

CIBMTR Center Number:

CIBMTR Recipient ID:

10. Was a bone marrow karyotype examination performed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

11. Were any karyotype abnormalities identified?

- 1 yes
- 2 no

Specify the abnormalities identified:

- 12. 1 yes 2 no -5
- 13. 1 yes 2 no -7
- 14. 1 yes 2 no -17
- 15. 1 yes 2 no -18
- 16. 1 yes 2 no -20
- 17. 1 yes 2 no -X
- 18. 1 yes 2 no -Y
- 19. 1 yes 2 no +4
- 20. 1 yes 2 no +8
- 21. 1 yes 2 no +11
- 22. 1 yes 2 no +13
- 23. 1 yes 2 no +14
- 24. 1 yes 2 no +21
- 25. 1 yes 2 no +22
- 26. 1 yes 2 no del(5q) / 5q-
- 27. 1 yes 2 no del(7q) / 7q-
- 28. 1 yes 2 no del(9q) / 9q-
- 29. 1 yes 2 no del(11q) / 11q-
- 30. 1 yes 2 no del(17q) / 17q-
- 31. 1 yes 2 no del(20q) / 20q-
- 32. 1 yes 2 no inv(3)
- 33. 1 yes 2 no inv(16)
- 34. 1 yes 2 no t(3;3)
- 35. 1 yes 2 no t(6;9)
- 36. 1 yes 2 no t(8;21)
- 37. 1 yes 2 no t(15;17) and variants
- 38. 1 yes 2 no (11q23) balanced abnormality
- 39. 1 yes 2 no 12p any abnormality
- 40. 1 yes 2 no complex (≥ 3 distinct abnormalities)
- 41. 1 yes 2 no other abnormality,
- 42. Specify: _____

43. Is a copy of the cytogenetic report attached?

- 1 yes
- 2 no

44. Signed: _____

Person completing form

Please print name: _____

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

E-mail address: _____