Recipient Demographics

1. State of residence of recipient (for residents of USA):

2. Zip or postal code for place of recipient’s residence (USA recipients only):

3. Country of primary residence (check only one):

   1. Argentina
   2. Australia
   3. Austria
   4. Belgium
   5. Bosnia and Herzegovina
   6. Brazil
   7. Canada
   8. Chile
   9. China
   10. Costa Rica
   11. Croatia
   12. Cuba
   13. Cyprus
   14. Czech Republic
   15. Denmark
   16. Egypt
   17. Finland
   18. France
   19. Germany
   20. Greece
   21. Hong Kong
   22. Hungary
   23. India
   24. Iran
   25. Ireland
   26. Israel
   27. Italy
   28. Japan
   29. Jordan
   30. Korea
   31. Kuwait
   32. Macedonia
   33. Malaysia
   34. Malta
   35. Mexico
   36. Netherlands
   37. New Zealand
   38. Norway
   39. Pakistan
   40. Peru
   41. Poland
   42. Portugal
   43. Russia
   44. Saudi Arabia
   45. Serbia or Montenegro
   46. Singapore
   47. Slovak Republic
   48. Slovenia
   49. South Africa
   50. Spain
   51. Sweden
   52. Switzerland
   53. Taiwan
   54. Turkey
   55. United Kingdom (England, Wales, Scotland, Northern Ireland)
   56. United States
   57. Uruguay
   58. Venezuela
   59. Unknown / unspecified
   60. Other country, specify:

4. Gender:
   1. Male
   2. Female

Mail a copy of this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the Transplant Center.
6. Ethnicity:
1 🡫 Hispanic or Latino
2 ☐ not Hispanic or Latino
3 ☐ not applicable, non-resident of USA

7. Race: (Mark the group(s) in which the recipient is a member. Check all that apply.)

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black or African American</th>
<th>Asian</th>
<th>Other White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eastern European</td>
<td>African (both parents born in Africa)</td>
<td>South Asian</td>
<td>Other White</td>
</tr>
<tr>
<td>2</td>
<td>Mediterranean</td>
<td>African American</td>
<td>Filipino (Filipino)</td>
<td>Other White</td>
</tr>
<tr>
<td>3</td>
<td>Middle Eastern</td>
<td>Black Caribbean</td>
<td>Japanese</td>
<td>Other White</td>
</tr>
<tr>
<td>4</td>
<td>North Coast of Africa</td>
<td>Black South or Central American</td>
<td>Korean</td>
<td>Other White</td>
</tr>
<tr>
<td>5</td>
<td>North Africa</td>
<td>American Indian or Alaska Native</td>
<td>Chinese</td>
<td>Other White</td>
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<tr>
<td>6</td>
<td>North American</td>
<td>Alaskan Native or Aleut</td>
<td>Other Pacific Islander</td>
<td>Other White</td>
</tr>
<tr>
<td>7</td>
<td>Northern European</td>
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<td>Black Caribbean</td>
<td>Other White</td>
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<td>8</td>
<td>Western European</td>
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<td>Black South or Central American</td>
<td>Other White</td>
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<td>9</td>
<td>White Caribbean</td>
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<td>Other White</td>
<td>Other White</td>
</tr>
<tr>
<td>10</td>
<td>White South or Central American</td>
<td></td>
<td>Other White</td>
<td>Other White</td>
</tr>
</tbody>
</table>

8. Date of birth: [ ] Month [ ] Day [ ] Year

Primary Disease for HSCT

9. What was the primary disease for which the HSCT was performed? ☐

<table>
<thead>
<tr>
<th></th>
<th>Acute myelogenous leukemia (AML or ANLL) (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ AML with t(8;21) (q22;q22) (AML1 / ETO) (281)</td>
</tr>
<tr>
<td>2</td>
<td>☐ AML with abnormal bone marrow eosinophils and inv(16)(p13;q22) or t(16;16) (p13;q22), (CBFβ / MYH11) (282)</td>
</tr>
<tr>
<td>3</td>
<td>☐ APL with t(15;17)(q22;q12), (PML / RARα) and variant (M3) (283)</td>
</tr>
</tbody>
</table>

10. Did AML transform from MDS / MPS? ☐

11. Was AML therapy-related? ☐

12. Was AML alkylation agent / radiation-related? ☐

13. Was AML topoisomerase II inhibitor-related? ☐

Also check AML subtype below:

AML with recurrent genetic abnormalities:

<table>
<thead>
<tr>
<th></th>
<th>AML with t(8;21)(q22;q22) (AML1 / ETO) (281)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AML with t(4;11), t(6;11), t(8;11), t(11;19) (284)</td>
</tr>
<tr>
<td>2</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>3</td>
<td>AML with 11q23 (MLL) abnormalities (i.e., (t(4;11), t(6;11), t(8;11), t(11;19)) (284)</td>
</tr>
<tr>
<td>4</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>5</td>
<td>AML with 11q23 (MLL) abnormalities (i.e., (t(4;11), t(6;11), t(8;11), t(11;19)) (284)</td>
</tr>
<tr>
<td>6</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>7</td>
<td>AML with 11q23 (MLL) abnormalities (i.e., (t(4;11), t(6;11), t(8;11), t(11;19)) (284)</td>
</tr>
<tr>
<td>8</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>9</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>10</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>11</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>12</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>13</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>14</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>15</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
<tr>
<td>16</td>
<td>AML with multi-lineage dysplasia (285)</td>
</tr>
</tbody>
</table>

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
1. multiple myeloma, not otherwise specified (171)
2. plasma cell leukemia (172)
3. solitary plasmacytoma (no evidence of myeloma) (175)
4. other PCD (179), specify:
5. primary amyloidosis (174)
6. non-Hodgkin lymphoma (100)
7. multiple myeloma / plasma cell disorder (PCD) (170)
8. follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
9. follicular (grade unknown) (164)
10. mantle cell lymphoma (115)
11. Burkitt lymphoma / Burkitt cell leukemia (111)
12. high grade B-cell lymphoma, Burkitt-like (provisional entity) (135)
13. primary CNS lymphoma (118)
14. extranodal NK / T-cell lymphoma, nasal type (137)
15. enteropathy-type T-cell lymphoma (133)
16. subcutaneous panniculitis-like T-cell lymphoma (146)
17. mycosis fungoides (141)
18. anaplastic large-cell lymphoma, T / null cell, primary cutaneous type (147)
19. peripheral T-cell lymphoma, not otherwise specified (130)
20. angioimmunoblastic T-cell lymphoma (131)
21. hepatosplenic gamma-delta T-cell lymphoma (145)
22. anaplastic large-cell lymphoma, T / null cell, primary systemic type (148)
23. other T-cell / NK-cell lymphoma (139), specify:
24. large T-cell granular lymphocytic leukemia (126)
25. aggressive NK-cell leukemia (27)
26. adult T-cell lymphoma / leukemia (HTLV1 associated) (134)
27. Waldenstrom macroglobulinemia (173)
28. nodular lymphocyte predominant Hodgkin lymphoma (155)
29. lymphocyte-rich (151)
30. nodular sclerosis (125)
31. primary effusion lymphoma (138)
32. Burkitt lymphoma / Burkitt cell leukemia (111)
33. high grade B-cell lymphoma, Burkitt-like (provisional entity) (135)
10  □ Solid tumors (200)

  □ breast cancer, inflammatory (251)
  □ breast cancer, not inflammatory (252)
  □ breast cancer, not otherwise specified (250)

All HSCTs complete

BC insert

  □ lung, small cell (202)
  □ lung, non-small cell (203)
  □ lung, not otherwise specified (230)

All HSCTs complete

SCL insert

  □ germ cell tumor, extragonadal (225)
  □ testicular (210)

All HSCTs complete

TC insert

  □ ovarian (epithelial) (214)

All HSCTs complete

OV insert

  □ bone sarcoma (excluding Ewing family tumors) (273)
  □ Ewing family tumors of bone (including PNET) (275)
  □ Ewing family tumors, extra-osseous (including PNET) (276)
  □ fibrosarcoma (244)
  □ hemangiosarcoma (246)
  □ leiomyosarcoma (242)
  □ liposarcoma (243)
  □ lymphangio sarcoma (247)
  □ neurogenic sarcoma (248)
  □ rhabdomyosarcoma (232)
  □ synovial sarcoma (245)
  □ soft tissue sarcoma (excluding Ewing family tumors) (274)

All HSCTs complete

SAR insert

  □ central nervous system tumor, including CNS PNET (220)
  □ medulloblastoma (228)

All HSCTs complete

CNS insert

11  □ Severe aplastic anemia (300)

If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.

Complete MDS/AML and APL insert

1  □ acquired severe aplastic anemia, not otherwise specified (301)
  □ acquired SAA secondary to hepatitis (302)
  □ acquired SAA secondary to toxin / other drug (303)
  □ acquired amegakaryocytosis (not congenital) (304)
  □ acquired pure red cell aplasia (not congenital) (306)
  □ other acquired cytopenic syndrome (309), specify:

  □ paroxysmal nocturnal hemoglobinuria (PNH) (56)

All HSCTs complete

APL insert

24  □ neuroblastoma (222)

All HSCTs complete

NEU insert

25  □ head / neck (201)

26  □ mediastinal neoplasms (204), specify:

27  □ colorectal (228)
  □ gastric (229)
  □ pancreatic (206)
  □ hepatobiliary (207)
  □ prostate (209)
  □ external genitalia (211)
  □ cervical (212)
  □ uterine (213)
  □ vaginal (215)
  □ melanoma (219)
  □ Wilms tumor (221)
  □ retinoblastoma (223)
  □ thymoma (231)
  □ other solid tumor (269), specify:

41  □ solid tumor, not otherwise specified (200)

All HSCTs continue with question 20

42  □ renal cell (208)

All HSCTs complete

RCC insert

All HSCTs complete

APL insert

CIBMTR Form 2000 v1.0 (5–23) July 2007
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For internal use only: Document F00478 version 1.0 Replaces: n/a
<table>
<thead>
<tr>
<th>CIBMTR Recipient ID:</th>
<th>CIBMTR Center Number:</th>
<th>Initials:</th>
</tr>
</thead>
</table>

**Today's Date:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

**Inherited abnormalities of erythrocyte differentiation or function (310):**

1. Shwachman-Diamond (305)
2. Diamond-Blackfan anemia (pure red cell aplasia) (312)
3. Other constitutional anemia (319), specify:

All HSCTs complete APL insert

4. Fanconi anemia (311)
   - If the recipient developed MDS or AML, indicate MDS or AML as the primary disease. Complete MDS / AML and FAN insert.

All HSCTs complete FAN insert

5. Sickle thalassemia (355)
6. Sickle cell disease (356)

All HSCTs complete SCA insert

7. Thalassemia, not otherwise specified (350)
8. Other hemoglobinopathy (359), specify:

All HSCTs continue with question 20

**Disorders of the immune system (400):**

1. Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401)
2. Absence of T and B cells SCID (402)
3. Absence of T, normal B cell SCID (403)
4. Omenn syndrome (404)
5. Reticular dysgenesis (405)
6. Bare lymphocyte syndrome (406)
7. Other SCID (419), specify:
8. SCID, not otherwise specified (410)
9. Ataxia telangiectasia (451)
10. HIV infection (452)
11. DiGeorge anomaly (454)
12. Chronic granulomatous disease (455)
13. Common variable immunodeficiency (457)

All HSCTs complete CAT insert

14. Other inherited abnormalities of platelets (500)
15. Congenital amegakaryocytosis / congenital thrombocytopenia (501)

14. Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459)
15. Kostmann agranulocytosis (congenital neutropenia) (460)
16. Neutrophil actin deficiency (461)
17. Cartilage-hair hypoplasia (462)
18. CD40 ligand deficiency (464)
19. Other immunodeficiencies (479), specify:

All HSCTs complete CHS insert

21. Chediak-Higashi syndrome (456)

All HSCTs complete WAS insert

22. Wiskott-Aldrich syndrome (453)

All HSCTs complete XLP insert

23. X-linked lymphoproliferative syndrome (458)

20. Immune deficiency, not otherwise specified (400)

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
16 □ Histiocytic disorders (570)

   1 □ familial erythrophagocytic lymphohistiocytosis (FELH) (571)
      All HSCTs complete
      FELH insert

   2 □ Langerhans cell histiocytosis (histiocytosis-X) (572)
      All HSCTs complete
      LCH insert

   3 □ hemophagocytosis (reactive or viral associated) (573)
   4 □ malignant histiocytosis (574)
   5 □ other histiocytic disorder (579), specify:
      All HSCTs continue with question 20

15 □ Inherited disorders of metabolism (520)

   1 □ osteopetrosis (malignant infantile osteopetrosis) (521)
      All HSCTs complete
      OST insert

   Leukodystrophies
   2 □ metachromatic leukodystrophy (MLD) (542)
   3 □ adrenoleukodystrophy (ALD) (543)
   4 □ Krabbe disease (globoid leukodystrophy) (544)
      All HSCTs complete
      LDS insert

   5 □ Lesch-Nyhan (HGPRT deficiency) (522)
   6 □ neuronal ceroid lipofuscinosis (Batten disease) (523)

Mucopolysaccharidoses
   7 □ Hurler syndrome (IH) (531)
   8 □ Scheie syndrome (IS) (532)
   9 □ Hunter syndrome (II) (533)
  10 □ Sanfilippo (III) (534)
  11 □ Morquio (IV) (535)
  12 □ Maroteaux-Lamy (VI) (536)
  13 □ β-glucuronidase deficiency (VII) (537)
  14 □ mucopolysaccharidosis (V) (538)
  15 □ mucopolysaccharidosis, not otherwise specified (530)

Mucolipidoses
  16 □ Gaucher disease (541)
  17 □ Niemann-Pick disease (545)
  18 □ I-cell disease (546)
  19 □ Wolman disease (547)
  20 □ glucose storage disease (548)
  21 □ mucolipidoses, not otherwise specified (540)

Polysaccharide hydrolase abnormalities
  22 □ aspartyl glucosaminidase (561)
  23 □ fucosidosis (562)
  24 □ mannosidosis (563)
  25 □ polysaccharide hydrolase abnormality, not otherwise specified (560)
  26 □ other inherited metabolic disorder (529), specify:
      All HSCTs complete
      MUC insert

  27 □ inherited metabolic disorder, not otherwise specified (520)
Arthritis

1. rheumatoid arthritis (603)
2. psoriatic arthritis / psoriasis (604)
3. juvenile idiopathic arthritis (JIA); systemic (Stills disease) (640)
4. JIA: oligoarticular (641)
5. JIA: polyarticular (642)
6. JIA: other (643), specify:
7. other arthritis (633), specify:

All HSCTs complete

insert RA

Multiple sclerosis

8. multiple sclerosis (602)

All HSCTs complete

insert MS

Connective tissue diseases

9. systemic sclerosis (scleroderma) (607)

All HSCTs complete

insert SSC

Vasculitis

10. systemic lupus erythematosus (SLE) (605)

All HSCTs complete

insert SLE

11. Sjögren syndrome (608)
12. polymyositis / dermatomyositis (606)
13. antiphospholipid syndrome (614)
14. other connective tissue disease (634), specify:

All HSCTs continue with question 20

Other neurological autoimmune diseases

24. myasthenia gravis (601)
25. other autoimmune neurological disorder (644), specify:

Hematological autoimmune diseases

26. idiopathic thrombocytopenic purpura (ITP) (645)
27. hemolytic anemia (646)
28. Evan syndrome (647)
29. other autoimmune cytopenia (648), specify:

Bowel diseases

30. Crohn disease (649)
31. ulcerative colitis (650)
32. other autoimmune bowel disorder (651), specify:

Other disease (900)

18. Specify: ________________________

All HSCTs continue with question 20

19. Is a pathology report attached to this form?
1. yes
2. no

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

20. For allogeneic HSCTs only: What is the recipient’s blood type and Rh factor?
   1. A positive
   2. A negative
   3. B positive
   4. B negative
   5. AB positive
   6. AB negative
   7. O positive
   8. O negative

21. What was the functional status of the recipient prior to the preparative regimen? (table below)

If the recipient is 16 years of age or older, complete the Karnofsky Scale. If the recipient is younger than 16 years of age, complete the Lansky Scale. Rate activity of recipients immediately prior to initiation of conditioning.

### Karnofsky Scale (recipient age ≥ 16 years)

Select the phrase in the Karnofsky Scale which best describes the activity status of the recipient:

1. **Able to carry on normal activity; no special care is needed**
   - 100 Normal; no complaints; no evidence of disease
   - 90 Able to carry on normal activity
   - 80 Normal activity with effort

2. **Unable to work; able to live at home, cares for most personal needs; a varying amount of assistance is needed**
   - 70 Cares for self; unable to carry on normal activity or to do active work
   - 60 Requires occasional assistance but is able to care for most needs
   - 50 Requires considerable assistance and frequent medical care

3. **Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly**
   - 40 Disabled; requires special care and assistance
   - 30 Severely disabled; hospitalization indicated, although death not imminent
   - 20 Very sick; hospitalization necessary
   - 10 Moribund; fatal process progressing rapidly

### Lansky Scale (recipient age < 16 years)

Select the phrase in the Lansky Play-Performance Scale which best describes the activity status of the recipient:

1. **Able to carry on normal activity; no special care is needed**
   - 100 Fully active
   - 90 Minor restriction in physically strenuous play
   - 80 Restricted in strenuous play, tires more easily, otherwise active

2. **Mild to moderate restriction**
   - 70 Both greater restrictions of, and less time spent in, active play
   - 60 Ambulatory up to 50% of time, limited active play with assistance / supervision
   - 50 Considerable assistance required for any active play; fully able to engage in quiet play

3. **Moderate to severe restriction**
   - 40 Able to initiate quiet activities
   - 30 Needs considerable assistance for quiet activity
   - 20 Limited to very passive activity initiated by others (e.g., TV)
   - 10 Completely disabled, not even passive play

**Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).**
22. Was there a history of malignancy other than the primary disease for which this HSCT is being performed?

Yes 1 No 2

Specify which malignancy(ies) occurred: □

23. 1 Yes 2 No Acute myeloid leukemia (AML / ANLL) □

Year of diagnosis:

24. □

25. 1 Yes 2 No Other leukemia, including ALL □

27. Specify leukemia: □

26. □

28. 1 Yes 2 No Breast cancer □

29. □

30. 1 Yes 2 No Central nervous system (CNS) malignancy (glioblastoma, astrocytoma) □

31. □

32. 1 Yes 2 No Clonal cytogenetic abnormality without leukemia or MDS □

33. □

34. 1 Yes 2 No Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine) □

35. □

36. 1 Yes 2 No Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix) □

37. □

38. 1 Yes 2 No Hodgkin disease □

39. □

40. 1 Yes 2 No Lung cancer □

41. □

42. 1 Yes 2 No Lymphoma or lymphoproliferative disease □

43. □

44. Is the tumor EBV positive? 1 Yes 2 No

45. 1 Yes 2 No Melanoma □

46. □

47. 1 Yes 2 No Other skin malignancy (basal cell, squamous) □

48. □

49. Specify skin malignancy: □

50. 1 Yes 2 No Myelodysplasia (MDS) / myeloproliferative (MPS) disorder □

51. □

52. 1 Yes 2 No Oropharyngeal cancer (tongue, buccal mucosa) □

53. □

54. 1 Yes 2 No Sarcoma □

55. □

56. 1 Yes 2 No Thyroid cancer □

57. □

58. 1 Yes 2 No Other prior malignancy □

59. □

60. Specify other malignancy: □

61. Were there clinically significant coexisting diseases or organ impairment at any time prior to the preparative regimen? □

Yes 1 No 2

Specify the diagnoses:

62. Significant hemorrhage (GI, GU or CNS) □

1 Yes 2 No Specify hemorrhage site:

63. 1 Yes 2 No gastrointestinal (GI) / ulcers

64. 1 Yes 2 No genitourinary (GU) / hemorrhagic cystitis

65. 1 Yes 2 No central nervous system (CNS)
<table>
<thead>
<tr>
<th>66. Autoimmune disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yes 2 no</td>
</tr>
<tr>
<td>Specify diagnosis:</td>
</tr>
<tr>
<td>67. 1 yes 2 no multiple sclerosis (MS)</td>
</tr>
<tr>
<td>68. 1 yes 2 no polyarteritis nodosa</td>
</tr>
<tr>
<td>69. 1 yes 2 no psoriasis</td>
</tr>
<tr>
<td>70. 1 yes 2 no rheumatoid arthritis (RA)</td>
</tr>
<tr>
<td>71. 1 yes 2 no systemic lupus erythematosus (SLE)</td>
</tr>
<tr>
<td>72. 1 yes 2 no other</td>
</tr>
<tr>
<td>73. Specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>74. Cardiovascular</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yes 2 no</td>
</tr>
<tr>
<td>Specify diagnosis:</td>
</tr>
<tr>
<td>75. 1 yes 2 no atrial fibrillation</td>
</tr>
<tr>
<td>76. 1 yes 2 no other arrhythmias</td>
</tr>
<tr>
<td>77. 1 yes 2 no congestive heart failure (CHF) (EF &lt; 50%)</td>
</tr>
<tr>
<td>78. 1 yes 2 no coronary artery disease (no prior MI)</td>
</tr>
<tr>
<td>79. 1 yes 2 no hypertension</td>
</tr>
<tr>
<td>80. 1 yes 2 no myocardial infarction (MI)</td>
</tr>
<tr>
<td>81. 1 yes 2 no other</td>
</tr>
<tr>
<td>82. Specify:</td>
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</tbody>
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<table>
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<tr>
<th>83. Chromosome abnormality</th>
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<tbody>
<tr>
<td>1 yes 2 no</td>
</tr>
<tr>
<td>Specify abnormality:</td>
</tr>
<tr>
<td>84. 1 yes 2 no Down syndrome</td>
</tr>
<tr>
<td>85. 1 yes 2 no Fanconi anemia</td>
</tr>
<tr>
<td>86. 1 yes 2 no other</td>
</tr>
<tr>
<td>87. Specify:</td>
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</tbody>
</table>

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<thead>
<tr>
<th>88. CNS / psychiatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yes 2 no</td>
</tr>
<tr>
<td>Specify diagnosis:</td>
</tr>
<tr>
<td>89. 1 yes 2 no depression requiring treatment</td>
</tr>
<tr>
<td>90. 1 yes 2 no paralysis</td>
</tr>
<tr>
<td>91. 1 yes 2 no meningitis / encephalitis</td>
</tr>
<tr>
<td>92. 1 yes 2 no seizure disorder</td>
</tr>
<tr>
<td>93. 1 yes 2 no stroke / cerebrovascular accident (CVA)</td>
</tr>
<tr>
<td>94. 1 yes 2 no other</td>
</tr>
<tr>
<td>95. Specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>96. Endocrine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yes 2 no</td>
</tr>
<tr>
<td>Specify diagnosis:</td>
</tr>
<tr>
<td>97. 1 yes 2 no adrenal insufficiency</td>
</tr>
<tr>
<td>98. 1 yes 2 no diabetes mellitus</td>
</tr>
<tr>
<td>99. 1 yes 2 no osteoporosis</td>
</tr>
<tr>
<td>100. 1 yes 2 no thyroid disease</td>
</tr>
<tr>
<td>101. 1 yes 2 no other</td>
</tr>
<tr>
<td>102. Specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>103. Gastrointestinal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yes 2 no</td>
</tr>
<tr>
<td>Specify diagnosis:</td>
</tr>
<tr>
<td>104. 1 yes 2 no Crohn’s disease</td>
</tr>
<tr>
<td>105. 1 yes 2 no peptic ulcer disease (PUD)</td>
</tr>
<tr>
<td>106. 1 yes 2 no gastroesophageal reflux disease (GERD)</td>
</tr>
<tr>
<td>107. 1 yes 2 no ulcerative colitis</td>
</tr>
<tr>
<td>108. 1 yes 2 no other</td>
</tr>
<tr>
<td>109. Specify:</td>
</tr>
</tbody>
</table>
110. Genitourinary
   1 □ yes
   2 □ no
   Specify diagnosis:
   111. □ yes  □ no  renal failure requiring dialysis
   112. □ yes  □ no  renal insufficiency requiring medical treatment
   113. □ yes  □ no  other
   114. Specify: _____________________________

115. Hematologic
   1 □ yes
   2 □ no
   Specify diagnosis:
   116. □ yes  □ no  deep vein thrombosis / pulmonary embolism
   117. □ yes  □ no  other
   118. Specify: _____________________________

119. Liver disease
   1 □ yes
   2 □ no
   Specify:
   120. □ yes  □ no  drug toxicity
   121. □ yes  □ no  hepatitis A virus
   122. □ yes  □ no  hepatitis B virus
   123. □ yes  □ no  hepatitis C virus
   124. □ yes  □ no  other
   125. Specify: _____________________________

126. Neonatal GVHD
   1 □ yes
   2 □ no

127. Pulmonary
   1 □ yes
   2 □ no
   Specify diagnosis:
   128. □ yes  □ no  asthma / reactive airway disease
   129. □ yes  □ no  restrictive lung disease
   130. □ yes  □ no  chronic obstructive pulmonary disease (COPD)
   131. □ yes  □ no  carbon monoxide diffusing capacity (DLco) < 50%
   132. □ yes  □ no  other
   133. Specify: _____________________________

134. Other significant coexisting disease
   1 □ yes
   2 □ no
   135. Specify: _____________________________

136. Does the recipient have a history of smoking cigarettes?
   1 □ yes
   2 □ no
   3 □ unknown

137. Has the recipient smoked cigarettes within the past year?
   1 □ yes
   2 □ no
   3 □ unknown

138. Has the recipient smoked cigarettes prior to but not during the past year?
   1 □ yes
   2 □ no
   3 □ unknown

139. Number of years: □ □ □ □ □ duration unknown

140. Average number of packs per day: □ □ □ □ □ amount unknown

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
**Organ Function Prior to the Preparative Regimen (Conditioning)**

Provide last laboratory values recorded for recipient’s organ function (testing done within 30 days of start of the preparative regimen):

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Units</th>
<th>Date Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>AST (SGOT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper limit of normal for your institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total serum bilirubin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper limit of normal for your institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper limit of normal for your institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum creatinine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hematologic Findings Prior to the Preparative Regimen (Conditioning)**

Provide last laboratory values recorded just prior to preparative regimen:

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Units</th>
<th>Date Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date CBC tested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutrophils</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>g/dL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mmol/L</td>
<td></td>
</tr>
<tr>
<td>Hematocrit</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Platelets</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>x 10^6/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g/dL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mmol/L</td>
<td></td>
</tr>
</tbody>
</table>

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
Infection

163. Did the recipient have a history of clinically significant fungal infection (documented or suspected) at any time prior to the preparative regimen?

1  yes  2  no

164. Did the recipient have more than one fungal infection (documented or suspected) at any time prior to the preparative regimen?

1  yes  2  no

Copy questions 165–171 and complete for each infection

165. Date of onset:

Month Day Year

166. Select organism from list below:

167. If 209, 219 or 259, specify organism:

Codes for Commonly Reported Fungal Organisms

201 Candida albicans
202 Candida parapsilosis
203 Candida glabrata
204 Candida tropicalis
205 Candida krusei
206 Candida guillermondi
207 Candida lusitaniae
208 Candida sake
209 Other candida, specify above

Codes for Common Sites of Infection

1 Blood / body fluid
2 Disseminated – generalized, isolated at 3 or more distinct sites
3 Central Nervous System
4 Brain
5 Spinal cord
6 Meninges and CSF
7 Central nervous system, not specified
8 Gastrointestinal Tract
9 Esophagus
10 Stomach
11 Small intestine
12 Large intestine
13 Tongue, oral cavity and oropharynx
14 Skin
15 Genito-Urinary Tract
16 Rectum / anus
17 Prostate
18 Vulva
19 Vagina
20 Others

171. Was this fungal infection active within 2 weeks prior to the preparative regimen?

1  yes  2  no

Testing for serological evidence of prior viral exposure / infection

172. HTLV1 antibody
173. Cytomegalovirus antibody
174. Epstein-Barr antibody
175. Hepatitis B surface antibody
176. Hepatitis B core antibody
177. Hepatitis B surface antigen
178. Hepatitis B DNA
179. Hepatitis C antibody
Hepatitis C – NAT † 1 positive † 2 negative 3 inconclusive 4 not tested
Hepatitis A antibody 1 positive 2 negative 3 inconclusive 4 not tested
HIV antibody ‡ 5 not reported 1 positive ‡ 2 negative 3 inconclusive 4 not tested
HIV – NAT ‡ 5 not reported 1 positive ‡ 2 negative 3 inconclusive 4 not tested

† For hepatitis types marked with a dagger (†) that have a positive result, also complete a Hepatitis insert.
‡ For HIV tests marked with a double dagger (‡) that have a positive result, also complete an HIV insert.

Pre-HSCT Preparative Regimen (Conditioning)
184. Height at initiation of pre-HSCT preparative regimen:
1 inches 2 centimeters
185. Actual weight at initiation of pre-HSCT preparative regimen:
1 pounds 2 kilograms
186. Dosing body weight used for pre-HSCT preparative regimen: (adjusted body weight)
1 pounds 2 kilograms
187. Was a pre-HSCT preparative regimen given?
1 yes 2 no

188. Specify protocol requirement: (check only one)
1 all agents given as outpatient
2 some, but not all, agents given as inpatient
3 all agents given as inpatient

189. Classify the recipient's preparative regimen: □
1 myeloablative
2 non-myeloablative (NST)
3 reduced intensity (RIC)

190. Date pre-HSCT preparative regimen (irradiation or drugs) began:
Month Day Year
(Use earliest date from questions 196, 202, 208 radiation or 234–367 chemotherapy dates.)

191. Was irradiation performed as part of the pre-HSCT preparative regimen?
1 yes 2 no

192. What was the radiation field?
1 total body
2 total body by tomotherapy
3 total lymphoid or nodal regions

193. Total dose: 1 Gy (dose per fraction x total number of fractions)
194. Date started:
Month Day Year
195. Was the radiation fractionated?
1 yes 2 no

196. Dose per fraction: 1 Gy 2 cGy
197. Number of days: (include "rest" days)
198. Total number of fractions:

199. Total dose: 1 Gy (dose per fraction x total number of fractions)
200. Date started:
Month Day Year
201. Was the radiation fractionated?
1 □ yes
2 □ no

202. Dose per fraction: □ □ □ □ □ □ □ □
1 □ Gy
2 □ cGy

203. Number of days: □ □ □ □ □ □ □ □
(include "rest" days)

204. Total number of fractions: □ □ □ □ □ □ □ □

205. Total dose: □ □ □ □ □ □ □ □
1 □ Gy
2 □ cGy

(dose per fraction x total number of fractions)

206. Date started: □ □ □ □ □ □ □ □
Month Day Year

207. Was the radiation fractionated?
1 □ yes
2 □ no

208. Dose per fraction: □ □ □ □ □ □ □ □
1 □ Gy
2 □ cGy

209. Number of days: □ □ □ □ □ □ □ □
(include "rest" days)

210. Total number of fractions: □ □ □ □ □ □ □ □

211. Was additional radiation given to other sites within 14 days prior to the start of the pre-HSCT preparative regimen?
1 □ yes
2 □ no

Specify radiation field:

212. CNS
1 □ yes
2 □ no

213. Total dose: □ □ □ □ □ □ □ □
1 □ Gy
2 □ cGy

214. Date started: □ □ □ □ □ □ □ □
Month Day Year

215. Gonadal
1 □ yes
2 □ no

216. Total dose: □ □ □ □ □ □ □ □
1 □ Gy
2 □ cGy

217. Date started: □ □ □ □ □ □ □ □
Month Day Year

218. Splenic
1 □ yes
2 □ no

219. Total dose: □ □ □ □ □ □ □ □
1 □ Gy
2 □ cGy

220. Date started: □ □ □ □ □ □ □ □
Month Day Year

221. Site of residual tumor
1 □ yes
2 □ no

222. Total dose: □ □ □ □ □ □ □ □
1 □ Gy
2 □ cGy

223. Date started: □ □ □ □ □ □ □ □
Month Day Year

224. Specify site: _______________________

225. Other site
1 □ yes
2 □ no

226. Total dose: □ □ □ □ □ □ □ □
1 □ Gy
2 □ cGy

227. Date started: □ □ □ □ □ □ □ □
Month Day Year

228. Specify site: _______________________

229. Were drugs given for pre-HSCT preparative regimen?
1 □ yes
2 □ no

Continue with drug list on the following pages

Proceed to question 372
Total Dose: Date Started:

230. ALG, ALS, ATG, ATS

1 yes 231. mg 232. 

2 no

235. Anthracycline

1 yes Continue with 236–251 

2 no Proceed to question 252

236. daunorubicin

1 yes 237. mg 238. 

2 no

239. doxorubicin (adriamycin)

1 yes 240. mg 241. 

2 no

242. idarubicin

1 yes 243. mg 244. 

2 no

245. rubidazone

1 yes 246. mg 247. 

2 no

248. other anthracycline

1 yes 249. mg 250. 

2 no

233. Specify source:

1 horse 

2 rabbit 

3 other source, 234. Specify:

234. Specify:

236. Specify adminstration:

1 oral 

2 IV 

3 both

258. Specify administration:

1 oral 

2 IV 

3 both

269. methylprednisolone (Solu-Medrol)

1 yes 270. mg 271. 

2 no

273. prednisone

1 yes 274. mg 275. 

2 no

276. dexamethasone

1 yes 277. mg 278. 

2 no

279. other corticosteroid

1 yes 280. mg 281. 

2 no

282. Specify corticosteroid:
<table>
<thead>
<tr>
<th>Drug</th>
<th>Total Dose</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclophosphamide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cytarabine (Ara-C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etoposide (VP-16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fludarabine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ifosfamide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imatinib mesylate (STI571, Gleevec)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrathecal chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrathecal cytarabine (IT Ara-C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrathecal methotrexate (IT MTX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrathecal thiotepe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other intrathecal drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melphalan (L-Pam)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitoxantrone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monoclonal antibody</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio labeled MAb</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- Specify Units: Date Started:
- Specify monoclonal antibody:
  - 326. 1 yes 2 no tositumomab (Bexxar)
  - 327. 1 yes 2 no ibritumomab tiuxetan (Zevalin)
  - 328. 1 yes 2 no other 329. specify:
<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Yes/No</th>
<th>Dose</th>
<th>Specify</th>
<th>Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>330. campath</td>
<td></td>
<td>331.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>333. rituximab (Rituxan, anti CD20)</td>
<td></td>
<td>334.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>336. gemtuzumab (Mylotarg, anti CD33)</td>
<td></td>
<td>337.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>339. other MAb</td>
<td></td>
<td>340.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>343. Nitrosourea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>344. BCNU (Carmustine)</td>
<td></td>
<td>345.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>347. CCNU (Lomustine)</td>
<td></td>
<td>348.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>350. other nitrosourea</td>
<td></td>
<td>351.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>354. Paclitaxel (Taxol, Xyotax)</td>
<td></td>
<td>355.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>357. Teniposide (VM26)</td>
<td></td>
<td>358.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>360. Thiotepa</td>
<td></td>
<td>361.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>363. other drug</td>
<td></td>
<td>364.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>367. Pharmacokinetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify drugs:
- 368. busulfan
- 369. cyclophosphamide
- 370. other drug
HSCT History

372. Was this the first HSCT for this recipient?

1 [ ] yes
2 [ ] no

373. For autologous HSCTs only: Is a subsequent HSCT planned as part of the overall treatment protocol (not as a reaction to post-HSCT disease assessment)?

1 [ ] yes
2 [ ] no
3 [ ] not applicable: allogeneic HSCT

374. Specify subsequent HSCT planned:

1 [ ] subsequent autologous HSCT planned
2 [ ] subsequent allogeneic HSCT planned

375. Specify the number of prior HSCTs: [ ]

376. What was (were) the prior HSC source(s)?

1 [ ] yes 2 [ ] no autologous

377. 1 [ ] yes 2 [ ] no allogeneic, unrelated

378. Was the same donor used for all prior and current HSCTs?

1 [ ] yes
2 [ ] no

379. 1 [ ] yes 2 [ ] no allogeneic, related

380. 1 [ ] yes 2 [ ] no syngeneic

381. Date of the last HSCT (just before current HSCT): [ ] [ ] [ ]

382. Was the last HSCT performed at a different institution?

1 [ ] yes
2 [ ] no

383. Specify the institution that performed the last HSCT:

Name: __________________________
City: __________________________
State / Country: ____________________

384. What was the HSC source for the last HSCT?

1 [ ] autologous
2 [ ] allogeneic, unrelated donor
3 [ ] syngeneic / allogeneic related donor

385. Reason for current HSCT:

1 [ ] no hematopoietic recovery
2 [ ] partial hematopoietic recovery
3 [ ] graft failure / rejection after achieving initial hematopoietic recovery
4 [ ] persistent primary disease
5 [ ] recurrent primary disease
6 [ ] planned second HSCT, per protocol
7 [ ] new malignancy (including PTLD and EBV lymphoma)
8 [ ] stable, mixed chimerism
9 [ ] declining chimerism
10 [ ] other

386. Date of graft failure / rejection: [ ] [ ] [ ]

387. Date of relapse: [ ] [ ] [ ]

388. Date of secondary malignancy: [ ] [ ] [ ]

389. Specify other reason: __________________________

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Socioeconomic Information

390. Is the recipient an adult (18 years of age or older) or emancipated minor? ☐

1 ☐ yes
2 ☐ no

391. Specify the recipient’s marital status:

1 ☐ single, never married
2 ☐ married or living with a partner
3 ☐ separated
4 ☐ divorced
5 ☐ widowed
6 ☐ unknown

392. Specify the category which best describes the recipient’s occupation:

(If the recipient is not currently employed, check the box which best describes his/her last job.)

1 ☐ professional, technical, or related occupation (e.g., teacher/professor, nurse/physician, lawyer, engineer)
2 ☐ manager, administrator, or proprietor (e.g., sales manager, real estate agent, postmaster)
3 ☐ clerical or related occupation (e.g., secretary, clerk, mail carrier)
4 ☐ sales occupation (e.g., sales associate, demonstrator, agent, broker)
5 ☐ service occupation (e.g., police officer, cook, hairdresser)
6 ☐ skilled craft or related occupation (e.g., carpenter, repair technician, telephone line worker)
7 ☐ equipment / vehicle operator or related occupation (e.g., driver, railroad brakeman, sewer worker)
8 ☐ laborer (e.g., helper, longshoreman, warehouse worker)
9 ☐ farmer (e.g., owner, manager, operator, tenant)
10 ☐ member of the military
11 ☐ homemaker
12 ☐ student
13 ☐ under school age
14 ☐ not previously employed
15 ☐ unknown
16 ☐ other

Proceed to question 396

393. Specify other occupation:

394. What was the recipient’s current or most recent work status prior to illness?

1 ☐ full time
2 ☐ part time
3 ☐ unemployed
4 ☐ medical disability
5 ☐ retired
6 ☐ unknown

395. Specify retirement level:

1 ☐ with a source of income
2 ☐ no source of income
396. What is the highest educational grade the recipient completed?

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>U.S. Equivalent</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No primary education / under school age</td>
<td>Less than 1st grade education</td>
</tr>
<tr>
<td>2</td>
<td>Less than primary or elementary education</td>
<td>More than 1st grade education, but less than 6th grade education</td>
</tr>
<tr>
<td>3</td>
<td>Primary or elementary education</td>
<td>Starts with 1st grade and ends with 6th grade</td>
</tr>
<tr>
<td>4</td>
<td>Lower secondary education</td>
<td>Starts with 7th grade and typically ends with 9th grade</td>
</tr>
<tr>
<td>5</td>
<td>Upper secondary education</td>
<td>Starts with 10th grade and ends with 12th grade</td>
</tr>
<tr>
<td>6</td>
<td>Post-secondary, non-tertiary education</td>
<td>Vocational programs of study</td>
</tr>
<tr>
<td>7</td>
<td>Tertiary education, Type A</td>
<td>Includes university programs that last 4 years and lead to the award of a bachelor’s degree, and university programs that lead to a master’s degree</td>
</tr>
<tr>
<td>8</td>
<td>Tertiary education, Type B</td>
<td>Programs typically offered at community colleges that lead to an associate’s degree</td>
</tr>
<tr>
<td>9</td>
<td>Advanced research qualification</td>
<td>Programs devoted to advanced study and original research</td>
</tr>
</tbody>
</table>

397. Is the recipient currently in school, or was enrolled prior to illness?
1. yes
2. no
3. unknown

398. Is the recipient covered by health insurance?

Specify type of health insurance:

1. [ ] yes 2. [ ] no government-sponsored Medicaid (U.S.)
2. [ ] yes 2. [ ] no government-sponsored Medicare (U.S.)
3. [ ] yes 2. [ ] no government-sponsored National Health Insurance (non-U.S.)
4. [ ] yes 2. [ ] no government-sponsored Veteran’s Affairs / military
5. [ ] yes 2. [ ] no private health insurance (premium paid by individual) or group health insurance
6. [ ] yes 2. [ ] no employer-sponsored disability insurance
7. [ ] yes 2. [ ] no self-pay
8. [ ] yes 2. [ ] no other

407. Specify other health insurance:

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
Consent Status

409. Has the recipient signed an IRB-approved consent form to donate research blood samples to the CIBMTR?
1 □ yes  2 □ no

410. Date form was signed: ____________  ____________  ____________
( ) ( )

411. Has the recipient signed an IRB-approved consent form for submitting research data to the CIBMTR?
1 □ yes  2 □ no

412. Date form was signed: ____________  ____________  ____________
( ) ( )

413. Signed: __________________________
Person completing form

Please print name: __________________________
Phone: (__________) __________________________
Fax: (__________) __________________________
E-mail address: __________________________

If multiple cord blood units were infused, record each of the Cord Blood Unit identification numbers below:
NMDP Cord Blood Unit ID: __________________________
NMDP Cord Blood Unit ID: __________________________
Non-NMDP CBU ID: __________________________
Non-NMDP CBU ID: __________________________
Non-NMDP donor ID: __________________________
— OR —
Donor gender: □ male  □ female
Donor date of birth: ____________  ____________  ____________
( ) ( )
— OR —
Non-NMDP donor ID: __________________________
Donor gender: □ male  □ female
Donor date of birth: ____________  ____________  ____________
( ) ( )