB1				
HLA-DPB1				
Other HLA typing:				
Samples used for confirmatory typing:				

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CBB ID:	Patient ID:	CBU ID:
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COLLECTION, PROCESSING, FREEZING AND STORAGE DETAILS	
CBU Bag ID:	Processing method:
Date collected: (YYYY-MM-DD)	Type of system:
CBU volume at collection: (mL)	Product modification:
CBU volume at cryopreservation: (mL)	Additives used in processing:
Type of bag:	Cryopreservation method:
Number of bags:	Cryoprotectant type:
Protective canister dimensions:	Time from collection to freezing: (hr:min)

HPC, CORD BLOOD CHARACTERISTICS AND POTENCY			
	Post-processing (Pre-cryopreservation)	Cell Dose/kg	Pilot Thaw
Total nucleated cells (TNC) (x 10 ⁷)			
Nucleated Red Blood Cells (nRBC) (x 10 ⁷)			
WBC (TNC corrected for nRBC) (x 10 ⁷)			
Mononuclear cells (x 10 ⁷)			
RBC volume (mL)			
CD45+ 7AAD viability (%)			
Viable CD34+ cells (x 10 ⁶)			
CD34+ 7AAD viability (%)			
Total CFU (x 10 ⁴)			

SAMPLES AVAILABLE FOR SHIPMENT		
	Cord Blood	Maternal
DNA	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Contiguous/attached segments	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other viable cell aliquots	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Plasma	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Serum	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
RBC aliquots	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CBB ID:	Patient ID:	CBU ID:
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INFECTIOUS DISEASE MARKERS			
	Cord Blood	Mother	Follow-Up
Date sampling:(YYYY-MM-DD)			
HBsAg			
Anti-HBc			
Anti-HBs			
Anti-HCV			
Anti-HIV 1/2 plus p24 antigen combi			
Anti-HIV 1/2			
HIV-1 NAT			
HCV-NAT			
HBV-NAT			
Anti-HTLV I/II			
Syphilis			
Anti-CMV IgG			
Anti-CMV IgM			
CMV DNA PCR			
West Nile Virus			
Chagas screen			
Malarial screen			
EBV IgG			
EBV IgM			
EBV EBNA			
EBV PCR			
Toxoplasma IgG			
Toxoplasma IgM			
Parvo-B19 PCR			
Other additional tests:			

MICROBIAL SCREEN AND HAEMOGLOBINOPATHY SCREEN		
	HPC, Cord Blood	Mother
Microbial screen (bacteria)		
Microbial screen (fungi)		
Heamoglobinopathy screen		
Other screening tests:		

CBB ID:	Patient ID:	CBU ID:
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MATERNAL AND FAMILY HISTORY

Maternal ID:	Date: (YYYY-MM-DD)
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Pregnancies number(s):

Mother's declaration
Risk behaviour for contracting and transmitting infectious disease.

Mother at risk for vCJD
Mother's vCJD/CJD risk factors including cumulative residence in UK for at least 6-months between 1980 to 1996 inclusive, treatment with growth or pituitary hormones before 1986.

Mother's travel history
Risk of exposure to infectious disease.

Family medical history
Genetic risk, including cancer, blood disorders, enzyme deficiencies, metabolic/storage disease or autoimmune diseases, identified.

Follow-up

Date: (YYYY-MM-DD)

Risk of infectious disease in mother?

Risk of genetic/infectious risk in baby?

ELIGIBILITY

After reviewing the donor file, the mother and infant donor are deemed eligible

After reviewing the donor file, the mother and infant donor are deemed non-eligible

Person completing this form:	Date: (YYYY-MM-DD)	Signature:
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