

CB21

HPC, CORD BLOOD UNIT REPORT

Page 1 of 4

CORD BLOOD BANK (CBB) DATA	
Registry name:	
CBB:	CBU 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:	
Transplant centre:		(YYYY-MM-DD)	
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:

CB21

HPC, CORD BLOOD UNIT REPORT

Page 2 of 4

CBB ID:	Patient ID:	CBU ID:
---------	-------------	---------

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
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

CB21

HPC, CORD BLOOD UNIT REPORT

Page 3 of 4

CBB ID:	Patient ID:	CBU ID:
---------	-------------	---------

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:		

CB21

HPC, CORD BLOOD UNIT REPORT

Page 4 of 4

CBB ID:	Patient ID:	CBU ID:
---------	-------------	---------

MATERNAL AND FAMILY HISTORY	
Maternal ID:	Date: (YYYY-MM-DD)
Pregnancies number(s):	
Mother's declaration <i>Risk behaviour for contracting and transmitting infectious disease.</i>	
Mother at risk for vCJD <i>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.</i>	
Mother's travel history <i>Risk of exposure to infectious disease.</i>	
Family medical history <i>Genetic risk, including cancer, blood disorders, enzyme deficiencies, metabolic/storage disease or autoimmune diseases, identified.</i>	
Follow-up	
Date: (YYYY-MM-DD)	
Risk of infectious disease in mother?	
Risk of genetic/infectious risk in baby?	

ELIGIBILITY
<input type="radio"/> After reviewing the donor file, the mother and infant donor are deemed eligible
<input type="radio"/> After reviewing the donor file, the mother and infant donor are deemed non-eligible

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