

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--

Today's Date:

Infusion Date:

CIBMTR Center Number:

<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;">20</table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
Month	Day	Year			

<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;">20</table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
Month	Day	Year			

--	--	--	--	--	--	--	--

CIBMTR Center Number:

CIBMTR Recipient ID:

Pre-HSCT Treatment for Systemic Lupus Erythematosus

21. Did the recipient receive any disease-modifying treatments between the time of diagnosis and prior to mobilization for stem cell collection (or high-dose therapy if mobilization was not done)?

1 yes → **Continue with table below**

2 no → **Continue with question 73**

Treatment Given?	Treatment Stopped?	Stopped Code	Codes for Treatment Stopped
			1 Failure 2 Toxicity 3 Other reason 4 Reason unknown

22. Antithymocyte globulin (ATG) / antilymphocyte globulin (ALG)

1 yes → 23. 1 yes → 24.

 25. If code 3, specify other reason: _____
 2 no → 23. 2 no → 24.

 3 unknown

26. Cyclophosphamide (CTX, Cytoxan, Neosar)

1 yes → 27. 1 yes → 28.

 29. If code 3, specify other reason: _____
 2 no → 27. 2 no → 28.

 3 unknown

30. Cyclosporine (CsA, Neoral, Sandimmune)

1 yes → 31. 1 yes → 32.

 33. If code 3, specify other reason: _____
 2 no → 31. 2 no → 32.

 3 unknown

34. D-penicillamine (penicillamine, Cuprimine, Depen)

1 yes → 35. 1 yes → 36.

 37. If code 3, specify other reason: _____
 2 no → 35. 2 no → 36.

 3 unknown

38. Methotrexate (MTX, Folex)

1 yes → 39. 1 yes → 40.

 41. If code 3, specify other reason: _____
 2 no → 39. 2 no → 40.

 3 unknown

42. Specify the maximum weekly dose:

 mg dose unknown

43. Specify the duration of therapy:

 1 weeks duration unknown
 2 months

44. Mycophenolate mofetil (MMF, CellCept)

1 yes → 45. 1 yes → 46.

 47. If code 3, specify other reason: _____
 2 no → 45. 2 no → 46.

 3 unknown

48. Non-steroidal anti-inflammatory drugs (NSAIDS)

1 yes → 49. 1 yes → 50.

 51. If code 3, specify other reason: _____
 2 no → 49. 2 no → 50.

 3 unknown

52. Phototherapy

1 yes → 53. 1 yes → 54.

 55. If code 3, specify other reason: _____
 2 no → 53. 2 no → 54.

 3 unknown

56. Prednisone (Intenol, Sterapred) or equivalent

1 yes → 57. 1 yes → 58.

 59. If code 3, specify other reason: _____
 2 no → 57. 2 no → 58.

 3 unknown

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specify the following clinical findings prior to mobilization for stem cell collection:

93. Changes in skin pigmentation:

- 1 present
- 2 absent
- 3 unknown

94. Raynaud's phenomenon:

- 1 present
- 2 absent
- 3 unknown

95. Painful digital ulcers:

- 1 present
- 2 absent
- 3 unknown

96. Specify number of digital ulcers:

--	--

97. Gut dysmotility:

- 1 present
- 2 absent
- 3 unknown

98. Malabsorption:

- 1 present
- 2 absent
- 3 unknown

99. Weight loss > 10% of body weight:

- 1 present
- 2 absent
- 3 unknown

100. Muscle weakness:

- 1 present
- 2 absent
- 3 unknown

101. Joint tenderness:

- 1 present
- 2 absent
- 3 unknown

102. Specify number of joints affected:

--	--

103. Tendon friction rubs:

- 1 present
- 2 absent
- 3 unknown

104. Specify number of sites affected:

--	--

105. Contractures:

- 1 present
- 2 absent
- 3 unknown

Laboratory Studies Prior to Mobilization Therapy for Stem Cell Collection

106. Date CBC tested:

		2	0		
Month	Day	Year			

CIBMTR Form 2044 (SSC) v1.0 (5-13) July 2007
Copyright © 2007 National Marrow Donor Program and
The Medical College of Wisconsin, Inc. All rights reserved.
For internal use only: Document F00560 version 1.0 Replaces: n/a

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

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

 / /
Month Day Year

Infusion Date:

 / /
Month Day Year

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

Specify the results of the following pulmonary function tests performed prior to mobilization therapy for stem cell collection:

124. Was dyspnea present on exertion?

- 1 yes
2 no
3 unknown

125. Vital capacity (VC):

- 1 known → . % (predicted value)
2 not known

126. Was the actual VC value in the normal range (≥ 80% of predicted value)?

- 1 yes
2 no

127. D_LCO:

- 1 known → . % (predicted value)
2 not known

128. Was the actual D_LCO value in the normal range (≥ 80% of predicted value)?

- 1 yes
2 no

129. D_LCO corrected for hemoglobin:

- 1 known → . % (predicted value)
2 not known

130. Was the D_LCO value (corrected for hemoglobin) in the normal range (≥ 80% of predicted value)?

- 1 yes
2 no

131. Was oxygen desaturation present on exercise testing?

- 1 yes
2 no
3 unknown

132. Was ground glass appearance present on chest x-ray?

- 1 yes
2 no
3 unknown

133. Was a high resolution chest CT scan performed?

- 1 yes →
2 no
3 unknown

134. Was ground glass appearance present on CT scan?

- 1 yes
2 no
3 unknown

135. Was bronchoalveolar lavage (BAL) performed?

- 1 yes →
2 no
3 unknown

136. Was alveolitis present?

- 1 yes
2 no

137. Specify the highest percentage of neutrophils present in the segments tested: %

138. Was pulmonary artery hypertension present?

- 1 yes →
2 no
3 unknown

139. Specify the mean pulmonary artery pressure (PAP) level:

- 1 known → mm/Hg
2 unknown

140. Specify the method used to examine the PAP level:

- 1 echocardiogram
2 catheterization

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Most Recent Disease Assessment Prior to the Start of the Preparative Regimen

Information for this section should come from the most recent evaluation performed ≤ 2 weeks prior to the preparative regimen. If the recipient was not evaluated prior to the preparative regimen, check here and continue with question 236.

157. Date of evaluation prior to the preparative regimen:

		2	0		
Month	Day	Year			

158. What was the extent of cutaneous systemic sclerosis prior to the start of the preparative regimen?

- 1 limited (cutaneous thickening distal (but not proximal) to elbows or knees)
- 2 diffuse
- 3 unknown

Specify skin thickness for the following sites as determined by clinical palpation performed prior to the start of the preparative regimen: *Clements P, Lachenbruch P, Seibold J, White B, Weiner S, Martin R, et al. Inter and intraobserver variability of total skin thickness score (modified Rodnan TSS) in systemic sclerosis. J Rheumatol 1995; 22:1281-1285.*

Anatomic Area	Modified Rodnan Skin Thickness Score (MRSS)				* Severe = inability to pinch skin into a fold		
	normal	mild	moderate	severe *			
159. Face	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
160. Anterior chest	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
161. Abdomen	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
162. Upper arm – left	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
163. Upper arm – right	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
164. Forearms – left	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
165. Forearms – right	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
166. Dorsum of hand – left	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
167. Dorsum of hand – right	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
168. Fingers – left	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
169. Fingers – right	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
170. Thigh – left	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
171. Thigh – right	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
172. Lower leg – left	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
173. Lower leg – right	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
174. Dorsum of foot – left	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
175. Dorsum of foot – right	1 <input type="checkbox"/> score 0	2 <input type="checkbox"/> score 1	3 <input type="checkbox"/> score 2	4 <input type="checkbox"/> score 3			
176. Total modified Rodnan Skin Score: (add scores from questions 159–175)					<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>		

Specify the following clinical findings prior to the start of the preparative regimen:

177. Changes in skin pigmentation:

- 1 present
- 2 absent
- 3 unknown

178. Raynaud's phenomenon:

- 1 present
- 2 absent
- 3 unknown

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

 / /
Month Day Year

Infusion Date:

 / /
Month Day Year

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

179. Painful digital ulcers:

- 1 present
2 absent
3 unknown

180. Specify number of digital ulcers:

181. Gut dysmotility:

- 1 present
2 absent
3 unknown

182. Malabsorption:

- 1 present
2 absent
3 unknown

183. Weight loss > 10% of body weight:

- 1 present
2 absent
3 unknown

184. Muscle weakness:

- 1 present
2 absent
3 unknown

185. Joint tenderness:

- 1 present
2 absent
3 unknown

186. Specify number of joints affected:

187. Tendon friction rubs:

- 1 present
2 absent
3 unknown

188. Specify number of sites affected:

189. Contractures:

- 1 present
2 absent
3 unknown

Laboratory Studies Prior to the Start of the Preparative Regimen

190. Date laboratory studies were performed:

 / /
Month Day Year

191. Creatinine clearance:

- 1 known → • 1 mL/min
2 not known 2 mL/sec

192. Creatinine phosphokinase:

- 1 known → • 1 U/L
2 not known 2 µkat/L

193. Blood urea nitrogen:

- 1 known → . 1 mg/dL
2 not known 2 mmol/L

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">20</td></tr></table>	20
20							
Month	Day	Year					

Infusion Date:

<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">20</td></tr></table>	20
20							
Month	Day	Year					

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

194. Was there evidence of hematuria prior to the start of the preparative regimen?

- 1 yes, present
- 2 no, absent
- 3 unknown

195. Was there evidence of proteinuria prior to the start of the preparative regimen?

- 1 yes, present
- 2 no, absent
- 3 unknown

196. Thyroid stimulating hormone (TSH):

- 1 known →

--	--	--	--

 .

--

 1 mU/L
- 2 not known 2 μU/mL

197. Was any testing for autoantibodies performed prior to the start of the preparative regimen?

- 1 yes →
- 2 no
- 3 unknown

Specify the test results for the following autoantibodies:

198. Anti-centromere: 1 positive 2 negative 3 inconclusive 4 not tested / unknown
199. Anti-DNA topoisomerase I (Scl-70): 1 positive 2 negative 3 inconclusive 4 not tested / unknown
200. Anti-nuclear: 1 positive 2 negative 3 inconclusive 4 not tested / unknown
201. Anti-SS-A: 1 positive 2 negative 3 inconclusive 4 not tested / unknown
202. Anti-SS-B: 1 positive 2 negative 3 inconclusive 4 not tested / unknown

Specify the results of the following pulmonary function tests performed prior to the start of the preparative regimen:

203. Was dyspnea present on exertion?

- 1 yes
- 2 no
- 3 unknown

204. Vital capacity (VC):

- 1 known →

--	--	--	--

 .

--

 % (predicted value)
- 2 not known

205. Was the actual VC value in the normal range (≥ 80% of predicted value)?

- 1 yes
- 2 no

206. D_LCO:

- 1 known →

--	--	--	--

 .

--

 % (predicted value)
- 2 not known

207. Was the actual D_LCO value in the normal range (≥ 80% of predicted value)?

- 1 yes
- 2 no

208. D_LCO corrected for hemoglobin:

- 1 known →

--	--	--	--

 .

--

 % (predicted value)
- 2 not known

209. Was the D_LCO value (corrected for hemoglobin) in the normal range (≥ 80% of predicted value)?

- 1 yes
- 2 no

210. Was oxygen desaturation present on exercise testing?

- 1 yes
- 2 no
- 3 unknown

211. Was ground glass appearance present on chest x-ray?

- 1 yes
- 2 no
- 3 unknown

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day

2 0
Year

Infusion Date:

Month Day

2 0
Year

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

212. Was a high resolution chest CT scan performed?

- 1 yes
2 no
3 unknown

213. Was ground glass appearance present on CT scan?

- 1 yes
2 no
3 unknown

214. Was bronchoalveolar lavage (BAL) performed?

- 1 yes
2 no
3 unknown

215. Was alveolitis present?

- 1 yes
2 no

216. Specify the highest percentage of neutrophils present in the segments tested: %

217. Was pulmonary artery hypertension present?

- 1 yes
2 no
3 unknown

218. Specify the mean pulmonary artery pressure (PAP) level:

- 1 known → mm/Hg
2 unknown

219. Specify the method used to examine the PAP level:

- 1 echocardiogram
2 catheterization

220. Was systemic hypertension present that required treatment?

- 1 yes
2 no
3 unknown

Specify treatment(s) given for hypertension:

221. ACE inhibitor

- 1 yes
2 no

222. Other antihypertensive therapy

- 1 yes
2 no

223. Specify antihypertensive therapy: _____

224. Specify the duration of antihypertensive therapy: months

225. Was arrhythmia present that required treatment?

- 1 yes
2 no
3 unknown

226. Was an echocardiogram performed prior to the start of the preparative regimen?

- 1 yes
2 no
3 unknown

227. Was pericardial effusion present?

- 1 yes
2 no
3 unknown

228. Specify the size of the area of accumulated excess fluid:

- 1 small
2 moderate
3 large

229. Specify the left ventricular ejection fraction:

- 1 known → %
2 not known

