

CIBMTR Center Number:

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CIBMTR Recipient ID:

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5. What is the current status of B-cell function? (*Refers to immunoglobulin synthesis and/or specific antibody production.*)
 - 1 absent ($\leq 10\%$ normal response)
 - 2 partial
 - 3 normal
 - 4 unknown
6. What is the current mitogen proliferation response? (*Refers to response of lymphocytes to phytohemagglutinin, concavalin A or pokeweed mitogen.*)
 - 1 absent ($\leq 10\%$ normal response)
 - 2 decreased (11–50% normal response)
 - 3 normal
 - 4 unknown
7. What is the current natural killer cell function? (*Refers to specific cytolysis of NK-sensitive target cells, e.g. K562.*)
 - 1 absent ($\leq 10\%$ normal response)
 - 2 decreased (11–50% normal response)
 - 3 normal
 - 4 unknown
8. What is the current IgG level?
 - 1 absent ($\leq 10\%$ normal level)
 - 2 decreased (11–50% normal response)
 - 3 normal
 - 4 increased
 - 5 unknown
9. What is the current IgM level?
 - 1 absent ($\leq 10\%$ normal level)
 - 2 decreased (11–50% normal response)
 - 3 normal
 - 4 increased
 - 5 unknown
10. What is the current IgA level?
 - 1 absent ($\leq 10\%$ normal level)
 - 2 decreased (11–50% normal response)
 - 3 normal
 - 4 increased
 - 5 unknown
11. What is the current IgE level?
 - 1 absent ($\leq 10\%$ normal level)
 - 2 decreased (11–50% normal response)
 - 3 normal
 - 4 increased
 - 5 unknown
12. What is the current specific antibody response to any antigen against which the recipient has been adequately immunized (e.g., > 3 DPT)?
 - 1 absent ($\leq 10\%$ normal response)
 - 2 decreased
 - 3 normal
 - 4 increased
 - 5 unknown

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13. Since the date of the last report, has the recipient developed an EBV-associated B-cell lymphoproliferative disorder?

- 1 yes
- 2 no
- 3 unknown

14. Specify the date of diagnosis:

Month

Day

2 0
Year

15. (For recipients transplanted > 2 years prior to this report) What is the status of the original disease at the date of last follow-up?

- 1 cured
- 2 improved
- 3 unchanged
- 4 worse
- 5 unknown

16. Signed: _____
Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____