ERROR CORRECTION FORM

Sequence Number: | | | | | | | | | | | | | | |

CIBMTR Recipient ID: | | | | | | | | | | |

Initials: | |

Today's Date: Month | | Day | | 2 0 | | Year

Infusion Date: Month | | Day | | 2 0 | | Year

CIBMTR Center Number: | | | | | |

CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Fanconi Anemia / Constitutional Anemia Post-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: | | | | | |

CIBMTR Recipient ID: | | | | | | | | | | |

Today's Date: Month | | Day | | 2 0 | | 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.

Current Hematologic Parameters

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 ≥ 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 ≥ 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 → | | | | | . | | 10^9/L
   2 ☐ not known / transfused

6. Signed: _____
   Person completing form

   Please print name: _____

   Phone: (_____) _____

   Fax: (_____) _____

   E-mail address: _____

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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).