

INSERT ALLOCB

FOR REGISTRY USE ONLY: I.D. []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[] Date received: []-[]-[]-[]-[]-[]

TEAM []-[]-[]-[] IUBMID []-[]-[]-[]-[]-[]-[]-[]-[] (Institutional Unique Blood or Marrow Transplant Identification Number)

TXDT Date of transplant for which this form is being completed: []-[]-[]-[]-[]-[]-[] Month Day Year

IBMTRDT Date of report: []-[]-[]-[]-[]-[]-[] Month Day Year

Registry (circle all appropriate): IBMTR Eurocord NMDP NMDP ID: []-[]-[]-[]-[]-[]-[]-[]-[] NHLBI Clinical Trial ID: []-[]-[]-[]-[]-[]-[]-[]-[]

If cord blood cells from more than one donor are given, complete an ALLOCB Insert for each donor.

Check if multiple donors

Donor Information

- 1. What was relationship of cord blood donor to recipient? 1 Sibling 2 Other relative, specify: RELATION 3 Recipient's child 4 Unrelated

2. Sex: 1 Male 2 Female SEX

3. Donor race (If donor's parents are from two separate groups of the following, check both): (RACE1) RACENEW (RACE2)

Large box containing race categories: Caucasian/White, Black, Asian/Pacific Islander, Hispanic, Native American, Other. Includes sub-categories like European or Western Russia, African American, etc.

4. Donor's date of delivery: []-[]-[]-[]-[]-[]-[] Month Day Year -a Date unknown DELIVDT

5. Gestational age at birth: []-[] weeks -a Unknown GESTAGE

6. Birth weight []-[] kg or []-[]-[]-[] lb -a Unknown BIRTHWT BWTUNIT

7. Birth length []-[] cm or []-[] in -a Unknown BIRTHLEN BLNUNIT

Testing of cord blood for serological evidence of prior viral exposure/infection:

	Positive	Negative	Inconclusive	Not Tested	
8. HTLV1 antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB HTLV1
9. Cytomegalovirus antibody (IgG)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB CMV G
10. Hepatitis B core antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB HEP BC
11. Hepatitis B surface antigen	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB HEP BS
12. Hepatitis C antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB HEP C
13. Anti-syphilis antibody (VDRL/FTA)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB ANTI SYP
14. Human Immunodeficiency Virus (HIV) antibody	1 <input type="checkbox"/> Tested	0 <input type="checkbox"/> Not tested	6 <input type="checkbox"/> Not able to release information for HIV		CB HIV

	Positive	Negative	Inconclusive	Not Tested	
15. ELISA	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB ELISA
16. p24	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB P24
17. Western blot	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	CB WEST BL

18. Was cord blood tested for potentially transplantable genetic diseases? 1 Yes 0 No 8 Unknown
CB & ENEF

18.2 Specify: _____

Information for Donor's Mother

Testing of donor's mother for serological evidence of prior viral exposure/infection:

	Positive	Negative	Inconclusive	Not Tested	
19. HTLV1 antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM HTLV1
20. Cytomegalovirus antibody (IgG)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM CMV G
21. Cytomegalovirus antibody (IgM)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM CMV M
22. Hepatitis B core antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM HEP BC
23. Hepatitis B surface antigen	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM HEP BS
24. Hepatitis C antibody	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM HEP C
25. Varicella/Zoster antibody (IgG)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM VARZOS
26. Herpes Simplex antibody (IgG)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM HER SIM
27. Epstein Barr antibody (IgG)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM EPS BAR
28. Human Immunodeficiency Virus (HIV) antibody	1 <input type="checkbox"/> Tested	0 <input type="checkbox"/> Not tested	6 <input type="checkbox"/> Not able to release information for HIV		DM HIV

	Positive	Negative	Inconclusive	Not Tested	
29. ELISA	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM ELISA
30. p24	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM P24
31. Western blot	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	DM WEST BL

32. Mother's date of birth: *DM BIRT DT*

 Month Day Year Date unknown

33. Give approximate age of mother: *DM APPA*
 years -8 Unknown

34. Gravida -8 Unknown *DM GRAVID*

35. Para -8 Unknown *DM PARA*

TEAM

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Perinatal History of Cord Blood Donor

36. Type of delivery: DELIVTYP
1 Vaginal 2 Caesarean section 8 Unknown

37. Were there complications at delivery? DELIVCMP

1 Yes
0 No
8 Unknown

Check all that apply:

Yes No Unknown

38. 1 0 8 Multiple births (e.g., twins)

MULTBIRT

39. 1 0 8 Prolonged rupture of membranes (>24 hours)

RUPTMEMB

40. 1 0 8 Presence of meconium

MECONIUM

41. 1 0 8 Perinatal fever in mother
(≤48 hours prior to delivery; ≤24 hours after delivery)

PERFEVER

42. 1 0 8 Use of antibiotics ≤24 hours prior to
delivery

USEPANTI

VAGBLEED

44. 1 0 8 Vaginal bleeding prior to delivery

43. If Yes, specify antibiotic: _____

ECLAMPS

45. 1 0 8 Pre-eclampsia/eclampsia

OTHERCMP

46. 1 0 8 Other, specify: _____

Histocompatibility Information

47. Donor-recipient relationship and histocompatibility (based on Class I Serology and HLA-DRB1 DNA-testing):

DR RELHIS

1 HLA-identical sibling 5 Related, ≥2-antigen mismatch

3 HLA-identical other relative 6 Unrelated HLA-identical

4 Related, 1-antigen mismatch Unrelated, HLA-mismatch

90 Other, specify: _____

Numbers of A, B, DRB1 antigens mismatched:

8 1-Ag mismatch

9 2-Ag mismatch

10 3-Ag mismatch

11 >3-Ag mismatch

48. Donor's blood type:

DONBLDTP

1 A, Rh positive 5 A, Rh negative 9 A, Rh unknown

2 B, Rh positive 6 B, Rh negative 10 B, Rh unknown

3 AB, Rh positive 7 AB, Rh negative 11 AB, Rh unknown

4 O, Rh positive 8 O, Rh negative 12 O, Rh unknown 88 Unknown

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Antigens defined by serologic typing

See data manual for acceptable antigens. Report broad antigens only when your laboratory is unable to confirm typing for a known split antigen. Include copy of HLA typing report, if available.

49. Complete (including parental typing, if done) typing report enclosed: 1 Yes 0 No

SERCOMPL

Go to Q.125

Complete Q.50-124

	Recipient	Donor	Recipient's Mother	Recipient's Father	Donor's Mother
	<input type="checkbox"/> Not tested <input type="checkbox"/> Not tested <input type="checkbox"/> Not tested				
	<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown				
HLA-A	50. 1st <input type="checkbox"/>	51. <input type="checkbox"/>	52. <input type="checkbox"/>	53. <input type="checkbox"/>	54. <input type="checkbox"/>
	55. 2nd <input type="checkbox"/>	56. <input type="checkbox"/>	57. <input type="checkbox"/>	58. <input type="checkbox"/>	59. <input type="checkbox"/>
HLA-B (Private antigens; do not include Bw4 or Bw6)	60. 1st <input type="checkbox"/>	61. <input type="checkbox"/>	62. <input type="checkbox"/>	63. <input type="checkbox"/>	64. <input type="checkbox"/>
	65. 2nd <input type="checkbox"/>	66. <input type="checkbox"/>	67. <input type="checkbox"/>	68. <input type="checkbox"/>	69. <input type="checkbox"/>
HLA-C	70. 1st <input type="checkbox"/>	71. <input type="checkbox"/>	72. <input type="checkbox"/>	73. <input type="checkbox"/>	74. <input type="checkbox"/>
	75. 2nd <input type="checkbox"/>	76. <input type="checkbox"/>	77. <input type="checkbox"/>	78. <input type="checkbox"/>	79. <input type="checkbox"/>
HLA-DR (Do not include DR51,52 or 53)	80. 1st <input type="checkbox"/>	81. <input type="checkbox"/>	82. <input type="checkbox"/>	83. <input type="checkbox"/>	84. <input type="checkbox"/>
	85. 2nd <input type="checkbox"/>	86. <input type="checkbox"/>	87. <input type="checkbox"/>	88. <input type="checkbox"/>	89. <input type="checkbox"/>
HLA-DQ	90. 1st <input type="checkbox"/>	91. <input type="checkbox"/>	92. <input type="checkbox"/>	93. <input type="checkbox"/>	94. <input type="checkbox"/>
	95. 2nd <input type="checkbox"/>	96. <input type="checkbox"/>	97. <input type="checkbox"/>	98. <input type="checkbox"/>	99. <input type="checkbox"/>
HLA-Bw4	100. <input type="checkbox"/>	101. <input type="checkbox"/>	102. <input type="checkbox"/>	103. <input type="checkbox"/>	104. <input type="checkbox"/>
HLA-Bw6	105. <input type="checkbox"/>	106. <input type="checkbox"/>	107. <input type="checkbox"/>	108. <input type="checkbox"/>	109. <input type="checkbox"/>
HLA-DR51	110. <input type="checkbox"/>	111. <input type="checkbox"/>	112. <input type="checkbox"/>	113. <input type="checkbox"/>	114. <input type="checkbox"/>
HLA-DR52	115. <input type="checkbox"/>	116. <input type="checkbox"/>	117. <input type="checkbox"/>	118. <input type="checkbox"/>	119. <input type="checkbox"/>
HLA-DR53	120. <input type="checkbox"/>	121. <input type="checkbox"/>	122. <input type="checkbox"/>	123. <input type="checkbox"/>	124. <input type="checkbox"/>

Antigens Defined by DNA Technology

125. Were any antigens defined by DNA technology?

1 Yes
0 No
8 Unknown

DNAANY

Go to Q.245

Include copy of DNA typing report(s), if available.

126. Date of DNA typing: DNA DATE

127. Laboratory performing typing (include name, address and phone number): _____

128. Method used (e.g., SSOP, sequencing): _____

129. Complete (including parental typing, if done) typing report enclosed:

1 Yes No Unknown

Go to Q.240

DNAACOMPL

DNOTSTRM

DNOTSTRF

Recipient's mother not tested - Skip Qs. 134-135, 144-145, 154-155, 164-165, 174-175, 184-185, 194-195, 204-205, 214-215, 224-225, 234-235

Recipient's father not tested - Skip Qs. 136-137, 146-147, 156-157, 166-167, 176-177, 186-187, 196-197, 206-207, 216-217, 226-227, 236-237

Donor's mother not tested - Skip Qs. 138-139, 148-149, 158-159, 168-169, 178-179, 188-189, 198-199, 208-209, 218-219, 228-229, 238-239

DRB1

		Recipient									Unk
<i>DRB1R1</i>	130.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
<i>DRB1R2</i>	131.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
		Donor									Unk
	132.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
	133.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
		Recipient's Mother									Unk
<i>DRB1RM1</i>	134.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
<i>DRB1RM2</i>	135.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
		Recipient's Father									Unk
<i>DRB1RF1</i>	136.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
<i>DRB1RF2</i>	137.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
		Donor's Mother									Unk
	138.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
	139.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>

DRB3

		Recipient									Unk
<i>DRB3R1</i>	140.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
<i>DRB3R2</i>	141.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
		Donor									Unk
	142.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
	143.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
		Recipient's Mother									Unk
<i>DRB3RM1</i>	144.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
<i>DRB3RM2</i>	145.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
		Recipient's Father									Unk
<i>DRB3RF1</i>	146.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
<i>DRB3RF2</i>	147.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
		Donor's Mother									Unk
	148.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>
	149.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>

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DRB4

DRB4R1	150.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
DRB4R2	151.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
Donor								
	152.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
	153.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
Recipient's Mother								
DRB4RM1	154.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
DRB4RM2	155.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
Recipient's Father								
DRB4RF1	156.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
DRB4RF2	157.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
Donor's Mother								
	158.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
	159.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

DRB5

DRB5R1	160.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
DRB5R2	161.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
Donor								
	162.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
	163.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
Recipient's Mother								
DRB5RM1	164.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
DRB5RM2	165.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
Recipient's Father								
DRB5RF1	166.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
DRB5RF2	167.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
Donor's Mother								
	168.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Unk
	169.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

DQA1

Recipient

Unk

DQAIR1	170.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
DQAIR2	171.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor

Unk

172.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
173.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Mother

Unk

DQAIRM1	174.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
DQAIRM2	175.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Father

Unk

DQAIRF1	176.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
DQAIRF2	177.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor's Mother

Unk

178.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
179.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

DQB1

Recipient

Unk

DQBI R1	180.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
DQBI R2	181.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor

Unk

182.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
183.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Mother

Unk

DQBIR M1	184.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
DQBIR M2	185.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Recipient's Father

Unk

DQBIR F1	186.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
DQBIR F2	187.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Donor's Mother

Unk

188.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
189.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

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DPA1

DPAIR1	190.	1st	Recipient																														Unk
DPAIR2	191.	2nd																															
	192.	1st	Donor																														Unk
	193.	2nd																															
DPAIRM1	194.	1st	Recipient's Mother																														Unk
DPAIRM2	195.	2nd																															
DPAIRF1	196.	1st	Recipient's Father																														Unk
DPAIRF2	197.	2nd																															
	198.	1st	Donor's Mother																														Unk
	199.	2nd																															

DPB1

DPBIR1	200.	1st	Recipient																														Unk
DPBIR2	201.	2nd																															
	202.	1st	Donor																														Unk
	203.	2nd																															
DPBIRM1	204.	1st	Recipient's Mother																														Unk
DPBIRM2	205.	2nd																															
DPBIRF1	206.	1st	Recipient's Father																														Unk
DPBIRF2	207.	2nd																															
	208.	1st	Donor's Mother																														Unk
	209.	2nd																															

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IUBMID

C

DCR1	230.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>	Unk	
DCR2	231.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>		
			Donor							
	232.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>	Unk	
	233.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>		
			Recipient's Mother							
DCRM1	234.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>	Unk	
DCRM2	235.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>		
			Recipient's Father							
DCRF1	236.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>	Unk	
DCRF2	237.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>		
			Donor's Mother							
	238.	1st	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>	Unk	
	239.	2nd	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>		

DRTESTS

240. Were other tests done to determine donor-recipient histocompatibility?

- 1 Yes
0 No

	Matched	Mismatched	Inconclusive	Not Tested
241. Mixed Lymphocyte Culture (MLC)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
242. Isoelectric Focusing (IEF)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
243. Cytotoxic Lymphocyte Precursors (CTLP)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
244. Helper T Lymphocyte Precursors (HTLP)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
245. Other, specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>

DRMLC
DRIEF
DRCTLP
DRHTLP
DROTHER

TEAM

IUBMID

Graft Information

246. Timing of collection: 1 Before delivery of placenta 2 After delivery of placenta 8 Unknown
GITIMING

Method of collection

Yes No Unknown

247. 1 0 8 Collection by gravity (open system) *GICGRAV*

248. 1 0 8 Collection by aspiration of vessels (closed system) *GICASPV*

249. 1 0 8 Other, specify: _____ *GICOTHER*

250. Volume of placental blood without anticoagulant: ml *GIVOLPB*

251. Was anticoagulant added to cord blood? *GIAN TIC*

1 Yes
0 No
8 Unknown

Specify:

Yes No Unknown

252. 1 0 8 Acid citrate dextrose (ACD) *GIAN TACD*

253. 1 0 8 Citrate phosphate dextrose (CPD) *GIAN TCPP*

254. 1 0 8 Heparin *GIAN THEP*

255. 1 0 8 Other, specify: _____ *GIAN TICO*

256. Were bacterial cultures of cord blood done? *GIBAC*

1 Yes
0 No
8 Unknown

257. Cultures were:

1 Positive
0 Negative
8 Unknown

specify organism(s) _____

GIBACPN

258. Were CMV cultures of cord blood done? *GICMV*

1 Yes
0 No
8 Unknown

259. 1 Positive
0 Negative
8 Unknown

GICMVPN

260. Were CMV cultures of cord blood donor done? *GICMVP*

1 Yes
0 No
8 Unknown

261. 1 Positive
0 Negative
8 Unknown

GICMVDPN

262. Were antibiotics added to cord blood before storage? *GIAN TIB*

1 Yes
0 No
8 Unknown

Yes No Unknown

263. 1 0 8 Penicillin *GIAN TPEN*

264. 1 0 8 Streptomycin *GIAN TSTR*

265. 1 0 8 Aminoglycoside *GIAN TAMI*

266. 1 0 8 Amphotericin *GIAN AMP*

267. 1 0 8 Other, specify: _____ *GIAN TIBO*

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268. Viability of collected cells before cryopreservation % *GZVIABCR*

Total numbers of cells collected as assessed before cryopreservation (fresh cord blood):

	Not Tested	Number	
<i>GZNUBCR</i> 269. Nucleated cells	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 ⁸
<i>GZMONBCR</i> 270. Mononucleated cells	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 ⁸
<i>GZ34BCR</i> 271. CD34+ cells	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 ⁶
<i>GZ3BCR</i> 272. CD3+ cells	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 ⁶
<i>GZ2BCR</i> 273. CD2+ cells	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 ⁶
<i>GZ5BCR</i> 274. CD5+ cells	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x10 ⁶

GZMTHBCR

275. Method used to determine numbers of T-cells:

1 Flow cytometry

2 Limiting dilution analysis

7 Other, specify: _____

8 Unknown

Note: Provide Total numbers, not numbers per kg. Convert values to correspond to indicated exponent (10⁸ for Q.269-270; 10⁶ for Q.271-274). If you have questions about converting units or any other questions regarding completion of this section, please contact the Statistical Center.

276. Was cord blood cryopreserved?

- 1 Yes
- 0 No
- 8 Unknown

GZICBRYO

277. Was cord blood manipulated (eg., volume-reduced, RBC-depleted, mononuclear cell-enriched) prior to cryopreservation? 1 Yes 0 No 8 Unknown

GZIMANBCR

Cryopreservative used:

278. Volume after manipulation, prior to cryopreservation ml

GZIVOLBCR

279. 1 Yes 0 No Dimethylsulfoxide (DMSO) *GZICRDMSO*
280. 1 Yes 0 No Glycerol *GZICRGLYC*
281. 1 Yes 0 No Hydroxyethyl starch (i.e., Hespan, HES) *GZICRHYDR*
282. 1 Yes 0 No Other, specify: _____ *GZICROTH*
283. 1 Yes Cryopreservative unknown *GZICRUNK*
284. Length of time between collection and cryopreservation: hours -8 Unknown *GZIDURBCR*

GZISCTYPE

285. Storage container for cord blood:

- 1 Bag, specify number or -8 Unknown
- 2 Vial, specify number or -8 Unknown
- 8 Unknown

GZIBAGNO

GZIVIALNO

288. Cord Blood Bank (name and address of processing laboratory): _____

Method of shipment from Bank (processing center) to transplant center:

- Yes No
289. 1 0 Insulated carrier
291. 1 0 Dry shipper/vapor phase liquid nitrogen
292. 1 0 Overnight Express Mail
293. 1 0 Delivered by hospital personnel/family member
294. 1 0 Other: _____

290. If yes, specify: *GZIMSTEMP*

1 25°C

2 4°C

7 Other, specify: _____

GZIMSINS

GZMSDRY

GZMSOVER

GZMSDEL

GZMSOTH

GZIMSCOMP

295. Were there any complications in the shipment process? 1 Yes 0 No 8 Unknown

296. Specify: _____

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297. Was the graft manipulated prior to transplant (after thawing)?

1 Yes
0 No

GIMANPTR
GIMADAW
GIMAGEN
GIMACD34
GIMAT

GIMATAC
GIMATAT
GIMATAAC
GIMATSL
GIMATSRB
GIMATSLS
GIMATELU
GIMATIMM
GIMATACP
GIMATSLA
GIMATOTH

GZMAEXVI

GIMAO TH

GIMAA

Specify manipulation:

298. 1 0 Dextran-albumin wash
299. 1 0 Genetic manipulation (gene transfer/transduction)
300. 1 0 CD34+ selection
303. 1 0 T-cell depletion

301. Method: _____
302. Manufacturer: _____

- | | Yes | No | |
|------|----------------------------|----------------------------|---|
| 304. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Antibody + complement |
| 305. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Antibody + toxin |
| 306. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Antibody affinity column |
| 307. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Soybean lectin only |
| 308. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Sheep red blood cell rosetting only |
| 309. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Soybean lectin and sheep red blood cell rosetting |
| 310. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Elutriation |
| 311. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Immunomagnetic beads |
| 312. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Antibody coated plates |
| 313. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Soybean lectin and antibody coated plates |
| 314. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Other, specify: _____ |

If Yes, complete Q.317-326

If Yes, complete Q.317-326

315. 1 0 Ex vivo expansion

If Yes, complete Q.328-424

316. 1 0 Other manipulation, specify: _____

317. Were antibodies used during graft manipulation?

1 Yes
0 No

Indicate which antibodies were used:

- | | Yes | No | | Yes | No | | | |
|----------|------|----------------------------|----------------------------|----------|------|----------------------------|----------------------------|--------------------------|
| GZMAACD2 | 318. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | anti CD2 | 323. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | anti CD7 |
| GZMAACD3 | 319. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | anti CD3 | 324. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | anti CD8 |
| GZMAACD4 | 320. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | anti CD4 | 325. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | anti CD34 |
| GZMAACD5 | 321. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | anti CD5 | 326. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Other, specify: GZMAACD7 |
| GZMAACD6 | 322. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | anti CD6 | | | | GZMAACD8 |
| | | | | | | | | GZMAACD34 |
| | | | | | | | | GZMAACD34 |

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GIEXPPIN

327. Were cells (or a portion of cells) expanded ex vivo prior to infusion? 1 Yes 0 No Goto Q.425

328. Days of expansion culture: GIEXPDAY

Growth factors used:

GI GCSF
GI GMCSF
GI IL2
GI IL3
GI IL6

Yes	No		Yes	No		Yes	No						
329.	<input type="checkbox"/>	<input type="checkbox"/>	G-CSF	334.	<input type="checkbox"/>	<input type="checkbox"/>	IL-11	GI LL1	339.	<input type="checkbox"/>	<input type="checkbox"/>	M-CSF (IL-1)	GI MCSF
330.	<input type="checkbox"/>	<input type="checkbox"/>	GM-CSF	335.	<input type="checkbox"/>	<input type="checkbox"/>	IL-12	GI LL2	340.	<input type="checkbox"/>	<input type="checkbox"/>	PIXY 321	GI PIXY
331.	<input type="checkbox"/>	<input type="checkbox"/>	IL-2	336.	<input type="checkbox"/>	<input type="checkbox"/>	SCF (stem cell factor)	GI SCF	341.	<input type="checkbox"/>	<input type="checkbox"/>	FLK-2/FLT-3 ligand	GI FLK
332.	<input type="checkbox"/>	<input type="checkbox"/>	IL-3	337.	<input type="checkbox"/>	<input type="checkbox"/>	Thrombopoietin	GI THROMB	342.	<input type="checkbox"/>	<input type="checkbox"/>	gamma-interferon	GI GAMINT
333.	<input type="checkbox"/>	<input type="checkbox"/>	IL-6	338.	<input type="checkbox"/>	<input type="checkbox"/>	EPO (Erythropoietin)	GI EPO	343.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify:	GI GFOTH

Note: Provide Total numbers, not numbers per kg. Convert values to correspond to indicated exponent. If you have questions about converting units or any other questions regarding completion of this section, please contact the Statistical Center.

PRE-EXPANSION

POST-EXPANSION

Number	Percentage	Not Tested
Nucleated cells <u>GI BNUC</u>	<u>GI P BNUC</u>	
344. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	345. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CD34+ cells <u>GI BCD34</u>	<u>GI P BCD34</u>	
348. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	349. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Megakaryocytic cells <u>GI BMEG</u>	<u>GI P BMEG</u>	
352. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	353. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CD3+ cells <u>GI BCD3</u>	<u>GI P BCD3</u>	
356. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	357. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CD4+ cells <u>GI BCD4</u>	<u>GI P BCD4</u>	
360. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	361. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CD8+ cells <u>GI BCD8</u>	<u>GI P BCD8</u>	
364. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	365. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Promyelocytes <u>GI BPRO</u>	<u>GI P BPRO</u>	
368. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	369. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Metamyelocytes <u>GI BMET</u>	<u>GI P BMET</u>	
372. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	373. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Myelocytes <u>GI BMYE</u>	<u>GI P BMYE</u>	
376. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	377. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Granulocytes <u>GI BGRA</u>	<u>GI P BGRA</u>	
380. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	381. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Monocytes <u>GI BMON</u>	<u>GI P BMON</u>	
384. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	385. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
LTC-IC <u>GI BLTC</u>	<u>GI P BLTC</u>	
388. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	389. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CFU-GM <u>GI BCFU</u>	<u>GI P BCFU</u>	
392. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	393. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Other: <u>GI BAYN</u> <u>GI BOTH</u>	<u>GI P BOTH</u>	
396. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	397. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	

Number	Percentage	Not Tested
Nucleated cells <u>GI ANUC</u>	<u>GI P ANUC</u>	
346. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	347. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CD34+ cells <u>GI ACD34</u>	<u>GI P ACD34</u>	
350. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	351. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Megakaryocytic cells <u>GI AMEG</u>	<u>GI P AMEG</u>	
354. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	355. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CD3+ cells <u>GI ACD3</u>	<u>GI P ACD3</u>	
358. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	359. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CD4+ cells <u>GI ACD4</u>	<u>GI P ACD4</u>	
362. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	363. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CD8+ cells <u>GI ACD8</u>	<u>GI P ACD8</u>	
366. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	367. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Promyelocytes <u>GI APRO</u>	<u>GI P APRO</u>	
370. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	371. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Metamyelocytes <u>GI AMET</u>	<u>GI P AMET</u>	
374. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	375. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Myelocytes <u>GI AMYE</u>	<u>GI P AMYE</u>	
378. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	379. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Granulocytes <u>GI AGRA</u>	<u>GI P AGRA</u>	
382. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	383. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Monocytes <u>GI AMON</u>	<u>GI P AMON</u>	
386. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	387. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
LTC-IC <u>GI ALTC</u>	<u>GI P ALTC</u>	
390. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	391. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
CFU-GM <u>GI ACFU</u>	<u>GI P ACFU</u>	
394. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	395. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	
Other: <u>GI AOTH</u>	<u>GI P AOTH</u>	
398. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10 ⁶	399. <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/>	

Continued on next page

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Continued from previous page (only complete if ex vivo expansion done)

400. Were all expanded cells infused for this transplant? **GIEXPINF**

- Yes
- No

Provide number of cells infused:

		Number					Percentage			Not Tested			
Nucleated cells	GZINUC 401.					x10 ⁸	402.				%	<input type="checkbox"/>	GIPINUC
CD34+ cells	GII CD34 403.					x10 ⁸	404.				%	<input type="checkbox"/>	GIPICD34
Megakaryocytic cells	GII MEG 405.					x10 ⁸	406.				%	<input type="checkbox"/>	GIPIMEG
CD3+ cells	GII CD3 407.					x10 ⁸	408.				%	<input type="checkbox"/>	GIPICD3
CD4+ cells	GII CD4 409.					x10 ⁸	410.				%	<input type="checkbox"/>	GIPICD4
CD8+ cells	GII CD8 411.					x10 ⁸	413.				%	<input type="checkbox"/>	GIPICD8
Promyelocytes	GII PRO 413.					x10 ⁸	414.				%	<input type="checkbox"/>	GIPZPRO
Metamyelocytes	GII MET 415.					x10 ⁸	416.				%	<input type="checkbox"/>	GIPIMET
Myelocytes	GII MYE 417.					x10 ⁸	418.				%	<input type="checkbox"/>	GIPIMYE
Granulocytes	GII GRA 419.					x10 ⁸	420.				%	<input type="checkbox"/>	GIPIGRA
Monocytes	GII MON 421.					x10 ⁸	422.				%	<input type="checkbox"/>	GIPIMON
Other:	GII OTH 423.					x10 ⁸	424.				%	<input type="checkbox"/>	GIPIOTH

Go to Q.433

425. Total number of cells infused, assessed post-cryopreservation (after thawing):

		Not Tested	Number				
GIPNUC 426.	Nucleated cells	<input type="checkbox"/>					x10 ⁸
GIPMON 427.	Mononucleated cells	<input type="checkbox"/>					x10 ⁸
GIPCD34 428.	CD34+ cells	<input type="checkbox"/>					x10 ⁸
GIPCD3 429.	CD3+ cells	<input type="checkbox"/>					x10 ⁸
GIPCD4 430.	CD4+ cells	<input type="checkbox"/>					x10 ⁸
GIPCD8 431.	CD8+ cells	<input type="checkbox"/>					x10 ⁸

432. Method used to determine numbers of T-cells: **GIMTHPCR**

- 1 Flow cytometry
- 2 Limiting dilution analysis
- 7 Other, specify: _____

Note: Provide Total numbers, not numbers per kg. Convert values to correspond to exponent indicated. If you have questions about converting units or any other questions regarding completion of this section, please contact the Statistical Center.

433. Viability of collected cells after thawing: % **GIVIAPCR**

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434. Was cord blood tested for presence of maternal T-cells?

GICBTST

- 1 Yes
- 0 No
- 8 Unknown

435. Method of analysis:
- 1 X-chromosome
 - 2 G6PD
 - 3 Restriction Fragment Length Polymorphisms (RFLP)
 - 4 HLA-testing
 - 5 Short tandem repeats (STR)
 - 90 Other, specify: _____

GICBMETH

436. Were maternal T-cells detected in the graft?

GIMATYN

- 1 Yes
- 0 No
- 8 Unknown

437. Number x 10² or -8 Unknown

GIMAT&TY

438. Were there complications related to cord blood infusion (events within 24 hours)?

GICOMP

- 1 Yes
- 0 No
- 8 Unknown

- | | Yes | No | Unknown | | |
|------|----------------------------|----------------------------|----------------------------|--------------------------------|-----------------|
| 439. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Hemolytic reaction | G I H E M R E A |
| 440. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Anaphylaxis | G I A N A P H Y |
| 441. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Toxicity from cryopreservative | G I T O X C R Y |
| 442. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Other, specify: _____ | G I C O M P O T |