Table of Contents:

Part A: General Program Information

Provide the legal name and address of the institution or corporation of the entity responsible for the provision transplant services.

Institution Name:

Name used when submitting data to CIBMTR:

Street Address: OBJ

City: OBJ

State: OBJ

Zip:

Hospital Tax ID Number: OBJ

Program Clinical Director Email:

Program Administrator Director Email:

Are there transplant-associated clinical services being provided at locations other than the one named above?

Yes ☐ No ☐

If yes, please explain:

Clinical programs available (mark all that apply):

Therapy Type	Adult	Pediatric
Allogeneic Matched Related	☐	☐
Allogeneic Haplo Related	☐	☐
Allogeneic Unrelated - PBSC	☐	☐
Allogeneic Unrelated - Marrow	☐	☐
Allogeneic Unrelated - Cord blood	☐	☐
Autologous - Marrow	☐	☐
Autologous - PBSC	☐	☐
Autologous/Autologous Tandem	☐	☐
Autologous/Allogeneic Tandem	☐	☐

If services are provided to both adult and pediatric patients, indicate program type:

☐ Separate programs ☐ Combined program

Data Reporting to the CIBMTR

Does the Program report its allogeneic transplant data? Yes ☐ No ☐
Does the Program report its autologous transplant data? Yes ☐ No ☐

If yes, the *Data for RFI* feature located in the CIBMTR portal may be used to extract data for some of the tables below. Look for the "CIBMTR Data for RFI" link in the instructions for each section. Please note that all data should be internally verified prior to submission to confirm accuracy and completeness.

**Note: Autologous patients who do not consent for research will have had no follow-up forms submitted (including alive status updates). These patients should be reviewed.*

Accreditation

FACT – Clinical Program		
Adult Autologous	Yes ☐	No ☐
Adult Allogeneic	Yes ☐	No ☐
Pediatric Autologous	Yes ☐	No ☐
Pediatric Allogeneic	Yes ☐	No ☐
FACT – Collection Program	Yes ☐	No ☐
FACT – Cell Processing Program	Yes ☐	No ☐
FACT – Immune Effector Cell Program	Yes ☐	No ☐

NMDP Certification		
Apheresis Donor Center	Yes ☐	No ☐
Marrow Donor Center	Yes ☐	No ☐
Transplant Center	Yes ☐	No ☐

Cell Therapy Laboratory		
CAP	Yes ☐	No ☐
CLIA	Yes ☐	No ☐
AABB	Yes ☐	No ☐

If your center has applied for or is planning to apply for accreditation, please provide details here:

***NOTE:** ASTCT does not warrant, guarantee, or endorse every accreditation program listed above, and transplant centers need not obtain accreditation from every program listed. Payers individually establish requirements for the inclusion of transplant centers in their networks.

Part B: Transplant Program Information

B-1. How does the Program provide the following transplant-related services?

Mobilization therapy	☐ inpatient	☐ outpatient	☐ both
Marrow Harvest	☐ inpatient	☐ outpatient	☐ both
PBSC Apheresis	☐ inpatient	☐ outpatient	☐ both
Conditioning Regimens	☐ inpatient	☐ outpatient	☐ both
Marrow/Stem Cell Infusion	☐ inpatient	☐ outpatient	☐ both
Recovery	☐ inpatient	☐ outpatient	☐ both

B-2. Does the Program perform the following?

Donor leukocyte infusions	Yes ☐	No ☐
Cell purging	Yes ☐	No ☐
Photopheresis	Yes ☐	No ☐
T-cell depletion	Yes ☐	No ☐
Double cord blood transplants (cord blood units infused separately)?	Yes ☐	No ☐
Pooled cord blood transplants (cord blood units combined for infusion)?	Yes ☐	No ☐

B-3. Number of Patients Transplanted

Record the total number of transplant procedures performed in the calendar years indicated. Patients with multiple transplants will be counted more than once. Gene Therapies (GT) are not included in the HCT counts. * CIBMTR Data for RFI.

Adult (greater than or equal to 18 years of age):

Transplant Type	2021	2022	2023	2024
Autologous				
Allogeneic Myeloablative Related Donor:				
Non-myeloablative Related Donor:				
Myeloablative Unrelated Donor:				
Non-myeloablative Unrelated Donor:				
Cord Blood				
Total				

Pediatric (less than 18 years of age):

Transplant Type	2021	2022	2023	2024
Autologous				
Allogeneic Myeloablative Related Donor:				
Non-myeloablative Related Donor:				
Myeloablative Unrelated Donor:				
Non-myeloablative Unrelated Donor:				
Cord Blood				
Total				

B-4. Number of Patients Receiving Retransplantation

*A retransplant is defined as a second transplant occurring within 365 days of the first transplant for the same indication for which the first transplant was performed. The retransplant is performed due to graft failure or due to disease progression within 365 days of the first transplant. Report the patient in the year in which the **second** transplant was performed.*

Re-transplantation Reason	2021	2022	2023	2024
Graft failure				
Disease progression				
Other				

B-5. Patient Clinical Statistics & 100 Day Survival / Adult

*The table below represent total volume and 100-day survival of malignant and non-malignant transplants. Gene Therapies (GT) are not included in the HCT counts. * CIBMTR Data for RFI*

Definitions:

Total #: *Total number of patients receiving transplants in the year(s) indicated. Patients are counted only once if they receive a 2nd transplant within 365 days of their 1st transplant.*

100 Day Survival #: *Survival would include all patients transplanted in the year(s) requested, who survived to their 100-day time point.*

% Survival: *Actual survival should be reported. The number of patients surviving at the requested time point (100 days) should be reported in the # column. The number of patients alive at the requested time point divided by total patients transplanted in the year requested should be reported in the % column. The denominator for the survival calculation should be the the number of survivors at that time point + the number of patients who died prior to that time point.*

Demographics / Adult	2022			2023		
	#	100 Day Survival	% Survival	#	100 Day Survival	% Survival
Autologous						
Allogeneic Myeloablative Related Donor						
Allogeneic Non-myeloablative Related Donor						
Allogeneic Myeloablative Unrelated Donor						
Allogeneic Non-myeloablative Unrelated Donor						
Allogeneic Cord Blood Donor						
All Demographics						

B-6. Patient Survival by Disease / Adult

*The tables below represent total volume and 100-day survival for malignant and non-malignant transplants. Gene Therapies (GT) are not included in the HCT counts. * CIBMTR Data for RFI*

Definitions:

Total #: *Total number of patients receiving transplants in the year(s) indicated. Patients are counted only once if they receive a 2nd transplant within 365 days of their 1st transplant.*

100 Day Survival: *Total number of patients surviving to 100 days in that category for the year(s) indicated.*

% Survival: *Total number of patients alive at 100 days divided by the total number of patients transplanted in that category for the year(s) indicated.*

Autologous Demographics / Adult	2022			2023		
	#	100 Day Survival	% Survival	#	100 Day Survival	% Survival
Autologous						

Allogeneic Demographics – Malignant	2022			2023		
	#	100 Day Survival	% Survival	#	100 Day Survival	% Survival
Allogeneic Myeloablative Related Donor						
Allogeneic Non-myeloablative Related Donor						
Allogeneic Myeloablative Unrelated Donor						
Allogeneic Non-myeloablative Unrelated Donor						
Allogeneic Cord Blood Donor						
Totals						

Allogeneic Demographics - Non-Malignant	2022			2023		
	#	100 Day Survival	% Survival	#	100 Day Survival	% Survival
Allogeneic Myeloablative Related Donor						
Allogeneic Non-myeloablative Related Donor						
Allogeneic Myeloablative Unrelated Donor						
Allogeneic Non-myeloablative Unrelated Donor						
Allogeneic Cord Blood Donor						
Totals						

B-7. Patient Clinical Statistics & 100 Day Survival / <u>Pediatric</u>

*The table below represent total volume and 100-day survival of all malignant and non-malignant transplants. Gene Therapies (GT) are not included in the HCT counts. * CIBMTR Data for RFI Definitions:*

Total #: *Total number of patients receiving transplants in the year(s) indicated. Patients are counted only once if they receive a 2nd transplant within 365 days of their 1st transplant.*

100 Day Survival #: *Survival would include all patients transplanted in the year(s) requested, who survived to their 100-day time point.*

% Survival: *Actual survival should be reported. The number of patients surviving at the requested time point (100 days) should be reported in the # column. The number of patients alive at the requested time point divided by total patients transplanted in the year requested should be reported in the % column. The denominator for the survival calculation should be the the number of survivors at that time point + the number of patients who died prior to that time point.*

Demographics / Pediatric	2022			2023		
	#	100 Day Survival	% Survival	#	100 Day Survival	% Survival
Autologous						
Allogeneic Myeloablative Related Donor						
Allogeneic Non-myeloablative Related Donor						
Allogeneic Myeloablative Unrelated Donor						
Allogeneic Non-myeloablative Unrelated Donor						
Allogeneic Cord Blood Donor						
All Demographics						

B-8. Patient Survival by Disease / <u>Pediatric</u>

*The tables below represent total volume and 100-day survival for malignant and non-malignant transplants. Gene Therapies (GT) are not included in the HCT counts. * CIBMTR Data for RFI*

Definitions:

Total #: *Total number of patients receiving transplants in the year(s) indicated. Patients are counted only once if they receive a 2nd transplant within 365 days of their 1st transplant.*

100 Day Survival: *Total number of patients surviving to 100 days in that category for the year(s) indicated.*

% Survival: *Total number of patients alive at 100 days divided by the total number of patients transplanted in that category for the year(s) indicated.*

Autologous Demographics / Pediatric	*2022*			*2023*		
	#	*100 Day Survival*	*% Survival*	*#*	*100 Day Survival*	*% Survival*
Autologous						

Allogeneic Demographics – Malignant	*2022*			*2023*		
	#	*100 Day Survival*	*% Survival*	*#*	*100 Day Survival*	*% Survival*
Allogeneic Myeloablative Related Donor						
Allogeneic Non-myeloablative Related Donor						
Allogeneic Myeloablative Unrelated Donor						
Allogeneic Non-myeloablative Unrelated Donor						
Allogeneic Cord Blood Donor						
Totals						

Allogeneic Demographics - Non-Malignant	*2022*			*2023*		
	#	*100 Day Survival*	*% Survival*	*#*	*100 Day Survival*	*% Survival*
Allogeneic Myeloablative Related Donor						
Allogeneic Non-myeloablative Related Donor						
Allogeneic Myeloablative Unrelated Donor						
Allogeneic Non-myeloablative Unrelated Donor						
Allogeneic Cord Blood Donor						
Totals						

B-9. Record the Center Specific Score from the 2025 CIBMTR Transplant Center Specific Survival Report below:

Part C: Quality Program, Clinical Trials, and Patient Support Information

C-1. Patient Selection

Describe the patient selection processes utilized by the Program (patient selection committee, frequency with which it meets, who attends, are minutes taken, etc).

Describe protocols for patient selection, including indications and contraindications for adult and pediatric autologous and allogeneic transplantation. Include the match criteria for allogeneic transplants.

Are all patients managed under a protocol (either research or institutional standard of care)?

Yes ☐ No ☐

If treatments are performed "off protocol," how is the decision made

C-2. Interventional Treatment Trials

Provide the trial name, NCD number and clinicaltrials.gov page for all interventional treatment trials that the program

Trial Name	NCT Number	Clinicaltrials.gov Link

C-3.

Has the Program been closed or suspended for any reason during the past 36 months?

Yes ☐ No ☐

If yes, provide dates and explain:

C-4.

Have there been any changes in medical leadership of the Adult Program in the past 12 months?

Yes ☐ No ☐

Have there been any changes in medical leadership of the Pediatric Program in the past 12 months?

Yes ☐ No ☐

If yes, provide date(s) and explain:

C-5. Summary Information

Describe the Program's approach to supporting patient access, and quality clinical and psychosocial care. For example, describe local lodging support, care coordination approaches, and key components of your FACT quality management plan.

Part D: Attestation

I have investigated and certify that the information contained in this survey and all attachments is accurate, complete, and true.

I understand that submission of this survey does not automatically result in participation or continued participation.

Name _____ Signature _____

Title _____ Date _____