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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 collection  Peripheral Access  Central 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 count  CD 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 platelets  Collecting again tomorrow:  Y  N \_\_\_\_\_\_\_\_\_ | |
|  | |

If Yes: Repeat collection CRF for each day of collection