

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

						2	0				
Month	Day	Year									

Infusion Date:

						2	0				
Month	Day	Year									

CIBMTR Center Number:

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Amnesty Plan Post-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

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Today's Date:

						2	0				
Month	Day	Year									

Date of HSCT for which this form is being completed:

Month	Day	Year									

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood multiple cord blood units infused other product, specify: _____

Follow-up visit (years after transplant):

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Information reported on this form should cover the time period from the last report submitted until the current time. For example, if the last report was completed at Day 100, and a 9-Year follow-up is now due, the reporting period is from Day 100 until the date of contact for the 9-Year follow-up.

Granulopoiesis / Neutrophil Recovery

* To report dates in this section, use the first of 3 consecutive laboratory values obtained on different days.

1. Did the recipient achieve an initial hematopoietic recovery ($ANC \geq 500/mm^3$ for three consecutive lab values obtained on different days) since the date of the last report? (check only one)

1 yes →

2 no, recipient's initial hematopoietic recovery was recorded on a previous report

2. Date $ANC \geq 500/mm^3$ (first of 3 lab values): *

Month	Day	Year																	

3 no, $ANC \geq 500/mm^3$ was not achieved*, and there was **no evidence** of recurrent disease in the bone marrow →

Continue with megakaryopoiesis / platelet recovery section at question 11

4 no, $ANC \geq 500/mm^3$ was not achieved*, and there was documented **persistent disease** in the bone marrow post-HSCT →

Continue with megakaryopoiesis / platelet recovery section at question 11

5 no, recipient's ANC never dropped below $500/mm^3$ at any time after the start of the preparative regimen

3. Following the initial hematopoietic recovery ($ANC \geq 500/mm^3$ for three consecutive lab values obtained on different days), did the recipient experience a subsequent decline in ANC to $< 500/mm^3$ for ≥ 3 days since the date of the last report?

1 yes →

2 no

4. Date of decline in ANC to $< 500/mm^3$ for ≥ 3 days (first of 3 days that ANC declined): (If multiple declines in ANC occurred during the reporting period, report the date of the first decline.)

Month	Day	Year																	

Actual CBC on first day of decline:

5. WBC:

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 1 $\times 10^9/L$ ($\times 10^3/mm^3$)
2 $\times 10^6/L$

6. Neutrophils:

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Mail a copy of this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the Transplant Center.

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		2	0		
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139. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____