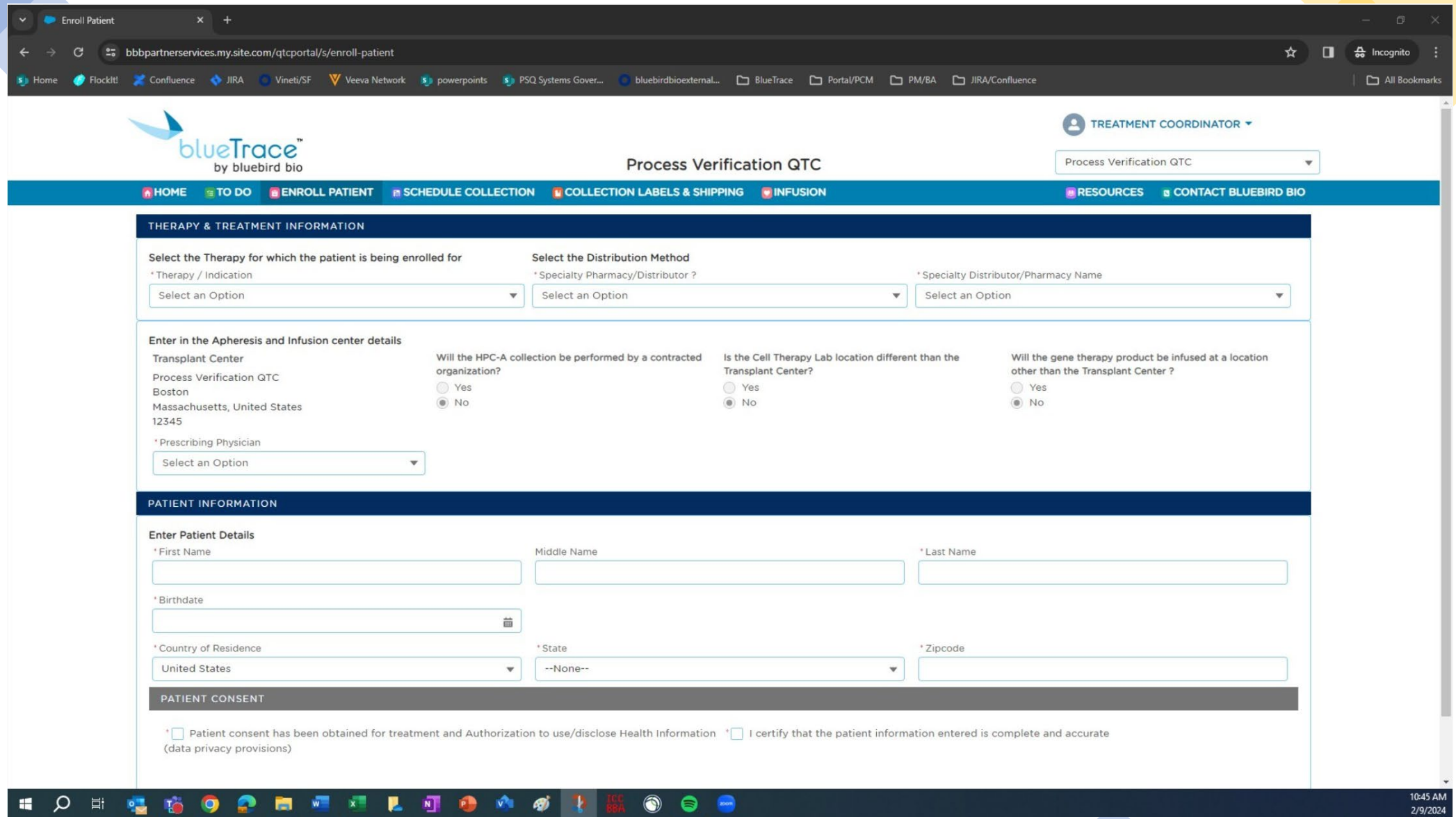
Enroll Patient
bbbpartnerservices.my.site.com/qtcportal/s/enroll-patient
Incognito
Home
FlockIt!
Confluence
JIRA
Vineti/SF
Veeva Network
powerpoints
PSQ Systems Gover...
bluebirdbioexternal...
BlueTrace
Portal/PCM
PM/BA
JIRA/Confluence
All Bookmarks
blueTrace
by bluebird bio
Process Verification QTC
TREATMENT COORDINATOR
Process Verification QTC
HOME
TO DO
ENROLL PATIENT
SCHEDULE COLLECTION
COLLECTION LABELS & SHIPPING
INFUSION
RESOURCES
CONTACT BLUEBIRD BIO
THERAPY & TREATMENT INFORMATION
Select the Therapy for which the patient is being enrolled for
* Therapy / Indication
Select an Option
Select the Distribution Method
* Specialty Pharmacy/Distributor ?
Select an Option
* Specialty Distributor/Pharmacy Name
Select an Option
Enter in the Apheresis and Infusion center details
Transplant Center
Process Verification QTC
Boston
Massachusetts, United States
12345
* Prescribing Physician
Select an Option
Will the HPC-A collection be performed by a contracted organization?
Yes
No
Is the Cell Therapy Lab location different than the Transplant Center?
Yes
No
Will the gene therapy product be infused at a location other than the Transplant Center ?
Yes
No
PATIENT INFORMATION
Enter Patient Details
* First Name
Middle Name
* Last Name
* Birthdate
* Country of Residence
United States
* State
--None--
* Zipcode
PATIENT CONSENT
* Patient consent has been obtained for treatment and Authorization to use/disclose Health Information (data privacy provisions)
* I certify that the patient information entered is complete and accurate
10:45 AM
2/9/2024