

MONTHLY RECRUITMENT REPORT

MCC Use Only
Date Recd.:

Center Code:

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COBLT Center Name: _____

Fax a completed report to the MCC at 301-251-1355 on the first working day of each month.

The data should reflect the previous month's COBLT recruitment activities.

1. Report month

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2. Regardless of COBLT or other COBLT approved cord blood unit availability, did any clinically eligible patients who were not enrolled in the COBLT Study receive a cord blood transplant during the report month?

1 ☐ Yes

2 ☐ No → Continue with Question 3

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	Total Non-COBLT Protocol CBB Cord Blood Transplant	CBU Source
Record number of patients for each reason:		
Unsuccessful COBLT or other COBLT approved cord blood unit search		
Successful search, better HLA-matched unit from non-approved bank		
Successful search, higher cell count from non-approved bank		
Successful search, other reason(s)		
Specify reason(s): _____		
No search for COBLT or other COBLT approved cord blood unit		
Specify reason: _____		

3. Did any patients not meeting the COBLT clinical eligibility criteria receive a cord blood transplant during the report month?

1 ☐ Yes

2 ☐ No → Continue with Question 4

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	Total Transplants	CBU Source
Record number of ineligible transplanted patients		
Specify reason(s): _____		
Continue with Question 4		

4. Record the number of haplo-identical transplants performed during this report month
This should include both marrow and peripheral blood stem cell transplants

5. Record the number of unrelated donor marrow transplants performed during this report month

6. Record the number of unrelated peripheral blood stem cell transplants performed during this report month

Signature

Date

Study ID