

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Infusion Date:

CIBMTR Center Number:

Form 2028 R2.0: Aplastic Anemia Pre-HSCT Data

Center: _____ CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Today's Date: ____-____-____

Date of HSCT for which this form is being completed: ____-____-____

HSCT type (check all that apply):

Autologous

Allogeneic, unrelated

Allogeneic, related

Syngeneic (identical twin)

Product type (check all that apply):

Marrow

PBSC

Cord blood

Other product

Specify: _____

If this is a report of a second or subsequent transplant, check here and continue with question 31

Disease Assessment at Diagnosis Questions: 1 - 18

1 What was the date of diagnosis of Aplastic Anemia? ____-____-____

2 Was the recipient's bone marrow examined at diagnosis?

yes no Unknown

3 Is a copy of the biopsy report attached?

yes no

4 Were the recipient's cells tested for sensitivity to cross-linking agents (e.g., diepoxybutane (DEB), mitomycin C (MMC))?

yes no Unknown

5 Specify the test results:

Normal

increased chromosome breaks

Unknown

6 Is a copy of the test report attached?

yes no

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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7 What was the disease etiology?

- Diamond-Blackfan anemia
- drug induced
- viral hepatitis
- idiopathic
- Other

8 Specify drug: _____ drug unknown

9 Specify type: _____ type unknown

10 Specify disease etiology: _____ etiology unknown

11 Was testing for paroxysmal nocturnal hemoglobinuria (PNH) performed?

- yes no Unknown

Specify PNH test and results:

12 Flow cytometry for CD55 / CD16 / CD59

- Positive Negative Unknown

13 Ham's acid hemolysis test

- Positive Negative Unknown

14 Hemosiderinuria

- Positive Negative Unknown

15 PIGA GPI anchor protein defect

- Positive Negative Unknown

16 Sugar water / sucrose lysis test

- Positive Negative Unknown

17 Other test

- Positive Negative Unknown

18 Specify test: _____

Laboratory Studies at Diagnosis Questions: 19 - 49

Report findings prior to any first treatment for aplastic anemia.

19 WBC:

- Known Not known

20 _____ x 10⁹/L (x 10³/mm³)

x 10⁶/L

21 Hemoglobin (untransfused):

- Known Not known

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Center: _____ CRID: _____

22 _____ g/dL g/L mmol/L

23 Was RBC transfused < 30 days before date of test?

yes no

24 Platelets (untransfused):

Known Not known

25 _____ x 10⁹/L (x 10⁹/mm³)

x 10⁹/L

26 Were platelets transfused < 7 days before date of test?

yes no

27 Neutrophils:

Known Not known

28 _____ 10⁹/L

29 Reticulocytes (uncorrected):

Known Not known

30 _____ 10⁹/L

31 Was therapy given for treatment of aplastic anemia prior to the start of the preparative regimen?

yes no Unknown

Specify what treatment(s) were given:

32 Androgens

yes no

33 ATG, ALS, ATS, ALG

yes no

34 Chelation therapy for iron

yes no

35 Corticosteroids

yes no

36 Cyclosporine (CsA, Neoral, Sandimmune)

yes no

37 Cytokines

yes no

If yes, specify cytokine(s) given:

38 Erythropoietin (EPO)

yes no

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Center: _____ CRID: _____

39 G-CSF (filgrastim, Neupogen)

yes no

40 GM-CSF (sargramostim, Leukine)

yes no

41 Interleukin-3 (IL-3)

yes no

42 Pegfilgrastim (Neulasta)

yes no

43 Stem cell factor (SCF)

yes no

44 Other

yes no

45 Specify other cytokine: _____

46 Other immunosuppression

yes no

47 Specify immunosuppression: _____

48 Other treatment

yes no

49 If yes, specify treatment: _____

Transfusion Status from Diagnosis to the Start of the Preparative Regimen

Questions: 50 - 52

50 Did the recipient receive red blood cell transfusions between diagnosis and the start of the preparative regimen?

yes no

51 Specify the total number of donor exposures (best estimate):

1-5 6-10 11-20 21-30 31-40 41-50 >=51 Unknown

52 Did the recipient receive platelet transfusions between diagnosis and the start of the preparative regimen?

yes no

Laboratory Findings Prior to the Start of the Preparative Regimen

Questions: 53 - 61

53 Reticulocytes (uncorrected):

Known Not known

54 _____ 10⁹/L

55 Date of most recent bone marrow biopsy: ____-____-____

56 Is a copy of the most recent bone marrow biopsy report attached?

yes no

57 Were any clinically important infections present or being treated within one week prior to the preparative regimen?

yes no Unknown

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ERROR CORRECTION FORM

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CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2028 R2.0: Aplastic Anemia Pre-HSCT Data

Center: _____ CRID: _____

Infection(s) (1) Questions: 58 - 61

Report each infection organism, site and date of diagnosis.

58 Organism: _____

59 If other, specify: _____

The codes for "other organism, specify" (codes 198, 209, 219, 259, 329, and 409) should rarely be needed; check with your microbiology lab or HSCT physician before using them.

60 Site: _____

Do not report fever in the absence of infection. Report the most specific site of infection.

61 Date of diagnosis: ____ - ____ - ____

First Name: _____ Last Name: _____

Phone: _____ Fax number: _____

E-mail address: _____