

Locations and Services Table for Initial Facilities
(HPC, CB, Somatic, Clinical, CGT)

Locations	Accreditation Activity				
	HPC (Hematopoietic Progenitor Cells)	Cord Blood Bank	Somatic Cells (Including Gestational Tissue Derived Products other than HPC, Cord Blood)	Clinical Program	Pharmacy for Cell and Gene Therapy
<p>Main site: 1) Date opened for business:</p> <p>2) Location name, full address, phone:</p> <p>3) Facility description: Collection site only Processing facility only Academic medical center Non-academic/private medical center Independent treatment center or surgical facility/practice Pharmacy for Cell and Gene Therapy</p>	<p>Donor Qualification (Y/N):</p> <p># Products collected annually:</p> <p># Products processed annually:</p> <p>Mark Source product: Bone Marrow Apheresis Whole Blood Other, please specify:</p>	<p>Donor Qualification (Y/N):</p> <p># Products collected annually:</p> <p># Products processed annually:</p> <p>List Source product(s):</p> <p>List final product if other than HPC, Cord blood: (Use current ISBT terminology)</p>	<p>Donor Qualification (Y/N):</p> <p># Products collected annually:</p> <p># Products processed annually:</p> <p>List Source product(s):</p> <p>List Final product(s): (Use current ISBT terminology)</p>	<p>Donor Qualification (Y/N):</p> <p>Total # of Patients Treated with CT Products Annually (Transplant/Infusion/Administration):</p> <p>Categories: # Allogeneic – matched sibling:</p> <p># Allogeneic – alternative donors (i.e. other than matched sibling):</p> <p># Autologous:</p> <p>Clinical indications: HSCT (i.e. hematopoietic stem cell transplant):</p> <p>Other than HSCT, explain:</p> <p>List Products Administered, transplanted or Infused: (Use Current ISBT Terminology)</p>	<p>Number of products received annually:</p> <p>Licensed Product Name(s):</p>

Locations	HPC (i.e. hematopoietic progenitor cells)	Cord Blood Bank	Somatic Cells (Including Gestational Tissue Derived Products other	Clinical Program	Cell and Gene Therapy
<p>Additional location: 1) Date opened for business:</p> <p>2) Location name, full address, phone:</p> <p>3) Facility description: Collection site only Processing facility only Academic medical center Non-academic/private medical center Independent treatment center or surgical facility/practice Pharmacy for Cell and Gene Therapy</p> <p>4) Distance from main site:</p>	<p>Donor Qualification (Y/N):</p> <p># Products collected annually:</p> <p># Products processed annually:</p> <p>Mark Source product: Bone Marrow Apheresis Whole Blood Other, please specify:</p>	<p>Donor Qualification (Y/N):</p> <p># Products collected annually:</p> <p># Products processed annually:</p> <p>List Source product(s):</p> <p>List final product if other than HPC: (Use current ISBT terminology)</p>	<p>Donor Qualification (Y/N):</p> <p># Products collected annually:</p> <p># Products processed annually:</p> <p>List Source product(s):</p> <p>List Final product(s): (Use current ISBT terminology)</p>	<p>Donor Qualification (Y/N):</p> <p>Total # of Patients Treated with CT Products Annually (Transplant/Infusion/Administration):</p> <p>Categories: # Allogeneic – matched sibling: # Allogeneic – alternative donors (i.e. other than matched sibling): # Autologous:</p> <p>Clinical indications: HSCT (i.e. hematopoietic stem cell transplant)</p> <p>Other than HSCT, explain:</p> <p>List Products Administered, transplanted or Infused: (Use Current ISBT Terminology)</p>	<p>Number of products received annually:</p> <p>Licensed Product Name(s):</p>

Make additional copies as necessary.