

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

[illegible]

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

Make additional copies as necessary.