Recipient Baseline Data

Today's Date:

Infusion Date:

CIBMTR Center Number:

CIBMTR Recipient ID:

Specify donor:

Copy this page to report more than one donor; check here □ if additional pages are attached.

1 □ autologous
2 □ NMDP unrelated cord blood unit
3 □ NMDP unrelated donor
4 □ related donor
5 □ non-NMDP unrelated donor
6 □ non-NMDP cord blood unit (include related and autologous CBUs)

NMDP Cord Blood Unit ID:

NMDP Donor ID:

Donor's / infant's date of birth:

Donor's / infant's gender:

1 □ male
2 □ female

Non-NMDP unrelated donor / cord blood unit ID:

(not applicable for related donor)

Date of HSCT for which this form is being completed:

HSCT type:

□ autologous □ allogeneic, unrelated □ allogeneic, related □ syngeneic (identical twin)

Product type:

□ marrow □ PBSC □ cord blood □ multiple cord blood units infused □ other product, specify:

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):

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
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
56. United States
57. Uruguay
58. Venezuela
59. Unknown / unspecified
60. Other country, specify:

5. Gender:
1. male
2. female

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.) □A

White
1. Eastern European
2. Mediterranean
3. Middle Eastern
4. North Coast of Africa
5. North American
6. Northern European
7. Western European
8. White Caribbean
9. White South or Central American
10. Other White

Black or African American
11. African (both parents born in Africa)
12. African American
13. Black Caribbean
14. Black South or Central American

American Indian or Alaska Native
15. Alaskan Native or Aleut

Asian
16. North American Indian
17. American Indian, South or Central America
18. Caribbean Indian

Native Hawaiian or Other Pacific Islander
19. South Asian
20. Filipino (Pilipino)
21. Japanese
22. Korean
23. Chinese

Decline
24. Vietnamese
25. Other Southeast Asian
26. Guamanian
27. Hawaiian
28. Samoan
29. Other Pacific Islander
30. Patient declines to provide race

8. Date of birth:

Month Day Year
1. Did AML transform from MDS / MPS?
   - Yes
   - No

2. Was AML therapy-related?
   - Yes
   - No
   - Unknown

Also check AML subtype below:

### AML with recurrent genetic abnormalities

1. AML with t(8;21)(q22;q22) (AML1/ETO) (281)
2. AML with abnormal bone marrow eosinophils and inv(16)(p13q22) or t(16;16) (p13;q22), (CBFβ/MYH11) (282)
3. APL with t(15;17)(q22;q12), (PML/RARα) and variant (M3) (283)
4. AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284)

### Other AML, not otherwise categorized

5. AML, minimally differentiated (M0) (286)
6. AML without maturation (M1) (287)
7. AML with maturation (M2) (288)
8. Acute myelomonocytic leukemia (M4) (289)
9. Acute monoblastic / acute monocytic leukemia (M5) (290)
10. Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (M6) (291)
11. Acute megakaryoblastic leukemia (M7) (292)
12. Acute basophilic leukemia (293)

### Acute lymphoblastic leukemia (ALL)

1. precursor B-cell ALL (191)
2. t(9;22)(q34;q11); BCR / ABL+ (192)
3. t(v;11q23); MLL rearranged (193)
4. t(1;19)(q23;p13) E2A / PBX1 (194)
5. t(12;21)(p12;q22) ETV / CBFα (195)
6. Precursor T-cell ALL (196)
7. ALL, not otherwise specified (190)

### Other acute leukemia (80)

1. acute undifferentiated leukemia (31)
2. biphenotypic, bilineage or hybrid leukemia (32)
3. acute mast cell leukemia (33)
4. other acute leukemia (89), specify:

### Chronic myelogenous leukemia (CML)

1. Ph1+; BCR/ABL+ (41)
2. Ph1+; BCR/ABL- (42)
3. Ph1+; BCR/ABL unknown (43)
4. Ph1-; BCR/ABL+ (44)
5. Ph1 unknown; BCR/ABL+ (47)
14. Was MDS / MPS therapy-related?  
   - 1 o yes  
   - 2 o no  
   - 3 o unknown

15. Was MDS / MPS alkylating agent / radiation-related?  
   - 1 o yes  
   - 2 o no  
   - 3 o unknown

16. Was MDS / MPS topoisomerase II inhibitor-related?  
   - 1 o yes  
   - 2 o no  
   - 3 o unknown

5. Other leukemia (30)  
   - 1 o chronic lymphocytic leukemia (CLL), not otherwise specified (34)  
   - 2 o CLL, B-cell / small lymphocytic lymphoma (71)  
   - 3 o hairy cell leukemia (35)  
   - 4 o prolymphocytic leukemia (PLL), not otherwise specified (37)  
   - 5 o PLL, B-cell (73)  
   - 6 o PLL, T-cell (74)  
   - All HSCTs complete CLL form

6. Myelodysplastic (MDS) / myeloproliferative (MPS) diseases (50) (Please classify all preleukemias)  
   - If recipient has transformed to AML, indicate AML as the primary disease

7. Multiple myeloma / plasma cell disorder (PCD) (170)

13. Polycythemia vera (PCV) (57)
14. Chronic idiopathic myelofibrosis (with extramedullary hematopoiesis), myelofibrosis with myeloid metaplasia, acute myelofibrosis or myelosclerosis (167)
15. Essential thrombocythemia (58)

11. Other leukemia (39), specify:

12. Multiple myeloma / plasma cell disorder (PCD) (170)

4. Other PCD (179), specify:

5. Primary amyloidosis (174)

10. Chronic neutrophilic leukemia (165)
12. Chronic eosinophilic leukemia (hypereosinophilic syndrome) (166)

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
1. lymphoplasmacytic lymphoma (121)
2. splenic marginal zone B-cell lymphoma (124)
3. extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)
4. nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)
5. follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
6. follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)
7. follicular, predominantly large cell (Grade III follicle center lymphoma) (104)
8. follicular (grade unknown) (164)
9. mantle cell lymphoma (115)
10. diffuse, large B-cell lymphoma (107)

17. Also check subtype below:
1. intravascular large B-cell lymphoma (136)
2. mediastinal large B-cell lymphoma (125)
3. primary effusion lymphoma (138)
4. Burkitt lymphoma / Burkitt cell leukemia (111)
5. high grade B-cell lymphoma, Burkitt-like (provisional entity) (135)
6. other B-cell lymphoma (129), specify:
   - extranodal NK / T-cell lymphoma, nasal type (137)
   - enteropathy-type T-cell lymphoma (133)
   - hepatosplenic gamma-delta T-cell lymphoma (145)
   - subcutaneous panniculitis-like T-cell lymphoma (146)
   - mycosis fungoides (141)
   - Sezary syndrome (142)

9. Hodgkin lymphoma (150)

21. anaplastic large-cell lymphoma, T / null cell, primary cutaneous type (147)
22. peripheral T-cell lymphoma, not otherwise specified (130)
23. angioimmunoblastic T-cell lymphoma (131)
24. anaplastic large-cell lymphoma, T / null cell, primary systemic type (148)
25. other T-cell / NK-cell lymphoma (139), specify:
26. large T-cell granular lymphocytic leukemia (126)
27. aggressive NK-cell leukemia (27)
28. adult T-cell lymphoma / leukemia (HTLV1 associated) (134)

18. intravascular large B-cell lymphoma (136)
19. mediastinal large B-cell lymphoma (125)
20. primary effusion lymphoma (138)
22. high grade B-cell lymphoma, Burkitt-like (provisional entity) (135)
23. other B-cell lymphoma (129), specify:
25. extranodal NK / T-cell lymphoma, nasal type (137)
26. enteropathy-type T-cell lymphoma (133)
27. hepatosplenic gamma-delta T-cell lymphoma (145)
28. subcutaneous panniculitis-like T-cell lymphoma (146)
29. mycosis fungoides (141)
30. Sezary syndrome (142)

20. anaplastic large-cell lymphoma, T / null cell, primary cutaneous type (147)
22. peripheral T-cell lymphoma, not otherwise specified (130)
23. angioimmunoblastic T-cell lymphoma (131)
24. anaplastic large-cell lymphoma, T / null cell, primary systemic type (148)
25. other T-cell / NK-cell lymphoma (139), specify:
26. large T-cell granular lymphocytic leukemia (126)
27. aggressive NK-cell leukemia (27)
28. adult T-cell lymphoma / leukemia (HTLV1 associated) (134)

29. Waldenstrom macroglobulinemia (173)

All HSCTs complete LYM form

All HSCTs complete MAC form
<table>
<thead>
<tr>
<th>CIBMTR Center Number:</th>
<th>CIBMTR Recipient ID:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>Solid tumors (200)</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>breast cancer, inflammatory (251)</td>
</tr>
<tr>
<td>2</td>
<td>breast cancer, not inflammatory (252)</td>
</tr>
<tr>
<td>3</td>
<td>breast cancer, not otherwise specified (250)</td>
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<tr>
<td>All HSCTs complete BC form</td>
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<tr>
<td>4</td>
<td>lung, small cell (202)</td>
</tr>
<tr>
<td>5</td>
<td>lung, non-small cell (203)</td>
</tr>
<tr>
<td>6</td>
<td>lung, not otherwise specified (230)</td>
</tr>
<tr>
<td>All HSCTs complete SCL form</td>
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<tr>
<td>7</td>
<td>germ cell tumor, extragonadal (225)</td>
</tr>
<tr>
<td>8</td>
<td>testicular (210)</td>
</tr>
<tr>
<td>All HSCTs complete TC form</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>ovarian (epithelial) (214)</td>
</tr>
<tr>
<td>All HSCTs complete OV form</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>bone sarcoma (excluding Ewing family tumors) (273)</td>
</tr>
<tr>
<td>11</td>
<td>Ewing family tumors of bone (including PNET) (275)</td>
</tr>
<tr>
<td>12</td>
<td>Ewing family tumors, extra-osseous (including PNET) (276)</td>
</tr>
<tr>
<td>13</td>
<td>fibrosarcoma (244)</td>
</tr>
<tr>
<td>14</td>
<td>hemangiosarcoma (246)</td>
</tr>
<tr>
<td>15</td>
<td>leiomyosarcoma (242)</td>
</tr>
<tr>
<td>16</td>
<td>liposarcoma (243)</td>
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<tr>
<td>17</td>
<td>lymphangio sarcoma (247)</td>
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<td>18</td>
<td>neurogenic sarcoma (248)</td>
</tr>
<tr>
<td>19</td>
<td>rhabdomyosarcoma (232)</td>
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<tr>
<td>20</td>
<td>synovial sarcoma (245)</td>
</tr>
<tr>
<td>21</td>
<td>soft tissue sarcoma (excluding Ewing family tumors) (274)</td>
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<tr>
<td>All HSCTs complete SAR form</td>
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</tr>
<tr>
<td>22</td>
<td>central nervous system tumor, including CNS PNET (220)</td>
</tr>
<tr>
<td>23</td>
<td>medulloblastoma (228)</td>
</tr>
<tr>
<td>All HSCTs complete CNS form</td>
<td></td>
</tr>
</tbody>
</table>

| 24 | neuroblastoma (222) |
| All HSCTs complete NEU form |
| 25 | head / neck (201) |
| 26 | mediastinal neoplasm (204), specify: |
| 27 | colorectal (228) |
| 28 | gastric (229) |
| 29 | pancreatic (206) |
| 30 | hepatobiliary (207) |
| 31 | prostate (209) |
| 32 | external genitalia (211) |
| 33 | cervical (212) |
| 34 | uterine (213) |
| 35 | vaginal (215) |
| 36 | melanoma (219) |
| 37 | Wilms tumor (221) |
| 38 | retinoblastoma (223) |
| 39 | thymoma (231) |
| 40 | 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 form |

| 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 form

| 1  | acquired severe aplastic anemia, not otherwise specified (301) |
| 2  | acquired SAA secondary to hepatitis (302) |
| 3  | acquired SAA secondary to toxin / other drug (303) |
| 4  | acquired amegakaryocytosis (not congenital) (304) |
| 5  | acquired pure red cell aplasia (not congenital) (306) |
| 6  | other acquired cytopenic syndrome (309), specify: |
| 7  | paroxysmal nocturnal hemoglobinuria (PNH) (56) |
| All HSCTs complete APL form |

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Condition Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>adenose deaminase (ADA) deficiency / severe combined immunodeficiency (SCID)</td>
</tr>
<tr>
<td>2</td>
<td>absence of T and B cells SCID</td>
</tr>
<tr>
<td>3</td>
<td>absence of T, normal B cell SCID</td>
</tr>
<tr>
<td>4</td>
<td>Ommen syndrome</td>
</tr>
<tr>
<td>5</td>
<td>reticular dysgenesis</td>
</tr>
<tr>
<td>6</td>
<td>bare lymphocyte syndrome</td>
</tr>
<tr>
<td>7</td>
<td>other SCID (419), specify:</td>
</tr>
<tr>
<td>8</td>
<td>SCID, not otherwise specified</td>
</tr>
<tr>
<td>9</td>
<td>ataxia telangiectasia</td>
</tr>
<tr>
<td>10</td>
<td>HIV infection</td>
</tr>
<tr>
<td>11</td>
<td>DiGeorge anomaly</td>
</tr>
<tr>
<td>12</td>
<td>congenital amegakaryocytosis / congenital thrombocytopenia (501)</td>
</tr>
<tr>
<td>13</td>
<td>leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459)</td>
</tr>
<tr>
<td>14</td>
<td>Kostmann agranulocytosis (congenital neutropenia) (460)</td>
</tr>
<tr>
<td>15</td>
<td>neutrophil actin deficiency</td>
</tr>
<tr>
<td>16</td>
<td>cartilage-hair hypoplasia</td>
</tr>
<tr>
<td>17</td>
<td>CD40 ligand deficiency</td>
</tr>
<tr>
<td>18</td>
<td>other immunodeficiencies (479), specify:</td>
</tr>
<tr>
<td>19</td>
<td>immune deficiency, not otherwise specified (400)</td>
</tr>
<tr>
<td>20</td>
<td>Chediak-Higashi syndrome</td>
</tr>
<tr>
<td>21</td>
<td>chronic granulomatous disease</td>
</tr>
<tr>
<td>22</td>
<td>Wiskott-Aldrich syndrome</td>
</tr>
<tr>
<td>23</td>
<td>X-linked lymphoproliferative syndrome</td>
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<tr>
<td>12</td>
<td>Inherited abnormalities of erythrocyte differentiation or function (310)</td>
</tr>
<tr>
<td>1</td>
<td>Shwachman-Diamond (305)</td>
</tr>
<tr>
<td>2</td>
<td>Diamond-Blackfan anemia (pure red cell aplasia) (312)</td>
</tr>
<tr>
<td>3</td>
<td>other constitutional anemia (319), specify:</td>
</tr>
<tr>
<td>12</td>
<td>Disorders of the immune system (400)</td>
</tr>
<tr>
<td>1</td>
<td>Fanconi anemia (311)</td>
</tr>
<tr>
<td>4</td>
<td>If the recipient developed MDS or AML, indicate MDS or AML as the primary disease.</td>
</tr>
<tr>
<td>5</td>
<td>sickle thalassemia</td>
</tr>
<tr>
<td>6</td>
<td>sickle cell disease</td>
</tr>
<tr>
<td>12</td>
<td>Inherited abnormalities of platelets (500)</td>
</tr>
<tr>
<td>1</td>
<td>congenital amegakaryocytosis / congenital thrombocytopenia (501)</td>
</tr>
<tr>
<td>2</td>
<td>Glanzmann thrombasthenia</td>
</tr>
<tr>
<td>3</td>
<td>other inherited platelet abnormality (509), specify:</td>
</tr>
<tr>
<td>CIBMTR Recipient ID:</td>
<td>CIBMTR Center Number:</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Inherited disorders of metabolism (520)</th>
<th>Inherited disorders of metabolism (520)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. osteopetrosis (malignant infantile osteopetrosis) (521)</td>
<td>16. Histiocytic disorders (570)</td>
</tr>
<tr>
<td>Leukodystrophies</td>
<td>All HSCTs complete</td>
</tr>
<tr>
<td>2. metachromatic leukodystrophy (MLD) (542)</td>
<td>FELH form</td>
</tr>
<tr>
<td>3. adrenoleukodystrophy (ALD) (543)</td>
<td>All HSCTs complete</td>
</tr>
<tr>
<td>4. Krabbe disease (globoid leukodystrophy) (544)</td>
<td>FELH form</td>
</tr>
<tr>
<td>All HSCTs complete</td>
<td>All HSCTs continue with question 20</td>
</tr>
<tr>
<td>LDS form</td>
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</tr>
<tr>
<td>5. Lesch-Nyhan (HGPRT deficiency) (522)</td>
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</tr>
<tr>
<td>6. neuronal ceroid lipofuscinosis (Batten disease) (523)</td>
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<tr>
<td>Mucopolysaccharidoses</td>
<td></td>
</tr>
<tr>
<td>7. Hurler syndrome (IH) (531)</td>
<td></td>
</tr>
<tr>
<td>8. Scheie syndrome (IS) (532)</td>
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</tr>
<tr>
<td>9. Hunter syndrome (II) (533)</td>
<td></td>
</tr>
<tr>
<td>10. Sanfilippo (III) (534)</td>
<td></td>
</tr>
<tr>
<td>11. Morquio (IV) (535)</td>
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</tr>
<tr>
<td>12. Maroteaux-Lamy (VI) (536)</td>
<td></td>
</tr>
<tr>
<td>13. β-glucuronidase deficiency (VII) (537)</td>
<td></td>
</tr>
<tr>
<td>14. mucopolysaccharidosis (V) (538)</td>
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<tr>
<td>15. mucopolysaccharidosis, not otherwise specified (530)</td>
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<tr>
<td>Mucolipidoses</td>
<td></td>
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<tr>
<td>16. Gaucher disease (541)</td>
<td></td>
</tr>
<tr>
<td>17. Niemann-Pick disease (545)</td>
<td></td>
</tr>
<tr>
<td>18. I-cell disease (546)</td>
<td></td>
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<tr>
<td>19. Wolman disease (547)</td>
<td></td>
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<tr>
<td>20. glucose storage disease (548)</td>
<td></td>
</tr>
<tr>
<td>21. mucolipidoses, not otherwise specified (540)</td>
<td></td>
</tr>
<tr>
<td>Polysaccharide hydrolase abnormalities</td>
<td></td>
</tr>
<tr>
<td>22. aspartyl glucosaminidase (561)</td>
<td></td>
</tr>
<tr>
<td>23. fucosidosis (562)</td>
<td></td>
</tr>
<tr>
<td>24. mannosidosis (563)</td>
<td></td>
</tr>
<tr>
<td>25. polysaccharide hydrolase abnormality, not otherwise specified (560)</td>
<td></td>
</tr>
<tr>
<td>26. other inherited metabolic disorder (529), specify:</td>
<td></td>
</tr>
<tr>
<td>27. inherited metabolic disorder, not otherwise specified (520)</td>
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</tr>
<tr>
<td>All HSCTs complete</td>
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</tr>
<tr>
<td>MUC form</td>
<td></td>
</tr>
</tbody>
</table>

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
Arthritis
1 □ rheumatoid arthritis (603)

All HSCTs complete
RA form
2 □ psoriatic arthritis / psoriasis (604)
3 □ juvenile idiopathic arthritis (JIA):
   systemic (Still's disease) (640)
4 □ JIA: oligoarticular (641)
5 □ JIA: polyarticular (642)
6 □ JIA: other (643), specify:
7 □ other arthritis (633), specify:

All HSCTs complete
JRA form

Multiple sclerosis
8 □ multiple sclerosis (602)

All HSCTs complete
MS form

Connective tissue diseases
9 □ systemic sclerosis (scleroderma)
   (607)

All HSCTs complete
SSC form
10 □ systemic lupus erythematosus
    (SLE) (605)

All HSCTs complete
SLE form
11 □ Sjögren syndrome (608)
12 □ polymyositis / dermatomyositis
    (606)
13 □ antiphospholipid syndrome (614)
14 □ other connective tissue disease
    (634), specify:

Vasculitis
15 □ Wegener granulomatosis (610)
16 □ classical polyarteritis nodosa
    (631)
17 □ microscopic polyarteritis nodosa
    (632)
18 □ Churg-Strauss (635)
19 □ giant cell arteritis (636)
20 □ Takayasu (637)
21 □ Behcet syndrome (638)
22 □ overlap necrotizing arteritis (639)
23 □ other vasculitis (611), specify:

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:

All HSCTs continue
with question 20
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:

- **Able to carry on normal activity; no special care is needed**
  - 1 100 Normal; no complaints; no evidence of disease
  - 2  90 Able to carry on normal activity
  - 3  80 Normal activity with effort

- **Unable to work; able to live at home, cares for most personal needs; a varying amount of assistance is needed**
  - 4  70 Cares for self; unable to carry on normal activity or to do active work
  - 5  60 Requires occasional assistance but is able to care for most needs
  - 6  50 Requires considerable assistance and frequent medical care

- **Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly**
  - 7  40 Disabled; requires special care and assistance
  - 8  30 Severely disabled; hospitalization indicated, although death not imminent
  - 9  20 Very sick; hospitalization necessary
  - 10 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:

- **Able to carry on normal activity; no special care is needed**
  - 1 100 Fully active
  - 2  90 Minor restriction in physically strenuous play
  - 3  80 Restricted in strenuous play, tires more easily, otherwise active

- **Mild to moderate restriction**
  - 4  70 Both greater restrictions of, and less time spent in, active play
  - 5  60 Ambulatory up to 50% of time, limited active play with assistance / supervision
  - 6  50 Considerable assistance required for any active play; fully able to engage in quiet play

- **Moderate to severe restriction**
  - 7  40 Able to initiate quiet activities
  - 8  30 Needs considerable assistance for quiet activity
  - 9  20 Limited to very passive activity initiated by others (e.g., TV)
  - 10 10 Completely disabled, not even passive play
22. Was there a history of malignancy other than the primary disease for which this HSCT is being performed?

1 □ yes 2 □ no

Specify which malignancy(ies) occurred: □

23. 1 □ yes 2 □ no Acute myeloid leukemia (AML / ANLL) —
24.  □

25. 1 □ yes 2 □ no Other leukemia, including ALL —
26.  □

27. Specify leukemia: □

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? □

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)
ERROR CORRECTION FORM

Sequence Number: _____________________________ CIBMTR Recipient ID: _____________________________

Today's Date: _____________________________ Infusion Date: _____________________________

CIBMTR Recipient ID: _____________________________ CIBMTR Center Number: _____________________________

**Autoimmune disease**

1. Yes
2. No

Specify diagnosis:

- 67. Yes 2. No multiple sclerosis (MS)
- 68. Yes 2. No polyarteritis nodosa
- 69. Yes 2. No psoriasis
- 70. Yes 2. No rheumatoid arthritis (RA)
- 71. Yes 2. No systemic lupus erythematosus (SLE)
- 72. Yes 2. No other

**Cardiovascular**

1. Yes
2. No

Specify diagnosis:

- 73. Yes 2. No atrial fibrillation
- 74. Yes 2. No other arrhythmias
- 75. Yes 2. No congestive heart failure (CHF) (EF < 50%)
- 76. Yes 2. No coronary artery disease (no prior MI)
- 77. Yes 2. No hypertension
- 78. Yes 2. No myocardial infarction (MI)
- 79. Yes 2. No other

**Chromosome abnormality**

1. Yes
2. No

Specify abnormality:

- 80. Yes 2. No Down syndrome
- 81. Yes 2. No Fanconi anemia
- 82. Yes 2. No other

**CNS / psychiatric**

1. Yes
2. No

Specify diagnosis:

- 83. Yes 2. No depression requiring treatment
- 84. Yes 2. No paralysis
- 85. Yes 2. No meningitis / encephalitis
- 86. Yes 2. No seizure disorder
- 87. Yes 2. No stroke / cerebrovascular accident (CVA)
- 88. Yes 2. No other

**Endocrine**

1. Yes
2. No

Specify diagnosis:

- 89. Yes 2. No adrenal insufficiency
- 90. Yes 2. No diabetes mellitus
- 91. Yes 2. No osteoporosis
- 92. Yes 2. No thyroid disease
- 93. Yes 2. No other

**Gastrointestinal**

1. Yes
2. No

Specify diagnosis:

- 94. Yes 2. No Crohn's disease
- 95. Yes 2. No peptic ulcer disease (PUD)
- 96. Yes 2. No gastroesophageal reflux disease (GERD)
- 97. Yes 2. No ulcerative colitis
- 108. Yes 2. No other

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
110. Genitourinary
   1. yes
   2. no

   Specify diagnosis:
   111. yes 2. no renal failure requiring dialysis
   112. yes 2. no renal insufficiency requiring medical treatment
   113. yes 2. no other

   114. Specify:

115. Hematologic
   1. yes
   2. no

   Specify diagnosis:
   116. yes 2. no deep vein thrombosis / pulmonary embolism
   117. yes 2. no other

   118. Specify:

119. Liver disease
   1. yes
   2. no

   Specify:
   120. yes 2. no drug toxicity
   121. yes 2. no hepatitis A virus
   122. yes 2. no hepatitis B virus
   123. yes 2. no hepatitis C virus
   124. yes 2. no other

   125. Specify:

120. Neonatal GVHD
   1. yes
   2. no

126. Pulmonary
   1. yes
   2. no

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

141. AST (SGOT):

142. Date tested:

143. Upper limit of normal for your institution:

144. Total serum bilirubin:

145. Date tested:

146. Upper limit of normal for your institution:

147. LDH:

148. Date tested:

149. Upper limit of normal for your institution:

150. Serum creatinine:

151. Date tested:

152. Upper limit of normal for your institution:

Hematologic Findings Prior to the Preparative Regimen (Conditioning)

Provide last laboratory values recorded just prior to preparative regimen:

153. Date CBC tested:

154. WBC:

155. Neutrophils:

156. Lymphocytes:

157. Hemoglobin:

158. Was RBC transfused < 30 days before date CBC tested?

159. Hematocrit:

160. Was RBC transfused < 30 days before date CBC tested?

161. Platelets:

162. Were platelets transfused < 7 days before date CBC tested?
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 o yes
2 o no

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

168. Select site(s) from list below:

<table>
<thead>
<tr>
<th>Codes for Commonly Reported Fungal Organisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>201 Candida albicans</td>
</tr>
<tr>
<td>202 Candida parapsilosis</td>
</tr>
<tr>
<td>203 Candida krusei</td>
</tr>
<tr>
<td>204 Candida glabrata (torulopsis)</td>
</tr>
<tr>
<td>205 Candida glabrata (torulopsis)</td>
</tr>
<tr>
<td>206 Candida parapsilosis</td>
</tr>
<tr>
<td>207 Candida krusei</td>
</tr>
<tr>
<td>208 Candida parapsilosis</td>
</tr>
<tr>
<td>209 Other candida, specify above</td>
</tr>
</tbody>
</table>

$ For fungal species marked with a section symbol ($), also complete a Fungal Infection form (FNG).

169. 170.

<table>
<thead>
<tr>
<th>Codes for Common Sites of Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Blood / tufted coat</td>
</tr>
<tr>
<td>2 Disseminated – generalized, isolated at 3 or more distinct sites</td>
</tr>
<tr>
<td>3 Central Nervous System</td>
</tr>
<tr>
<td>4 Brain</td>
</tr>
<tr>
<td>5 Spinal cord</td>
</tr>
<tr>
<td>6 Meninges and CSF</td>
</tr>
<tr>
<td>7 Central nervous system, not specified</td>
</tr>
<tr>
<td>8 Lips</td>
</tr>
<tr>
<td>9 Tongue, oral cavity and oropharynx</td>
</tr>
<tr>
<td>10 Esophagus</td>
</tr>
<tr>
<td>11 Stomach</td>
</tr>
<tr>
<td>12 Small intestine</td>
</tr>
<tr>
<td>13 Large intestine</td>
</tr>
<tr>
<td>14 Feces / stool</td>
</tr>
<tr>
<td>15 Peritonum</td>
</tr>
<tr>
<td>16 Liver</td>
</tr>
</tbody>
</table>

10 Gastrointestinal tract, not specified

<table>
<thead>
<tr>
<th>Respiratory Tract</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Upper airway and nasopharynx</td>
</tr>
<tr>
<td>12 Larynx / larynx</td>
</tr>
<tr>
<td>13 Lower respiratory tract (lung)</td>
</tr>
<tr>
<td>14 Pleural cavity, pleural fluid</td>
</tr>
<tr>
<td>15 Shingles</td>
</tr>
<tr>
<td>16 Respiratory tract, not otherwise specified</td>
</tr>
</tbody>
</table>

Genito-Urinary Tract

| 17 Urine, kidneys, renal pelvis, ureters and bladder |
| 18 Prostate |
| 19 Testes |
| 20 Bladder |

Skin

| 21 Genital area |
| 22 Cellulitis |

171. Was this fungal infection active within 2 weeks prior to the preparative regimen?
1 o yes
2 o no

Testing for serological evidence of prior viral exposure / infection

<table>
<thead>
<tr>
<th>172. HTLV1 antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 positive</td>
</tr>
<tr>
<td>2 negative</td>
</tr>
<tr>
<td>3 inconclusive</td>
</tr>
<tr>
<td>4 not tested</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>173. Cytomegalovirus antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 positive</td>
</tr>
<tr>
<td>2 negative</td>
</tr>
<tr>
<td>3 inconclusive</td>
</tr>
<tr>
<td>4 not tested</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>174. Epstein-Barr antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 positive</td>
</tr>
<tr>
<td>2 negative</td>
</tr>
<tr>
<td>3 inconclusive</td>
</tr>
<tr>
<td>4 not tested</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>175. Hepatitis B surface antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 positive</td>
</tr>
<tr>
<td>2 negative</td>
</tr>
<tr>
<td>3 inconclusive</td>
</tr>
<tr>
<td>4 not tested</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>176. Hepatitis B core antibody †</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 positive †</td>
</tr>
<tr>
<td>2 negative †</td>
</tr>
<tr>
<td>3 inconclusive †</td>
</tr>
<tr>
<td>4 not tested †</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>177. Hepatitis B surface antigen †</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 positive †</td>
</tr>
<tr>
<td>2 negative †</td>
</tr>
<tr>
<td>3 inconclusive †</td>
</tr>
<tr>
<td>4 not tested †</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>178. Hepatitis B — DNA †</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 positive †</td>
</tr>
<tr>
<td>2 negative †</td>
</tr>
<tr>
<td>3 inconclusive †</td>
</tr>
<tr>
<td>4 not tested †</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>179. Hepatitis C antibody †</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 positive †</td>
</tr>
<tr>
<td>2 negative †</td>
</tr>
<tr>
<td>3 inconclusive †</td>
</tr>
<tr>
<td>4 not tested †</td>
</tr>
</tbody>
</table>
### Pre-HSCT Preparative Regimen (Conditioning)

184. Height at initiation of pre-HSCT preparative regimen:
- [ ] inches
- [ ] centimeters

185. Actual weight at initiation of pre-HSCT preparative regimen:
- [ ] pounds
- [ ] kilograms

186. Dosing body weight used for pre-HSCT preparative regimen:
- [ ] pounds
- [ ] kilograms

187. Was a pre-HSCT preparative regimen given?
- [ ] yes
- [ ] no

188. Specify protocol requirement: (check only one)
- [ ] all agents given as outpatient
- [ ] some, but not all, agents given as inpatient
- [ ] all agents given as inpatient

189. Classify the recipient’s preparative regimen:
- [ ] myeloablative
- [ ] non-myeloablative (NST)
- [ ] reduced intensity (RIC)

190. Date pre-HSCT preparative regimen (irradiation or drugs) began:
- [ ] Month
- [ ] Day
- [ ] Year

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

192. What was the radiation field?
- [ ] total body
- [ ] total body by tomotherapy
- [ ] total lymphoid or nodal regions

193. Total dose:
- [ ] Gy (dose per fraction x total number of fractions)

194. Date started:
- [ ] Month
- [ ] Day
- [ ] Year

195. Was the radiation fractionated?
- [ ] yes
- [ ] no

196. Dose per fraction:
- [ ] Gy
- [ ] cGy

197. Number of days:
- (include "rest" days)

198. Total number of fractions:

---

† For hepatitis types marked with a dagger (†) that have a positive result, also complete HEP form.
‡ For HIV tests marked with a double dagger (‡) that have a positive result, also complete HIV form.
**ERROR CORRECTION FORM**

Sequence Number:  
CIBMTR Recipient ID:  
Initials:  
Today's Date:  
Infusion Date:  
CIBMTR Center Number:  
CIBMTR Recipient ID:  

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  

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 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  

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
### CIBMTR Form 2000 revision 2 (page 18 of 24) June 2009

**ERROR CORRECTION FORM**

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<table>
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<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
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<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
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<th>CIBMTR Recipient ID:</th>
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#### 230. ALG, ALS, ATG, ATS

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
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<td>2</td>
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#### 235. Anthracycline

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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#### 236. daunorubicin

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<td>1</td>
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#### 239. doxorubicin (adriamycin)

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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<td>1</td>
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#### 242. idarubicin

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<td>1</td>
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#### 245. rubidazone

<table>
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<tr>
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<th>No</th>
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<td>1</td>
<td>2</td>
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</table>

#### 248. other anthracycline

<table>
<thead>
<tr>
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<th>No</th>
</tr>
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<tr>
<td>1</td>
<td>2</td>
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#### 252. Bleomycin

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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</table>

#### 255. Busulfan (Myleran)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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#### 259. Carboplatin

<table>
<thead>
<tr>
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<th>No</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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</table>

#### 262. Cisplatin

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

#### 265. Cladribine

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

#### 268. Corticosteroids (excluding anti-nausea medication)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

#### 269. methylprednisolone (Solu-Medrol)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

#### 273. prednisone

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<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>1</td>
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</table>

#### 276. dexamethasone

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</table>

#### 279. other corticosteroid

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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**Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).**
<table>
<thead>
<tr>
<th>Compound</th>
<th>Yes</th>
<th>No</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 thiopeta</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>

**Specify Units:** Date Started:

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

**Specify administration:**

<table>
<thead>
<tr>
<th>Oral</th>
<th>IV</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Specify monoclonal antibody:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Total Dose:** Date Started:

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

**Specify total dose:**

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

**Specify radioactive component:**

<table>
<thead>
<tr>
<th>mCi</th>
<th>MBq</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Specify intrathecal drug:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
CIBMTR Recipient ID: CIBMTR Center Number:

Total Dose: Date Started:

330. Campath
   1 □ yes  331. mg  332. no

333. Rituximab (Rituxan, anti CD20)
   1 □ yes  334. mg  335. no

336. Gemtuzumab (Mylotarg, anti CD33)
   1 □ yes  337. mg  338. no

339. Other mAb
   1 □ yes  340. mg  341. no
   2 □ no

343. Nitrosourea
   1 □ yes  Continue with 344–353
   2 □ no  Proceed to question 354

344. BCNU (Carmustine)
   1 □ yes  345. mg  346. no

347. CCNU (Lomustine)
   1 □ yes  348. mg  349. no

350. Other nitrosourea
   1 □ yes  351. mg  352. no
   2 □ no

354. Paclitaxel (Taxol, Xyotax)
   1 □ yes  355. mg  356. no
   2 □ no

357. Teniposide (VM26)
   1 □ yes  358. mg  359. no
   2 □ no

360. Thiotepa
   1 □ yes  361. mg  362. no
   2 □ no

363. Other drug
   1 □ yes  364. mg  365. no
   2 □ no

367. Were pharmacokinetics performed to determine preparative regimen drug dosing?
   1 □ yes  Specify drugs:
   2 □ no

Specify drugs:
   368. 1 □ yes  2 □ no busulfan
   369. 1 □ yes  2 □ no cyclophosphamide
   370. 1 □ yes  2 □ no other drug  371. Specify other drug: __________________________

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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: autologous 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. Autologous
2. Allogeneic, unrelated
3. Allogeneic, related
4. Syngeneic / Allogeneic related donor

377. Was the same donor used for all prior and current HSCTs?
1. Yes  2. No

378. Was the same donor used for all prior and current HSCTs?
1. Yes  2. No

379. Date of the last HSCT (just before current HSCT):

380. Was the last HSCT performed at a different institution?
1. Yes  2. No

381. Specify the institution that performed the last HSCT:
Name: ____________________________
City: ____________________________
State / Country: ____________________

382. 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

383. Specify the institution that performed the last HSCT:
Name: ____________________________
City: ____________________________
State / Country: ____________________

384. Date of graft failure / rejection:

385. Date of relapse:

386. Date of secondary malignancy:

387. Date of relapse:

388. Date of secondary malignancy:

389. Specify other reason: ____________________________
## 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:

- 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 398

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 No primary education / under school age</td>
<td>Less than 1st grade education</td>
<td>No schooling</td>
</tr>
<tr>
<td>2 Less than primary or elementary education</td>
<td>More than 1st grade education, but less than 6th grade education</td>
<td>Some formal schooling, but less than a complete primary or elementary education</td>
</tr>
<tr>
<td>3 Primary or elementary education</td>
<td>Starts with 1st grade and ends with 6th grade</td>
<td>Beginning at age 5–7 and continuing for about 4–6 years</td>
</tr>
<tr>
<td>4 Lower secondary education</td>
<td>Starts with 7th grade and typically ends with 9th grade</td>
<td>Beginning at about age 11–12 and continuing for about 2–3 years</td>
</tr>
<tr>
<td>5 Upper secondary education</td>
<td>Starts with 10th grade and ends with 12th grade</td>
<td>Beginning at about age 15–16 and continuing for about 3 years</td>
</tr>
<tr>
<td>6 Post-secondary, non-tertiary education</td>
<td>Vocational programs of study</td>
<td>Programs lasting 6 months–2 years</td>
</tr>
<tr>
<td>7 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>
<td>Programs that provide education that is largely theoretical, lasting 3–4 years</td>
</tr>
<tr>
<td>8 Tertiary education, Type B</td>
<td>Programs typically offered at community colleges that lead to an associate’s degree</td>
<td>Programs that focus on practical, technical or occupational skills with a minimum duration of 2 years of full-time enrollment</td>
</tr>
<tr>
<td>9 Advanced research qualification</td>
<td>Programs devoted to advanced study and original research</td>
<td>Programs that lead to the award of an advanced post-graduate degree, such as a Ph.D.</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?
1. yes
2. no

Specify type of health insurance:

- government-sponsored Medicaid (U.S.)
- government-sponsored Medicare (U.S.)
- government-sponsored National Health Insurance (non-U.S.)
- government-sponsored Veteran’s Affairs / military
- private health insurance (premium paid by individual) or group health insurance
- employer-sponsored disability insurance
- other

406. Specify other health insurance:

407. For U.S. residents only: Specify the recipient’s combined household gross annual income:

Include earnings by all family members living in the household, before taxes.

- less than $20,000
- $20,000–$39,999
- $40,000–$59,999
- $60,000–$79,999
- $80,000–$99,999
- $100,000 and over
- recipient declines to provide this information
- unknown

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## Consent Status

408. Has the recipient signed an IRB-approved consent form to donate research blood samples to the CIBMTR?

1. Yes
2. No

409. Date form was signed: ____________
   - Month
   - Day
   - Year

410. Has the recipient signed an IRB-approved consent form for submitting research data to the CIBMTR?

1. Yes
2. No

411. Date form was signed: ____________
   - Month
   - Day
   - Year

412. Signed: ____________________________
   - Person completing form

Please print name: ________________________________

Phone: (__________) ________________________________

Fax: (__________) ________________________________

E-mail address: ________________________________