

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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

Initials:

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Today's Date:

		20			
Month	Day	Year			

Infusion Date:

		20			
Month	Day	Year			

CIBMTR Center Number:

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Chediak-Higashi Syndrome Post-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

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CIBMTR Recipient ID:

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Today's Date:

		20			
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.

1. What is the date the recipient's current status was evaluated?

		20			
Month	Day	Year			

2. What is the status of any clinical features of Chediak-Higashi Syndrome at the date of last contact for this report?

- 1 absent
- 2 persistent →
- 3 recurrent →

3. Date of recurrence:

- 1 known →
- 2 unknown

4. Specify:

Month	Day	Year			

date previously reported

Specify clinical feature(s) present:

- 5. 1 present 2 absent 3 unknown Anemia (Hb < 10g/dL)
- 6. 1 present 2 absent 3 unknown Bleeding diathesis
- 7. 1 present 2 absent 3 unknown Hepatomegaly
- 8. 1 present 2 absent 3 unknown Leukocyte granules
- 9. 1 present 2 absent 3 unknown Neutropenia (ANC < 1 x 10⁹/L)
- 10. 1 present 2 absent 3 unknown Recurrent infections
- 11. 1 present 2 absent 3 unknown Splenomegaly
- 12. 1 present 2 absent 3 unknown Thrombocytopenia (< 100 x 10⁹/L)
- 13. 1 present 2 absent 3 unknown Other →

14. Specify: _____

15. What was the status of any neurologic symptoms of Chediak-Higashi Syndrome since the date of the last report?

- 1 absent
- 2 present →
- 3 unknown

16. Were neurologic symptoms present prior to the HSCT?

- 1 yes →
- 2 no (symptoms are newly developed)
- 3 unknown

17. What is the current status of neurologic dysfunction compared to prior to the HSCT?

- 1 improved
- 2 unchanged
- 3 worse
- 4 unknown

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Sequence Number:

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Initials:

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Today's Date:

Infusion Date:

CIBMTR Center Number:

		2	0		
Month	Day	Year	Year	Year	Year

		2	0		
Month	Day	Year	Year	Year	Year

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CIBMTR Center Number:

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CIBMTR Recipient ID:

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18. Did the recipient develop features of accelerated phase since the date of the last report?

- 1 yes
2 no

19. Date of diagnosis:

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 date previously reported

20. Did the recipient have magnetic resonance imaging (MRI) of the brain since the date of the last report?

- 1 yes
2 no
3 unknown

21. Specify MRI findings: _____
22. Is a copy of the MRI report attached?
1 yes
2 no

Current Assessment of Immunologic Function Post-Transplant

("Absent" is defined as ≤ 10% of normal value; "decreased" is defined as 11–50% of normal value.)

	Absent	Decreased	Normal	Increased	Not tested	Date of test			Date unknown	
						Month	Day	Year		
23. Cytotoxic T-cell activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	24.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>
25. Granulocyte chemotaxis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	26.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>
27. IgG	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	28.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>
29. IgA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	30.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>
31. IgM	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	32.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>
33. IgE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	34.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>
35. Natural killer cell activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	36.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>
37. T-cell numbers / subsets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	38.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>
39. T-cell function	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	40.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<input type="checkbox"/>

41. Did the recipient receive IVIg infusions within 2 months prior to the above immunoglobulin measurement?

- 1 yes
2 no
3 unknown

42. Signed: _____

Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____

CIBMTR Form 2132 (CHS) v1.0 (2–2) July 2007
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Fax this form to your designated campus (Milwaukee 414-456-6165 or Minneapolis 612-627-5895).