

## Recipient Death Data

### Registry Use Only

Sequence  
Number:

Date  
Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date:     
 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  other product, specify:  
 multiple cord blood units infused \_\_\_\_\_

**To be completed in conjunction with a Form 2100 — 100 Days Post-HSCT Data, Form 2200 — Six Months to Two Years Post-HSCT Data, or Form 2300 — Greater Than Two Years Post-HSCT Data.**

1. Date of death:        
 Month Day Year  date estimated


2. Was cause of death confirmed by autopsy?

- 1  yes  
 2  autopsy pending  
 3  no  
 4  unknown

3. Is an autopsy report attached?

- 1  yes  
 2  no

**Attach a copy to this form, and reference question 2 on the report.**

4. Cause of death: 

Codes for cause of death are listed on the following page. If a code for "other, specify" (29, 39, 89, 109, 129, or 900) is entered, specify the cause in the space provided.

Primary:    Specify: \_\_\_\_\_

Contributing:    Specify: \_\_\_\_\_

Specify: \_\_\_\_\_

Specify: \_\_\_\_\_

Specify: \_\_\_\_\_

Specify: \_\_\_\_\_

5. Signed: \_\_\_\_\_

*Person completing form*

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

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

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

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

## Cause of Death Codes

**10** Graft rejection or failure

Infection (other than idiopathic pneumonia syndrome (IPS))

- 20** Organism not identified
- 21** Bacterial
- 22** Fungal
- 23** Viral
- 24** Protozoal
- 29** Other infection, specify

Idiopathic pneumonia syndrome (IPS) / IPn

- 30** IPS, idiopathic
- 31** IPS, viral, cytomegalovirus (CMV)
- 32** IPS, viral, other
- 39** Other IPS, specify

**40** Adult Respiratory Distress Syndrome (ARDS) (other than IPS)

**50** Acute GVHD

**60** Chronic GVHD

**70** Recurrence / persistence / progression of disease reported for first HSCT

Organ failure (not due to GVHD or infection)

- 80** Organ failure, not otherwise specified
- 81** Liver (not VOD)
- 82** Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)
- 83** Cardiac
- 84** Pulmonary
- 85** Central nervous system (CNS)
- 86** Renal
- 87** Gastrointestinal (GI) (not liver)
- 88** Multiple organ failure, specify
- 89** Other organ failure, specify

**90** Secondary malignancy (new malignancy post-HSCT) 

Hemorrhage

- 100** Hemorrhage, not otherwise specified
- 101** Pulmonary
- 102** Intracranial
- 103** Gastrointestinal
- 104** Hemorrhagic cystitis
- 109** Other hemorrhage, specify

**110** Accidental death

**115** Suicide

Vascular

- 120** Vascular, not otherwise specified
- 121** Thromboembolic
- 122** Disseminated intravascular coagulation (DIC)
- 123** Thrombotic thrombocytopenic purpura (HUS / TTP)
- 129** Other vascular, specify

**140** Prior malignancy (prior to HSCT, and reported on baseline form at history of malignancy)

**900** Other cause, specify