

CIBMTR Center Number:

CIBMTR Recipient ID:

	Score	Criterion
64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	4	Hematuria — > 5 red blood cells/high power field. Exclude stone, infection, or other cause.
65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	2	Increased DNA binding — > 25% binding by Farr assay, or above normal range for testing laboratory.
66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	1	Leukopenia — < 3,000 white blood cells/mm ³ (x 10 ⁹ /L). Exclude drug causes.
67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	2	Low complement — Decrease in CH50, C3, or C4 below the lower limit of normal for testing laboratory.
68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	8	Lupus headache — Severe, persistent headache: may be migrainous, but must be nonresponsive to narcotic analgesia.
69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	2	Mucosal ulcers — Ongoing oral or nasal ulcerations due to active lupus.
70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	4	Myositis — Proximal muscle aching/weakness associated with elevated creatine phosphokinase/aldolase or electromyogram changes, or a biopsy showing myositis.
71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	2	New rash — Ongoing inflammatory lupus rash.
72. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	8	Organic brain syndrome — Altered mental function with impaired orientation, memory, or other intellectual function, with rapid onset and fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus and inability to sustain attention to environment, plus at least 2 of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness, or increased or decreased psychomotor activity. Exclude metabolic, infectious, or drug causes.
73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	2	Pericarditis — Classic and severe pericardial pain, rub, effusion, or electrocardiogram confirmation.
74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	2	Pleurisy — Classic and severe pleuritic chest pain, pleural rub, effusion, or new pleural thickening due to lupus.
75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	4	Proteinuria — > 0.5 gm/24 hours. New onset or recent increase of > 0.5 gm/24 hours.
76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	8	Psychosis — Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior. Exclude uremia and drug causes.
77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	4	Pyuria — > 5 white blood cells/high power field. Exclude infection.
78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	8	Seizures — Recent onset (last 10 days). Exclude metabolic, infectious, or drug cause, or seizure due to past irreversible CNS damage.
79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	1	Thrombocytopenia — < 100,000 platelets/mm ³ (x 10 ⁹ /L).
80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	4	Urinary casts — Heme-granular or red blood cell casts.
81. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	8	Vasculitis — Ulceration, gangrene, tender finger nodules, periungual infarction, splinter hemorrhages, or biopsy or angiogram proof of vasculitis.
82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	8	Visual disturbance — Retinal and eye changes of SLE. Include cytoid bodies, retinal hemorrhages, serous exudate or hemorrhages in the choroid, optic neuritis, scleritis, or episcleritis. Exclude hypertension, infection, or drug causes.
83. Total SLEDAI score:	<input type="text"/> <input type="text"/>	

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84. Was an MRI scan of the brain performed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

85. Date of most recent MRI brain scan:

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Month	Day	2	0

86. Specify results of most recent MRI brain scan:

- 1 normal
- 2 abnormal
- 3 unknown

Laboratory Studies at the Time of Evaluation for This Reporting Period

87. Creatinine clearance:

- 1 known
- 2 not known

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Specify units:

- 1 mL/min
- 2 mL/sec

88. Cerebral spinal fluid (CSF) protein:

- 1 known
- 2 not known

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- 1 mg/dL
- 2 g/L

89. Cerebral spinal fluid (CSF) IgG:

- 1 known
- 2 not known

- 1 mg/dL
- 2 g/L

90. Cerebral spinal fluid (CSF) cell count:

- 1 known
- 2 not known

91. Urine protein (24-hour):

- 1 known
- 2 not known

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- 1 mg / 24 hours
- 2 g / day

92. Were urine RBC / RBC casts detected?

- 1 yes
- 2 no
- 3 unknown

93. Erythrocyte sedimentation rate:

- 1 known
- 2 not known

mm / hour

94. Complement activity level of CH50:

- 1 decreased
- 2 normal
- 3 unknown

95. Complement activity level of C3:

- 1 decreased
- 2 normal
- 3 unknown

96. Complement activity level of C4:

- 1 decreased
- 2 normal
- 3 unknown

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97. Antibody activity for anti-ANA:

- 1 positive
- 2 negative
- 3 unknown

98. Antibody activity level of anti-dsDNA:

- 1 increased
- 2 normal
- 3 unknown

99. Antibody activity level of anti-Sm:

- 1 increased
- 2 normal
- 3 unknown

100. Antibody activity level of anti-SS-A (anti-Ro):

- 1 increased
- 2 normal
- 3 unknown

101. Antibody activity level of anti-SS-B (anti-La):

- 1 increased
- 2 normal
- 3 unknown

102. Anti-cardiolipid IgG level:

- 1 increased
- 2 normal
- 3 unknown

103. Anti-cardiolipid IgM level:

- 1 increased
- 2 normal
- 3 unknown

104. Lupus-anticoagulant level:

- 1 increased
- 2 normal
- 3 unknown

Specify the results of the following pulmonary function tests performed since the date of the last report:

105. Date pulmonary function tests were performed: / / 20
Month Day Year

106. Vital capacity (VC):

- 1 known → . % (predicted value)
- 2 not known

107. Was the actual VC value in the normal range (≥ 80% of predicted value)?

- 1 yes
- 2 no

108. D_LCO:

- 1 known → . % (predicted value)
- 2 not known

109. Was the actual D_LCO value in the normal range (≥ 80% of predicted value)?

- 1 yes
- 2 no

110. D_LCO corrected for hemoglobin:

- 1 known → . % (predicted value)
- 2 not known

111. Was the D_LCO value (corrected for hemoglobin) in the normal range (≥ 80% of predicted value)?

- 1 yes
- 2 no

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112. Was oxygen desaturation present on exercise testing?

- 1 yes
- 2 no
- 3 unknown

113. Was an echocardiogram performed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

114. Was pericardial effusion present?

- 1 yes
- 2 no
- 3 unknown

115. Specify the size of the area of accumulated excess fluid:

- 1 small
- 2 moderate
- 3 large

116. Left ventricular ejection fraction:

- 1 known %
- 2 not known

117. Was pulmonary artery hypertension present?

- 1 yes
- 2 no
- 3 unknown

118. Specify the estimated systolic pulmonary artery pressure: mm Hg

119. Was a multiple gate acquisition scan (MUGA test / nuclear ventriculography) performed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

120. Specify the left ventricular ejection fraction: %

Functional Assessment at the Time of Evaluation for This Reporting Period

121. Did the recipient complete an SF-36 Health Survey since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

122. How is the score reported?

- 1 transformed score (range 0–100)
- 2 raw score
- 3 unknown

Specify the following scale scores:

123. Physical Functioning: . score unknown

124. Role Functioning – Physical: . score unknown

125. Role Functioning – Emotional: . score unknown

126. Social Functioning: . score unknown

127. Bodily Pain: . score unknown

128. Mental Health: . score unknown

129. Vitality: . score unknown

130. General Health: . score unknown

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131. Did the recipient complete a Health Assessment Questionnaire (HAQ) since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

132. Recipient's score:	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/>
133. Worst possible function score:	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/>
134. Best possible function score:	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/>

135. Signed: _____

Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____