Comparison of Objectives, Scope, Definitions
The tables are populated with data from the FACT-JACIE, Netcord-FACT, WMDA and AABB Standards

| Definitions   | Abbreviation |
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| WMDA International Standards for Unrelated Hematopoietic Stem Cell Donor Registries Version January 2014                | W            |
| FACT-JACIE International Standards for Hematopoietic Cellular Therapy Product Collection, Processing and Administration | F-J          |
| 6 <sup>th</sup> Edition   |              |
| Netcord-FACT International Standards for Cord Blood Collection, Banking and Release for Administration 6th Edition      | NC-F         |
| AABB Standards for Cellular Therapy Services 6th Edition  | AA           |
| Specific definition not addressed in the standards  | Not defined  |

Definitions are meant to clarify how terms that may not be in common usage are used to understand the standards

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| OBJECTIVE | These standards are aimed at    | To promote quality medical       | To promote quality medical        | The goal of the CT Standards    |
|           | enhancing the quality of        | and laboratory practice in       | and laboratory practices          | is to maintain and enhance the  |
|           | Registries assisting the        | hematopoietic progenitor cell    | throughout all phases of cord     | quality and safety of           |
|           | grafting physician responsible  | transplantation and other        | blood collection, banking, and    | procurement, processing,        |
|           | for patient treatment in the    | therapies using cellular         | release for administration to     | storage, and administration of  |
|           | international search for an     | products.                        | achieve consistent production     | cellular therapy products.      |
|           | unrelated donor for their       |                                  | of high quality placental and     |                                 |
|           | patient                         |                                  | umbilical cord blood units for    |                                 |
|           |                                 |                                  | administration.                   |                                 |
| SCOPE     | These standards promote the     | FACT-JACIE Standards are         | The scope of the Standards        | Uses a quality systems          |
|           | quality of procedures           | now called FACT-JACIE            | includes only the use of cord     | framework to address overall    |
|           | necessary to obtain, in the     | International Standards for      | blood for clinical use.           | facility operations and         |
|           | shortest possible time, the     | Hematopoietic Cellular           | For cord tissue storage, these    | technical activities The        |
|           | appropriate quality and         | Therapy Product Collection,      | Standards only apply to tissue    | standards address the           |
|           | quantity of hematopoietic stem  | Processing, and                  | samples retained for testing or   | procurement, processing,        |
|           | cells of the best unrelated     | Administration, also referred to | research purposes. Collection     | storage, and administration of  |
|           | donor suitable for engrafting a | as the Hematopoietic Cell        | and storage of cord tissue for    | cellular therapy products while |
|           | patient while protecting the    | Therapy Standards.               | therapeutic intent fall under the | emphasizing quality and         |
|           | anonymity, health and well-     | The purpose of the name          | scope of the FACT Common          | patient safety. These standards |
|           | being of the volunteer donors.  | change is to define the scope    |                                   | can be applied to all cellular  |

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|             |              | of these requirements due to an increasing number of accredited facilities that support non-hematopoietic cellular therapies and because FACT now has a separate set of Standards for those services (the Common Standards for Cellular Therapies). The scope of the Hematopoietic Cell Therapy Standards includes: i. Collection, processing, and administration of hematopoietic progenitor cells (HPCs), whether minimally or more than minimally manipulated, for hematopoietic indications.  ii. Collection, processing, and administration of cellular therapy products for donor lymphocyte infusion (DLI). | Standards for Cellular Therapies. The Standards explicitly added "for testing" to clearly state why cord tissue is referenced. (B5.9.2). The Cord Blood Bank (CBB) must have a policy or procedure to request the following information (in addition to previous requirements) for every CB unit released for administration for hematopoietic reconstitution: (E7.1). The CBB must have a policy to request outcome data that is relevant to other uses for which the CB unit was released. (E7.2) | therapy products, but provide more specific technical requirements for hematopoietic progenitor cells, including those derived from apheresis, marrow, and cord blood |
| DEFINITIONS |              |  |   |   |
| Accompany   | Not de fined | To go, be together with, or be available to the appropriate individual(s) electronically, but not affixed or attached. Written or printed information that must accompany a cellular therapy product must be in a sealed package with, or  | To go or to be together with, but not attached. Information that must accompany the cord blood unit in a sealed package may alternatively be attached or affixed.   | Not de fined  |

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|                       |   | alternatively, be attached or affixed to, the cellular Therapy product container.   |   |  |
| Accreditation Cycle   | Not in the standards, but in the "WMDA ACCREDITATION POLICIES & PROCEDURES" | The period of time from the awarding of accreditation until its expiration as set, and subject to change, by FACT or JACIE. At publication of these Standards, this period is three (3) years for FACT-accredited programs and four (4) years for JACIE-accredited programs | Not in definitions, in Introduction to the standards                          | Not in the standards; defined<br>in Accreditation Program<br>Policy Manual   |
| Advanced Practitioner | Not de fined  | Advanced Practitioner of Nursing: includes certified nurse anesthetist, nurse practitioner, certified nurse midwife, and clinical nurse specialist.   | Not defined   | Not de fined   |
| Active Labor          | Not de fined  | Not de fined  | Not defined   | For the purposes of donor consent, the time when the cervix dilates from 4 cm to 8 cm and contractions are ≤5 minutes apart, lasting up to 60 seconds. The time when the parent's contractions are ≤5 minutes apart, lasting up to 60 seconds. |
| Administration        | Not de fined  | Not defined, but term used in title and throughout document to mean delivery of product into a recipient.   | Delivery of a cord blood unit to the recipient (via routes such as infusion). | With respect to cellular therapy products, the act of delivering the product into a recipient, including, but not limited to, infusion,  |

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|   |   |   |  | transplantation, implantation, or injection.  |
| Adventitious agent                          | Not de fined  | Not defined   | Any extraneous microbiological, chemical, or radiobiological substance introduced into the cord blood unit during collection, processing, or administration.   | Not defined   |
| Adverse event / serious adverse event       | SAE (serious adverse event): Any untoward occurrence associated with the procurement, testing, processing, storage, and distribution of tissues and cells that might lead to the transmission of an infectious disease, to death or life threatening, disabling or incapacitating conditions for patients or which might result in, or prolong, hospitalisation or morbidity. | Any unintended or unfavourable sign, symptom, abnormality, or condition temporally associated with an intervention that may or may not have a causal relationship with the intervention, medical treatment, or procedure.  Adverse reaction is a type of adverse event. | Any unintended and unfavourable sign, symptom, abnormality, or condition temporally associated with an intervention, medical treatment, or procedure that may or may not have a causal relationship with the intervention, medical treatment, or procedure. Adverse reaction is a type of adverse event. | A suspected or proven unfavourable response to the procurement or administration of cellular therapy products, manifested by signs or symptoms. |
| Adverse reaction / serious adverse reaction | SAR: (serious adverse reaction): An unintended response, including a communicable disease, in the donor or in the recipient associated with the procurement or human application of tissues and cells that is fatal, life threatening, disabling, incapacitating or which results in, or prolongs, hospitalisation or morbidity.  | A noxious and unintended response suspected or demonstrated to be caused by the collection or infusion of a cellular therapy product or by the product itself.  | A noxious and unintended response to the collection or infusion of any cord blood unit for which there is reasonable possibility that the cord blood unit caused the response.   | See "adverse event"   |

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| Affix      | Not defined  | To adhere in physical contact with the cellular therapy product container.  | To adhere in physical contact with the cord blood unit container.                              | Labelling standards<br>differentiate between<br>permanently affixed and<br>affixed or attached.  |
| Agreement  | Not defined  | Not defined   | Not de fined   | A contract, order, or understanding between two or more parties, such as between a facility and one of its customers. Agreements can be written or verbal, though verbal agreements should be documented (eg, a written summary of the agreement should be available.) |
| Allogeneic | Not de fined | The biologic relationship between genetically distinct individuals of the same species.   | Obtained from an infant donor and intended for infusion into a genetically distinct recipient. | Allogeneic Donor: An individual from whom cellular therapy products intended for another person are procured. This individual may or may not be genetically related to the recipient.  |
| Analyte    | Not defined  | Not de fined  | Not defined  | Substance or chemical constituent that is assayed.   |
| Apheresis  | Not defined  | A medical technology in which<br>the blood of a donor is<br>separated into its component<br>parts, the desired component is<br>removed, and the remaining<br>components are returned to the<br>donor. | Not de fined   | Not defined  |

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| Applicable Law    | Not de fined | Not de fined  | Any local, national, or international statute, regulation, or other governmental law that is applicable to cord blood donor management including recruitment or eligibility, or to cord blood collection, processing, testing, cryopreservation, storage, listing, search, selection, reservation, release, or distribution that is relevant to the location or activities of the Cord Blood Bank, Cord Blood Collection Site, or Cord Blood Processing Facility. | Not de fined  |
| Aseptic technique | Not de fined | Practices designed to reduce<br>the risk of microbial<br>contamination of products,<br>reagents, specimens, patients,<br>or donors. | Practices designed to reduce<br>the risk of microbial<br>contamination of products,<br>reagents, specimens, patients<br>or donors.  | Aseptic Methods: Methods designed to eliminate the risk of microbial contamination to a product, reagent, specimen, or person in a laboratory or clinical-care setting.   |
| Assessment        | Not de fined | Not de fined  | Not defined   | A systematic and independent examination to determine whether activities comply with planned activities and whether these activities are implemented effectively and are suitable to achieve objectives. Assessments also include comparison of results to expected results. Types of |

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|            |   |   |  | assessments include external assessments, internal assessments, peer reviews, and self-assessments.   |
| Attach     | Not de fined  | To fasten securely to the cellular therapy product container by means of a tie tag or comparable alternative. Any information required to be attached to a cellular therapy product container may alternatively be affixed. | To fasten securely to the cord blood unit container by means of a tie tag or comparable alternative. Any information required to be attached to a container may alternatively be affixed | See "Affix."  Labelling standards differentiate between permanently affixed and affixed or attached.  |
| Audit      | Not defined but referenced in that a quality system must include a process to audit the system. | Documented, systematic evaluation to determine whether approved policies or procedures have been properly implemented and are being followed.   | Documented, systematic evaluation to determine whether approved policies, Standard Operating procedures, or operations have been properly implemented and are being followed.            | Assessment: A systematic and independent examination to determine whether activities comply with planned activities and whether these activities are implemented effectively and are suitable to achieve objectives. Assessments also include comparison of results to expected results. Types of assessments include external assessments, internal assessments, peer reviews, and self-assessments. |
| Autologous | Not de fined  | Derived from and intended for the same individual.  | Derived from and intended for the same individual.   | Autologous Donor: A person who acts as his or her own cellular therapy product donor.   |

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| Available for distribution      | Not defined | The time at which the cellular therapy product may leave the control of the facility.   | The time at which the cord blood unit may leave the control of the facility.  | The determination that a product has met all relevant requirements (e.g., donor eligibility, product processing, etc.) and can be issued for clinical use.  |
| Biohazard legend                | Not defined | Not defined   | The universal biohazard symbol  | Not defined   |
| Biologic Mother                 | Not defined | Not de fined  | Defined as genetic mother: "The woman from whose egg the infant donor develops; the egg donor."   | The female who is the source of the ovum.   |
| Birth Mother                    | Not defined | Not de fined  | The woman who carries the infant donor to its delivery; may be the genetic mother or a surrogate mother   | The female carrying the fetus to term.  |
| Biologic Agent                  | Not defined | Not de fined  | Not de fined  | A biologic agent is a protein-<br>based substance that is made<br>from a living organism or its<br>products and is used in the<br>prevention, diagnosis, or<br>treatment of cancer and other<br>diseases. Biologic agents<br>include antibodies,<br>interleukins, and vaccines. |
| Biological product<br>deviation | Not defined | Any event associated with the manufacturing of a cellular therapy product, including testing, processing, packing, labeling, or storage, or with the holding or distribution, of a licensed biological product, if that event meets all the following criteria: | For unlicensed cord blood units, a deviation from Applicable Law, standards, or other established specifications that relate to the prevention of communicable disease transmission or cord blood unit contamination; or an unexpected or unforeseeable | Nonconforming Product or<br>Service: A product or service<br>that does not satisfy one or<br>more specified requirements,<br>such as an unacceptable<br>cellular therapy product, test<br>run, or apheresis procedure; a<br>product with a lower cell dose                      |

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|                         |  | Represents a deviation from current good manufacturing practice (or current good tissue practices), applicable regulations, applicable standards, or established specifications that may affect the safety, purity, or potency of that product; or     Represents an unexpected or unforeseeable event that may affect the sa fety, purity, or potency of that product; and     Occurs in your facility or another facility under contract with you; and     Involves a distributed biological product. | event that may relate to the transmission or potential transmission of a communicable disease or may lead to cord blood unit contamination.  For licensed cord blood units, a deviation from current good manufacturing practice, applicable regulations, applicable standards, or established specifications that may affect the safety, purity, or potency of the product. | than expected; or a positive bacterial culture of a product.  |
| Blood collection centre | A medical facility at which blood intended for transfusion is drawn and stored | Not de fined  | Not defined  | Not de fined  |
| By products             | Not de fined   | Not de fined  | Not defined  | Portions of the original cellular therapy product retained for nonclinical use. Examples include cell fractions and removed plasma. |
| Cadaveric donors        | Not de fined   | Not de fined  | Not defined  | A deceased individual from<br>whom cellular therapy<br>products or organs are   |

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|  |  |   |  | procured. If donation occurs following cardiac death, infectious disease testing must be performed using test kits that are specifically cleared or approved for use in cadaveric donors. |
| Calibrate/ Calibration   | Not defined  | To set measurement equipment against a known standard.  | To set measurement equipment against a known standard. / Periodic scheduled activity to check and maintain the accuracy against at known standard  | To set or align measurement equipment against a known standard.   |
| CD34   | Not defined  | The 115 kD glycoprotein antigen, expressed by 1-2% of normal bone marrow mononuclear cells, that is defined by a specific monoclonal antibody (anti-CD34) using the standardized cluster of differentiation (CD) terminology. | The 115 kD glycoprotein antigen, expressed by a small portion of cord blood cells, that is defined by a specific monoclonal antibody (anti-CD34) using the standardized cluster of differentiation (CD) terminology. Hematopoietic progenitor cells are largely contained within the CD34 cell population of cord blood units. | Not defined   |
| Cells / Human cells,<br>tissues, or cellular or<br>tissue-based products<br>(HCT/Ps) | Not defined. WMDA<br>Standards defines only<br>"Hematopoietic progenitor<br>cells" | Articles containing or consisting of human cells or tissues that are intended for implantation, transplantation, infusion, or transfer into a human recipient.  | See "Cellular Therapy<br>Product"  | See "Cellular Therapy<br>Product."  Cellular Therapy Product: Somatic cell-based products (i.e., stem or differentiated cells) that are procured from a donor and intended for            |

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|                               |   |   |  | manipulation and/or<br>administration.  |
| Cell Processing Unit          | A medical laboratory facility where HPC are manipulated prior to transplantation. These activities may include the depletion of specific cell types from the graft, selection for specific cell types for infusion, ex vivo manipulation of cells in the graft, or concentration of the cell product. | See Processing Facility: A location where cellular therapy product processing activities are performed in support of the Clinical Program. A Processing Facility may be part of the same institution as the Clinical Program or may be part of another institution and perform these functions through contractual agreement. | See Cord Blood Processing Facility: The location where cord blood processing activities are performed in support of the Cord Blood Bank. A Cord Blood Processing Facility may be part of the same institution as the Cord Blood Bank or may be part of another institution and performs these functions through contractual agreement. | See "Facility." Facility: A location where any activities covered by these CT Standards are performed. These activities include determination of donor eligibility, procurement, processing, storage, distribution, issue, and administration. AABB accreditation is granted to specified facilities for specific activities. |
| Cellular therapy              | Not specifically defined  | The administration of products with the intent of providing effector cells in the treatment of disease or support of other therapy.   | Not defined  | See "Medical Therapy."  |
| Cellular therapy product      | Not defined   | Somatic cell-based product (e.g. mobilized HPC, therapeutic cells, cord blood cells, mesenchymal stromal cells) that is procured from a donor and intended for processing and administration  | A somatic cell-based product, including cord blood, that is procured from a donor and intended for processing and administration.  | Cellular Therapy Product: Somatic cell-based products (i.e., stem or differentiated cells) that are procured from a donor and intended for manipulation and/or administration.  |
| Central venous catheter (CVC) | A catheter placed in a vein in<br>the neck (internal jugular<br>vein), chest (subclavian or   | Not defined   | Not defined  | Not defined   |

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|  | axillary vein) or in the groin (femoral vein). |   |  |  |
| Certified by CMS                                   | Not de fined                                   | Not de fined  | Not defined  | Having met the requirements of the Clinical Laboratory Improvement Amendments of 1988 through inspection by the CMS, a deemed organization, or an exempt state agency. |
| Circular of Information                            | Not de fined                                   | An extension of container labels that includes the use of the cellular therapy product, indications, contraindications, side effects and hazards, dosage, and administration recommendations.   | An extension of container labels that includes handling instructions for the use of the cord blood unit, indications, contraindications, side effects and hazards, dosage, and administration recommendations. | Not defined  |
| Clinical Activities                                | Not de fined                                   | Not de fined  | Not defined  | The tasks performed by integrated patient care teams linked by a uniform quality management system and reflected in the organizational structure.                      |
| Clinical Program<br>Also see Transplant<br>Program | Defined as Transplant Center                   | An integrated medical team housed in geographically contiguous or proximate space with a single Clinical Program Director and common staff training programs, protocols, and quality management systems. The Clinical Program shall use cell collection and processing facilities that meet FACT-JACIE Standards with | An integrated medical team that administers cord blood units as a source of cells for its patients.  | Clinical Facility: The facility(ies) responsible for the administration of the product and related patient care activities.  |

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|   |   | respect to their interactions with the Clinical Program. Clinical Programs that include non-contiguous institutions shall demonstrate evidence of regular interaction and common protocols, staff training procedures, quality management systems, and review of clinical results.      |   |  |
| Colony forming unit (CFU)               | Not de fined  | Not de fined  | A clonogenic cell able to produce hematopoietic colonies in vitrounder specific conditions in the presence of appropriate colony stimulating factors and defined by the type of mature progeny that develop | Not de fined   |
| Collection kit                          | Not defined   | Not de fined  | Package of all materials required to collect a single cord blood unit.  | Not de fined   |
| Collection Facility (Collection Centre) | A medical facility where HPC collection from volunteer donors actually takes place. This collection might include marrow aspiration or apheresis. The collection centre, or designee, performs the medical work-up of the volunteer donor and provides the final approval of the volunteer donor for collection. The collection centre packages | An entity providing the service of cellular therapy product collection. A Collection Facility may be part of the same institution as the Clinical Program or may be part of another institution and perform cellular therapy product collection services through contractual agreement. | See Cord Blood Collection Site  | Procurement Facility: Either a facility that is directly responsible for the performance of donor eligibility determination, donor screening, and the procurement of cellular therapy products or a facility that ensures, through agreements, that one or more of these activities is/are performed in conformance with these CT Standards. |

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|                      | the donation for transport to the transplant centre.  |  |  |  |
| Communicable disease | Not defined<br>WMDA defines IDM   | Not de fined   | A disease or disease agent for which there may be a risk of transmission by a cord blood unit either to a recipient or to the people who may handle or otherwise come in contact with the cord blood unit.   | Not defined  |
| Competency           | Not defined   | Ability to adequately perform a specific procedure or task according to direction  | Ability to adequately perform a specific procedure or task according to directions.  | Ability of an individual to perform a specific task according to procedures evaluated on an ongoing basis.   |
| Competent Authority  | Not defined   | Not de fined   | Not de fined   | The agency responsible under its national law for regulations applicable to cellular therapy.  |
| Complaint            | Not defined   | Any written, oral, or electronic communication about a problem associated with a cellular therapy product or with a service related to the collection, processing, storage, distribution, or infusion of a cellular therapy product. | Any written, oral, or electronic communication about a problem associated with a distributed cord blood unit or with a service related to donor management or the collection, processing, testing, cryopreservation, storage, listing, search, reservation, release, distribution, or administration of a cord blood unit. | Not defined  |
| Conformance          | Not defined   | Not defined  | Not defined  | Fulfillment of requirements.   |
| Consenter(s)         | WMDA defines Signed valid informed consent: Signed documentation indicating that a volunteer donor or the maternal donor of umbilical | Not de fined   | Not defined  | Individual(s) whose consent is obtained for the procurement of cellular therapy products. For cord blood procurement, this may include, but is not |

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|                          | cord blood has been provided with information on the procedure and tests performed the risks and benefits of the procedure, that they have understood the information provided, have had an opportunity to ask questions, have been provided with satisfactory responses and have confirmed that all information provided is true to the best of their knowledge. The consent is valid when it complies with national regulation. |   |   | limited to, the infant donor's birth mother, biologic mother, surrogate mother, and any legal custodians (when applicable). For cadaveric donors, this may include the donor, the donor's next of kin, or a legally authorized representative. |
| Contiguous segment       | Not defined   | Not defined   | A sealed length of tubing integrally attached to the cord blood unit that contains a sample representative of the cord blood unit that may be used for testing. | Not de fined   |
| Continuous monitoring    | Not defined   | Not defined   | Not defined   | A mechanism that allows for<br>surveillance of a process or<br>system intended to ensure<br>proper operation and the detec-<br>tion of control exceptions.   |
| Controlled rate freezing | Not defined   | Not defined   | Not defined   | A procedure using a device to control the temperature of a product during the freezing process.  |
| Cord blood               | Not defined   | The whole blood, including HPC, collected from placental and umbilical cord blood | The infant's blood remaining in the placenta and umbilical  | The portion of the blood of a fetus or neonate that remains in the placenta or umbilical   |

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|                  |  | vessels after the umbilical cord<br>has been clamped | cord after the umbilical cord has been clamped.   | cord following delivery of the neonate and clamping of the umbilical cord. Umbilical cord blood is typically rich in hematopoietic progenitor cells.  |
| Cord blood donor | Defined as "Donor": A person who is the source of cells or tissue for a cellular therapy product. Donors are unrelated to the patient seeking a transplant.  These Standards refer to three types of donors:  1. volunteer donors of HPC;  2. infant donor whose placenta and/or umbilical cord the cord blood is obtained;  3. maternal donor who carries the infant donor to delivery. | See donor  | See donor: A person who is the source of the cells or tissue for a cellular therapy product.  | The infant who is the source of a cellular therapy product.   |
| Cord Blood Bank  | The facility responsible for the collection, processing, testing, banking and release of cord blood units.   | Not de fined   | An integrated team under a single Cord Blood Bank Director responsible for donor management and the collection, processing, testing, cryopreservation, storage, listing, search, selection, reservation, release, and distribution of cord blood units. | See "Facility." Facility: A location where any activities covered by these CT Standards are performed. These activities include determination of donor eligibility, procurement, processing, storage, distribution, issue, and administration. AABB accreditation is granted to specified facilities for specific activities. |

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| Cord blood banking         | Not de fined   | Not defined | The processing, testing, cryopreservation, storage, listing, search, selection, reservation, release, and distribution of cord blood units intended for administration.   | Not defined                 |
| Cord blood collection      | Not de fined   | Not defined | The procurement of cord blood for banking and administration before and/or after the placenta is delivered.  Ex utero: The collection of cord blood cells from the placental and/or umbilical cord vessels after the placenta has been delivered.  In utero: The collection of cord blood cells from the placental and/or umbilical cord vessels after the infant donor has been delivered and separated from the umbilical cord, but before the placenta has been delivered. | See "Procurement"           |
| Cord blood collection site | A location where the infant donor is delivered and the cord blood unit is collected. | Not defined | The location where the infant donor is delivered and the cord blood unit is collected.  Fixed Cord Blood Collection Site: A collection site where there is a written agreement between the collection site and the Cord Blood Bank for the  | See "Procure ment Facility" |

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|   |     | collection of cord blood units over time. The agreement shall describe the interaction between the Cord Blood Collection Site and the Cord Blood Bank for all aspects of the collection process including, at a minimum, personnel training, record keeping, collection, storage, and transportation or shipping of a cord blood unit.  Non-fixed Cord Blood Collection Site: A collection site where the collection of cord blood is initiated by the infant donor's mother and/or family, with documentation that a healthcare professional has agreed to perform the collection in accordance with the Cord Blood Bank collection procedures and has training that covers each aspect of the collection process. |    |

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| Cord blood processing facility | Not de fined | See Processing Facility  | The location where cord blood processing activities are performed in support of the Cord Blood Bank. A Cord Blood Processing Facility may be part of the same institution as the Cord Blood Bank or may be part of another institution and performs these functions through contractual agreement.  | See "Processing Facility"   |
| Cord Blood Unit                | Not de fined | Not de fined   | The nucleated cells including stem and hematopoietic progenitor cells harvested from placental and umbilical cord blood vessels from a single placenta after the umbilical cord has been clamped. Unless otherwise specified, the term cord blood unit in this document refers to any cord blood unit regardless of method of collection or intended use. | Cord Blood: The portion of the blood of a fetus or neonate that remains in the placenta or umbilical cord following delivery of the neonate and clamping of the umbilical cord. Umbilical cord blood is typically rich in hematopoietic progenitor cells. |
| Corrective action              | Not de fined | Action taken to eliminate the causes of an existing discrepancy or other undesirable situation to prevent recurrence.  | Action taken to eliminate the causes of an existing discrepancy or other undesirable situation to prevent recurrence.   | An activity performed to eliminate the cause of an existing 19on-conformance or other undesirable situation(s) in order to prevent recurrence.  |
| Critical                       | Not de fined | The quality of any element<br>employed in cellular therapy<br>product manufacturing to<br>potentially change the identity,<br>purity, potency or safety of the | Not defined   | Critical Equipment: A piece of equipment that can affect the quality of a facility's products or services.  |

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|                  |              | cellular therapy product if altered or omitted. "Element" includes, but is not limited to, materials, equipment, personnel, documents, or facility. For example, DMSO is a critical reagent because omitting it from the freezing medium will cause loss of cells during freezing and thawing. |  | Critical Material: A reagent or supply item that can affect the quality of a facility's products or services and is used in a process or procedure to prepare the cellular therapy product or service.  Critical Tasks: Elements (such as materials, equipment, or tasks) that directly affect the quality of the product or service. |
| Cryopreservation | Not de fined | Not de fined   | The processing of viable cells or tissues that consist of cooling the product to a very low temperature where viability is maintained. | The process of low-<br>temperature freezing and<br>storage of cellular therapy<br>products in order to preserve<br>cells that, after thawing, retain<br>a significant measure of their<br>prefreeze viability and<br>function.  |
| Cryoprotectant   | Not de fined | Not de fined   | Not defined  | A solution or additive that, when combined with living cells, provides protection from damage otherwise induced by the freezing and/or thawing process.   |
| Cultured Cells   | Not de fined | Not de fined   | Not defined  | Cells that are expanded and/or<br>differentiated in vitro in media<br>requiring monitoring of gas   |

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|                                      |             |   |              | levels, temperature, humidity, and sterility. |
| Current Good Tissue<br>Practice      | Not defined | The methods used in, and the facilities and controls used for, the manufacture of cellular therapy products to prevent the introduction or transmission of communicable diseases, including all steps in collection, donor screening and testing, processing, storage, labelling, packaging, and distribution.  | Not de fined | Not defined                                   |
| Current Good Manufacturing Practice: | Not defined | The set of current practices followed by entities producing drug and biologic products, including cellular therapy products, to ensure that the products produced meet specific requirements for identity, strength, quality, and purity. In the US, cGMPs are enforced under Section 501(B) of the Federal Food, Drug, andCosmeticAct(21USC351). Cellulartherapyproductsthatare extensively manipulated or that are used for non-autologous purposes are controlled under cGMP regulations. Similar requirements are enforced by the European Union as EU- | Not de fined | Not defined                                   |

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|           |             | GMP, and other countries such<br>as United Kingdom, Australia,<br>Canada, and Singapore have<br>equally well-developed<br>systems of regulations   |   |   |
| Customer  | Not defined | Not de fined   | Not de fined  | The receiver of a product or service provided by the supplier. A customer may be internal (ie, another department or person within the same organization) or external (ie, a person or organization that receives a product, a service, or information but is not part of the organization supplying it). |
| Designee  | Not defined | An individual with appropriate education, experience or expertise who is given the authority to assume a specific responsibility. The person appointing the designee retains ultimate responsibility.  | An individual with appropriate, experience or expertise who is given the authority to assume a specific responsibility. The person appointing the designee retains ultimate responsibility. | An individual with appropriate experience or expertise who is given the authority to assume a specific responsibility.  |
| Deviation | Not defined | The action of departing from an established course or accepted standard.  Unplanned Deviation: Occurred without intent.  Planned Deviation: Was allowed to occur with documented approval as the best course of action when adherence to the | The action of departing from an established course or accepted standard.  Unplanned Deviation: Occurred without intent.   | Not following the appropriate policies, processes, or procedures. Deviations can be planned or unplanned. Not all deviations result in an unacceptable product or result.   |

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|          |              | established course or<br>accepted standard was not<br>feasible or possible.  | Planned Deviation: Was allowed to occur with documented approval as the best course of action when adherence to the established course or accepted standard was not feasible or possible. |  |
| Director | Not de fined | Defined in standards: The Clinical Program Director shall be a physician appropriately licensed or certified to practice medicine in the jurisdiction in which the program is located who has achieved specialist certification in one or more of the following specialties: Hematology, Medical Oncology, Pediatric Immunology, or Pediatric Hematology/Oncology. Physicians trained prior to requirements for specialty training may serve as Clinical Program Director if they have documented experience in the field of hematopoietic cell transplantation extending over ten (10) years. | Cord Blood Bank Director, Cord Blood Bank Medical Director, Cord Blood Collection Site Director, Cord Blood Processing Facility Director  | Laboratory Director: A qualified individual holding a relevant doctoral degree who is responsible for all technical aspects of the cellular therapy product service.  Laboratory Medical Director: A qualified licensed physician who has overall responsibility and authority for all medical aspects of the cellular therapy product service.  Clinical Program Director: A qualified physician who is board certified and licensed to practice medicine in at least one specialty or subspecialty and who is responsible for all aspects of the clinical program. |
|          |              | Licensed physician with postgraduate training in cell  |   |  |

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|             |             | collection and/or transplantation.  There shall be an Apheresis Collection Facility Director who is an individual with a medical degree or degree in a relevant science, qualified by postgraduate training or experience for the scope of activities carried out in the Apheresis Collection Facility. The Apheresis Collection Facility Director may also serve as the Apheresis Collection Facility Medical Director, if appropriately credentialed.  There shall be a Processing Facility Director who is an individual with a medical degree or doctoral degree in a relevant science, qualified by training or experience for the scope of activities carried out in the Processing Facility. The Processing Facility Director may also serve as the Processing Facility Medical Director, if appropriately credentialed. |  |   |
| Disposition | Not defined | Not defined   | The current status, location, or use of a cord blood unit. | For cellular therapy products, the final status or control of a |

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|                 |  |   |  | cellular therapy product in a<br>given facility. For records,<br>disposition occurs at the end of<br>their retention period.                                 |
| Distribution    | Not de fined   | Any transportation or shipment<br>of a cellular therapy product<br>that has been determined to<br>meet release criteria or urgent<br>medical need requirements. | Any transportation or shipment (including importation and exportation) of a cord blood unit that has been determined to meet all applicable release criteria or urgent medical need requirements.  | The act of transferring a cellular therapy product that has been determined to meet applicable requirements or which is an authorized nonconforming product. |
| Document (noun) | Not de fined   | Not de fined  | Not defined  | Written or electronically generated information (ie, quality manuals, policies, processes, procedures, agreements/contracts, labels, or forms).              |
| Donor           | A person who is the source of cells or tissue for a cellular therapy product. Donors are unrelated to the patient seeking a transplant.  These Standards refer to three types of donors:  1. volunteer donors of HPC; 2. infant donor whose placenta and/or umbilical cord the cord blood is obtained; 3. maternal donor who carries the infant donor to delivery. | A person who is the source of cells or tissue for a cellular therapy product.   | A person who is the source of cells or tissue for a cellular therapy product  Infant donor: The infant from whose placenta and/or umbilical cord the cord blood is obtained.  Maternal donor: The mother who carries the infant donor to delivery. This may be the genetic or surrogate mother.  Unrelated donor: The infant donor whose cord blood is collected and stored for use by | A living or deceased person who is the source of a cellular therapy product.   |

|                | W   | F-J   | NC-F   | AA   |
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|                |   |   | a person with no known genetic relationship.  Related donor: The infant donor whose cord blood is collected and stored for autologous use by the donor or for allogeneic use by a genetically related recipient. |  |
| Donor Advocacy | Not de fined  | Defined as donor advocate: An individual distinct from the transplant recipient's primary treating physician whose primary obligation is to help the donor understand the process, the procedures and the risks and benefits of donation. The advocate should protect and promote the interests, well-being, and safety of the donor. | Not defined  | A service whereby an individual or a team that possesses working knowledge of cellular therapy and whose interest is centered on the well being of the donor speaks on behalf of the donor. This individual or team has the authority to exclude a specific donation candidate when appropriate. |
| Donor Center   | The organization responsible for recruiting consenting, counselling and coordinating the testing of prospective donors. The Center monitors the short and long term health of adult volunteer donors who have provided hematopoietic stem cells. The Donor Center maintains a register or dataset | Defined in guidance as: Donor centers provide donor management or collection activities of cellular therapy products from living donors.  | Not de fined   | See "Facility." Facility: A location where any activities covered by these CT Standards are performed. These activities include determination of donor eligibility, procurement, processing, storage, distribution, issue, and administration. AABB accreditation is granted to                  |

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|  | of donors, which may be searched as appropriate. |  |  | specified facilities for specific activities.  |
| Donor screening                          | Not defined                                      | Not defined  | The process of identifying risk factors for transmissible disease through review of a current donor medical history interview (to include high-risk behaviors), physical examination results, and other medical records. | Suitability: With respect to donors, evaluation of cellular therapy donors for risks related to the donation process.  |
| Donor Suitability                        | Not defined                                      | Not defined  | The maternal and infant donor's medical fitness to undergo the cord blood collection procedure.  | Evaluation of cellular therapy donors for risks related to the donation process.   |
| Educational and<br>Promotional Materials | Not de fined                                     | Not defined  | Not defined  | Information made available by the cellular therapy facility to potential donors, patients, and others including but not limited to therapeutic benefit claims on the facility's website, facility information, in advertisements, in marketing materials, and in enrollment documents, and information provided by the facility to the media that explains the procurement, processing, use, benefits, and alternatives to the donation. |
| Electronic record                        | Not defined                                      | Any record or document consisting of any combination of text, graphics, or other data that is created, stored, | Any record or document consisting of any combination of text, graphics, or other data that is created, stored,   | Record: Information captured<br>in writing or electronically that<br>provides objective evidence of<br>activities that have been   |

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|                      |             | modified, or transmitted in digital form by a computer.  | modified, or transmitted in digital form by a computer.   | performed or results that have<br>been achieved, such as test<br>records or audit results.<br>Records do not exist until the<br>activity has been performed.   |
| Eligible             | Not defined | An allogeneic cellular therapy product donor who meets all donor screening and testing requirements related to transmission of infectious disease as defined by applicable laws and regulations. | An infant donor and/or mother for whom all the donor screening and testing has been completed in accordance with Applicable Law and who is free of risk factor(s) for relevant communicable diseases. | Eligibility: With respect to donors, evaluation of cellular therapy donors for risk factors and clinical evidence of relevant infectious disease agents or diseases for the purpose of preventing the introduction, transmission, and spread of infectious disease. A donor may be found eligible, ineligible (see "ineligible donors"), or the determination may be incomplete (eg, screening is incomplete or donor testing is not performed in a time frame specified by the test kit manufacturer's instructions.) |
| Engraftment          | Not defined | The reconstitution of recipient haematopoiesis with blood cells and platelets from a donor.  | The reconstitution of haematopoiesis or other cellular functions with cells from a donor.   | The reconstitution of recipient hematopoiesis with white cells, red cells, and platelets from the donor. Engraftment of other types of cells generally will be shown by evidence of graft function specific to the organ of engraftment.   |
| Errors and accidents | Not defined | Any unforeseen or unexpected deviations from applicable regulations, standards, or   | Any unforeseen or unexpected deviations from Applicable Law, these standards, or other  | See "Nonconformance."  |

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|                        |              | established specifications that<br>may affect the safety, purity,<br>or potency of a cellular therapy<br>product.                  | established specifications that<br>may affect the safety, purity,<br>or potency of a cord blood<br>unit.                                       | Nonconformance: failure to meet requirements.  |
| Establish and Maintain | Not de fined | A process to define, document in writing or electronically, implement, follow, review, and, as needed, revise on an ongoing basis. | A process to define, document<br>in writing or electronically,<br>implement, follow, review,<br>and, as needed, revise on an<br>ongoing basis. | Establish: Define, document, and implement, then follow, review, and, as needed, revise on an ongoing basis.  Maintain:To keep in the current state; to preserve or retain; to keep in a state of validity.  |
| Executive Management   | Not de fined | Not de fined   | Not defined  | The highest level of personnel within an organization, including employees and independent contractors, who have responsibility and authority for the facility's operation and the authority to establish or change the facility's quality policy and quality system. Executive management may be an individual or a group of individuals (eg, medical director, laboratory director, chief executive officer, quality assurance committee). |
| Exceptional release    | Not defined  | Removal of a product that fails<br>to meet specified criteria from<br>quarantine or in-process status                              | Not defined  | Exception: An action or condition that is not part of normal operations.   |

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|                               |  | for distribution. Requires documented approval.   |             |              |
| Expansion                     | Not defined  | Growth of one or more cell populations in an in vitro culture system.   | Not defined | Not de fined |
| Extended typing               | This HLA typing includes the tests carried out on a specific donor/cord blood unit with the purpose of adding additional information (typing of additional loci or further subtyping at a higher resolution) to an existing HLA assignment. The additional HLA typing may be performed on a stored sample. | Not de fined  | Not defined | Not de fined |
| Extracorporeal photopheresis: | Not de fined   | An apheresis technique in which the patient's blood is collected intoaspecializedinstrument, cen trifuged, and separatedintoaleuk ocyte-depleted fraction (which is returned to the patient unmanipulated) and mononuclear "buffy coat" enriched plas ma. The mononucle arcell-enriched fractionis incubated with h8-methoxypsoralen in the presence of ultraviolet A(UVA) radiation, and, upon completion of the procedure, reinfused into the patient | Not defined | Not de fined |

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| Facility  | Not de fined  | A location where activities covered by these Standards are performed. Such activities include determination of donor eligibility or suitability, product collection, processing, storage, distribution, issue, and administration.   | Not defined                                       | A location where any activities covered by these CT Standards are performed. These activities include determination of donor eligibility, procurement, processing, storage, distribution, issue, and administration. AABB accreditation is granted to specified facilities for specific activities. |
| Final Cellular Therapy<br>Product                   | Not de fined  | Not defined  | Not defined                                       | A cellular therapy product that is ready for issue or final distribution.   |
| Final Inspection and<br>Testing                     | Not de fined  | See Release Criteria: The requirements that must have been met before a cellular therapy product may leave the control of the Collection or Processing Facility.   | Not defined                                       | An activity (such as measuring, examining, or testing one or more characteristics of a product or service) that compares the results with specified requirements in order to establish whether conformance is achieved for each characteristic.   |
| Fully Informed Consent<br>(Signed informed consent) | Signed documentation that a volunteer donor or the maternal donor of umbilical cord blood has been provided with information on the procedure and tests performed, the risks and benefits of the procedure, that they have understood the information provided, have had an | Discussed in guidance. Defined as: The essential elements of informed consent are that the donor or recipient is told, in terms she or he can reasonably be expected to understand, the reasons for the proposed therapy or procedure, the risks associated with the treatment or procedure, and | Elements of informed consent defined in standards | Elements of consent are defined in Reference Standard 4.5A.   |

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|   | opportunity to ask questions, have been provided with satisfactory responses and have confirmed that all information provided is true to the best of their knowledge. The consent is valid when it complies with national regulation.   | potential benefits. This requirement applies to both autologous and allogeneic donors. In addition, the donor or recipient should be given the opportunity to ask questions and to have these questions answered to his/her satisfaction. The discussion that ensues is the important part of the process of obtaining informed consent; however, it is the documentation of this process that can be easily audited. Informed consent is to be documented according to institutional standards and criteria. |             |  |
| Fresh   | Not defined   | A cellular therapy product that has never been cryopreserved.   | Not defined | Not de fined   |
| Granulocyte colony-<br>stimulating factor (G-CSF) | Granulocyte colony-<br>stimulating factor is a cytokine<br>that stimulates the bone<br>marrow to produce<br>granulocytes (white cells) and<br>HPC and causes these cells to<br>mobilize (move) to the<br>peripheral blood where they<br>can be collected from the veins<br>for transplantation. | Not defined directly Term not used in standards. Growth factors and mobilization agents are referred to but felt not necessary to define.   | Not defined | Not de fined   |
| Growth Factors                                    | Defined as GCSF.  | Not de fined  | Not defined | Recombinant cytokines that promote proliferation and/or differentiation of specific cell |

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| Hematopoietic progenitor cells (HPC): | Not defined. WMDA Standards use the term Hematopoietic stem cells defined as the progenitor cells, which give rise to blood and immune system cells. These cells are found in bone marrow, growth-factor stimulated peripheral blood, and umbilical cord blood. This also includes cells derived from the hematopoietic stem cell preparation which are used in cell therapies (e.g., mesenchymal and dendritic cells) and donor lymphocyte infusions. The collection of hematopoietic stem cells from adult volunteer donors is intended for infusion into a specific recipient. | A cellular therapy product that contains self-renewing and/or multipotent stem cells capable of maturation into any of the hematopoietic lineages, lineage-restricted pluripotent progenitor cells, and committed progenitor cells, regardless of tissue source (bone marrow, umbilical cord blood, peripheral blood, or other tissue source). | Self-renewing and/or multipotent stem cells capable of maturation into any of the hematopoietic lineages, lineage-restricted pluripotent progenitor cells, and committed progenitor cells regardless of tissue source (bone marrow, umbilical cord blood, peripheral blood, or other tissue source). | types or lineages. Certain growth factors can be used in vivo (eg, mobilization of hematopoietic progenitor cells) or ex vivo (eg, cell expansion, vaccine development, and adoptive cellular therapy).  Primitive pluripotent hematopoietic cells capable of self-renewal and/or differentiation as well as maturation into any of the hematopoietic lineages (granulocytes, monocytes, erythrocytes, and platelets) including committed and lineage-restricted progenitor cells, unless otherwise specified, regardless of tissue source (eg, marrow, mobilized peripheral blood, or umbilical cord blood). |
| Hematopoietic progenitor cell therapy | Not de fined  | The infusion of HPC product with the intent of providing effector functions in the treatment of disease or in support of other therapy.  | Not defined  | See "Medical Therapy."  |

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| Human cells, tissues, or cellular or tissue-based products (HCT/Ps) | Not defined  Not defined | Articles containing or consisting of human cells or tissues that are intended for implantation, transplantation, infusion, or transfer into a human recipient. | A high resolution typing result is defined as a set of alleles that encode the same protein sequence for the region of the HLA molecule called the antigen binding site and that excludes alleles that are not expressed as cell-surface proteins. The antigen binding site includes domain 1 and domain 2 of the class I α polypeptides, and domain 1 of the class II α and domain 1 of the class II β polypeptide chains.  Not defined | Tissue: Any aggregation of cells and associated intercellular matter that usually form a functional unit, and in the context of cell therapy, intended for transplantationor implantation.   |
| Identity  | Not defined              | Not de fined   | Not de fined   | A set of factors that distinguishes one product from another. For cell therapy products, identity is often stated in terms of specific positive and negative markers expressed by the cells. |
| Indefinitely  | Not defined              | Not de fined   | A timeframe without a fixed or specified limit   | Not de fined   |

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| Ineligible  | Not defined | An allogeneic cellular therapy product donor who does not meet all donor screening and testing requirements related to transmission of infectious disease as defined by applicable laws and regulations.  | An infant donor and/or mother for whom all the donor screening and testing has been completed in accordance with Applicable Law and who has identified risk factor(s) for relevant communicable diseases. | Ineligible donor: a designation applied to a donor whose product may be at risk of transmitting an infectious disease as detected by testing and/or by donor screening history. |
| In Process Label                                  | Not defined | See Partial label: The minimum essential elements that must be affixed to all cellular therapy product containers at all times.   | See Partial Label: The minimum essential elements that must be affixed at all times to all cord blood unit containers.  | A label used to identify a cell therapy product at any intermediate processing step when a full label cannot be used due to space or size limitations.                          |
| Inspect   | Not defined | Not defined   | Not defined   | To measure, examine, or test<br>one or more characteristics of<br>a product or service and<br>compare results with specific<br>requirements.                                    |
| Institutional Review Board<br>or Ethics Committee | Not defined | A Board or Committee established by an institution in accordance with the regulations of the U.S. Department of Health and Human Services, or other governmental agency where applicable, to review biomedical and behavioral research that involves human subjects and is conducted at or supported by that institution. | A Board or Committee established by an institution in accordance with Applicable Law to review biomedical and behavioral research involving human subjects conducted at or supported by that institution. | Not defined   |
| Intermediate Facility                             | Not defined | Not de fined  | Not defined   | Any facility other than the procurement facility and administering facility that  |

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|                          |  |   |  | manipulates or performs any activity covered by these CT Standards.   |
| ISBT 128                 | Not defined in Standard but in Appendix International Society Blood Transfusion: The international information technology standard for transfusion medicine and transplantation. | The international information technology standard for transfusion medicine and transplantation. | The international information technology standard for transfusion medicine and transplantation. ICCBBA, Inc. (www.iccbba.org) is the organization charged with the international maintenance of this database. | Not de fined  |
| Islet Cells              | Not defined  | Not defined   | Not de fined   | A cellular therapy product consisting of partially purified pancreatic islets of Langerhans. Insulin-producin beta cells within such islets make up the functional component of the product.  |
| Issue / Issuing Facility | Not defined  | Not defined   | Not de fined   | Issue: To release a final cellular therapy product for clinical use (eg, physical transfer of the cellular therapy product to the medical service responsible for administering the product to the patient by infusion, injection, or other method).  Issuing Facility: The facility that issues the cellular therapy product for clinical use. |
| Key position (personnel) | Not defined  | A job category with responsibilities that significantly affect the                              | Personnel with responsibilities that significantly affect the  | Not defined   |

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|                         |              | provision of service or product safety and quality.   | provision, safety and/or quality of a service or product.  |  |
| Labelling               | Not de fined | Steps taken to identify the original cellular therapy product collection and any products or product modifications; to complete the required reviews; and to attach the appropriate labels. | Steps taken to identify the original cord blood unit collection and any products or product modifications; to complete the required reviews; and to attach the appropriate labels. | Information that is required or selected to accompany a cellular therapy product, which may include content, identification, description of processes, storage requirements, expiration date, cautionary statements, and/or indications for use. |
| Laboratory Attire       | Not de fined | Not de fined  | Not de fined   | Attire worn in the laboratory as protection against contamination of the person or of the product. This may include gloves, laboratory coats, hair covers, face covers, shoe covers, and sterile sleeves.  |
| Laboratory Director     | Not de fined | See Director above  | An individual with a relevant doctoral degree, qualified by training or experience for the scope of activities carried out in the Cord Blood Processing Facility.                  | A qualified individual holding<br>a relevant doctoral degree who<br>is responsible for all technical<br>aspects of the cellular therapy<br>product service.  |
| Legal Custodian         | Not defined  | Not de fined  | Not de fined   | A person legally responsible for the donor until the donor's age of majority.  |
| Leukocyte Rich Products | Not de fined | Not de fined  | Not de fined   | Leukocyte rich products are defined at the time of collection/procurement, even if later processing might remove leukocytes. Some examples of  |

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|                                   |              |   |  | leukocyte-rich products include but are not limited to: hematopoietic stem progenitor cells such as apheresis products, bone marrow, umbilical/placental cord blood, and nucleated cell preparations such as DLI. Some organs and tissues can be leukocyte-rich. |
| Licensed health care professional | Not defined  | An individual who has completed a prescribed program of health-care related study and has been certified or licensed by the applicable authority in the jurisdiction in which he or she is performing services to perform duties within the scope of practice of that certificate or license. | An individual certified by the applicable governmental agency to be competent for the duties performed   | Not defined  |
| Life-Cycle Requirements           | Not de fined | Not de fined  | Not defined  | The stages and time span from initial planning of a computer software program to its retirement; ie, from concept, to software development, to business changes, to revisions, to retirement.  |
| Linkage                           | Not de fined | Not de fined  | The maintenance of basic demographic information, Including name that would allow tracing of a cord blood unit to the identification of the infant donor and the mother. | See "Traceability"   |

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| Listing  | Not defined  | Not de fined   | The process of transferring information about a cord blood unit to be available for search.   | Not defined   |
| Low resolution typing                              | Not de fined | Not de fined   | A DNA-based typing result at the level of the digits comprising the first field in the DNA-based nomenclature. Examples include A*01; A*02. If the resolution corresponds to a serologic equivalent, this typing result should also be called low-resolution. | Not defined   |
| Manipulation                                       | Not de fined | An ex vivo procedure(s) that selectively removes, enriches, expands, or functionally alters HPC products.  | Ex vivo procedure(s) that alter(s) the cord blood unit.   | Not defined   |
| Minimally<br>Manipulated                           | Not defined  | Processing that does not alter the relevant biological characteristics of cells or tissues.  | Processing that does not alter<br>the relevant biological<br>characteristics of cells or<br>tissues.  | Not defined   |
| More than minimally<br>manipulated                 | Not defined  | Processing that does alter<br>the relevant biological<br>characteristics of cells or<br>tissues.   | Processing that does alter the relevant biological characteristics of cells or tissues.   | Not defined   |
| Unmanipulated<br>hematopoietic<br>progenitor cells | Not defined  | HPC as obtained at collection and not subjected to any form of processing  | Cord blood as obtained at collection and not subjected to any form of processing.   | Not defined   |
| Manufacturing or Processing                        | Not defined  | Manufacturing Includes, but is<br>not limited to, any or all steps<br>in the recovery, processing,<br>packaging, labelling, storage,<br>or distribution of any human | Processing defined as: All aspects of manipulation, packaging, and labeling cord blood units, including microbial testing, preparation  | All steps in the preparation and testing of a cellular therapy product, from donor evaluation to making the product available for distribution. |

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|                      |             | cellular or tissue-based product, and the screening and testing of a cell or tissue donor.  Processing: All aspects of manipulation, cryopreservation, packaging, and labeling of cellular therapy products regardless of source, including microbial testing, preparation for administration or storage, and removal from storage. Processing does not include collection, donor screening, donor testing, storage, or distribution.                                     | for storage, and removal from storage. For the purpose of these Standards, processing does not include collection, donor screening, donor testing, cryopreservation, storage, or distribution.  |              |
| Materials Management | Not defined | An integrated process for planning and controlling all steps in the acquisition and use of goods or supply items (materials) used for the collection or processing of cellular therapy products to ensure these materials are of adequate quality and quantity and available when needed. The materials management system combines and integrates the material selection, vendor evaluation, purchasing, expediting, storage, distribution, and disposition of materials. | An integrated process for planning and controlling all steps in the acquisition and use of goods or supply items (materials) used for the collection or processing of cord blood units to determine whether these materials are of adequate quality and quantity and available when needed. The materials management system combines and integrates the material selection, vendor evaluation, purchasing, expediting, storage, distribution, and disposition of materials. | Not de fined |

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| May                    | Not defined | The term may is permissive and is used primarily for clarity.   | Acceptable but not necessarily recommended   | Not de fined  |
| Medical Therapy        | Not defined | Not de fined  | Not defined  | The direct provision of a medical intervention ordered by a physician (eg, harvest of hematopoietic progenitor cells by apheresis, administration of a pharmaceutical agent to a patient, or administration of a cellular therapy product). |
| Microbial              | Not defined | Related to infectious agents including bacterial and fungal organisms.  | Related to infectious agents including bacterial and fungal organisms.   | Not de fined  |
| Mid-Level Practitioner | Not defined | Physician Assistant, Nurse Practitioner, or other Advanced Practitioner who provides primary patient care with physician oversight. | Not defined  | Not de fined  |
| Monitoring             | Not defined | Not de fined  | Recording quality parameters or indicators on a regular basis.   | Continuous monitoring: a mechanism that allows for surveillance of a process or system intended to ensure proper operation and the detection of control exceptions  |
| Mother                 | Not defined | Not de fined  | Any of the following: Birth mother: The woman who carries the infant donor to its delivery; may be the genetic mother or a surrogate mother.  Genetic mother: The woman from whose egg the infant donor develops; the egg donor. | See "birth mother", "biologic mother"   |

|                       | W                                 | F-J  | NC-F   | AA   |
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|                       |                                   |  | Mother: When used unmodified, the term mother refers to the mother who is both the genetic and birth mother.   |  |
|                       |                                   |  | Surrogate mother: The woman who carries an infant donor not genetically her own from an embryo to delivery. Under circumstances of a surrogate mother carrying the infant donor to term and the cord blood unit being collected, both the surrogate and the genetic mother shall be considered for purposes of communicable disease screening and testing; the genetic mother shall be considered for purposes of genetic information. |  |
| Must (see shall)      | To be complied with at all times. | Not defined  | Not defined  | Shall: A term used to indicate a requirement   |
| Myeloablative Therapy | Not defined                       | Not de fined   | Not de fined   | Treatment of a patient with an agent (eg, chemotherapy or gamma irradiation) that causes irreversible bone marrow aplasia. |
| Negative Selection    | Not defined                       | The manipulation of a cellular therapy product such that a specific cell population(s) is reduced. | The manipulation of cord blood such that a specific cell population(s) is depleted.  | Not de fined   |

|                                  | W           | F-J   | NC-F  | AA  |
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| Noncompetent                     | Not defined | Not defined   | Not defined   | With respect to donors, an individual who lacks the legal ability to make medical decisions for himself/herself.  |
| Nonconformance (ing)             | Not defined | Not de fined  | Any cord blood unit that does<br>not completely meet the<br>requirements specified by<br>these Standards, the Cord<br>Blood Bank, or Applicable<br>Law. | Failure to meet requirements.   |
| Nonconforming product or service | Not defined | Not defined   | CB units that do not meet in-<br>process or final endpoints<br>and/or specifications.   | A product or service that does not satisfy one or more specificed requirements, such as an unacceptable cellular therapy product, test run, or apheresis procedure; a product with a lower cell dose than expected; or a positive bacterial culture of a product. |
| Nurse Practitioner               | Not defined | A nurse with a graduate degree in advanced practice nursing providing patient services in defined areas of practice in collaboration with other health professionals.   | Not defined   | Not de fined  |
| New Patient                      | Not defined | An individual undergoing the specified type (allogeneic, autologous, or syngeneic) of transplantation for the first time in the Clinical Program whether or not that patient was previously treated by that Clinical Program. | Not defined   | Not defined   |

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| Novel Method             | Not defined | Not de fined  | Not defined   | An innovative method or procedure being evaluated and introduced into practice at a facility. The method may not have undergone internal or external peer review or approval by institutional review board. |
| Orientation              | Not defined | An introduction to guide one in adjusting to new surroundings, employment, activity, or the like.                             | Not defined   | Not de fined  |
| Outcome analysis         | Not defined | The process by which the results of a therapeutic procedure are formally assessed.  | The process by which the results of a therapeutic procedure are formally assessed.  | Not de fined  |
| Partial label            | Not defined | The minimum essential elements that must be affixed to all cellular therapy product containers at all times.                  | The minimum essential elements that must be affixed at all times to all cord blood unit containers.   | Defined in Reference Standard 5.9.1A  |
| Patient specific product | Not defined | Not de fined  | Analogous to Directed: Related units collected and stored for the directed use by a specific individual recipient or family member of the donor | A product collected and/or prepared exclusively for a particular autologous or allogeneic recipient   |
| Physician Assistant      | Not defined | A person formally trained to provide diagnostic, therapeutic, and preventive health care services with physician supervision. | Not defined   | Not de fined  |
| Policy(ies)              | Not defined | Document(s) that define the scope of an organization, explain how the goals of the organization will be achieved,             | Document that defines the scope of an organization, explain how the goals of the organization will be achieved,                                 | A documented general principle that guides present and future decisions.  |

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|                                |             | and/or serve as a means by which authority can be delegated.   | and/or serve as a means by which authority can be delegated.   |   |
| Positive selection             | Not defined | The manipulation of a cellular therapy product such that specific cell populations are enriched.   | The manipulation of cord blood such that a specific cell population(s) is enriched.  | Not defined   |
| Potency                        | Not defined | The therapeutic activity of a product as indicated by appropriate laboratory tests or adequately developed and controlled clinical data. | The therapeutic activity of a cord blood unit as indicated by appropriate laboratory tests or adequately developed and controlled clinical data. | Not defined   |
| Preparation for administration | Not defined | Not defined  | Not defined  | The preparation of a distributed cellular therapy product for administration. Preparation steps typically are minimal and occur immediately before a product is issued for administration.                  |
| Preparative regimen            | Not defined | Not defined though term is used throughout   | Not defined  | Any regimen of immunosuppressive and/or myelosuppressive chemotherapeutic agents and/or radiation therapy that is given to prepare the recipient prior to the administration of a cellular therapy product, |
| Preventive Action              | Not defined | Action taken to eliminate the cause and prevent occurrence of a potential discrepancy or other undesirable situation.                    | Not defined  | An activity performed to eliminate the potential for nonconformance or other undesirable situations.  |
| Procedure                      | Not defined | A document that describes in detail, the process or chronological steps taken to   | A document that describes in detail the process or chronological steps taken to  | A description of how an activity is to be performed; ie,  |

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|                     |   | accomplish a specific task; a procedure is more specific than a policy.   | accomplish a specific task. A procedure is more specific than a policy.  | a standard operating procedure.  |
| Process             | Not de fined  | A goal-directed, interrelated series of actions, events, or steps.  | A goal-directed, interrelated series of actions, events, or steps.   | A set of related tasks and activities that accomplishes a work goal; ie, that transforms input into output products and services. This transformation can be achieved by an activity or a series of interrelated activities.   |
| Process control     | Not defined   | The standardization of processes in order to produce predictable output.  | The standardization of processes in order to produce predictable output.   | Efforts made to standardize and control processes in order to produce predictable output.  |
| Process development | Not defined   | The series of procedures performed in order to develop a final process that achieves the required results.  | The series of procedures performed in order to develop a final process that achieves the required results.   | See "process control."   |
| Processing          | Not de fined  | All aspects of manipulation, cryopreservation, packaging, and labelling of cellular therapy products regardless of source, including microbial testing, reparation for infusion or storage, and removal from storage. Processing does not include collection, donor screening, donor testing, storage, or distribution. | All aspects of manipulation, packaging, and labelling cord blood units, including microbial testing, reparation for storage, and removal from storage. Processing does not include collection, donor screening, donor testing, cryopreservation, storage, or distribution. | Any activity performed on a cellular therapy product other than recovery, donor screening, donor testing, storage, labelling, packaging, or distribution, such as testing for microorganisms, preparation, sterilization, steps to inactivate or remove adventitious agents, preservation for storage, and removal from storage. |
| Processing facility | The Cell Processing Unit is a medical laboratory facility where hematopoietic stem cells are manipulated prior to | A location where cellular therapy product processing activities are performed in support of the Clinical  | Not defined  | The facility involved in receipt of the product from the procurement facility. The processing facility may   |

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|                       | transplant. These activities may include the depletion of specific cell types from the graft, selection for specific cell types for infusion, in vivo manipulation of cells in the graft, or concentration of the cell product. | Program. A Processing Facility may be part of the same institution as the Clinical Program or may be part of another institution and perform these functions through contractual agreement. |  | perform further manufacturing, testing, and/or distribution of the product.   |
| Procurement           | Not de fined  | See Collection: Any procedure for procuring and labeling cellular therapy products, regardless of technique or source.  | See Collection: Any procedure for procuring and labeling cellular therapy products, regardless of technique or source. | The act of obtaining a cellular therapy product(s) from a donor by facility-approved methods, including, but not limited to, apheresis, marrow harvest, cord blood procurement, or organ or tissue harvest from a donor.  |
| Procurement Container | Not defined   | Not de fined  | Not defined  | Any receptacle suitable for the procurement of a specific product.  |
| Procurement Endpoint  | Not de fined  | Not de fined  | Not defined  | The product characteristics (eg, volume or number of cells) that meet the procurement goal or that can safely be obtained.  |
| Procurement Facility  | Defined as Collection center  | See Collection Facility   | See Cord Blood Collection Site   | Either a facility that is directly responsible for the performance of donor eligibility determination, donor screening, and the procurement of cellular therapy products or a facility that ensures, through agreements, that one or more of these activities is/ are |

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|                     |              |  |   | performed in conformance with these CT Standards.  |
| Product (s)         | Not defined  | Not de fined   | The proper name for each class (broad descriptions of product) is as follows:*  HPC, Cord Blood: Umbilical cord blood and/or placental blood collected as a source of hematopoietic progenitor cells.   | A tangible result of a process or procedure. Note: the cellular therapy product provided to an intermediate facility by the procurement facility is a product for the procurement facility but a material for the intermediate facility. |
| Product sample      | Not de fined | A representative quantity of product removed from the cellular therapy product; an aliquot.  | See reference sample and retention sample: Aliquots of cells, plasma, serum, or cellular material from the cord blood unit, the umbilical cord, or the placenta that can be used to confirm the identity, HLA typing, or genetic or communicable disease information associated with a single cord blood unit. Such samples may or may not be contiguous segments. A retention sample replicates the final cord blood unit and can be used to test for viability, potency, or stability | Not de fined   |
| Product Proper name | Not de fined | SHOULD OBEY ISBT128<br>nomenclature<br>Note definitions of broad class<br>included in 5 <sup>th</sup> Ed. Definitions<br>are those of ISBT 128.<br>Manipulations and other | SHOULD OBEY ISBT128 nomenclature  | Not defined  |

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|                  |              | attributes are Not defined, rather referenced   |  |  |
| Proficiency test | Not de fined | A test to ensure the adequacy of testing methods and equipment and the competency of personnel performing testing.  | A test to ensure the adequacy of testing methods and equipment and the competency of personnel performing testing.   | The structured evaluation of laboratory methods that assesses the performance of the test system.  |
| Protocol         | Not de fined | A written document describing steps of a treatment or procedure in sufficient detail such that the treatment or procedure can be reproduced repeatedly without variation. | A written document describing steps of a treatment or experimental procedure in sufficient detail such that the treatment or procedure can be reproduced repeatedly without variation. | Not defined  |
| Purity           | Not de fined | Relative freedom from extraneous matter in the finished product, whether or not harmful to the recipient or deleterious to the product                                    | Relative freedom from extraneous matter in the finished product, whether or not harmful to the recipient or deleterious to the product.  | Dominance of a targeted cellular population defined by a specific cell marker and with minimal to no contamination of cells negative for the same markers.   |
| Qualification    | Not de fined | The establishment of confidence that equipment, supplies, and reagents function consistently within established limits.   | The establishment of confidence that equipment, supplies, and reagents function consistently within established limits.  | With respect to individuals, the aspects of an individual's education, training, and experience that are necessary for the individual to successfully meet the requirements of a position. Specifically for equipment, verification that specified attributes required to accomplish the desired task have been met. |

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| Quality            | Not defined | Conformance of a product or process with pre-established specifications or standards.  | Conformance of a product or process to pre-established specifications or standards.  | Characteristics of a product or service that affect its ability to meet requirements, including those defined during agreement review.                                     |
| Quality assurance  | Not defined | The actions, planned and performed, to provide confidence that all systems and elements that influence the quality of the product or service are working as expected individually and collectively.  | The actions, planned and performed, to provide confidence that all systems and elements that influence the quality of the product or service are working as expected individually and collectively.  | Confidence that the policies, processes, and procedures that influence the quality of the product and service are working as expected, both individually and collectively. |
| Quality assessment | Not defined | The actions, planned and performed, to evaluate all systems and elements that influence the quality of the product or service.   | The actions, planned and performed, to evaluate all systems and elements that influence the quality of the product or service.   | See "Assessment."  |
| Quality audit      | Not defined | A documented, independent inspection and review of a facility's quality management activities to verify, by examination and evaluation of objective evidence, the degree of compliance with those aspects of the quality program under review. | A documented, independent inspection and review of a facility's activities. The purpose of a quality audit is to verify, by examination and evaluation of objective evidence, the degree of compliance with those aspects of the quality program under review. | See "Assessment."  |
| Quality control    | Not defined | A component of a quality management program that includes the activities and controls used to determine the accuracy and reliability of the  | A component of a quality program that includes the activities and controls used to determine the accuracy and reliability of the   | A component of a quality management program that includes the activities and controls used to determine the accuracy and reliability of the                                |

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|   |             | establishment's personnel,<br>equipment, reagents, and<br>operations in the<br>manufacturing of cellular<br>therapy products, including<br>testing and product release.   | establishment's personnel,<br>equipment, reagents, and<br>operations in the<br>manufacturing of cord blood<br>units, including testing and<br>product release.   | establishment's reagents,<br>materials, analytical pro-<br>cedures, and equipment to<br>ensure their proper function. |
| Quality Handbook  | Not defined | A document describing the application of general principles of quality management in cellular therapy programs using templates, scenarios, and sample documentation. It is an adjunct to help cellular therapy programs prepare for and maintain FACT or JACIE accreditation. May also be referred to as a quality guide or manual. | A document describing the application of general principles of quality management in cellular therapy programs using templates, scenarios, and sample documentation. It is an adjunct to help cellular therapy programs prepare for and maintain FACT-Netcord accreditation. May also be referred to as a quality guide or manual. | See "Quality Manual."  Quality Manual: A document that describes a facility's quality system.                         |
| Quality improvement   | Not defined | The actions, planned and performed, to implement changes designed to improve the quality of a product or process.   | The actions, planned and performed, to develop a system to review and improve the quality of a product or process  | Not defined   |
| Quality management  | Not defined | An integrated program of quality assessment, assurance, control, and improvement.   | An integrated program of quality assessment, control, and improvement.   | Not defined   |
| Quality management plan<br>Could also be called<br>Manual, Handbook | Not defined | A written document that describes the systems in place to implement the quality management program. May also be referred to as the quality management manual or handbook.   | A written document that describes the systems in place to implement the Quality Management Program. May also be referred to as the quality management manual or handbook.  | Not defined   |

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| Quality management program Could also be called a Quality system | Quality System: Organization structure, personnel requirements including qualifications, training and competency, responsibilities, procedures, process and resources defined for implementing and managing quality within the Registry including all activities contributing to the quality, directly or indirectly. The quality system must cover detection, reporting and corrective action related to adverse events and complaints; identification, labelling and tracking of individuals and products; development, implementation, and review of policies and procedures; creation, review, control and maintenance of records; outcome analyses; facilities; and safety. The quality system must be described by the Registry in written documents and a process to audit the quality system must be in place. | An organization's comprehensive system of quality assessment, assurance, control, and improvement. A quality management program is designed to prevent, detect, and correct deficiencies that may adversely affect the quality of the cellular therapy product or increase the risk of communicable disease introduction or transmission. May also be referred to as the quality management system. | An organization's comprehensive system of quality assessment, assurance, control, and improvement. A quality management program is designed to prevent, detect, and correct deficiencies that may adversely affect the quality of the cord blood unit or increase the risk of communicable disease introduction or transmission. | Standard 1.2.2   |
| Quality Manual   | Not defined  | See Quality Management plan:<br>A written document that<br>describes the systems in place   | See Quality Management Plan:<br>A written document that<br>describes the systems in place  | A document that describes a facility's quality system. |

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|                |   | to implement the quality management program. May also be referred to as the quality management manual or handbook.  | to implement the Quality<br>Management Program.  |   |
| Quality Policy | Not defined   | Not de fined  | Not defined  | The overall vision, intentions, and direction of an organization to achieve quality, formally expressed by executive management.                                  |
| Quality System | Organization structure, personnel requirements including qualifications, training and competency, responsibilities, procedures, process and resources defined for implementing and managing quality within the Registry including all activities contributing to the quality, directly or indirectly. The quality system must cover detection, reporting and corrective action related to adverse events and complaints; identification, labelling and tracking of individuals and products; development, implementation, and review of policies and procedures; creation, review, control and maintenance of records; outcome analyses; facilities; and safety. The quality system | See Quality management program: An organization's comprehensive system of quality assessment, assurance, control, and improvement. A quality management program is designed to prevent, detect, and correct deficiencies that may adversely affect the quality of the cellular therapy product or increase the risk of communicable disease introduction or transmission. May also be referred to as the quality management system. | See Quality management program: An organization's comprehensive system of quality assessment, assurance, control, and improvement. A Quality Management Program is designed to prevent, detect, and correct deficiencies that may adversely affect the quality of the cord blood unit or increase the risk of communicable disease introduction or transmission. | The organizational structure, responsibilities, policies, processes, procedures, and resources established by executive management to achieve the quality policy. |

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|                         | must be described by the Registry in written documents and a process to audit the quality system must be in place. |   |   |  |
| Quality unit            | Not de fined   | Not de fined  | Personnel with responsibility for and authority to approve or reject in-process materials, all components, cord blood unit containers, closures, packaging material, labeling, and cord blood units.    | Not defined  |
| Quality unit supervisor | Not de fined   | Not de fined  | A qualified individual who establishes methods to review, modify, approve, and implement all Standard Operating Procedures related to Quality Management and to monitor compliance with these Standards | Not defined  |
| Quarantine              | Not de fined   | The identification or storage of a cellular therapy product in a physically separate area clearly identified for such use, or through use of other procedures such as automated designation to prevent improper release of that product. Also refers to segregated storage of products known to contain infectious disease agents to reduce the likelihood of crosscontamination. | The segregation of a cord blood unit to prevent cross-contamination or improper release. Quarantine can be temporal, physical, or a designation within the cord blood unit record.                      | Storage of cellular therapy products, reagents, or materials, in order to prevent improper release and/or cross contamination, in a physically separate area clearly identified for such use, or identification of a product through the use of other procedures, including automated designation, for the same purpose. |

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| Reagent            | Not de fined  | Not de fined  | Not de fined   | A substance used to perform an analytical or manufacturing procedure. A substance used (as in detecting or measuring a component or preparing a product) because of its biological or chemical activity. Reagents can be either purchased ready for use or prepared within the facility (in house). |
| Recipient          | Not de fined  | Not defined although used extensively to indicate the individual to receive the cellular therapy product  | The individual into whom the cord blood unit was administered.   | Patient: An individual undergoing medical treatment. In these CT Standards, a patient is an individual who may receive a cellular therapy product and related care. The individual may also be a research subject.  |
| Receiving Facility | Not defined   | Not defined   | Not defined  | A facility receiving products or services.  |
| Record             | Not de fined  | Documented evidence that activities have been performed or results have been achieved. A record does not exist until the activity has been performed. | Not de fined   | Record: Information captured in writing or electronically that provides objective evidence of activities that have been performed or results that have been achieved, such as test records or audit results.  Records do not exist until the activity has been performed.                           |
| Registry           | An organization responsible for coordination of the search for haematopoietic progenitor cells from donors (including | Not de fined  | An organization that publishes or makes available the description of cord blood units available for administration | An organization that maintains a database of cellular therapy donors or products and coordinates the acquisition of   |

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|                    | cord blood) unrelated to the potential recipient. |  | and may conduct searches of<br>the available cord blood units,<br>either exclusively or in<br>conjunction with the Cord<br>Blood Bank as defined in their<br>agreement. | cellular therapy products for transplantation.  |
| Release            | Not defined                                       | Removal of a product from quarantine or in-process status when it meets specified criteria.  | The removal of a cord blood unit from quarantine or inprocess status when it meets specified criteria.  | Removal of a product from quarantine or in-process status for the purpose of distribution   |
| Release criteria   | Not defined                                       | The requirements that must have been met before a cellular therapy product may leave the control of the Collection or Processing Facility. | Not defined   | Not de fined  |
| Responsible person | Not defined                                       | A person who is authorized to perform designated functions for which he or she is trained and qualified.                                   | Not defined   | Not defined   |
| Reservation        | Not defined                                       | Not de fined   | A temporary allocation of a cord blood unit to a specific recipient to prevent consideration of that cord blood unit for another recipient.                             | Not defined   |
| Rework             | Not defined                                       | Not de fined   | Not defined   | May include reprocessing, retesting (other than infectiou disease testing), or other steps in the manufacturing process that are out of the normal processing sequence or that a not specifically provided for the process. |

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| Rh        | Not defined  | Rhesus systems of human red cell antigens; used in this document to refer to the Rh(D) antigen only, unless otherwise specified (in abbreviations)  | The abbreviation for the Rhesus system of human red cell antigens; is used in this document to refer to the Rh (D) antigen only unless otherwise specified.  | Not defined   |
| Safety    | Not defined  | Relative freedom from harmful effects to persons or products  | Relative freedom from harmful effects to persons or products.  | Not defined   |
| Search    | The process of identifying a suitable donor to donate HPC for a patient in need of a transplant. | Not de fined  | The process used to produce a report of cord blood units that are potential matches for a recipient.   | Not defined   |
| Selection | Not defined  | Not defined   | The process of identification of a donor or cord blood unit according to defined criteria.   | Not defined   |
| Sepsis    | Not defined  | Not de fined  | Not de fined   | Systemic inflammatory response due to an infectious agent and accompanied by characteristic clinical and laboratory findings.                       |
| Service   | Not defined  | Not de fined  | Not de fined   | Work or activities performed to fulfill the needs of a customer. The intangible result of a process.  |
| Shall     | "Shall" indicates that deviations are not acceptable   | Defined in introduction to standards: used to indicate that the Standard is a requirement and that the Standard is to be complied with at all times | To be complied with at all times.  | A term used to indicate a requirement.  |
| Shipping  | Not defined  | The physical act of transferring a cellular therapy product within or between facilities. During shipping the product leaves the control of trained | The physical act of transferring<br>a cord blood unit within or<br>between facilities during<br>which the unit leaves the<br>control of trained personnel at | The physical act of transferring a cellular therapy product within or between facilities. During shipping the product leaves the control of trained |

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|                           |  | personnel at the transporting or receiving facility.  | the distributing or receiving facility.   | personnel at the originating or receiving facility.  |
| Shipping Facility         | Not de fined   | Not defined   | See shipping  | A facility responsible for delivering a product in its custody to another location.  |
| Should                    | Recommended or advised, but effective alternatives may exist.  | The term should indicates an activity that is recommended or advised, but for which there may be effective alternatives | Recommended or advised, but effective alternatives may exist.   | Not de fined   |
| Significant warming event | Not de fined   | Not defined   | Any event when a cryopreserved cord blood unit reaches Not defined 120° C or warmer during the life of the cryopreserved cord blood unit. | Not de fined   |
| SOP<br>See also Procedure | Standard Operating Procedures (SOP): A compilation of written detailed instructions describing the steps in a process, including materials and methods to be used and the expected end product. The SOP must include a process to regularly review and update procedures. Changes to standard operating procedures must be documented and validated. | Written detailed instructions required to perform a procedure.  | Written detailed instructions required to perform a procedure.  | See "Procedure."   |
| Specified Requirements    | Not de fined   | Not defined   | Not de fined  | The expectations for products or services. Specified requirements may be defined by customers, regulatory agencies (such as the FDA), practice standards, or |

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|   |              |   |   | accrediting organizations (such as the AABB).  |
| Stability                               | Not defined  | Not de fined  | Not defined   | The ability of a product to maintain quality characteristics and resist change or deterioration.   |
| Stability Program                       | Not de fined | Not de fined  | Not defined   | An ongoing sampling program intended to assess the capacity of a cellular therapy product to remain within specifications throughout the retest period or expiration date, as appropriate. Parameters assessed in a stability program may include all or any of the following; identity, viability, potency, sterility, and container integrity. |
| Standard Operating<br>Procedures Manual | See Above    | A compilation of the current<br>Standard Operating<br>Procedures.   | A compilation of policies and procedures with written detailed instructions required to perform procedures. The SOP Manual may be in electronic or paper format | See "Quality Manual."  |
| Standards                               | See SOP      | The current edition of the FACT-JACIE International Standards for Cellular Therapy Product Collection, Processing, and Administration, which may be referred to herein as "Standards" or "FACT-JACIE Standards. | The current edition of the International Standards for Cord Blood Collection, Banking, and Release for Administration published by Netcord and FACT.            | A set of specified requirements upon which a facility may base its criteria for the products, components, and/or services provided.  |

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| Statistical Techniques | Not defined  | Not de fined   | Not defined   | Established mathematical methods used to collect, analyze, and present data.   |
| Sterility              | Not defined  | Not de fined   | Sterility Testing: The process used to screen for the presence of microbial agents.       | An aseptic condition, meaning an absence of living microorganisms.   |
| Storage                | Not de fined | Holding a cellular therapy product for future processing, distribution, or administration. | Holding cord blood units for future processing and/or distribution.                       | The state of being kept in a place while not being used or transferred, shipped or transported.  |
| Summary of Records     | Not de fined | Not de fined   | Not de fined  | A condensed version of the required testing and screening records that contains the identity of the testing laboratory, the listing and interpretation of all required infectious disease tests, a listing of the documents reviewed as part of the relevant medical records, and the name of the person or establishment determining the suitability of the human tissue for transplantation. |
| Supplier               | Not defined  | Not de fined   | Not defined   | An organization or individual that provides a product or service.  |
| Surrogate Mother       | Not defined  | Not de fined   | The woman who carries an infant donor not genetically her own from an embryo to delivery. | The female who carries the fertilized ovum of another woman.   |
| System                 | Not defined  | Not de fined   | Not defined   | A subgroup of related activities performed by a particular organization.   |

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|                            |   |  |  | Activities dealing with maintaining product and service quality are organized into a quality system.  |
| Syngeneic                  | Not defined   | The biologic relationship between identical twins.   | Not defined  | Not defined   |
| Testing Laboratories       | These laboratories perform the histocompatibility, blood group, infectious disease, and other testing of the prospective donors and patients. They may be under the direction of a Registry Donor Center or Transplant Center or may be separate from these entities. | Requirements for testing laboratories defined, but not term itself. Felt to be understood.   | Not defined  | Not de fined  |
| Therapeutic cells:         | Not de fined  | Nucleated cells from any source (marrow, peripheral blood, or umbilical cord and or placental blood) intended for therapeutic use other than as HPC. | Not defined  | Not de fined  |
| Time of collection         | Not defined   | The time of day at the end of the cellular therapy product collection procedure.   | The time of day that the cord blood collection is completed.       | Not defined   |
| Total Nucleated Cell Count | The number of cells with a nucleus in a cord blood unit.  | Not de fined   | The number of cells with a nucleus or nuclei in a cord blood unit. | The total number of nucleated cells in a volume of a cellular therapy product. Nucleated cells include white blood cell (WBC) populations such as neutrophils, monocytes, lymphocytes, eosinophils, and basophils and nucleated red blood cells (NRBCs). The TNC is calculated by the |

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|                    |   |   |   | following formula: TNC = (WBCs + NRBCs) × volume. The contribution of NRBCs, if any, should be separately noted.  |
| Trace/Traceability | The ability to locate and identify a donor or recipient, their data and cell product, during any stage of the recruitment, testing, collection, donation, transplantation, and follow-up process. Traceability also includes the ability to identify the organizational entities (e.g. registry, donor centre, collection centre, cell processing unit and transplant centre) involved in the international exchange. | To follow the history of a process, product, or service by review of documents. | To follow the history of a process, product, or service by review of documents.     | Traceability: The ability to follow the history of a process, product, or service, by review of documents and records.  |
| Track              | Not defined   | To follow a process or product from beginning to end.                           | To follow a process or product from beginning to end.                               | Not defined   |
| Transfer           | Not defined   | Not defined   | Not de fined  | The act of relocating a final cellular therapy product or its intermediate in-process precursors.   |
| Transplant Center  | The Transplant Center is the medical facility at which a patient (recipient) receives a transplant (graft) with hematopoietic stem cells from an unrelated donor or from an umbilical cord blood unit. The Center oversees the immediate medical treatment and  | See Clinical Program:   | See Clinical Program: An integrated medical team that administers cord blood units. | See "Facility."  Facility: A location where any activities covered by these CT Standards are performed.  These activities include determination of donor eligibility, procurement, processing, storage, |

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|                 | provides long-term follow-up of the recipient. The Search Unit undertakes the search for an unrelated donor for specific patients using criteria defined and documented by the Transplant Center. This entity may be contained within a Transplant Center or may be separate from the Transplant Center. If separate, the Search Unit may coordinate searches for one or several Transplant Centers. The Standards reference to a Transplant Center should be interpreted as a Transplant Center and/or a Search Unit as appropriate. Transplant Centers/Search Units seeking an international donor work through the Registry in their country. |  |  | distribution, issue, and administration. AABB accreditation is granted to specified facilities for specific activities.  |
| Transplantation | Not de fined   | The infusion of allogeneic, autologous, or syngeneic HPC with the intent of providing transient or permanent engraftment in support of therapy of disease. | The administration of allogeneic or autologous cord blood cells with the intent of providing transient or permanent engraftment in support of therapy for disease. | See "Administration"  Administration: with respect to cellular therapy products, the act of delivering the product into a recipient, including, but not limited to, infusion, transplantation, implantation, or injection. |
| Transport       | Not defined  | The physical act of transferring a cellular therapy product within or between facilities.  | The physical act of transferring a cord blood unit within or between facilities. During  | The physical act of transferring a cellular therapy product within or between facilities.  |

|                     | W  | F-J  | NC-F  | AA  |
|---------------------|--|--|---|---|
|                     |  | During transportation the product does not leave the control of trained personnel at the transporting or receiving facility  | transportation the product does<br>not leave the control of trained<br>personnel at the transporting or<br>receiving facility.  | During transport the product does not leave the control of trained personnel at the originating or receiving facility.  |
| Unique              | Not defined  | Being the only one of its kind or having only one use or purpose.  | Being the only one of its kind or having only one use or purpose.   | Not de fined  |
| Unique identifier   | Not de fined   | A numeric or alphanumeric sequence used to designate a given cellular therapy product with reasonable confidence that it will not be used for another purpose.   | A numeric or alphanumeric sequence used to designate a specific cord blood unit with reasonable confidence that the identifier will not be used for another purpose, including for another cord blood unit.   | Not de fined  |
| Urgent medical need | Not de fined   | A situation in which no comparable cellular therapy product is available and the recipient is likely to suffer death or serious morbidity without the cellular therapy product.  | A situation in which no comparable cord blood unit is available and the recipient is likely to suffer death or serious morbidity without the cord blood unit.   | Procurement and use of a cellular therapy product from an ineligible donor when no comparable product is available and the recipient is likely to suffer serious morbidity or death without receiving the product.  |
| Validation          | Establishing documented evidence that particular requirement can consistently be fulfilled. Evaluation and written documentation of the performance of equipment, a reagent, a process or a system with regard to its effectiveness based on its intended use. | Confirmation by examination and provision of objective evidence that particular requirements can consistently be fulfilled. A process is validated by establishing, by objective evidence, that the process consistently produces a cellular therapy product meeting its predetermined specifications. | Confirmation by examination and provision of objective evidence that particular requirements can consistently be fulfilled. A process is validated by establishing, by objective evidence, that the process consistently produces a cord blood unit meeting its predetermined specifications. | Demonstration through objective evidence that the requirements for a particular application or intended use have been met. Validation provides assurance that new or changed processes and procedures are capable of consistently meeting specified requirements before implementation. |

|                     | W  | F-J  | NC-F   | AA  |
|---------------------|--|--|--|---|
| Variance            | Not defined  | A planned deviation from recommended practice or standard operating procedure  | A deviation from recommended practice or Standard Operating Procedure.   | See "Deviation"   |
| Verification        | Verification typing: This typing includes the tests carried out on a fresh sample of a specific donor or on an attached-segment of a cord blood unit with the purpose of verifying the identity and concordance of an existing HLA assignment. This stage may also be referred to as "Confirmatory Typing (CT)". | The confirmation of the accuracy of something or that specified requirements have been fulfilled.  | The confirmation of the accuracy of something or that specified characteristics have been ful filled.  | Confirmation, by examination of objective evidence, that specified requirements have been met.                      |
| Verification typing | This HLA typing includes the tests carried out on a fresh sample of a specific donor or on an attached-segment of a cord blood unit with the purpose of verifying the identity and concordance of an existing HLA assignment. This stage used to be referred to as "confirmatory typing (CT)".                   | HLA typing performed on an independent sample with the purpose of verifying concordance of that typing assignment with the initial HLA typing assignment.  Concordance does not require identical levels of resolution for the two sets of typing but requires the two assignments be consistent with one another. | HLA typing performed on an independent sample (or, for a cord blood unit, from an attached segment or from the unit itself) with the purpose of verifying concordance of that typing assignment with the initial HLA typing assignment. Concordance does not require identical levels of resolution for the two sets of typing but requires the two assignments to be consistent with one another. | Not de fined  |
| Viability           | Not defined  | Living cells as defined by dye exclusion, flow cytometry, or progenitor cell culture.  | Viability assessment: The determination of the proportion of living cells using dye exclusion, flow cytometry, or progenitor cell culture methods  | Demonstrated capability of living; indicating (either invivo or in-vitro) ability to perform physiologic functions. |

|          | W   | F-J                                   | NC-F                                 | AA   |
|----------|---|---------------------------------------|--------------------------------------|--|
| Workflow | Not defined   | Not de fined                          | Not de fined                         | The planned physical movement of people, materials, or data associated with a process, or the planned temporal sequence of activities associated with a process. |
| Work-UP  | At this stage, a volunteer donor has been identified as an acceptable match for a patient, agrees to donate HPC after a full donor information and counselling session, and is medically evaluated for their fitness to donate HPC. | Not de fined                          | Not de fined                         | Not defined  |
| Written  | Not defined   | Documentation in human readable form. | Documentation in human readable form | Not defined  |