

CIBMTR Center Number:

CIBMTR Recipient ID:

Antiviral Therapy for Hepatitis

14. Did the recipient receive therapy for hepatitis since the date of the last report?

1 yes → **Continue with the table below.**

2 no → **Continue with the signature lines at question 70.**

For the therapy table below, see "Reason Started" codes below. Therapy paused for < 1 week should *not* be considered as "Therapy Stopped."

Therapy Given?	Date Started			Daily Dose	Reason Started	Therapy Stopped?	Date Stopped		
	Month	Day	Year				mg	Code	Month
Lamivudine									
15. First course				17. <input type="text"/>	18. <input type="text"/>	19. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	20. <input type="text"/>	<input type="text"/>	<input type="text"/>
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	21. <input type="text"/>	<input type="text"/>	<input type="text"/>	23. <input type="text"/>	24. <input type="text"/>	25. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	26. <input type="text"/>	<input type="text"/>	<input type="text"/>
21. Second course				29. <input type="text"/>	30. <input type="text"/>	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	32. <input type="text"/>	<input type="text"/>	<input type="text"/>
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	27. <input type="text"/>	<input type="text"/>	<input type="text"/>	29. <input type="text"/>	30. <input type="text"/>	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	32. <input type="text"/>	<input type="text"/>	<input type="text"/>
27. Third course									

Interferon

33. First course				35. <input type="text"/>	36. <input type="text"/>	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	38. <input type="text"/>	<input type="text"/>	<input type="text"/>
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	39. <input type="text"/>	<input type="text"/>	<input type="text"/>	41. <input type="text"/>	42. <input type="text"/>	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	44. <input type="text"/>	<input type="text"/>	<input type="text"/>
39. Second course				47. <input type="text"/>	48. <input type="text"/>	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	50. <input type="text"/>	<input type="text"/>	<input type="text"/>
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	45. <input type="text"/>	<input type="text"/>	<input type="text"/>	47. <input type="text"/>	48. <input type="text"/>	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	50. <input type="text"/>	<input type="text"/>	<input type="text"/>
45. Third course									

Other antiviral therapy

51. Specify other antiviral therapy given: _____

52. First course				54. <input type="text"/>	55. <input type="text"/>	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	57. <input type="text"/>	<input type="text"/>	<input type="text"/>
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	58. <input type="text"/>	<input type="text"/>	<input type="text"/>	60. <input type="text"/>	61. <input type="text"/>	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. <input type="text"/>	<input type="text"/>	<input type="text"/>
58. Second course				66. <input type="text"/>	67. <input type="text"/>	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. <input type="text"/>	<input type="text"/>	<input type="text"/>
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	64. <input type="text"/>	<input type="text"/>	<input type="text"/>	66. <input type="text"/>	67. <input type="text"/>	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. <input type="text"/>	<input type="text"/>	<input type="text"/>
64. Third course									

Codes for Antiviral Therapy Started

1 Prophylaxis 2 Empiric therapy due to suspected infection 3 Documented infection 4 Planned post-HSCT therapy

CIBMTR Center Number:

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CIBMTR Recipient ID:

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70. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____