



Aplastic Anemia Post-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date: / / (2 0)

Date of HSCT for which this form is being completed: / /

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

Product type: marrow PBSC cord blood other product, specify: _____

Visit: 100 day 6 month 1 year 2 years > 2 years, specify:

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 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

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

Disease Status at the Time of Assessment for This Reporting Period

1. Was the recipient red blood cell (RBC) transfusion independent since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

2. Date of the most recent RBC transfusion: *

 / /

* If the recipient was RBC transfusion independent for ≥ one month but subsequently experienced a decline in RBCs and required transfusions, record the date of the last RBC transfusion before the decline. If the recipient has not required any transfusions since the initial date of recovery, record the date of the last RBC transfusion.

3. Was the recipient platelet transfusion independent since the date of the last report?

- 1 yes
- 2 no
- 3 unknown
- 4 not applicable / never dependent

4. Date of the most recent platelet transfusion: *

 / /

* If the recipient was platelet transfusion independent for ≥ 14 days but subsequently experienced a decline in platelets and required transfusions, record the date of the last platelet transfusion before the decline. If the recipient has not required any transfusions since the initial date of recovery, record the date of the last platelet transfusion.

5. Specify reticulocyte level (uncorrected):

- 1 known
- 2 not known / transfused

 . 10⁹/L

6. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail address: _____