



CIBMTR Center Number:

CIBMTR Recipient ID:

12. Invasive fungal infection  
 1  yes →  
 2  no

Specify species of invasive fungal infection:  
 13. 1  yes 2  no Aspergillus  
 14. 1  yes 2  no Candida  
 15. 1  yes 2  no Other species →

16. If yes, specify other fungus:

17. Pneumocystis carinii pneumonia (PCP, PJP)  
 1  yes  
 2  no

18. Other infection  
 1  yes →  
 2  no

19. Specify other infection:

**History of Anti-Retroviral Therapy**

20. Did the recipient receive anti-retroviral therapy prior to HSCT?

- 1  yes → **Continue with table below**  
 2  no → **Continue with question 124**

Therapy Given?	Date Started			Currently Receiving?	Therapy Stopped?	Date Stopped			Reason Stopped Code		
	Month	Day	Year			Month	Day	Year			
21. Abacavir (Ziagen) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	24. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	26. <input type="text"/>
27. Atazanavir (Reyataz) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	28.	<input type="text"/>	<input type="text"/>	<input type="text"/>	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	30. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	32. <input type="text"/>
33. Didanosine (ddI, Videx) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	34.	<input type="text"/>	<input type="text"/>	<input type="text"/>	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	36. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	37.	<input type="text"/>	<input type="text"/>	<input type="text"/>	38. <input type="text"/>
39. Efavirenz (Sustiva) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	40.	<input type="text"/>	<input type="text"/>	<input type="text"/>	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	42. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	43.	<input type="text"/>	<input type="text"/>	<input type="text"/>	44. <input type="text"/>
45. Emtricitabine (Emtriva) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	46.	<input type="text"/>	<input type="text"/>	<input type="text"/>	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	48. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	49.	<input type="text"/>	<input type="text"/>	<input type="text"/>	50. <input type="text"/>
51. Fosamprenavir (Lexiva) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	52.	<input type="text"/>	<input type="text"/>	<input type="text"/>	53. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	54. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	55.	<input type="text"/>	<input type="text"/>	<input type="text"/>	56. <input type="text"/>
57. Indinavir (Crixivan) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	58.	<input type="text"/>	<input type="text"/>	<input type="text"/>	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	61.	<input type="text"/>	<input type="text"/>	<input type="text"/>	62. <input type="text"/>
63. Lanuvudine (Epivir, Epzicom, 3TC) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	64.	<input type="text"/>	<input type="text"/>	<input type="text"/>	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	67.	<input type="text"/>	<input type="text"/>	<input type="text"/>	68. <input type="text"/>

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Therapy Given?	Date Started	Currently Receiving?	Therapy Stopped?	Date Stopped	Reason Stopped
	Month Day Year			Month Day Year	Code
69. Lopinavir / ritonavir (Kaletra) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	70. <input type="text"/> <input type="text"/> <input type="text"/>	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	72. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	73. <input type="text"/> <input type="text"/> <input type="text"/>	74. <input type="text"/>
75. Nelfinavir (Viracept) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	76. <input type="text"/> <input type="text"/> <input type="text"/>	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	78. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	79. <input type="text"/> <input type="text"/> <input type="text"/>	80. <input type="text"/>
81. Nevirapine (Viramune) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	82. <input type="text"/> <input type="text"/> <input type="text"/>	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	84. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	85. <input type="text"/> <input type="text"/> <input type="text"/>	86. <input type="text"/>
87. Ritonavir (Norvir) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	88. <input type="text"/> <input type="text"/> <input type="text"/>	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	90. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	91. <input type="text"/> <input type="text"/> <input type="text"/>	92. <input type="text"/>
93. Saquinavir (Fortovase, Invirase) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	94. <input type="text"/> <input type="text"/> <input type="text"/>	95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	96. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	97. <input type="text"/> <input type="text"/> <input type="text"/>	98. <input type="text"/>
99. Stavudine (Zerit, d4t) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	100. <input type="text"/> <input type="text"/> <input type="text"/>	101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	102. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	103. <input type="text"/> <input type="text"/> <input type="text"/>	104. <input type="text"/>
105. Tenofovir (Truvada, Viread) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	106. <input type="text"/> <input type="text"/> <input type="text"/>	107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	108. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	109. <input type="text"/> <input type="text"/> <input type="text"/>	110. <input type="text"/>
111. Zidovudine (Combivir, Retrovir, Trizivir, AZT) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	112. <input type="text"/> <input type="text"/> <input type="text"/>	113. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	114. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	115. <input type="text"/> <input type="text"/> <input type="text"/>	116. <input type="text"/>
117. Other anti-retroviral therapy 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	118. Specify other therapy: _____ 119. <input type="text"/> <input type="text"/> <input type="text"/>	120. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	121. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	122. <input type="text"/> <input type="text"/> <input type="text"/>	123. <input type="text"/>

**Codes for Anti-Retroviral Therapy Stopped**

- 1 Planned stop
- 2 Undesirable side effects
- 3 Other reason
- 4 Reason unknown

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### Serological Evidence of HIV Exposure / Infection

Provide all documented CD4 counts obtained within 3 months prior to the preparative regimen. If no values were obtained in the 3 months prior to the preparative regimen, provide and date the most recent values obtained prior to the preparative regimen.

	Month	Day	Year				Specify exponent:
124. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	125. CD4 counts:	<input type="text"/>	<input type="text"/>	x 10 <input type="text"/>
126. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	127. CD4 counts:	<input type="text"/>	<input type="text"/>	x 10 <input type="text"/>
128. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	129. CD4 counts:	<input type="text"/>	<input type="text"/>	x 10 <input type="text"/>
130. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	131. CD4 counts:	<input type="text"/>	<input type="text"/>	x 10 <input type="text"/>
132. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	133. CD4 counts:	<input type="text"/>	<input type="text"/>	x 10 <input type="text"/>

Provide all documented HIV viral load levels obtained within 3 months prior to the preparative regimen. If no values were obtained in the 3 months prior to the preparative regimen, provide and date the most recent values obtained prior to the preparative regimen.

	Month	Day	Year				Specify units:
134. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	135. HIV viral load level:	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/> copies/mL 2 <input type="checkbox"/> log <sub>10</sub> /mL
136. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	137. HIV viral load level:	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/> copies/mL 2 <input type="checkbox"/> log <sub>10</sub> /mL
138. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	139. HIV viral load level:	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/> copies/mL 2 <input type="checkbox"/> log <sub>10</sub> /mL
140. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	141. HIV viral load level:	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/> copies/mL 2 <input type="checkbox"/> log <sub>10</sub> /mL
142. Date:	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	143. HIV viral load level:	<input type="text"/>	<input type="text"/>	1 <input type="checkbox"/> copies/mL 2 <input type="checkbox"/> log <sub>10</sub> /mL

144. Signed: \_\_\_\_\_

*Person completing form*

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

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

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

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