

# Cord Blood Bank Technology Survey 2017

Response ID:66 Data

1.

## 1. General data

### Name of the Cord Blood Bank:

Lifeforce Cryobank Sciences, Inc.

2.

### 2. In what year did your Cord Blood Bank start collecting cord blood units?

1996

### 3. Type of cord blood units in the inventory of your Cord Blood Bank (please note the number of cord blood units stored on December 31, 2016).

Cord Blood Units in inventory for Unrelated Allogeneic. : 10418

Cord Blood Units in inventory for Related Allogeneic (directed). : 2250

### 4. How many cord blood units do you plan to store for public use (unrelated patients)?

In 2017 : 150

In 2018 : 200

### 5. Does your Cord Blood Bank list units in BMDW (www.bmdw.org)?

Yes

### 6. Is your Cord Blood Bank affiliated with a National Stem Cell Donor Registry? If yes, list the name of the registry.

Yes, please list the name of the registry: Be the Match

## 3. Cord Blood Units in Inventory

### 7. What is your current processing method? Check all that apply.

Plasma and RBC reduced (manual)

### 8. What year did your Cord Blood Bank start using your current processes?

2008

### 9. If possible, please upload a picture of cord blood units in your inventory for your current practise in use. You can upload a maximum of five pictures per question.

### 10. If possible, please upload a picture of cord blood units in your inventory for volume reduction. You can upload a maximum of five pictures per question.

### 11. If possible, please upload a picture of cord blood units in your inventory for no volume reduction. You can upload a maximum of five pictures per question.

### 12. Total Nucleated Cell Count (x10E7) of your cord blood units stored for Unrelated Patients (Public Use).

Please specify the number of cord blood units per category.

## 4. Accreditations-licenses-certifications

### 13. FACT-Netcord accreditation

#### Is your Cord Blood Bank FACT-Netcord accredited?

No

### 14. AABB accreditation

**Is your Cord Blood Bank AABB accredited?**

Yes

**Year of last on site inspection (AABB):**

2017

**State year of your first accreditation:**

1998

**15. Competent Authority/National Health Authority (state-based).**

**Is your Cord Blood Bank licensed by a (state-based) Competent Authority?**

Yes

**Does the Competent Authority perform on-site inspections?**

Yes, please specify year of the last inspection.

**Year of last on-site inspection of your Competent Authority:**

2016

**Name of the institution Competent Authority:**

Multiple States: CA, NY, NJ, MD, IL (not all perform on site inspections)

**Link to the license website of the institution Competent Authority:**

**16. Does your National Stem Cell Donor Registry perform on-site inspections?**

No

**17. Please describe other accreditations, licenses, or certifications of your Cord Blood Bank.**

## 5. Cord Blood Collection

**18. What is your current practice for collecting cord blood?**

Both

**19. Current antiseptic. Check all that apply.**

Betadine

Alcohol

**20. Collection bag**

Single needle

**21. Agitation during collection**

Manual

## 6. Conditioning and transport from Collection Centre to Cord Blood Bank.

**22. Do you use a secondary bag (sealed, plastic bag or similar to avoid any leakage)?**

Yes

**23. Transport conditions.**

Insulating transport container

Passive refrigeration system (gel, blocks)

Air transport

Ground transport

**24. Specify temperature range for storage and transportation of fresh product.**

Defined (above +8°C)

## 7. Evaluation

**25. Pre-processing Evaluation**

**Please specify your current threshold for accepting a cord blood unit for public use in your cord blood**

bank.

**Net weight in grams (excluding bag and anticoagulant) before processing**

60 - 69.99 grams

**TNC (10E7) before processing**

125 - 149

**Viability CD45 positive cells (%)**

NA- not evaluated pre-processing

**Viability CD45 positive cells (method)**

**Viability CD34 positive cells (%)**

NA- not evaluated pre-processing

**Viability CD34 positive cells (method)**

**26. Pre Processing Evaluation**

**Please mark the criteria that are completed before accepting a cord blood unit for public use in your Cord Blood Bank. Check all that apply.**

Medical History

Collection Report

Informed Consent

Maternal IDM results

Temperature and integrity of the bag

Other, please describe:: internal acceptance criteria for shipping, labelling, acceptable testing results, acceptable internal QC results

**27. Which method is used for CD34 enumeration?**

ISHAGE guidelines

**28. Do you use external proficiency testing for QC of your FACS lab?**

Yes, please specify (e.g. UKNEQAS):

**29. Does your Cord Blood Bank perform post processing/pre-freeze CD34 cell count?**

Yes

**30. Acceptable time from collection to processing.**

24-48H

**8. Processing-Packaging**

**31. Please select the pre freeze processing methods you have used at any stage in time. Check all that apply.**

Prepacyte

Manual- plasma and red cell reduction

RBC/plasma reduction with HES

Centrifugation and volume reduction

**32. What are your current pre-freeze processing methods? Check all that apply.**

Prepacyte

RBC/plasma reduction with HES

**33. Please specify additives currently in use in addition to anticoagulants and DMSO during processing. Check all that apply.**

HES

Prepacyte

**34. Please specify cryoprotectant additives currently in use. Check all that apply.**

Other reagent(s), please describe: CryoStor CS10

**35. Please specify cryopreservation method currently in use. Check all that apply.**

Programmed freezer

**36. Please specify cryobag currently in use. Check all that apply.**

Single bag (two fractions)

**37. What packaging is currently used when a unit is stored? Check all that apply.**

Metal canister

Overwrap

**38. How many segments do you currently store with the unit? Check all that apply.**

Two or more attached segments

**9. Testing**

**39. Using the list below, indicate which Infectious Disease Marker (IDM) testing of the maternal donor and/or cord blood is CURRENTLY performed by your Cord Blood Bank.**

|                              | Standard on Maternal Sample | Standard on cord blood sample | Testing available by request on maternal sample | Testing available by request on cord blood sample | Not done |
|------------------------------|-----------------------------|-------------------------------|-------------------------------------------------|---------------------------------------------------|----------|
| Hepatitis B Surface Antigen  | X                           |                               |                                                 |                                                   |          |
| Hepatitis B core Antibody    | X                           |                               |                                                 |                                                   |          |
| Hepatitis B Surface Antibody |                             |                               | X                                               |                                                   |          |
| HBV NAT                      | X                           |                               |                                                 |                                                   |          |
| Hepatitis C Antibody         | X                           |                               |                                                 |                                                   |          |
| HCV NAT                      | X                           |                               |                                                 |                                                   |          |
| HIV 1/2 Antibody             |                             |                               |                                                 |                                                   | X        |
| HIV 1 and 2 + 0 Antibodies   | X                           |                               |                                                 |                                                   |          |
| HIV p24 Antigen              |                             |                               | X                                               |                                                   |          |
| HIV NAT Antigen              | X                           |                               |                                                 |                                                   |          |
| HTLV I/II Antibodies         | X                           |                               |                                                 |                                                   |          |
| HTLV NAT                     |                             |                               |                                                 |                                                   | X        |
| CMV Antibody - IgG           |                             |                               | X                                               |                                                   |          |
| CMV Antibody - IgM           |                             |                               | X                                               |                                                   |          |
| CMV Anitbody Total           | X                           |                               |                                                 |                                                   |          |

|                                    |   |  |   |  |   |
|------------------------------------|---|--|---|--|---|
| Syphilis                           | X |  |   |  |   |
| West Nile Virus NAT                | X |  |   |  |   |
| West Nile Virus Antibody           |   |  |   |  | X |
| T. Cruzi Antibody (Chagas Disease) | X |  |   |  |   |
| EBV Antibody - IgG                 |   |  | X |  |   |
| EBV Antibody - IgM                 |   |  | X |  |   |
| EBV Antibody Total                 |   |  | X |  |   |
| Toxoplasmosis Antibody - IgG       |   |  | X |  |   |
| Toxoplasmosis Antibody - IgM       |   |  | X |  |   |
| Toxoplasmosis Antibody Total       |   |  | X |  |   |

**40. In case the Antibody - IgM is positive (for CMV, Toxoplasmosis or EBV) does your Cord Blood Bank perform a PCR? Please mark checkbox, when your Cord Blood Bank performs PCR testing. Check all that apply.**

**41. Does your Cord Blood Bank currently store extra material?**

- Cord blood material for DNA extraction
- Plasma/cord blood
- Maternal material for DNA extraction
- Maternal plasma/serum

**42. HLA typing at time of listing.**

|          | Low Resolution | Intermediate Resolution | High Resolution | Not performed |
|----------|----------------|-------------------------|-----------------|---------------|
| HLA-A    |                |                         | X               |               |
| HLA-B    |                |                         | X               |               |
| HLA-C    |                |                         |                 |               |
| HLA-DRB1 |                |                         | X               |               |
| HLA-DQB1 |                |                         |                 |               |
| HLA-DPB1 |                |                         |                 |               |

**43. Current threshold for accepting a cord blood unit for public use (post processing)**

|                                     | Please specify threshold | Please provide method | Not performed |
|-------------------------------------|--------------------------|-----------------------|---------------|
| Minimum TNC (10E7)                  | 40                       |                       |               |
| Minimum CD34 (10E6) single platform | 0.5                      | 7AAD                  |               |
| Minimum CD34 (10E6) double platform |                          |                       | X             |
| Total-CFU (10E5)                    | growth                   |                       |               |
| Viability (10E5)                    | >85%                     | trypan blue           |               |

## 10. Storage

### 44. What type of storage container is currently used in your cord blood bank?

Conventional storage tank-Vapor phase

### 45. What type of storage monitoring is currently used in your cord blood bank?

Alarm on individual tanks only

Centralized system-local

LN2 level

Temperature monitoring

## 11. Verification/Extended HLA Typing

### 46. Is extended/verification typing performed at an ASHI, EFI or CAP accredited lab?

ASHI accredited lab

### 47. What is the average turnaround time for extended HLA typing results?

7 Days

## 12. Confirmatory/verification typing.

### 48. Does your Cord Blood Bank use an attached (contiguous) segment (if available) for confirmatory/verification HLA typing currently?

Yes

### 49. Does your Cord Blood Bank list cord blood units that do NOT have attached segments and have NOT previously been confirmatory typed on attached segments?

No

### 50. What is the percentage of cord blood units in your inventory that will be sent with attached segment?

90-100%

### 51. Is your current practice to perform confirmatory/verification typing on all cord blood units prior to release?

Yes

## 13. Reservation/cancellation policies

### 52. At what point is a cord blood unit reserved for a patient and not available for other patients? Check all that apply.

At time of reservation request

At time of shipment request

### 53. What is the length of time a cord blood unit can be reserved?

90 days

### 54. Is there a fee to reserve a cord blood unit?

No

**55. Is there a fee to cancel the reservation for a cord blood unit in the absence of a subsequent request for shipment?**

No

**56. Do you allow for an extension on a reservation of a cord blood unit?**

Yes

**57. Will your Cord Blood Bank provide a cord blood unit report on a cord blood unit that is already reserved for another patient (and thus not available) without specifying that the cord blood unit is already reserved?**

No

**58. If your Cord Blood Bank releases a cord blood unit from a patient's search (as opposed to the transplant centre indicating that the cord blood unit may be released), do you inform the transplant centre of the release?**

Yes

**59. Using the list below, please indicate which tests are currently performed by your Cord Blood Bank on a thawed attached segment and at which stage.**

|                                                    | TNC count | Total viable CD34 count | % viability of CD34 | % viability of CD45 | CFUs |
|----------------------------------------------------|-----------|-------------------------|---------------------|---------------------|------|
| As standard when verification typing is performed  |           |                         |                     |                     |      |
| As standard when CBU is reserved                   |           |                         |                     |                     |      |
| Upon request when CBU is reserved                  |           |                         |                     |                     |      |
| Upon request when verification typing is performed | X         | X                       | X                   |                     | X    |
| Only once shipment is requested                    |           |                         |                     |                     |      |
| Not performed                                      |           |                         |                     |                     |      |
|                                                    |           |                         |                     |                     |      |

#### 14. Release-Shipment

**60. Does your Cord Blood Bank perform hemoglobinopathy screening before release?**

Yes

**61. Criteria to allow a Cord Blood Unit to be shipped to transplant centres. See Appendix V of FACT Netcord Standards 6th Edition.**

|                         | Acceptable range of values | Please provide method | Please provide additional information |
|-------------------------|----------------------------|-----------------------|---------------------------------------|
| Viability / cell count: | >85%                       | trypan blue           |                                       |

**62. Criteria to allow a cord blood unit to be shipped to transplant centres. See Appendix V of FACT Netcord Standards 6th Edition.**

**What do you perform at the time a cord blood unit is released to be shipped to a transplant centre? Check all that apply.**

Identity testing with HLA

**63. Current packaging for shipment to transplant centre.**

Metal Canister

Overwrap

**64. How many segments do you currently send with the unit?**

One attached segment

**65. How much time is required from the date the shipment order is placed until the unit is shipped?**

Less than one week

**66. Is there a fee for cancellation of shipment?**

No

**67. Does your Cord Blood Bank validate its dry shippers to ensure they maintain the temperature at  $\leq -150^{\circ}\text{C}$  at least 48 hours beyond the expected arrival time at the receiving facility?**

Yes

**68. Do all dry shippers used by your Cord Blood Bank contain an electronic temperature data logger?**

Yes

**69. Who typically chooses the courier company for international transports?**

Requesting transplant centre or registry

**70. Please specify the shape of the transport container you currently use.**

Mushroom

## **15. Adverse Events Reporting**

**71. Adverse Event Reporting**

Competent authority

Internal report

National registry