

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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Aplastic Anemia Pre-HSCT Data

Registry Use Only

Sequence Number:

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Date Received:

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CIBMTR Center Number:

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		2	0		
Month	Day	Year			

Date of HSCT for which this form is being completed:

		2	0		
Month	Day	Year			

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

Product type: marrow PBSC cord blood 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.

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<input type="text"/> Month	<input type="text"/> Day	<input type="text" value="2"/> <input type="text" value="0"/> Year
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Infusion Date:

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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 x 10⁹/L (x 10³/mm³)

2 x 10⁶/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 x 10⁹/L (x 10³/mm³)

2 x 10⁶/L

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

1 yes

2 no

24. Neutrophils:

1 known → . 10⁹/L

2 not known

25. Reticulocytes (uncorrected):

1 known → . 10⁹/L

2 not known

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2	0									

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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. <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td></tr></table>				53. If other, specify: _____	54. <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			55. <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
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‡ 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: _____

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Codes for Commonly Reported Organisms

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

Codes for Common Sites of Infection

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

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Fax this form to your designated campus (Milwaukee 414-456-6165 or Minneapolis 612-627-5895).