



Recipient Baseline Data

Registry Use Only

Sequence Number: _____

Date Received: ____ - ____ - ____

YYYY

MM

DD

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____ - ____ - ____

YYYY

MM DD

CIBMTR Center Number: _____ CIBMTR Research ID: _____

For Transplant Centers that are members of the NMDP network, research blood samples should be collected before initiation of preparative regimen and sent to the NMDP Research Sample Repository. See Transplant Center Manual of Operations for instructions.

Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

1. Does the recipient have a history of smoking or using chewing tobacco?

- Yes – **Go to question 2**
- No – **Go to question 4**
- Unknown – **Go to question 4**

2. Select (*check all that apply*)

- Chewing tobacco (*including naswar and paan*)
- Cigarettes
- Cigars / pipe
- E-cigarettes
- Marijuana

3. Has the recipient smoked cigarettes within the past year?

- Yes
- No
- Unknown

Organ Function Prior to the Preparative Regimen (Conditioning)

Provide last laboratory values recorded for recipient’s organ function (testing done within 30 days prior to the start of the preparative regimen)

4. AST (SGOT)

- Known – **Go to question 5**
- Unknown – **Go to question 7**

5. _____ • _____ U/L
 μ kat/L

CIBMTR Center Number: _____ CIBMTR Research ID: _____

6. Upper limit of normal for your institution: _____ • _____

7. ALT (SGPT)

Known – **Go to question 8**

Unknown – **Go to question 10**

8. _____ • _____ U/L

$\mu\text{kat/L}$

9. Upper limit of normal for your institution: _____ • _____

10. FEV1

Known – **Go to question 11**

Unknown – **Go to question 12**

11. _____ %

12. DLCO (corrected)

Known – **Go to question 13**

Unknown – **Go to question 14**

13. _____ %

14. Total serum bilirubin

Known – **Go to question 15**

Unknown – **Go to question 17**

15. _____ • _____ mg/dL

$\mu\text{mol/L}$

16. Upper limit of normal for your institution: _____ • _____

17. LDH

Known – **Go to question 18**

Unknown – **Go to question 20**

CIBMTR Center Number: _____ CIBMTR Research ID: _____

18. _____ • _____ U/L
 μ kat/L

19. Upper limit of normal for your institution: _____ • _____

20. Serum creatinine

- Known – **Go to question 21**
- Unknown – **Go to question 23**

21. _____ • _____ mg/dL
 mmol/L
 μ mol/L

22. Upper limit of normal for your institution: _____ • _____

Hematologic Findings Prior to the Preparative Regimen (Conditioning)

Provide last laboratory values recorded just prior to preparative regimen:

23. Date CBC tested: _____ — _____ — _____
 YYYY MM DD

24. WBC

- Known – **Go to question 25**
- Unknown – **Go to question 26**

25. _____ • _____ $\times 10^9/L$ ($\times 10^3/mm^3$)
 $\times 10^6/L$

26. Neutrophils

- Known – **Go to question 27**
- Unknown – **Go to question 28**

27. _____ %

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28. Lymphocytes

- Known – **Go to question 29**
- Unknown – **Go to question 30**

29. _____ %

30. Hemoglobin

- Known – **Go to question 31**
- Unknown – **Go to question 32**

31. _____ • _____ g/dL

g/L

mmol/L

32. Hematocrit

- Known – **Go to question 33**
- Unknown – **Go to question 34**

33. _____ %

34. Were RBCs transfused \leq 30 days before date of test?

- Yes
- No

Infection

35. Did the recipient have a history of clinically significant fungal infection (documented or suspected) in the 6 months prior to the start of the preparative regimen?

- Yes – **Go to question 36**
- No – **Go to question 38**

36. Organism

- 211 Aspergillus flavus
- 212 Aspergillus fumigatus
- 213 Aspergillus niger

CIBMTR Center Number: _____ CIBMTR Research ID: _____

- 215 Aspergillus terreus
- 214 Aspergillus ustus
- 210 Aspergillus, NOS
- 270 Blastomyces (dermatitidis)
- 201 Candida albicans
- 208 Candida non-albicans
- 222 Cryptococcus gattii
- 221 Cryptococcus neoformans
- 230 Fusarium (all species)
- 261 Histoplasma (capsulatum)
- 241 Mucorales (all species)
- 242 Rhizopus (all species)
- 272 Scedosporium (all species)
- 240 Zygomycetes, NOS
- 503 Suspected fungal infection

37. Date of diagnosis: _____ — _____ — _____
 YYYYY MM DD

Copy questions 36– 37 and complete for each infection

Testing for evidence of prior viral exposure / infection

38. Prior viral exposure / infection (*check all that apply*)
- HTLV1 antibody
 - Anti-EBV (Epstein-Barr virus antibody)
 - Hepatitis B surface antibody
 - Anti HBc (hepatitis B core antibody) – **For hepatitis tests that have a reactive result, also complete HEP form 2047.**
 - HBsAg (hepatitis B surface antigen) – **For hepatitis tests that have a reactive result, also complete HEP form 2047.**
 - Hepatitis B — NAAT – **For hepatitis tests that have a reactive result, also complete HEP form 2047.**
 - Anti-HCV (hepatitis C antibody) – **For hepatitis tests that have a reactive result, also complete HEP form 2047.**
 - Hepatitis C – NAAT – **For hepatitis tests that have a reactive result, also complete HEP form 2047.**

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- HIV antibody– **For HIV tests that have a positive result, also complete HIV form 2048.**
- HIV - NAAT– **For HIV tests that have a positive result, also complete HIV form 2048.**
- Toxoplasmosis antibody
- Not done
- Not applicable (all viral testing negative)

Pre-HCT Preparative Regimen (Conditioning)

39. Was a pre-HCT preparative regimen given?
- Yes – **Go to question 40**
 - No – **Go to question 86**
40. Specify protocol intent (*check only one*)
- All agents given as outpatient
 - Some, but not all, agents given as inpatient
 - All agents given as inpatient
41. Was irradiation performed as part of the pre-HCT preparative regimen?
- Yes – **Go to question 42**
 - No – **Go to question 58**
42. What was the radiation field?
- Total body – **Go to question 54**
 - Total body by intensity modulated radiation therapy (IMRT) **Go to question 43**
 - Total lymphoid or nodal regions **Go to question 54**
 - Thoracoabdominal region **Go to question 54**
43. Average organ doses (*complete only if organ has been contoured and planned as an avoidance organ*)
- Known – **Go to question 44**
 - Unknown – **Go to question 54**
44. Heart
- Known – **Go to question 45**
 - Unknown – **Go to question 46**

CIBMTR Center Number: _____ CIBMTR Research ID: _____

56. Was the radiation fractionated?

Yes – **Go to question 57**

No – **Go to question 58**

57. Total number of fractions: _____

58. Was additional radiation given to other sites within 21 days of the HCT?

Yes – **Go to question 59**

No – **Go to question 76**

Specify radiation field:

59. CNS

Yes – **Go to question 60**

No – **Go to question 62**

60. Total dose: _____ Gy

cGy

61. Date started: _____

YYYY MM DD

62. Gonadal

Yes – **Go to question 63**

No – **Go to question 65**

63. Total dose: _____ Gy

cGy

64. Date started: _____

YYYY MM DD

65. Splenic

Yes – **Go to question 66**

No – **Go to question 68**

CIBMTR Center Number: _____ CIBMTR Research ID: _____

66. Total dose: _____ Gy

cGy

67. Date started: _____
 YYYY MM DD

68. Site of residual tumor

Yes – **Go to question 69**

No – **Go to question 72**

69. Total dose: _____ Gy

cGy

70. Date started: _____
 YYYY MM DD

71. Specify site: _____

72. Other site

Yes – **Go to question 73**

No – **Go to question 76**

73. Total dose: _____ Gy

cGy

74. Date started: _____
 YYYY MM DD

75. Specify other site: _____

Indicate the total dose given for the preparative regimen:

76. Drug

Bendamustine

Busulfan

CIBMTR Center Number: _____ CIBMTR Research ID: _____

- Carboplatin
- Carmustine (BCNU)
- CCNU (Lomustine)
- Clofarabine (Clolar)
- Cyclophosphamide (Cytosan)
- Cytarabine (Ara-C)
- Etoposide (VP-16, VePesid)
- Fludarabine
- Gemcitabine
- Ibritumomab tiuxetan (Zevalin)
- Ifosfamide
- Melphalan (L-Pam)
- Methylprednisolone (Solu-Medrol)
- Pentostatin
- Propylene glycol-free melphalan (Evomela)
- Rituximab (Rituxan)
- Thiotepa
- Tositumomab (Bexxar)
- Treosulfan
- Other drug **-go to question 77**

77. Specify other drug: _____

78. Total dose: _____ . ____ mg

79. Date started: _____ - _____ - _____
 YYYY MM DD

80. Dosing weight: _____ . ____ pounds
 kilograms

81. Was the exposure of busulfan measured?
 Yes – **Go to question 82**
 No – **Go to question 83**

CIBMTR Center Number: _____ CIBMTR Research ID: _____

82. Overall exposure: _____ AUC (mg x h/L)

AUC ($\mu\text{mol} \times \text{min/L}$)

CSS (ng/mL)

83. Was the busulfan dose adjusted based on pharmacokinetics?

Yes – **Go to question 84**

No – **Go to question 85**

84. Specify how dose was modified

Increased

Decreased

85. Specify administration (*busulfan only*)

Oral

IV

Both

Copy and complete questions 76-85 to report more than one drug

Additional Drugs Given in the Peri-transplant Period

86. ALG, ALS, ATG, ATS

Yes – **Go to question 87**

No – **Go to question 94**

87. Total dose: _____ mg

88. Absolute lymphocyte count (*prior to first dose*)

Known – **Go to question 89**

Unknown – **Go to question 90**

89. _____ $\times 10^9/\text{L}$ ($\times 10^3/\text{mm}^3$)

$\times 10^6/\text{L}$

CIBMTR Center Number: _____ CIBMTR Research ID: _____

90. Date first dose

- Known – **Go to question 91**
- Unknown – **Go to question 92**

91. Date first dose: _____ - _____ - _____
 YYYY MM DD

92. Date last dose

- Known – **Go to question 93**
- Unknown – **Go to question 94**

93. Date last dose: _____ - _____ - _____
 YYYY MM DD

94. Alemtuzumab (Campath)

- Yes – **Go to question 95**
- No – **Go to question 100**

95. Total dose: _____ . _____ mg

96. Date first dose

- Known – **Go to question 97**
- Unknown – **Go to question 98**

97. Date first dose: _____ - _____ - _____
 YYYY MM DD

98. Date last dose

- Known – **Go to question 99**
- Unknown – **Go to question 100**

99. Date last dose: _____ - _____ - _____
 YYYY MM DD

100. Were clinically significant donor specific anti-HLA antibodies detected?

- Yes – **Go to question 101**
- No – **Go to question 104**

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Not done – **Go to question 104**

101. Was the recipient on a desensitization protocol?

Yes– **Go to question 102**

No– **Go to question 104**

102. Method of desensitization (*check all that apply*)

Bortezomib (Velcade)

Daratumumab

IVIG

Mycophenolate mofetil (CellCept, Myfortic)

Plasmapheresis

Rituximab (Rituxan)

Tacrolimus (Astagraft XL, Prograf, Protopic)

Other method– **Go to question 103**

103. Specify other method: _____

Socioeconomic Information

104. Is the recipient an adult (18 years of age or older) or emancipated minor?

Yes – **Go to question 105**

No – **Go to question 106**

105. Specify the recipient's marital status

Single, never married

Married or living with a partner

Separated

Divorced

Widowed

Unknown

106. Specify the category which best describes the recipient's current occupation (*If the recipient is not currently employed, check the box which best describes his/her last job*)

CIBMTR Center Number: _____ CIBMTR Research ID: _____

- Professional, technical, or related occupation (e.g., *teacher/professor, nurse/physician, lawyer, engineer*) – **Go to question 108**
- Manager, administrator, or proprietor (e.g., *sales manager, real estate agent, postmaster*) – **Go to question 108**
- Clerical or related occupation (e.g., *secretary, clerk, mail carrier*) – **Go to question 108**
- Sales occupation (e.g., *sales associate, demonstrator, agent, broker*) – **Go to question 108**
- Service occupation (e.g., *police officer, cook, hairdresser*) – **Go to question 108**
- Skilled craft or related occupation (e.g., *carpenter, repair technician, telephone line worker*) – **Go to question 108**
- Equipment / vehicle operator or related occupation (e.g., *driver, railroad brakeman, sewer worker*) – **Go to question 108**
- Laborer (e.g., *helper, longshoreman, warehouse worker*) – **Go to question 108**
- Farmer (e.g., *owner, manager, operator, tenant*) – **Go to question 108**
- Member of the military – **Go to question 108**
- Homemaker – **Go to question 108**
- Student – **Go to question 108**
- Under school age – **Go to question 109**
- Not previously employed – **Go to question 108**
- Unknown – **Go to question 108**
- Other – **Go to question 107**

107. Specify other occupation: _____

108. What is the recipient's most recent work status? (*within the last year*)

- Full time
- Part time, by choice and not due to illness
- Part time, due to illness
- Unemployed, by choice and not due to illness
- Unemployed, due to illness
- Medical disability
- Retired
- Unknown

109. What is the highest educational grade the recipient completed?

- No primary education / under school age: no schooling (*U.S. equivalent: less than 1st grade education*)

CIBMTR Center Number: _____ CIBMTR Research ID: _____

- Less than primary or elementary education: some formal schooling, but less than a complete primary or elementary education (*U.S. equivalent: more than 1st grade education, but less than 6th grade education*)
- Primary or elementary education: beginning at age 5–7 and continuing for about 4–6 years (*U.S. equivalent: starts with 1st grade and ends with 6th grade*)
- Lower secondary education: beginning at about age 11–12 and continuing for about 2–3 years (*U.S. equivalent: starts with 7th grade and typically ends with 9th grade*)
- Upper secondary education: beginning at about age 15–16 and continuing for about 3 years (*U.S. equivalent: starts with 10th grade and ends with 12th grade*)
- Post-secondary, non-tertiary education: programs lasting 6 months–2 years (*U.S. equivalent: vocational programs of study*)
- Tertiary education, Type A: programs that provide education that is largely theoretical, lasting 3–4 years (*U.S. equivalent: includes university programs that last 4 years and lead to the award of a bachelor's degree, and university programs that lead to a master's degree*) Tertiary education, Type B: programs that focus on practical, technical or occupational skills with a minimum duration of 2 years of full-time enrollment (*U.S. equivalent: programs typically offered at community colleges that lead to an associate's degree*)
- Advanced research qualification: programs that lead to the award of an advanced post-graduate degree, such as a Ph.D. (*U.S. equivalent: programs devoted to advanced study and original research*)
- Unknown

110. Is the recipient currently in school, or was enrolled prior to illness?

- Yes
- No
- Unknown

111. Is the recipient covered by health insurance?

- Yes – **Go to question 112**
- No – **Go to question 115**

Specify type of health insurance:

112. Specify type of health insurance (*check all that apply*)

- Private health insurance
- National Health Insurance (*Government-sponsored, non-U.S.*)
- Medicare (*Government-sponsored, U.S., includes Medicare Advantage plans*)
-
- Medigap (*Must have Medicare coverage*)
- Medicaid (*Government-sponsored, U.S.*)

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- Children's Health Insurance Program (CHIP)
- Military related health care (*TRICARE (CHAMPUS) / VA health care / CHAMP-VA*)
- Indian Health Service
- State-sponsored health plan
- Other government program – **Go to question 113**
- Other health insurance coverage – **Go to question 114**

113. Specify other government program: _____

114. Specify other health insurance: _____

115. Specify the recipient's combined household gross annual income (*Include earnings by all family members living in the household, before taxes.*) (*For U.S. residents only*)

- Less than \$20,000
- \$20,000–\$39,999
- \$40,000–\$59,999
- \$60,000–\$79,999
- \$80,000–\$99,999
- \$100,000 and over
- Recipient declines to provide this information
- Unknown

116. Number of people living in the household: ___

117. Number of people living in the household under the age of 18: ___