

Guidelines for reporting data to the 2010 Cellular Therapy Activity Survey on Cell or Engineered Tissue Transplants.

Please indicate your organisation by ticking one of the boxes and enter your address in the panel on the reverse side of the survey sheet.

Please report the total number of **patients** receiving a cell or engineered tissue transplant in 2010 and **NOT** the number of procedures according to the rules below.

Part A: Cell type and source

Report the total number of patients according to disease indication, cell type and cell source as outlined in Part A.

Part B: Donor type

Report the total number of patients according to disease indication and donor type as outlined in Part B.

Part C: Processing

Report the total number of patients according to disease indication and the processing protocol as outlined in Part C. Each patient should be entered in parts 1, 2 and 3.

Part D: Delivery mode

Report the total number of patients according to disease indication and the delivery mode as outlined in Part D.

Example:

Two patients were transplanted for heart failure.

- Both were transplanted with autologous Mesenchymal stromal cells from the bone marrow (BM).
- Both were non expanded.
- Both were untransduced
- 1 was sorted and 1 was unsorted
- Both were given intra organ

Next to the indication Heart failure:

- In Part A report '2' Mesenchymal stromal cells – bone marrow (BM)
- In Part B report '2' as autologous transplants
- In Part C1 report '2' as non expanded
- In Part C2 report '2' as untransduced
- In Part C3 report '1' as unsorted and '1' as sorted.
- In Part D report '2' as intra organ

Totals: In order to have accurate data; please fill all sections A, B, C and D. The totals are calculated as follows:

- Total numbers in Part A should equal the total numbers in Part B
- Total numbers in Part A should equal the total numbers in Part C1
- Total numbers in Part A should equal the total numbers in Part C2
- Total numbers in Part A should equal the total numbers in Part C3
- Total numbers in Part A should equal the total numbers in Part D

Patients receiving a hematopoietic stem cell transplant for Autoimmune disease (grey area) should be reported to the 2010 EBMT Activity survey.

Abbreviations

BM: bone marrow Plac: placenta CB: cord blood PB: peripheral blood stem cells

If you need help with submitting your data please contact Helen Baldomero at

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Please send the Cellular therapy activity survey to: Helen Baldomero, Hematology, University Hospital Basel, Klingelbergstrasse 23, CH 4031, Basel, Switzerland or by E mail to: baldomero@uhbs.ch