### Key Fields

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>CIBMTR Center Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

### Recipient Demographics

**Questions: 1 - 5**

1. **Country of primary residence**

2. **Specify:**

3. **State of residence of recipient:**

   *(for residents of USA)*

### Race (1)

**Questions: 4 - 5**

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

5. **Race detail**

### Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

**Questions: 6 - 14**

6. **Specify blood type**

   *(For allogeneic HCTs only)*

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>AB</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **Specify Rh factor**

   *(For allogeneic HCTs only)*

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **Does the recipient have a history of smoking cigarettes?**

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **Has the recipient smoked cigarettes within the past year?**

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **Has the recipient smoked cigarettes prior to but not during the past year?**

    | yes | no | Unknown |
    |-----|----|---------|
    |     |    |         |
Form 2000 R4.0: Recipient Baseline Data

Center: CRID:

11 Number of years
   - Known  - Unknown

13 Average number of packs per day
   - Known  - Unknown

Organ Function Prior to the Preparative Regimen (Conditioning)  Questions: 15 - 38

15 AST (SGOT)
   - Known  - Unknown

17 Date sample collected: ____________________

18 Upper limit of normal for your institution: ____________________

19 Total serum bilirubin
   - Known  - Unknown

21 Date sample collected: ____________________

22 Upper limit of normal for your institution: ____________________

23 LDH
   - Known  - Unknown

25 Date sample collected: ____________________

26 Upper limit of normal for your institution: ____________________

27 Serum creatinine
   - Known  - Unknown

29 Date sample collected: ____________________

30 Upper limit of normal for your institution: ____________________

31 Total serum ferritin
   - Known  - Unknown

33 Date sample collected: ____________________

34 Upper limit of normal for your institution: ____________________

35 Serum albumin
   - Known  - Unknown

37 Date sample collected: ____________________

38 Upper limit of normal for your institution: ____________________

Hematologic Findings Prior to the Preparative Regimen (Conditioning)  Questions: 39 - 54

39 Date CBC tested: ____________________

41 WBC
   - Known  - Unknown

43 Neutrophils
   - Known  - Unknown

45 Lymphocytes
   - Known  - Unknown
Form 2000 R4.0: Recipient Baseline Data

Center:  CRID:

---

### Key Fields
- Sequence Number:
- Date Received: __ __ __ __ - __ __- __ __
- CIBMTR Center Number:
- CIBMTR Recipient ID:
- Initials:
- Infusion Date: __ __ __ __ - __ __- __ __
- Month 2 0  __ __ __ __ Year
- Month 2 0  __ __ __ __ Year
- Radiation field:
- Specify radio labeled MAb:
- Specify drugs:
- Specify type of health insurance:

---

### Infection
Questions: 55 - 75

55. Did the recipient have a history of clinically significant fungal infection (documented or suspected) at any time prior to the preparative regimen?
- yes
- no

56. Did the recipient have more than one fungal infection (documented or suspected) at any time prior to the preparative regimen?
- yes
- no

### Fungal Infection (1)
Questions: 57 - 63

57. Date of onset: __ __ __ __ - __ __

58. Select organism from list below
- 210 Aspergillus, NOS
- 211 Aspergillus flavus
- 212 Aspergillus fumigatus
- 213 Aspergillus niger
- 215 Aspergillus terreus
- 214 Aspergillus ustus
- 270 Blastomycoses (dermatitidis)
- 201 Candida albicans
- 208 Candida non-albicans
- 271 Coccioidioides (all species)
- 222 Cryptococcus gattii
- 221 Cryptococcus neoformans
- 230 Fusarium (all species)
- 261 Histoplasma (capsulatum)
- 241 Mucorales (all species)
- 260 Pneumocystis (PCP / PJP)
- 242 Rhizopus (all species)
- 272 Scedosporium (all species)
- 240 Zygomycetes, NOS
- 503 Suspected fungal infection

59. Specify organism: __________________________________________

60. Select site(s) from list below

---

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Retain the original form at the transplant center.
### Form 2000 R4.0: Recipient Baseline Data

#### Key Fields
- **Sequence Number:**
- **Date Received:** __ __ __ __ - __ __- __ __
- **CIBMTR Center Number:**
- **CIBMTR Recipient ID:**
- **Initials:**

#### Pre-HCT Preparative Regimen (Conditioning)

**Questions: 76 - 247**

61 Select site(s) from list below

62 Select site(s) from list below

63 Was this fungal infection active within 2 weeks prior to the preparative regimen?
- yes
- no

### Testing for evidence of prior viral exposure/infection

64 HTLV1 antibody
- Reactive
- Non-reactive
- Inconclusive
- Not done

65 Cytomegalovirus antibody
- Reactive
- Non-reactive
- Inconclusive
- Not done

66 Anti-EBV (Epstein-Barr virus antibody)
- Positive
- Negative
- Inconclusive
- Not done

67 Hepatitis B surface antibody
- Reactive
- Non-reactive
- Inconclusive
- Not done

68 Anti HBc: (hepatitis B core antibody)
- For hepatitis tests that have a reactive result, also complete HEP form.
- Non-reactive
- Not done

69 HBsAg: (hepatitis B surface antigen)
- For hepatitis tests that have a reactive result, also complete HEP form.
- Non-reactive
- Not done

70 Hepatitis B — DNA
- For hepatitis tests that have a reactive result, also complete HEP form.
- Non-reactive
- Inconclusive
- Not done

71 Anti-HCV: (hepatitis C antibody)
- For hepatitis tests that have a reactive result, also complete HEP form.
- Non-reactive
- Inconclusive
- Not done

72 Hepatitis C — NAT
- For hepatitis tests that have a reactive result, also complete HEP form.
- Non-reactive
- Inconclusive
- Not done

73 Hepatitis A antibody
- Reactive
- Non-reactive
- Inconclusive
- Not done

74 HIV antibody
- Positive
- Negative
- Inconclusive
- Not done

75 HIV – NAT
- Positive
- Negative
- Inconclusive
- Not done

### Questions

76 Was a pre-HCT preparative regimen given?
- yes
- no

---

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Form 2000 R4.0: Recipient Baseline Data

77 Specify protocol intent
   (check only one) (Allogeneic HCTs only)
   • all agents given as outpatient
   • some, but not all, agents given as inpatient
   • all agents given as inpatient

78 Date pre-HCT preparative regimen (irradiation or drugs) began: __ __ __ __ - __ __- __ __
   Use the earliest date from questions 82 (radiation) or 109-176 and 193-241 (systemic therapy). Additional radiation and/or intrathecal chemotherapy start dates may be prior to the date the preparative regimen began.

79 Was irradiation performed as part of the pre-HCT preparative regimen?
   • yes  • no

80 What was the radiation field?
   • total body
   • total body by tomotherapy
   • total lymphoid or nodal regions
   • thoracoabdominal region

81 Total dose: __ __ __ __ (dose per fraction x total number of fractions)  Gy  cGy

82 Date started: __ __ __ __ - __ __- __ __

83 Was the radiation fractionated?
   • yes  • no

84 Dose per fraction: __ __ __ __  Gy  cGy

85 Number of days: __ __ __ __
   (include "rest" days)

86 Total number of fractions: __ __ __ __

87 Was additional radiation given to other sites within 14 days of the pre-HCT preparative regimen?
   • yes  • no

Specify radiation field:

88 CNS
   • yes  • no

89 Total dose: __ __ __ __  Gy  cGy

90 Date started: __ __ __ __ - __ __- __ __

91 Gonadal
   • yes  • no

92 Total dose: __ __ __ __  Gy  cGy

93 Date started: __ __ __ __ - __ __- __ __

94 Splenic
   • yes  • no

95 Total dose: __ __ __ __  Gy  cGy

96 Date started: __ __ __ __ - __ __- __ __

97 Site of residual tumor
   • yes  • no

98 Total dose: __ __ __ __  Gy  cGy

99 Date started: __ __ __ __ - __ __- __ __

100 Specify site: __ __ __ __

101 Other site
   • yes  • no

102 Total dose: __ __ __ __  Gy  cGy

103 Date started: __ __ __ __ - __ __- __ __

104 Specify other site: __ __ __ __

105 Were drugs given for pre-HCT preparative regimen?
   • yes  • no

106 Dosing body weight used for pre-HCT preparative regimen (adjusted body weight): __ __ __ __  pounds  kilograms

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**ERROR CORRECTION FORM**

**Form 2000 R4.0: Recipient Baseline Data**

**Center:**

**Recipient Demographics**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>107 ALG, ALS, ATG, ATS</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>108 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>109 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>110 Specify source</td>
<td>☐ Horse ☐ Rabbit ☐ Other</td>
<td></td>
</tr>
<tr>
<td>111 Specify other source:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112 Anthracycline</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>113 Daunorubicin</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>114 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>115 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>116 Doxorubicin (Adriamycin)</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>117 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>118 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>119 Idarubicin</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>120 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>121 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>122 Rubidazone</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>123 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>124 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>125 Other anthracycline</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>126 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>127 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>128 Specify other anthracycline:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>129 Bleomycin (BLM, Blenoxane)</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>130 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>131 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>132 Busulfan (Myleran)</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>133 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>134 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>135 Specify administration</td>
<td>☐ Oral ☐ IV ☐ Both</td>
<td></td>
</tr>
<tr>
<td>136 Carboplatin</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>137 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>138 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>139 Cisplatin (Platinol, CDDP)</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>140 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>141 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>142 Cladribine (2-CdA, Leustatin)</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>143 Total dose:</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>144 Date started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>145 Corticosteroids (excluding anti-nausea medication)</td>
<td>☐ yes ☐ no</td>
<td></td>
</tr>
</tbody>
</table>

---

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Form 2000 R4.0: Recipient Baseline Data

Center: CRID:

146 Methylprednisolone (Solu-Medrol)
   yes  no
147 Total dose: __________________ mg
148 Date started: ____________
149 Prednisone
   yes  no
150 Total dose: __________________ mg
151 Date started: ____________
152 Dexamethasone
   yes  no
153 Total dose: __________________ mg
154 Date started: ____________
155 Other corticosteroid
   yes  no
156 Total dose: __________________ mg
157 Date started: ____________
158 Specify other corticosteroid: __________________________
   yes  no
159 Cyclophosphamide (Cytoxan)
160 Total dose: __________________ mg
161 Date started: ____________
162 Cytarabine (Ara-C)
   yes  no
163 Total dose: __________________ mg
164 Date started: ____________
165 Etoposide (VP-16, VePesid)
   yes  no
166 Total dose: __________________ mg
167 Date started: ____________
168 Fludarabine
   yes  no
169 Total dose: __________________ mg
170 Date started: ____________
171 Illostatamide
   yes  no
172 Total dose: __________________ mg
173 Date started: ____________
174 Imatinib mesylate (STI571, Gleevec)
   yes  no
175 Total dose: __________________ mg
176 Date started: ____________
177 Intrathecal therapy
   yes  no
178 Intrathecal cytarabine (IT Ara-C)
   yes  no
179 Total dose: __________________ mg
180 Date started: ____________
181 Intrathecal methotrexate (IT MTX)
   yes  no
182 Total dose: __________________ mg
183 Date started: ____________
184 Intrathecal thiopeta
   yes  no
185 Total dose: __________________ mg
186 Date started: ____________
### Form 2000 R4.0: Recipient Baseline Data

**Center:**

CRID:

#### Key Fields

- **Sequence Number:**
- **Date Received:** __ __ __ __ - __ __- __ __
- **CIBMTR Center Number:**
- **Date of HCT for which this form is being completed:**
- **Product type:** (check all that apply)

#### Recipient Demographics

- **Recipient's age:** __ __ __ __ __ __
- **Gender:** M (male) F (female)
- **Race/Ethnicity:**
  - [ ] American Indian or Alaska Native
  - [ ] Asian
  - [ ] Black
  - [ ] White
  - [ ] Other
- **Current occupation:**
  - [ ] Professional, technical, or related occupation
  - [ ] Skilled craft or related occupation
  - [ ] Service occupation
  - [ ] Homemaker
  - [ ] Upper secondary education: Beginning at about age 15-16 and continuing for about 3 years (US Equivalent: Starts with 10th grade and ends with 12th grade)
  - [ ] College: Bachelor’s degree
  - [ ] College: Master’s degree or higher
  - [ ] Unknown
- **Under school age**
- **Not previously employed**
- **Part time, by choice and not due to illness**
- **Currently employed**
- **Medical disability**
- **Veteran**
- **Marital status:**
  - [ ] Single
  - [ ] Married
  - [ ] Divorced
  - [ ] Separated
  - [ ] Widowed
  - [ ] Unknown
- **Is the recipient currently in school, or was enrolled prior to illness?**

#### Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

- **Hepatitis B — DNA**
  - [ ] Non-reactive
  - [ ] Reactive
  - [ ] Inconclusive
- **HBsAg: (hepatitis B surface antigen)**
  - [ ] Non-reactive
  - [ ] Reactive
  - [ ] Inconclusive
- **HTLV1 antibody**
  - [ ] Non-reactive
  - [ ] Reactive
  - [ ] Inconclusive
- **HIV**
  - [ ] Non-reactive
  - [ ] Reactive
  - [ ] Inconclusive
- **Cytomegalovirus (CMV) — DNA**
  - [ ] Non-reactive
  - [ ] Reactive
  - [ ] Inconclusive
- **Cytomegalovirus (CMV) — Antibody**
  - [ ] Non-reactive
  - [ ] Reactive
  - [ ] Inconclusive
- **Varicella-zoster virus (VZV) — DNA**
  - [ ] Non-reactive
  - [ ] Reactive
  - [ ] Inconclusive
- **Varicella-zoster virus (VZV) — Antibody**
  - [ ] Non-reactive
  - [ ] Reactive
  - [ ] Inconclusive
- **Sarcoidosis**
  - [ ] Known
  - [ ] Unknown
- **Known
diagnosis of hairy cell leukemia**
- **Known
diagnosis of chronic myeloid leukemia**
- **Known
diagnosis of chronic lymphocytic leukemia**
- **Known
diagnosis of acute myeloid leukemia**
- **Known
diagnosis of acute lymphoblastic leukemia**
- **Known
diagnosis of multiple myeloma**
- **Known
diagnosis of lymphoma, non-Hodgkin’s**
- **Known
diagnosis of Hodgkin’s disease**
- **Known
diagnosis of multiple sclerosis**
- **Known
diagnosis of lupus erythematosus**
- **Known
diagnosis of syphilis**
- **Known
diagnosis of tuberculosis**
- **Known
diagnosis of angioimmunoblastic T-cell lymphoma**
- **Known
diagnosis of multiple myeloma**
- **Known
diagnosis of lymphoma, non-Hodgkin’s**
- **Known
diagnosis of Hodgkin’s disease**
- **Known
diagnosis of multiple sclerosis**
- **Known
diagnosis of lupus erythematosus**
- **Known
diagnosis of syphilis**
- **Known
diagnosis of tuberculosis**
- **Known
diagnosis of angioimmunoblastic T-cell lymphoma**

#### Medical History

- **Current medications:**
- **Current smoking status:**
  - [ ] No
  - [ ] Yes
- **Has the recipient smoked cigarettes prior to but not during the past year?**
  - [ ] Yes
  - [ ] No
  - [ ] Unknown
- **Has the recipient smoked cigarettes within the past year?**
  - [ ] Yes
  - [ ] No
  - [ ] Unknown

#### Laboratory Values

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Date Sample Collected</th>
<th>Was RBC Transfused &lt; 30 Days Before Date of Test?</th>
<th>Upper Limit of Normal for Your Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Chemistry Panel

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Date Sample Collected</th>
<th>Upper Limit of Normal for Your Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
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</tbody>
</table>

#### Infections

<table>
<thead>
<tr>
<th>Organism</th>
<th>Date Sample Collected</th>
<th>Upper Limit of Normal for Your Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Radiation Therapy

#### Radiotherapy

<table>
<thead>
<tr>
<th>Radiation</th>
<th>Total Dose of Radioactive Component</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
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</tbody>
</table>

#### Other MAb

<table>
<thead>
<tr>
<th>MAb</th>
<th>Total Dose</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Nitrosourea

<table>
<thead>
<tr>
<th>Nitrosourea</th>
<th>Total Dose</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Drug Administration

<table>
<thead>
<tr>
<th>MAb</th>
<th>Total Dose</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Immunotherapy

<table>
<thead>
<tr>
<th>Immunotherapy</th>
<th>Total Dose</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Immunology

<table>
<thead>
<tr>
<th>Immunology</th>
<th>Total Dose</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Administration of Radioactive Components

<table>
<thead>
<tr>
<th>Radioactive Component</th>
<th>Total Dose</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Therapies

<table>
<thead>
<tr>
<th>Therapy</th>
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### Bone Marrow Transplant

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</table>
Form 2000 R4.0: Recipient Baseline Data
Center: CRID:

224 Total dose: _______ mg
225 Date started: _______ - _______ - _______
226 Other nitrosourea
   ☐ yes ☐ no
227 Total dose: _______ mg
228 Date started: _______ - _______ - _______
229 Specify other nitrosourea: __________________________
230 Paclitaxel (Taxol, Xyotax)
   ☐ yes ☐ no
231 Total dose: _______ mg
232 Date started: _______ - _______ - _______
233 Teniposide (VM26)
   ☐ yes ☐ no
234 Total dose: _______ mg
235 Date started: _______ - _______ - _______
236 Thiotepa
   ☐ yes ☐ no
237 Total dose: _______ mg
238 Date started: _______ - _______ - _______
239 Other drug
   ☐ yes ☐ no
240 Total dose: _______ mg
241 Date started: _______ - _______ - _______
242 Specify other drug: __________________________
243 Were pharmacokinetics performed to determine preparative regimen drug dosing?
   ☐ yes ☐ no
244 Busulfan
   ☐ yes ☐ no
245 Carboplatin
   ☐ yes ☐ no
246 Other drug
   ☐ yes ☐ no
247 Specify other drug: __________________________

Socioeconomic Information
Questions: 248 - 264

248 Is the recipient an adult (18 years of age or older) or emancipated minor?
   ☐ yes ☐ no

249 Specify the recipient’s marital status
   ☐ single, never married
   ☐ married or living with a partner
   ☐ separated
   ☐ divorced
   ☐ widowed
   ☐ Unknown
**ERROR CORRECTION FORM**

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Today's Date:</th>
<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Form 2000 R4.0: Recipient Baseline Data**

**Center:**

**CRID:**

250 Specify the category which best describes the recipient's current occupation

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

- Professional, technical, or related occupation (e.g., teacher/professor, nurse/physician, lawyer, engineer)
- Manager, administrator, or proprietor (e.g., sales manager, real estate agent, postmaster)
- Clerical or related occupation (e.g., secretary, clerk, mail carrier)
- Sales occupation (e.g., sales associate, demonstrator, agent, broker)
- Service occupation (e.g., police officer, cook, hairdresser)
- Skilled craft or related occupation (e.g., carpenter, repair technician, telephone line worker)
- Equipment / vehicle operator or related occupation (e.g., driver, railroad brakeman, sewer worker)
- Laborer (e.g., helper, longshoreman, warehouse worker)
- Farmer (e.g., owner, manager, operator, tenant)
- Member of the military
- Homemaker
- Student
- Under school age
- Not previously employed
- Unknown
- Other

251 Specify other occupation:

252 What is the recipient's current or most recent work status prior to illness?

- Full time
- Part time, by choice and not due to illness
- Part time, due to illness
- Unemployed, by choice and not due to illness
- Unemployed, due to illness
- Medical disability
- Retired
- Unknown

253 What is the highest educational grade the recipient completed?

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

254 Is the recipient currently in school, or was enrolled prior to illness?

- yes
- no
- Unknown

255 Is the recipient covered by health insurance?

- yes
- no

256 Government-sponsored Medicaid

- (U.S.)

- yes
- no

257 Government-sponsored Medicare

- (U.S.)

- yes
- no

---

Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmddp.org. Retain the original form at the transplant center.

CIBMTR Form 2000 revision 4 last updated Monday, August 14, 2017 Copyright(c) 2012 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.
Form 2000 R4.0: Recipient Baseline Data

**Sequence Number:**

**Date Received:** __ __ __ __ - __ __- __ __

**CIBMTR Recipient ID:**

**CIBMTR Center Number:**

**Infusion Date:** __ __ __ __ - __ __- __ __

**CIBMTR Center Number:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
| 258      | Government-sponsored National Health Insurance (non U.S.)
|          | yes no |
| 259      | Government-sponsored Veteran’s Affairs / military
|          | yes no |
| 260      | Private health insurance (premium paid by individual) or group health insurance
|          | yes no |
| 261      | Employer-sponsored disability insurance
|          | yes no |
| 262      | Other
|          | yes no |
| 263      | Specify other health insurance: 

**Specify the recipient’s combined household gross annual income**

(Include earnings by all family members living in the household, before taxes.) *(For U.S. residents only)*

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Answer</th>
</tr>
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<tbody>
<tr>
<td>Less than $20,000</td>
<td>yes</td>
</tr>
<tr>
<td>$20,000--$39,999</td>
<td>yes</td>
</tr>
<tr>
<td>$40,000--$59,999</td>
<td>yes</td>
</tr>
<tr>
<td>$60,000--$79,999</td>
<td>yes</td>
</tr>
<tr>
<td>$80,000--$99,999</td>
<td>yes</td>
</tr>
<tr>
<td>$100,000 and over</td>
<td>yes</td>
</tr>
<tr>
<td>Recipient declines to provide this information</td>
<td>yes</td>
</tr>
<tr>
<td>Unknown</td>
<td>yes</td>
</tr>
</tbody>
</table>

**First Name:**

**Last Name:**

**E-mail address:**

**Date:** __ __ __ __ - __ __- __ __