

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

Infusion Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

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

- 1 yes
2 no
3 unknown

39. Is a copy of the echocardiogram report attached to this form?

- 1 yes
2 no

40. Was hemoglobin electrophoresis performed since the date of the last report?

- 1 yes
2 no
3 unknown

If the recipient received more than one hemoglobin electrophoresis test since the date of the last report, copy this page and complete for each instance.

41. Date : date unknown
Month Day Year

Specify the level of each hemoglobin type:

42. Hb A1: % not tested

43. Hb A2: % not tested

44. Hb C: % not tested

45. Hb F: % not tested

46. Hb S: % not tested

47. Other hemoglobin type

- 1 yes
2 no

48. Specify type: _____

49. Level: %

50. Is a copy of the hemoglobin electrophoresis report attached to this form?

- 1 yes
2 no

51. What is the status of sickle cell anemia at the time of this report, or at the time of death?

- 1 disease cured: Hb electrophoresis (Hb S) \leq 50% and clinical symptoms described in questions 7-32 are absent
2 disease recurred: Hb S > 50% and clinical symptoms described in questions 7-32 are **absent**
3 disease recurred: Hb S > 50% and clinical symptoms described in questions 7-32 are **present**
4 unknown

52. Has the recipient received red blood cell transfusions since the date of the last report?

- 1 yes
2 no

53. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____