



Recipient Baseline Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ __ __ / __ __ / __ __
 YYYY MM DD

For Transplant Centers that are members of the NMDP network, research blood samples should be collected before initiation of preparative regimen and sent to the NMDP Research Sample Repository. See Transplant Center Manual of Operations for instructions.

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

1. Does the recipient have a history of smoking or using chewing tobacco?

Yes

No

Unknown

2. Select (check all that apply)

Chewing tobacco

Cigarettes

Cigars / pipe

E-cigarettes

Marijuana

3. Has the recipient smoked cigarettes within the past year?

Yes

No

Unknown

Organ Function Prior to the Preparative Regimen (Conditioning)

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

4. AST (SGOT)

- Known →
- Unknown

5. _____ • _____ U/L μ kat/L

6. Upper limit of normal for your institution: _____ • _____

7. ALT (SGPT)

- Known →
- Unknown

8. _____ • _____ U/L μ kat/L

9. Upper limit of normal for your institution: _____ • _____

10. FEV1

- Known →
- Unknown

11. _____ %

12. DLCO (corrected)

- Known →
- Unknown

13. _____ %

14. Total serum bilirubin

- Known →
- Unknown

15. _____ • _____ mg/dL μ mol/L

16. Upper limit of normal for your institution: _____ • _____

17. LDH

- Known →
- Unknown

18. _____ • _____ U/L μ kat/L

19. Upper limit of normal for your institution: _____ • _____

20. Serum creatinine

- Known →
- Unknown

21. _____ • _____ mg/dL mmol/L μ mol/L

22. 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:

23. Date CBC tested: __ __ __ __ / __ __ / __ __
YYYY MM DD

24. WBC

- Known →
- Unknown

25. _____ • _____ x 10⁹/L (x 10⁹/mm³) x 10⁶/L

26. Neutrophils

- Known →
- Unknown

27. _____ %

28. Lymphocytes

- Known →
- Unknown

29. _____ %

30. Hemoglobin

- Known →
- Unknown

31. _____ • _____ g/dL g/L mmol/L

32. Hematocrit

- Known →
- Unknown

33. _____ %

34. Were RBCs transfused ≤ 30 days before date of test? Yes No

Pre-HCT Preparative Regimen (Conditioning)

39. Was a pre-HCT preparative regimen given?

- Yes →
- No

40. Specify protocol intent (check only one)

- All agents given as outpatient
- Some, but not all, agents given as inpatient
- All agents given as inpatient

41. Was irradiation performed as part of the pre-HCT preparative regimen?

- Yes →
- No

42. What was the radiation field?

- Total body
- Total body by intensity modulated radiation therapy (IMRT) →
- Total lymphoid or nodal regions
- Thoracoabdominal region

43. Average organ doses (complete only if organ has been contoured and planned as an avoidance organ)

- Known →
- Unknown

44. Heart

- Known →
- Unknown

45. Heart:

_____ . ____
 Gy
 cGy

46. Intestine (small and large combined)

- Known →
- Unknown

47. Intestine (small and large combined):

_____ . ____
 Gy
 cGy

48. Kidneys (right and left combined)

- Known
- Unknown

49. Kidneys (right and left combined):

_____ . ____

- Gy
- cGy

50. Lung (right and left combined)

- Known
- Unknown

51. Lung (right and left combined):

_____ . ____

- Gy
- cGy

52. Thyroid

- Known
- Unknown

53. Thyroid:

_____ . ____

- Gy
- cGy

54. Total dose: (dose per fraction x total number of fractions) _____ . ____ Gy
 cGy

55. Date started: ____ / ____ / ____
 YYYY MM DD

56. Was the radiation fractionated?

- Yes →
- No

57. Total number of fractions: _____

58. Was additional radiation given to other sites within 21 days of the HCT?

- Yes →
 No

Specify radiation field:

59. CNS

- Yes →
 No

60. Total dose: _____ • _____ Gy cGy

61. Date started: ____/____/____
YYYY MM DD

62. Gonadal

- Yes →
 No

63. Total dose: _____ • _____ Gy cGy

64. Date started: ____/____/____
YYYY MM DD

65. Splenic

- Yes →
 No

66. Total dose: _____ • _____ Gy cGy

67. Date started: ____/____/____
YYYY MM DD

68. Site of residual tumor

- Yes →
 No

69. Total dose: _____ • _____ Gy cGy

70. Date started: ____/____/____
YYYY MM DD

71. Specify site: _____

72. Other site

- Yes →
 No

73. Total dose: _____ • _____ Gy cGy

74. Date started: ____/____/____
YYYY MM DD

75. Specify other site: _____

Indicate the total dose given for the preparative regimen:

76. Drug (choose from list)
- Bendamustine
 - Busulfan
 - Carboplatin
 - Carmustine (BCNU)
 - CCNU (Lomustine)
 - Clofarabine (Clolar)
 - Cyclophosphamide (Cytoxan)
 - Cytarabine (Ara-C)
 - Etoposide (VP-16, VePesid)
 - Fludarabine
 - Gemcitabine
 - Ibritumomab tiuxetan (Zevalin)
 - Ifosfamide
 - Melphalan (L-Pam)
 - Methylprednisolone (Solu-Medrol)
 - Pentostatin
 - Propylene glycol-free melphalan (Evomela)
 - Rituximab (Rituxan)
 - Thiotepa
 - Tositumomab (Bexxar)
 - Treosulfan
 - Other drug

77. Specify other drug: _____

78. Total dose: _____ • ____ mg

79. Date started: ____ / ____ / ____
YYYY MM DD

80. Dosing weight: ____ pounds kilograms

81. Was the exposure of busulfan measured?

Yes → No

82. Overall exposure: _____

AUC (mg x h/L)

AUC (μmol x min/L)

CSS (ng/mL)

83. Was the busulfan dose adjusted based on pharmacokinetics?

Yes → No

84. Specify how dose was modified

Increased Decreased

85. Specify administration (busulfan only)

Oral IV Both

Copy and complete questions 76-85 to report more than one drug

Additional Drugs Given in the Peri-transplant Period

86. ALG, ALS, ATG , ATS

- Yes →
 No

87. Total dose: _____ mg

88. Absolute lymphocyte count (prior to first dose)

Known →
 Unknown

89. _____ x10⁹/L (x10³/mm³) x10⁶/L

90. Date first dose

Known →
 Unknown

91. Date first dose: __ __ / __ __ / __ __
 YYYY MM DD

92. Date last dose

Known →
 Unknown

93. Date last dose: __ __ / __ __ / __ __
 YYYY MM DD

94. Alemtuzumab (Campath)

- Yes →
 No

95. Total dose: _____ • _____ mg

96. Date first dose

Known →
 Unknown

97. Date first dose: __ __ / __ __ / __ __
 YYYY MM DD

98. Date last dose

Known →
 Unknown

99. Date last dose: __ __ / __ __ / __ __
 YYYY MM DD

100. Were clinically significant donor specific anti-HLA antibodies detected?

- Yes →
 No

101. Was the recipient on a desensitization protocol?

Yes →
 No

102. Method of desensitization (check all that apply)

- Bortezomib (Velcade)
- Daratumumab
- IVIG
- Mycophenolate mofetil (CellCept, Myfortic)
- Plasmapheresis
- Rituximab (Rituxan)
- Tacrolimus (Astagraft XL, Prograf, Protopic)
- Other method →

103. Specify other method: _____

Socioeconomic Information

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

Yes

No

105. Specify the recipient's marital status

Single, never married

Married or living with a partner

Separated

Divorced

Widowed

Unknown

106. 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) - **Go to question 108**

Manager, administrator, or proprietor (e.g., sales manager, real estate agent, postmaster) - **Go to question 108**

Clerical or related occupation (e.g., secretary, clerk, mail carrier) - **Go to question 108**

Sales occupation (e.g., sales associate, demonstrator, agent, broker) - **Go to question 108**

Service occupation (e.g., police officer, cook, hairdresser) - **Go to question 108**

Skilled craft or related occupation (e.g., carpenter, repair technician, telephone line worker) - **Go to question 108**

Equipment / vehicle operator or related occupation (e.g., driver, railroad brakeman, sewer worker) - **Go to question 108**

Laborer (e.g., helper, longshoreman, warehouse worker) - **Go to question 108**

Farmer (e.g., owner, manager, operator, tenant) - **Go to question 108**

Member of the military - **Go to question 108**

Homemaker - **Go to question 108**

Student - **Go to question 108**

Under school age - **Go to question 109**

Not previously employed - **Go to question 108**

Unknown - **Go to question 108**

Other - **Go to question 107**

107. Specify other occupation: _____

108. What is the recipient's most recent work status? (within the last year)

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

109. What is the highest educational grade the recipient completed ?

- No primary education / under school age: no schooling (U.S. equivalent: less than 1st grade education)
- Less than primary or elementary education: some formal schooling, but less than a complete primary or elementary education (U.S. 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 (U.S. 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 (U.S. 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 (U.S. equivalent: starts with 10th grade and ends with 12th grade)
- Post-secondary, non-tertiary education: programs lasting 6 months–2 years (U.S. equivalent: vocational programs of study)
- Tertiary education, Type A: programs that provide education that is largely theoretical, lasting 3–4 years (U.S. 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 (U.S. 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. (U.S. equivalent: programs devoted to advanced study and original research)
- Unknown

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

- Yes No Unknown

111. Is the recipient covered by health insurance?

- Yes →
 No

Specify type of health insurance:

112. Specify type of health insurance (check all that apply)

- Private health insurance
- National Health Insurance (Government-sponsored, non-U.S.)
- Medicare (Government-sponsored, U.S., includes Medicare Advantage plans)
- Medigap (Must have Medicare coverage)
- Medicaid (Government-sponsored, U.S.)
- Children’s Health Insurance Program (CHIP)
- Military related health care TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- Indian Health Service
- State-sponsored health plan
- Other government program - **Go to question 113**
- Other health insurance coverage - **Go to question 114**

113. Specify other government program: _____

114. Specify other health insurance: _____

115. 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)

- 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

CIBMTR Center Number: _____

CIBMTR Research ID: _____

116. Number of people living in the household: ____

117. Number of people living in the household under the age of 18: ____

First Name (person completing form): _____

Last Name: _____

E-mail address: _____

Date: ____ / ____ / ____
 YYYY MM DD