

ASTCT Transplant RFI 2026 - Program Information

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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:

City:

State:

Zip:

Hospital Tax ID Number:

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| Allogeneic Haplo Related | <input type="checkbox"/> | <input type="checkbox"/> |
| Allogeneic Unrelated - PBSC | <input type="checkbox"/> | <input type="checkbox"/> |
| Allogeneic Unrelated - Marrow | <input type="checkbox"/> | <input type="checkbox"/> |
| Allogeneic Unrelated - Cord blood | <input type="checkbox"/> | <input type="checkbox"/> |
| Autologous - Marrow | <input type="checkbox"/> | <input type="checkbox"/> |
| Autologous - PBSC | <input type="checkbox"/> | <input type="checkbox"/> |
| Autologous/Autologous Tandem | <input type="checkbox"/> | <input type="checkbox"/> |
| Autologous/Allogeneic Tandem | <input type="checkbox"/> | <input type="checkbox"/> |

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

Separate programs Combined program

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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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Adult Allogeneic | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Pediatric Autologous | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Pediatric Allogeneic | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| FACT – Collection Program | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| FACT – Cell Processing Program | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| FACT – Immune Effector Cell Program | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

NMDP Certification

| | | |
|------------------------|------------------------------|-----------------------------|
| Apheresis Donor Center | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Marrow Donor Center | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Transplant Center | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Cell Therapy Laboratory

| | | |
|------|------------------------------|-----------------------------|
| CAP | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| CLIA | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| AABB | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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.

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Part B: Transplant Program Information

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

| | | | |
|---------------------------|------------------------------------|-------------------------------------|-------------------------------|
| Mobilization therapy | <input type="checkbox"/> inpatient | <input type="checkbox"/> outpatient | <input type="checkbox"/> both |
| Marrow Harvest | <input type="checkbox"/> inpatient | <input type="checkbox"/> outpatient | <input type="checkbox"/> both |
| PBSC Apheresis | <input type="checkbox"/> inpatient | <input type="checkbox"/> outpatient | <input type="checkbox"/> both |
| Conditioning Regimens | <input type="checkbox"/> inpatient | <input type="checkbox"/> outpatient | <input type="checkbox"/> both |
| Marrow/Stem Cell Infusion | <input type="checkbox"/> inpatient | <input type="checkbox"/> outpatient | <input type="checkbox"/> both |
| Recovery | <input type="checkbox"/> inpatient | <input type="checkbox"/> outpatient | <input type="checkbox"/> both |

B-2. Does the Program perform the following?

| | | |
|---|------------------------------|-----------------------------|
| Donor leukocyte infusions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cell purging | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Photopheresis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| T-cell depletion | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Double cord blood transplants (cord blood units infused separately)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Pooled cord blood transplants (cord blood units combined for infusion)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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 | | | | |

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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 | | | | | | |

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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 | | | | | | |

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

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 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 | | | | | | |

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B-8. Patient Survival by Disease / Pediatric

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:

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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 were open to accrual during this RFI cycle, calendar year 2025. (attach separate file if needed)

| Trial Name | NCT Number | Clinicaltrials.gov Link |
|------------|------------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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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. (attach separate file if needed)

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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 _____