

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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Aplastic Anemia Post-HSCT Data

Registry Use Only

Sequence Number:

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Date Received:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

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CIBMTR Recipient ID:

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Today's Date:

		2	0		
Month	Day	Year			

Date of HSCT for which this form is being completed:

Month	Day	Year			

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood other product, specify: _____

Visit: 100 day 6 month 1 year 2 years > 2 years, specify:

To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

Questions followed by the symbol indicate additional information necessary to complete the question is referenced in the forms instruction manual.

Disease Status at the Time of Assessment for This Reporting Period

1. Was the recipient red blood cell (RBC) transfusion independent since the date of the last report?

- 1 yes
 2 no
 3 unknown

2. Date of the most recent RBC transfusion: *

Month	Day	Year			

* If the recipient was RBC transfusion independent for \geq one month but subsequently experienced a decline in RBCs and required transfusions, record the date of the last RBC transfusion before the decline. If the recipient has not required any transfusions since the initial date of recovery, record the date of the last RBC transfusion.

3. Was the recipient platelet transfusion independent since the date of the last report?

- 1 yes
 2 no
 3 unknown
 4 not applicable / never dependent

4. Date of the most recent platelet transfusion: *

Month	Day	Year			

* If the recipient was platelet transfusion independent for \geq 14 days but subsequently experienced a decline in platelets and required transfusions, record the date of the last platelet transfusion before the decline. If the recipient has not required any transfusions since the initial date of recovery, record the date of the last platelet transfusion.

5. Specify reticulocyte level (uncorrected):

- 1 known
 2 not known / transfused
- .

 $10^9/L$

6. Signed: _____
Person completing form

Please print name: _____

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

E-mail address: _____

CIBMTR Form 2128 (APL) v1.0 (1-1) July 2007
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Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

Fax this form to your designated campus (Milwaukee 414-456-6165 or Minneapolis 612-627-5895).