Hematopoietic Cell Transplant Canceled or Delayed

Registry Use Only

Sequence Number:

Date Received:

<table>
<thead>
<tr>
<th>CIBMTR Center Number: ___ ___ ___ ___ ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___</td>
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<tr>
<td>Today’s Date: ___ ___ ___ ___ — ___ — — — — —</td>
</tr>
<tr>
<td>YYYY MM DD</td>
</tr>
<tr>
<td>Date of HCT canceled for which this form is being completed: ___ ___ ___ ___ — ___ — — — — —</td>
</tr>
<tr>
<td>YYYY MM DD</td>
</tr>
</tbody>
</table>

HCT type (check all that apply):

- [ ] Autologous
- [ ] Allogeneic, unrelated
- [ ] Allogeneic, related

Product type (check all that apply):

- [ ] Marrow
- [ ] PBSC
- [ ] Cord blood
- [ ] Other product, Specify: ____________________________________________________________
1. **Reason for cancelation or delay:**
   - ☐ Patient died *Go to question 12*
   - ☐ HCT was canceled, but patient is alive *Go to question 2*

2. **Has the date of HCT been rescheduled?**
   - ☐ Yes *Go to question 3*
   - ☐ No *Go to question 4*

3. **Specify revised date of HCT:** ____ ____ ____ — ____ — ____
   
   YYYY  MM  DD

4. **Was at least one dose of the preparative regimen given?**
   - ☐ Yes
   - ☐ No

   **Specify the reason(s) for the HCT cancelation or delay:**

5. **Disease relapse / progression**
   - ☐ Yes
   - ☐ No

6. **Patient has an infection**
   - ☐ Yes
   - ☐ No

7. **Patient’s organ function declined**
   - ☐ Yes
   - ☐ No

8. **Patient sent to hospice or receiving palliative care only**
   - ☐ Yes
   - ☐ No
9. HCT delayed due to donor availability
   □ Yes
   □ No

10. Other reason
   □ Yes – Go to question 11
   □ No – Go to question 12

11. Specify other reason: ____________________________________________________________

12. Signed: ____________________________________________________________

   Person completing form

   Please print name: ________________________________________________________________

   E-mail address: _________________________________________________________________