COBLT
CORD BLOOD TRANSPLANTATION STUDY

SPECIMEN SUBMISSION FORM

COBLT Recipient ID: ☐☐☐ ☐☐☐☐

COBLT Name Code: ☐☐☐

Center Code: ☐☐☐

MCC Use Only
Date Recd.:

Assessment Period: Post-CBT
1 ☐1 Mo. 2 ☐2 Mo. 3 ☐3 Mo. 4 ☐6 Mo. 5 ☐9 Mo.
6 ☐12 Mo. 7 ☐18 Mo. 8 ☐24 Mo. 9 ☐36 Mo. 10 ☐48 Mo.

1. Record date of sample collection . . . . . ☐☐ ☐☐ ☐☐
M D Y

2. Record date sample(s) shipped . . . . . ☐☐ ☐☐ ☐☐
M D Y

3. Record date of most recent tetanus immunization . . . . . ☐☐ ☐☐ ☐☐
M D Y

4. **If 1st assessment**, record patient results for the following tests pre-transplant:

Herpes Simplex I	1 G Positive	2 G Negative	3 G Not Done Pre-Transplant
Varicella Zoster	1 G Positive	2 G Negative	3 G Not Done Pre-Transplant
CMV	1 G Positive	2 G Negative	3 G Not Done Pre-Transplant

SAMPLES SHOULD BE SHIPPED OVERNIGHT TO:

Robertson Parkman, M.D.
Children's Hospital, Los Angeles
4650 Sunset Boulevard, Mail Stop #62
Los Angeles, CA 90027

Comments:_____

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Signature Date Study ID