

# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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## Immune Deficiencies Post-HSCT Data

### Registry Use Only

Sequence  
Number:

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Date  
Received:

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CIBMTR Center Number:

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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,  allogeneic,  syngeneic  
unrelated related (identical twin)

Product type:  marrow  PBSC  cord blood  other product,  
specify: \_\_\_\_\_

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

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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.

If this follow-up is for  $\geq 6$  months post-transplant, continue with question 13.

## Status of Hematologic Engraftment

This section refers to quantitative analyses utilizing discriminating DNA markers. Peripheral blood cells must undergo separation or sorting into T, B, or lymphoid vs. myeloid populations to perform this determination. If RFLP analyses indicate only donor type hematopoiesis, mark T-cell, B-cell, and myeloid as "predominantly or completely donor."

1. What is the current status of T-cell engraftment?
  - 1  predominantly or completely donor ( $\geq 80\%$  donor chimerism)
  - 2  mixed chimerism (5–80% donor)
  - 3  only host T-cells detected
  - 4  unknown
2. What is the current status of B-cell engraftment?
  - 1  predominantly or completely donor ( $\geq 80\%$  donor chimerism)
  - 2  mixed chimerism (5–80% donor)
  - 3  only host B-cells detected
  - 4  unknown
3. What is the current status of myeloid engraftment?
  - 1  completely donor
  - 2  mixed chimerism
  - 3  completely host
  - 4  unknown

## Status of Immunologic Reconstitution

4. What is the current status of T-cell function? (Refers to mitogen proliferation, T cell cytotoxicity, and/or DTH responses.)
  - 1  absent ( $\leq 10\%$  normal response)
  - 2  partial
  - 3  normal
  - 4  unknown

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5. What is the current status of B-cell function? (*Refers to immunoglobulin synthesis and/or specific antibody production.*)
- 1  absent ( $\leq 10\%$  normal response)
  - 2  partial
  - 3  normal
  - 4  unknown
6. What is the current mitogen proliferation response? (*Refers to response of lymphocytes to phytohemagglutinin, concavalin A or pokeweed mitogen.*)
- 1  absent ( $\leq 10\%$  normal response)
  - 2  decreased (11–50% normal response)
  - 3  normal
  - 4  unknown
7. What is the current natural killer cell function? (*Refers to specific cytolysis of NK-sensitive target cells, e.g. K562.*)
- 1  absent ( $\leq 10\%$  normal response)
  - 2  decreased (11–50% normal response)
  - 3  normal
  - 4  unknown
8. What is the current IgG level?
- 1  absent ( $\leq 10\%$  normal level)
  - 2  decreased (11–50% normal response)
  - 3  normal
  - 4  increased
  - 5  unknown
9. What is the current IgM level?
- 1  absent ( $\leq 10\%$  normal level)
  - 2  decreased (11–50% normal response)
  - 3  normal
  - 4  increased
  - 5  unknown
10. What is the current IgA level?
- 1  absent ( $\leq 10\%$  normal level)
  - 2  decreased (11–50% normal response)
  - 3  normal
  - 4  increased
  - 5  unknown
11. What is the current IgE level?
- 1  absent ( $\leq 10\%$  normal level)
  - 2  decreased (11–50% normal response)
  - 3  normal
  - 4  increased
  - 5  unknown
12. What is the current specific antibody response to any antigen against which the recipient has been adequately immunized (e.g., > 3 DPT)?
- 1  absent ( $\leq 10\%$  normal response)
  - 2  decreased
  - 3  normal
  - 4  increased
  - 5  unknown

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13. Since the date of the last report, has the recipient developed an EBV-associated B-cell lymphoproliferative disorder?

- 1  yes  
2  no  
3  unknown

14. Specify the date of diagnosis:

		2	0		
Month	Day	Year			

15. (For recipients transplanted > 2 years prior to this report) What is the status of the original disease at the date of last follow-up?

- 1  cured  
2  improved  
3  unchanged  
4  worse  
5  unknown

16. Signed: \_\_\_\_\_

*Person completing form*

Please print name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Fax number: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_