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| **Intake** |
| Has the participant received recent blood transfusions?  | [ ]  No [ ]  Yes |
| If Yes, how many transfusions have been received in the past 12 months? | \_\_\_ \_\_\_ transfusions |
| Has the HbS percentage been <30% for the past three months | [ ]  No [ ]  Yes |
| Has the participant had a splenectomy? | [ ]  No [ ]  Yes [ ]  Unknown |
| Has the participant undergone a Red Cell Exchange in the past year? | [ ]  No [ ]  Yes |
| If Yes, when was the latest? | \_\_\_ \_\_\_/ \_\_\_ \_\_\_ \_\_\_/ \_\_\_ \_\_\_ \_\_\_ \_\_\_ (dd/MMM/yyyy) |
| What was the pre-procedure HbS? | \_\_\_ \_\_\_ % [ ]  Unknown |
| What was the post procedure HbS? | \_\_\_ \_\_\_ % [ ]  Unknown |
| Is the participant part of a chronic Red Cell Exchange program in the past year? | [ ]  No [ ]  Yes |

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| **Collection Procedure (Day \_\_\_\_ of collection) repeat for each day of collection** |
| Date of most recent RCE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_ (dd/mmm/yyyy)Number of Days Between Last Exchange and Collection \_\_\_\_\_\_\_\_\_\_ |
| Vascular Access used for collectionPeripheral AccessCentral Venous Catheter Implanted Vascular Access Device (i.e. Port)Other |
| **Peripheral Blood Cell Characteristics** |
| PRE-MOBILIZATION LABS (IF DRAWN) |
| CBC and Diff Time drawn prior to stem cell collection/mobilization \_\_\_\_\_\_\_\_\_ (i.e. hours prior, eg. -12 hrs prior to apheresis) |
| CD 34 \_\_\_\_\_\_\_\_\_\_ cell/ul Time drawn prior to mobilization\_\_\_\_\_\_\_\_HbS Percentage (%) in Peripheral Blood prior to collection \_\_\_\_\_\_\_\_\_\_\_\_% HbF Percentage (%) in Peripheral Blood prior to collection\_\_\_\_\_\_\_\_\_\_\_\_\_% |

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| **Mobilization Agents** |
| Plerixafor  |
| Plerixafor dose \_\_\_\_\_\_\_\_\_\_Time given prior to apheresis collection\_\_\_\_\_\_\_\_\_Other mobilization agent(s) used: \_\_\_\_\_\_\_\_\_\_\_\_Dose\_\_\_\_\_\_\_\_\_\_\_\_\_Time given prior to apheresis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Immediately Pre-Apheresis Labs** |
| CBC and Diff and Retic countCD 34 \_\_\_\_\_\_\_\_\_\_ cell/ul Time drawn prior to apheresis\_\_\_\_\_\_\_\_ |
| **Apheresis Characteristics** |
| Apheresis device manufacturer and model\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apheresis program used \_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticoagulation (ACDA, Heparin, other)\_\_\_\_\_\_\_\_ |
| Average Flow Rate (average in mL/min) |
| Kit failure or venous access failure [ ]  No [ ]  Yes |
| Time on Instrument (hours/minutes) |
| Interface Color preference/Percent Hct |
| Total Blood Volume Processed (TBV) |
| Time from Plerixafor to start of apheresis - \_\_\_\_\_/Min |
| Any AE’s related to collection [ ]  No [ ]  Yes |

Was additional anti-coagulant added after collection [ ]  No [ ]  Yes

If YES: Type of anticoagulant \_\_\_\_\_\_\_\_\_\_\_\_\_

Total anticoagulant in the HPC-A\_\_\_\_\_\_\_\_\_\_\_

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| **Cell Yield** |
| Product Volume (mL) |  |
| Product Total Nucleated Cell Number (cells/mL) |
| CD34+ Cell Dose(cells/kg)Total CD34+ Cell Yield(cells/uL) |
| Product Hematocrit (Hct %) |
| Product WBC (k/uL) |
| Product Platelet Count (k/uL) |
|  Product Differential |
| **Immediately Post-Apheresis Labs** |
| CBC and Diff Any transfusions planned:\_\_\_\_\_\_\_\_\_\_ [ ]  Yes [ ]  No\_\_\_\_\_\_\_\_\_\_ units PRBC\_\_\_\_\_\_\_\_\_\_ units plateletsCollecting again tomorrow: [ ]  Y [ ]  N \_\_\_\_\_\_\_\_\_ |
|  |

If Yes: Repeat collection CRF for each day of collection