

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2004 R4.0: Infectious Disease Markers

Center: _____

CRID: _____

Key Fields

OMB No: 0915-0310

Expiration Date: 1/31/2020

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0310. Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

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

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.

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Initials:

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Today's Date:

Month	Day	2	0	Year															

Infusion Date:

Month	Day	2	0	Year															

CIBMTR Center Number:

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Form 2004 R4.0: Infectious Disease Markers

Center:

CRID:

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: _____ - _____ - _____

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: _____ - _____ - _____

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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: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____

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