

CIBMTR Center Number:

CIBMTR Recipient ID:

38. Was an MRI or CT performed on the central nervous system post-HSCT?

- 1 yes
- 2 no

39. Specify results:

- 1 improvement in pre-HSCT abnormalities
- 2 stable pre-HSCT abnormalities
- 3 worsening of pre-HSCT abnormalities

Current Assessment of Immunologic Function Post-Transplant

Specify the clinical status post-HSCT: (*Absent is defined as < 10% normal; decreased is defined as 11–50% normal.*)

- 40. IgG 1 absent 2 decreased 3 normal 4 increased 5 unknown
- 41. IgA 1 absent 2 decreased 3 normal 4 increased 5 unknown
- 42. IgM 1 absent 2 decreased 3 normal 4 increased 5 unknown
- 43. Natural killer cell activity 1 absent 2 decreased 3 normal 4 increased 5 unknown
- 44. Other immunologic evaluation 1 absent 2 decreased 3 normal 4 increased 5 unknown
- 45. Specify other evaluation: _____

46. Did the recipient receive IVIG within two months prior to the time the immunoglobulin levels were measured?

- 1 yes
- 2 no
- 3 unknown

47. Was the recipient transplanted for lymphoma and XLP?

- 1 yes
- 2 no

48. Specify post-HSCT status of lymphoma:

- 1 CR
- 2 PR
- 3 relapse
- 4 unknown

49. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____