

# Form 2004 R4.0: Infectious Disease Markers

Center:

CRID:

## Key Fields

OMB No: 0915-0310

Expiration Date: 1/31/2020

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Sequence Number: \_\_\_\_\_

Date Received: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Recipient ID: \_\_\_\_\_

Date of HCT for which this form is being completed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

HCT type

(check only one)

Allogeneic, unrelated

Allogeneic, related

### Product type: (check only one)

Bone marrow

PBSC

Single cord blood unit

Other product

Specify: \_\_\_\_\_

## Donor/Cord Blood Unit Information

Questions: 1 - 9

1 Specify non-NMDP donor

Related donor

Non-NMDP unrelated donor

Non-NMDP cord blood unit (include related and autologous CBUs)

2 Non-NMDP unrelated donor ID: \_\_\_\_\_ (not applicable for related donor)

3 Non-NMDP cord blood unit ID: \_\_\_\_\_ (include related and autologous CBUs)

4 Date of birth

(donor/infant)

Known  Unknown

5 Date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (donor/infant)

6 Age

(donor/infant)

Known  Unknown

7 Age: \_\_\_\_\_ (donor/infant)  Months (use only if less than 1 year old)

years

8 Sex

(donor/infant)

male  female

9 Who is being tested for IDMs?

donor IDM (marrow or PBSC)

maternal IDM (cord blood)

cord blood unit IDM

## Infectious Disease Marker (report final test results)

Questions: 10 - 46

### Hepatitis B Virus (HBV)

10 HBsAg: (hepatitis B surface antigen)

Reactive  Non-reactive  Not done

11 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

12 Anti HBc: (hepatitis B core antibody)

Reactive  Non-reactive  Not done

13 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Hepatitis C Virus (HCV)

14 Anti-HCV: (hepatitis C antibody)

Reactive  Non-reactive  Not done

15 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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## Human T-Lymphotropic Virus

16 Anti-HTLV I / II

Reactive  Non-reactive  Not done

17 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Human Immunodeficiency Virus (HIV)

18 HIV-1 p24 antigen

Reactive  Non-reactive  Not done  Not reported

19 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

20 Was FDA licensed NAT testing for HIV-1 / HCV performed?

yes  no

### Specify results:

21 HIV-1

Positive  Negative  Not reported

22 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

23 HCV

Positive  Negative

24 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

25 Anti-HIV 1 and anti-HIV 2\*: (antibodies to Human Immunodeficiency Viruses)

\*Testing for both HIV antibodies is required. This testing may be performed as separate tests or done using a combined assay.

Reactive  Non-reactive  Not done  Not reported

26 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Syphilis

27 STS

Reactive  Non-reactive  Not done

28 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Cytomegalovirus (CMV)

29 Anti-CMV: (IgG or Total)

Reactive  Non-reactive  Not done

30 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## West Nile Virus (WNV)

31 WNV-NAT testing

Positive  Negative  Not done  Not applicable

32 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Chagas

33 Chagas testing

Positive  Negative  Not Done

34 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Herpes simplex virus (HSV)

35 Anti-HSV (Herpes simplex virus antibody)

Positive  Negative  Not Done

36 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Epstein-Barr virus (EBV)

37 Anti-EBV (Epstein-Barr virus antibody)

Positive  Negative  Inconclusive  Not done

38 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Varicella zoster virus (VZV)

39 Anti-VZV (Varicella zoster virus antibody)

Positive  Negative  Not Done

40 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Toxoplasmosis

41 Toxoplasmosis

Positive  Negative  Not Done

42 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Other Infectious Disease Marker

43 Other infectious disease marker

yes  no

Other infectious disease marker (1)

Questions: 44 - 46

44 Date sample collected: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

45 Specify test and method: \_\_\_\_\_

46 Specify test results: \_\_\_\_\_

# Form 2004 R4.0: Infectious Disease Markers

Center: \_\_\_\_\_

CRID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_-\_\_\_\_-\_\_\_\_