



# Aplastic Anemia Pre-HSCT Data

## Registry Use Only

Sequence  
Number:

Date  
Received:

CIBMTR Center Number:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>					
CIBMTR Recipient ID:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Today's Date:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	Month	Day	Year							
Date of HSCT for which this form is being completed:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	Month	Day	Year							
HSCT type:	<input type="checkbox"/> autologous	<input type="checkbox"/> allogeneic, unrelated	<input type="checkbox"/> allogeneic, related	<input type="checkbox"/> syngeneic (identical twin)						
Product type:	<input type="checkbox"/> marrow	<input type="checkbox"/> PBSC	<input type="checkbox"/> cord blood	<input type="checkbox"/> other product, specify: _____						

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient's medical records.

Questions followed by the symbol indicate additional information necessary to complete the question is referenced in the forms instruction manual.

If this is a report of a second or subsequent transplant, check here  and continue with question 26.

## Disease Assessment at Diagnosis

1. What was the date of diagnosis of Aplastic Anemia?

Month	Day	Year					

2. Was the recipient's bone marrow examined at diagnosis?

- 1  yes
- 2  no
- 3  unknown

3. Is a copy of the biopsy report attached?

- 1  yes
- 2  no

4. Were the recipient's cells tested for sensitivity to cross-linking agents (e.g., diepoxybutane (DEB), mitomycin C (MMC))?

- 1  yes
- 2  no
- 3  unknown

5. Specify the test results:

- 1  normal
- 2  increased chromosome breaks
- 3  unknown

6. Is a copy of the test report attached?

- 1  yes
- 2  no

**Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.**

CIBMTR Center Number:

CIBMTR Recipient ID:

7. What was the disease etiology?

1  Diamond-Blackfan anemia

2  drug induced → 8. Specify drug: \_\_\_\_\_  drug unknown

3  viral hepatitis → 9. Specify type: \_\_\_\_\_  type unknown

4  idiopathic

5  other → 10. Specify disease etiology: \_\_\_\_\_  etiology unknown

11. Was testing for paroxysmal nocturnal hemoglobinuria (PNH) performed?

- 1  yes →
- 2  no
- 3  unknown

Specify PNH test and results:

12. 1  positive 2  negative 3  unknown Flow cytometry for CD55 / CD16 / CD59

13. 1  positive 2  negative 3  unknown Ham's acid hemolysis test

14. 1  positive 2  negative 3  unknown Hemosiderinuria

15. 1  positive 2  negative 3  unknown PIGA GPI anchor protein defect

16. 1  positive 2  negative 3  unknown Sugar water / sucrose lysis test

17. 1  positive 2  negative 3  unknown Other test → 18. Specify test: \_\_\_\_\_

**Laboratory Studies at Diagnosis**

Report findings prior to any first treatment for aplastic anemia.

19. WBC:

1  known →  .   
2  not known

Specify units:

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

20. Hemoglobin:

1  known →  .   
2  not known

- 1  g/dL
- 2  g/L
- 3  mmol/L

21. Was RBC transfused < 30 days before date of test?

- 1  yes
- 2  no

22. Platelets:

1  known →  .   
2  not known

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

23. Were platelets transfused < 7 days before date of test?

- 1  yes
- 2  no

24. Neutrophils:

1  known →  .   $10^9/L$   
2  not known

25. Reticulocytes (uncorrected):

1  known →  .   $10^9/L$   
2  not known

CIBMTR Center Number:

CIBMTR Recipient ID:

26. Was therapy given for treatment of aplastic anemia prior to the start of the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

Specify what treatment(s) were given:

27. 1  yes 2  no Androgens

28. 1  yes 2  no ATG, ALS, ATS, ALG

29. 1  yes 2  no Chelation therapy for iron

30. 1  yes 2  no Corticosteroids

31. 1  yes 2  no Cyclosporine (CsA, Neoral, Sandimmune)

32. 1  yes 2  no Cytokines

If yes, specify cytokine(s) given:

33. 1  yes 2  no Erythropoietin (EPO)

34. 1  yes 2  no G-CSF (filgrastim, Neupogen)

35. 1  yes 2  no GM-CSF (sargramostim, Leukine)

36. 1  yes 2  no Interleukin-3 (IL-3)

37. 1  yes 2  no Pegfilgrastim (Neulasta)

38. 1  yes 2  no Stem cell factor (SCF)

39. 1  yes 2  no Other

40. If yes, specify other cytokine: \_\_\_\_\_

41. 1  yes 2  no Other immunosuppression

42. If yes, specify immunosuppression: \_\_\_\_\_

43. 1  yes 2  no Other treatment

44. If yes, specify treatment: \_\_\_\_\_

### Transfusion Status from Diagnosis to the Start of the Preparative Regimen

45. Did the recipient receive red blood cell transfusions between diagnosis and the start of the preparative regimen?

- 1  yes
- 2  no

46. Specify the total number of donor exposures (best estimate):

- 1  1-5
- 2  6-10
- 3  11-20
- 4  21-30
- 5  31-40
- 6  41-50
- 7  ≥ 51
- 8  unknown

47. Did the recipient receive platelet transfusions between diagnosis and the start of the preparative regimen?

- 1  yes
- 2  no

### Laboratory Findings Prior to the Start of the Preparative Regimen

48. Reticulocytes (uncorrected):

- 1  known
  - 2  not known
- 10<sup>9</sup>/L

49. Date of most recent bone marrow biopsy:   /   /

Month Day Year

CIBMTR Center Number:

CIBMTR Recipient ID:

50. Is a copy of the most recent bone marrow biopsy report attached?

- 1  yes
- 2  no

51. Were any clinically important infections present or being treated within one week prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

Report each infection organism, site and date of diagnosis. (see page 6 for organism and site codes)

Organism ‡	Site *	Date of Diagnosis		
		Month	Day	Year
52. <input type="text"/>	53. If other, specify: _____	54. <input type="text"/>	55. <input type="text"/>	<input type="text"/>
56. <input type="text"/>	57. If other, specify: _____	58. <input type="text"/>	59. <input type="text"/>	<input type="text"/>
60. <input type="text"/>	61. If other, specify: _____	62. <input type="text"/>	63. <input type="text"/>	<input type="text"/>
64. <input type="text"/>	65. If other, specify: _____	66. <input type="text"/>	67. <input type="text"/>	<input type="text"/>
68. <input type="text"/>	69. If other, specify: _____	70. <input type="text"/>	71. <input type="text"/>	<input type="text"/>
72. <input type="text"/>	73. If other, specify: _____	74. <input type="text"/>	75. <input type="text"/>	<input type="text"/>
76. <input type="text"/>	77. If other, specify: _____	78. <input type="text"/>	79. <input type="text"/>	<input type="text"/>

‡ The codes for "other organism, specify" (codes 198, 209, 219, 259, 329 and 409) should rarely be needed; check with your microbiology lab or HSCT physician before using them.

\* Do not report fever in the absence of infection. Report the most specific site of infection.

80. Signed: \_\_\_\_\_  
*Person completing form*

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Codes for Commonly Reported Organisms

<b>Bacterial Infections</b>	103 Leptospira	166 Stomatococcus mucilaginosus	302 Varicella (herpes zoster, chicken pox)
121 Acinetobacter	148 Leptotrichia buccalis	167 Streptococcus (all species except Enterococcus)	303 Cytomegalovirus (CMV)
122 Actinomyces	149 Leuconostoc (all species)	178 Streptococcus pneumoniae	304 Adenovirus
123 Bacillus	104 Listeria	168 Treponema (syphilis)	305 Enterovirus (coxsackie, echo, polio)
124 Bacteroides (gracilis, uniformis, vulgaris, other species)	150 Methylobacterium	169 Vibrio (all species)	306 Hepatitis A (HAV)
125 Bordetella pertussis (whooping cough)	151 Micrococcus, NOS	197 Multiple bacteria at a single site, specify bacterial codes	307 Hepatitis B (HBV, Australian antigen)
126 Borrelia (Lyme disease)	112 Mycobacterium avium–intracellulare (MAC, MAI)	198 Other bacteria, specify	308 Hepatitis C (HCV)
127 Branhamella or Moraxella catarrhalis (other species)	174 Mycobacterium species (cheloneae, fortuitum, haemophilum, kansasii, mucogenicum)	501 Suspected atypical bacterial infection	309 HIV-1 (HTLV-III)
128 Campylobacter (all species)	110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus)	502 Suspected bacterial infection	310 Influenza, NOS
129 Capnocytophaga	175 Other mycobacterium, specify	<b>Fungal Infections</b>	323 Influenza A
171 Chlamydia pneumoniae	176 Mycobacterium, NOS	200 Candida, NOS	324 Influenza B
172 Other chlamydia, specify	105 Mycoplasma	201 Candida albicans	311 Measles (rubeola)
113 Chlamydia, NOS	152 Neisseria (gonorrhoea, meningitidis, other species)	206 Candida guilliermondii	312 Mumps
130 Citrobacter (freundii, other species)	106 Nocardia	202 Candida krusei	313 Progressive multifocal leukoencephalopathy (PML)
131 Clostridium (all species except difficile)	153 Pasteurella multocida	207 Candida lusitanae	314 Respiratory syncytial virus (RSV)
132 Clostridium difficile	154 Propionibacterium (acnes, avidum, granulosum, other species)	203 Candida parapsilosis	315 Rubella (German measles)
173 Corynebacterium jeikeium	155 Proteus	204 Candida tropicalis	316 Parainfluenza
133 Corynebacterium (all non-diphtheria species)	156 Pseudomonas (all species except cepacia & maltophilia)	205 Candida (Torulopsis) glabrata	317 Human herpesvirus-6 (HHV-6)
101 Coxiella	157 Pseudomonas or Burkholderia cepacia	209 Other Candida, specify	318 Epstein-Barr virus (EBV)
134 Enterobacter	158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia	210 Aspergillus, NOS	319 Polyoma virus (BK virus, JC virus)
177 Enterococcus, vancomycin resistant (VRE)	159 Rhodococcus	211 Aspergillus flavus	320 Rotavirus
135 Enterococcus (all species)	107 Rickettsia	212 Aspergillus fumigatus	321 Rhinovirus
136 Escherichia (also E. coli)	160 Salmonella (all species)	213 Aspergillus niger	322 Human papilloma virus (HPV)
137 Flavimonas oryzihabitans	161 Serratia marcescens	219 Other Aspergillus, specify	329 Other virus, specify
138 Flavobacterium	162 Shigella	220 Cryptococcus species	504 Suspected viral infection
139 Fusobacterium	163 Staphylococcus, coagulase negative (not aureus)	230 Fusarium species	<b>Parasitic Infections</b>
144 Haemophilus (all species, including influenzae)	164 Staphylococcus aureus	261 Histoplasmosis	402 Toxoplasma
145 Helicobacter pylori	165 Staphylococcus, NOS	240 Zygomycetes, NOS	403 Giardia
146 Klebsiella		241 Mucormycosis	404 Cryptosporidium
147 Lactobacillus (bulgaricus, acidophilus, other species)		242 Rhizopus	409 Other parasite, specify
102 Legionella		250 Yeast, NOS	505 Suspected parasite infection
		259 Other fungus, specify	<b>Other Infections</b>
		260 Pneumocystis (PCP / PJP)	509 No organism identified
		503 Suspected fungal infection	
		<b>Viral Infections</b>	
		301 Herpes simplex (HSV1, HSV2)	

### Codes for Common Sites of Infection

1 Blood / buffy coat	16 Small intestine	<b>Genito-Urinary Tract</b>	<b>Other</b>
2 Disseminated – generalized, isolated at 3 or more distinct sites	17 Large intestine	41 Kidneys, renal pelvis, ureters and bladder	60 Central venous catheter, not specified
<b>Central Nervous System</b>	18 Feces / stool	42 Prostate	61 Catheter insertion or exit site
4 Brain	19 Peritoneum	43 Testes	62 Catheter tip
5 Spinal cord	20 Liver	44 Fallopian tubes, uterus, cervix	70 Eyes
6 Meninges and CSF	10 Gastrointestinal tract, not specified	45 Vagina	75 Ears
3 Central nervous system, not specified	<b>Respiratory Tract</b>	40 Genito-urinary tract, not specified	81 Joints
<b>Gastrointestinal Tract</b>	31 Upper airway and nasopharynx	<b>Skin</b>	82 Bone marrow
11 Lips	32 Laryngitis / larynx	51 Genital area	83 Bone cortex (osteomyelitis)
12 Tongue, oral cavity and oropharynx	33 Lower respiratory tract (lung)	52 Cellulitis	84 Muscle (excluding cardiac)
13 Esophagus	34 Pleural cavity, pleural fluid	53 Herpes zoster	85 Cardiac (endocardium, myocardium, pericardium)
14 Stomach	35 Sinuses	54 Rash, pustules or abscesses not typical of any of the above	86 Lymph nodes
15 Gallbladder and biliary tree (not hepatitis), pancreas	30 Respiratory tract, not otherwise specified	50 Skin, not otherwise specified	87 Spleen