



Respiratory Virus Post- Infusion Form

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: _____ *(the event date is the date of infusion)*

YYYY - MM - DD

Visit:

Initial *(viral infection diagnosis)*

Follow-up *(viral infection resolution)*

Infection Diagnosis

1. Date of infection diagnosis:

YYYY – MM – DD

For questions 2 – 6, report all positive testing used to determine the diagnosis of the respiratory viral infection. Testing should be obtained between 7 days prior to 14 days after the diagnosis.

2. Specify positive diagnostic tests used to determine the diagnosis of the respiratory viral infection (*check all that apply*)

- Nasal swab/wash
- Lung fluid from bronchoalveolar lavage (BAL)
- Histopathology findings of viral cytopathic changes (*biopsy*)
- Culture
- Other – **Go to question 3**

3. Specify:

4. Were there any positive radiographic findings supporting the infection diagnosis? (*e.g., x-ray, CT, or MRI*)

- Yes – **Go to question 5**
- No – **Go to question 7**
- Unknown – **Go to question 7**

5. Specify imaging sites (*check all that apply*)

- Chest
- Sinus
- Other imaging site – **Go to question 6**

6. Specify other imaging site:

CIBMTR Center Number: _____ CIBMTR Research ID: _____

For questions 7 – 10, if an “Initial” form submission, report data between 7 days prior to 14 days after the date of diagnosis.

If a “Follow-up” form submission, report data since the date of “Initial” evaluation until date of resolution of the viral infection.

7. Did the recipient require supplemental oxygen? (*nasal cannula, face mask, ventilator, etc.*)

- Yes – **Go to question 8**
- No – **Go to question 10**

8. Did the recipient receive endotracheal intubation or mechanical ventilation?

- Yes – **Go to question 9**
- No – **Go to question 10**

9. Date intubated: _____ Date estimated
YYYY – MM - DD

10. Did the recipient receive corticosteroids? (*systemic oral or intravenous*)

- Yes
- No

Hematologic Findings

For an “Initial” form submission, provide values closest to the date of diagnosis (± 7 days).

For a “Follow-up” form submission, provide values closest to the time of viral infection resolution.

11. Date of complete blood count:

YYYY – MM - DD

12. WBC

- Known – **Go to question 13**
- Unknown – **Go to question 14**

13. _____ · _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

CIBMTR Center Number: _____

CIBMTR Research ID: _____

14. Neutrophils

- Known – **Go to question 15**
- Unknown – **Go to question 16**

15. _____ %

16. Monocytes

- Known – **Go to question 17**
- Unknown – **Go to question 18**

17. _____ %

18. Lymphocytes

- Known – **Go to question 19**
- Unknown – **Go to question 20**

19. _____ %

20. Platelets

- Known – **Go to question 21**
- Unknown – **Go to question 22**

21. _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

Questions 22 – 24 will be disabled if this is the “Follow-up” form submission.

22. IgG

- Known – **Go to question 23**
- Unknown – **Go to question 25**

23. _____ . _____ mg/dL
 g/dL
 g/L

24. Date sample collected:

YYYY – MM – DD

Therapy

For an “Initial” form submission, specify all medications given between 7 days prior to 14 days after the date of diagnosis.

For a “Follow-up” form submission, specify all medications given since the date of “Initial” evaluation until the resolution of the viral infection.

25. Did the recipient receive any therapy?

Yes – **Go to question 26**

No – **Go to question 40**

26. Antiviral drugs

Yes – **Go to question 27**

No – **Go to question 32**

27. Specify antiviral drugs

Amantadine (Symmetrel)

Oseltamivir (Tamiflu)

Palivizumab (Synagis)

Peramivir (Rapivab)

Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) (*oral or intravenous*)

Rimantadine (Flumadine)

Zanamivir (Relenza)

Other antiviral drug– **Go to question 28**

28. Specify other antiviral drug:

29. Date started:

Date estimated

YYYY – MM - DD

30. Was the antiviral stopped since last evaluation?

Yes - **Go to question 31**

No - **Go to question 32 or next instance**

31. Date stopped:

Date estimated

YYYY – MM - DD

Complete the repeated questions, 27 - 31, below to report multiple antiviral drugs.

Antiviral Instance 2

- 27. Specify antiviral drugs
 - Amantadine (Symmetrel)
 - Oseltamivir (Tamiflu)
 - Palivizumab (Synagis)
 - Peramivir (Rapivab)
 - Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) *(oral or intravenous)*
 - Rimantadine (Flumadine)
 - Zanamivir (Relenza)
 - Other antiviral drug– **Go to question 28**

- 28. Specify other antiviral drug:

- 29. Date started: Date estimated
YYYY – MM – DD

- 30. Was the antiviral stopped since last evaluation?
 - Yes - **Go to question 31**
 - No - **Go to question 32 or next instance**

- 31. Date stopped: Date estimated
YYYY – MM - DD

Antiviral Instance 3

- 27. Specify antiviral drugs
 - Amantadine (Symmetrel)
 - Oseltamivir (Tamiflu)
 - Palivizumab (Synagis)
 - Peramivir (Rapivab)
 - Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) *(oral or intravenous)*
 - Rimantadine (Flumadine)
 - Zanamivir (Relenza)
 - Other antiviral drug– **Go to question 28**

- 28. Specify other antiviral drug:

- 29. Date started: Date estimated
YYYY – MM – DD

CIBMTR Center Number: _____ CIBMTR Research ID: _____

30. Was the antiviral stopped since last evaluation?

Yes - **Go to question 31**

No - **Go to question 32 or next instance**

31. Date stopped:

Date estimated

YYYY – MM - DD

Antiviral Instance 4

27. Specify antiviral drugs

Amantadine (Symmetrel)

Oseltamivir (Tamiflu)

Palivizumab (Synagis)

Peramivir (Rapivab)

Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) (*oral or intravenous*)

Rimantadine (Flumadine)

Zanamivir (Relenza)

Other antiviral drug– **Go to question 28**

28. Specify other antiviral drug:

29. Date started:

Date estimated

YYYY – MM – DD

30. Was the antiviral stopped since last evaluation?

Yes - **Go to question 31**

No - **Go to question 32 or next instance**

31. Date stopped:

Date estimated

YYYY – MM – DD

Antiviral Instance 5

- 27. Specify antiviral drugs
 - Amantadine (Symmetrel)
 - Oseltamivir (Tamiflu)
 - Palivizumab (Synagis)
 - Peramivir (Rapivab)
 - Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) *(oral or intravenous)*
 - Rimantadine (Flumadine)
 - Zanamivir (Relenza)
 - Other antiviral drug– **Go to question 28**

- 28. Specify other antiviral drug:

- 29. Date started: Date estimated
YYYY – MM – DD

- 30. Was the antiviral stopped since last evaluation?
 - Yes - **Go to question 31**
 - No - **Go to question 32 or next instance**

- 31. Date stopped: Date estimated
YYYY – MM – DD

Antiviral Instance 6

- 27. Specify antiviral drugs
 - Amantadine (Symmetrel)
 - Oseltamivir (Tamiflu)
 - Palivizumab (Synagis)
 - Peramivir (Rapivab)
 - Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) *(oral or intravenous)*
 - Rimantadine (Flumadine)
 - Zanamivir (Relenza)
 - Other antiviral drug– **Go to question 28**

- 28. Specify other antiviral drug:

- 29. Date started: Date estimated
YYYY – MM – DD

CIBMTR Center Number: _____ CIBMTR Research ID: _____

30. Was the antiviral stopped since last evaluation?

Yes - **Go to question 31**

No - **Go to question 32 or next instance**

31. Date stopped:

Date estimated

YYYY – MM - DD

Antiviral Instance 7

27. Specify antiviral drugs

Amantadine (Symmetrel)

Oseltamivir (Tamiflu)

Palivizumab (Synagis)

Peramivir (Rapivab)

Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) (*oral or intravenous*)

Rimantadine (Flumadine)

Zanamivir (Relenza)

Other antiviral drug– **Go to question 28**

28. Specify other antiviral drug:

29. Date started:

Date estimated

YYYY – MM – DD

30. Was the antiviral stopped since last evaluation?

Yes - **Go to question 31**

No - **Go to question 32 or next instance**

31. Date stopped:

Date estimated

YYYY – MM - DD

Antiviral Instance 8

27. Specify antiviral drugs
- Amantadine (Symmetrel)
 - Oseltamivir (Tamiflu)
 - Palivizumab (Synagis)
 - Peramivir (Rapivab)
 - Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) (*oral or intravenous*)
 - Rimantadine (Flumadine)
 - Zanamivir (Relenza)
 - Other antiviral drug– **Go to question 28**
28. Specify other antiviral drug:
29. Date started: Date estimated
- YYYY – MM – DD
30. Was the antiviral stopped since last evaluation?
- Yes - **Go to question 31**
 - No - **Go to question 32 or next instance**
31. Date stopped: Date estimated
- YYYY – MM - DD

Antiviral Instance 9

27. Specify antiviral drugs
- Amantadine (Symmetrel)
 - Oseltamivir (Tamiflu)
 - Palivizumab (Synagis)
 - Peramivir (Rapivab)
 - Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) (*oral or intravenous*)
 - Rimantadine (Flumadine)
 - Zanamivir (Relenza)
 - Other antiviral drug– **Go to question 28**
28. Specify other antiviral drug:

CIBMTR Center Number: _____ CIBMTR Research ID: _____

29. Date started: Date estimated
YYYY – MM – DD

30. Was the antiviral stopped since last evaluation?
 Yes - **Go to question 31**
 No - **Go to question 32 or next instance**

31. Date stopped: Date estimated
YYYY – MM - DD

Antiviral Instance 10

27. Specify antiviral drugs
 Amantadine (Symmetrel)
 Oseltamivir (Tamiflu)
 Palivizumab (Synagis)
 Peramivir (Rapivab)
 Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) (*oral or intravenous*)
 Rimantadine (Flumadine)
 Zanamivir (Relenza)
 Other antiviral drug– **Go to question 28**

28. Specify other antiviral drug:

29. Date started: Date estimated
YYYY – MM – DD

30. Was the antiviral stopped since last evaluation?
 Yes - **Go to question 31**
 No - **Go to question 32**

31. Date stopped: Date estimated
YYYY – MM – DD

CIBMTR Center Number: _____ CIBMTR Research ID: _____

32. IVIG (*polyclonal IV gammaglobulin*)

Yes – **Go to question 33**

No – **Go to question 35**

33. Was therapy started more than 7 days prior to the date of infection diagnosis?

Yes – **Go to question 34**

No – **Go to question 35**

34. Date started:

Date estimated

YYYY – MM - DD

35. Other therapy

Yes – **Go to question 36**

No – **Go to question 40**

36. Specify other therapy:

37. Date started:

Date estimated

YYYY – MM - DD

38. Was the therapy stopped since last evaluation?

Yes - **Go to question 39**

No - **Go to question 40 or next instance**

39. Date stopped:

Date estimated

YYYY – MM - DD

Complete the repeated questions, 36- 39, below to report multiple other therapies.

Other Therapy Instance 2

- 36. Specify other therapy:

- 37. Date started: Date estimated
YYYY – MM - DD

- 38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40 or next instance**

- 39. Date stopped: Date estimated
YYYY – MM – DD

Other Therapy Instance 3

- 36. Specify other therapy:

- 37. Date started: Date estimated
YYYY – MM - DD

- 38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40 or next instance**

- 39. Date stopped: Date estimated
YYYY – MM - DD

Other Therapy Instance 4

- 36. Specify other therapy:

- 37. Date started: Date estimated
YYYY – MM - DD

- 38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40 or next instance**

- 39. Date stopped: Date estimated
YYYY – MM - DD

Other Therapy Instance 5

36. Specify other therapy:
37. Date started: Date estimated
YYYY – MM – DD
38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40 or next instance**
39. Date stopped: Date estimated
YYYY – MM - DD

Other Therapy Instance 6

36. Specify other therapy:
37. Date started: Date estimated
YYYY – MM - DD
38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40 or next instance**
39. Date stopped: Date estimated
YYYY – MM - DD

Other Therapy Instance 7

36. Specify other therapy:
37. Date started: Date estimated
YYYY – MM - DD
38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40 or next instance**
39. Date stopped: Date estimated
YYYY – MM - DD

Other Therapy Instance 8

36. Specify other therapy:
37. Date started: Date estimated
YYYY – MM - DD
38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40 or next instance**
39. Date stopped: Date estimated
YYYY – MM - DD

Other Therapy Instance 9

36. Specify other therapy:
37. Date started: Date estimated
YYYY – MM - DD
38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40 or next instance**
39. Date stopped: Date estimated
YYYY – MM - DD

Other Therapy Instance 10

36. Specify other therapy:
37. Date started: Date estimated
YYYY – MM - DD
38. Was the therapy stopped since last evaluation?
 Yes - **Go to question 39**
 No - **Go to question 40**
39. Date stopped: Date estimated
YYYY – MM – DD

CIBMTR Center Number: _____ CIBMTR Research ID: _____

40. What was the status of the infection? *(If the status is captured as "Ongoing" or "Improved", an additional Respiratory Virus Post-Infusion Form (2149) will come due. The "Follow-up" form should be completed once the viral infection has resolved.)*

- Death – **Go to question 41**
- Ongoing – **Go to question 41**
- Improved – **Go to question 41**
- Resolved – **Go to question 41**
- Unknown – **Go to signature line**

41. Date of evaluation: Date estimated

YYYY – MM - DD

First Name:

Last Name:

E-mail:

Date: