

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

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Month	Day	Year			

Infusion Date:

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Month	Day	Year			

CIBMTR Center Number:

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Specify the blood group(s) the recipient has developed alloantibodies to:

- 10. 1 yes 2 no 3 unknown Duffy –Fy^a
 - 11. 1 yes 2 no 3 unknown Kell –K
 - 12. 1 yes 2 no 3 unknown Kell –k
 - 13. 1 yes 2 no 3 unknown Kidd –Jk^a
 - 14. 1 yes 2 no 3 unknown Kidd –Jk^b
 - 15. 1 yes 2 no 3 unknown Lewis –Le^a
 - 16. 1 yes 2 no 3 unknown Lewis –Le^b
 - 17. 1 yes 2 no 3 unknown MNSs –M
 - 18. 1 yes 2 no 3 unknown MNSs –N
 - 19. 1 yes 2 no 3 unknown MNSs –S
 - 20. 1 yes 2 no 3 unknown MNSs –s
 - 21. 1 yes 2 no 3 unknown Rh –C
 - 22. 1 yes 2 no 3 unknown Rh –D
 - 23. 1 yes 2 no 3 unknown Rh –E
 - 24. 1 yes 2 no 3 unknown Rh –e
 - 25. 1 yes 2 no 3 unknown Rh –hr^a
 - 26. 1 yes 2 no 3 unknown other → 27. Specify: _____
28. Are red cell autoantibodies present?
 1 yes →
 2 no
 3 unknown
29. Specify the number of autoantibodies detected:
 1 1
 2 ≥ 2
 3 unknown

30. Was iron chelation therapy performed at any time prior to the preparative regimen?

- 1 yes →
- 2 no
- 3 unknown

31. Date chelation therapy started:

Month	Day	Year			

 date unknown

32. Specify the predominant route of administration:
 1 intramuscular
 2 intravenous
 3 oral
 4 subcutaneous
 5 other route → 33. Specify other route: _____
 6 unknown

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34. Was a liver biopsy performed at any time prior to the preparative regimen?

- 1 yes
2 no
3 unknown

35. Date of most recent liver biopsy: date unknown

Month Day Year

36. Was hepatitis present?

- 1 yes
2 no
3 unknown

37. Specify the severity of hepatitis:

- 1 mild
2 moderate
3 severe
4 unknown

38. Was siderosis present?

- 1 yes
2 no
3 unknown

39. Specify the severity of siderosis:

- 1 mild
2 moderate
3 severe
4 unknown

40. Was fibrosis present?

- 1 yes
2 no
3 unknown

41. Specify the severity of fibrosis:

- 1 mild
2 moderate
3 severe
4 unknown

42. Were serial liver biopsies performed?

- 1 yes
2 no

43. Did the liver biopsies show progressive disease?

- 1 yes
2 no
3 unknown

44. What was the hepatic iron concentration (HIC)?

- 1 known
2 unknown

45. Specify HIC: . mg/g

46. Is a copy of the biopsy report attached?

- 1 yes
2 no

47. Were pulmonary function tests (PFTs) performed at any time prior to the preparative regimen?

- 1 yes
2 no
3 unknown

48. Specify PFT results: (see definitions on the following page)

- 1 normal
2 Stage 1 disease
3 Stage 2 disease
4 Stage 3 disease
5 Stage 4 disease
6 unknown

49. Is a copy of the PFT report attached?

- 1 yes
2 no

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Sickle Chronic Lung Disease Staging Criteria (Clinical)

Markers	Stage 1	Stage 2	Stage 3	Stage 4
Chest Pain	Recurrent substernal pain and chronic cough	Increased pain over Stage 1	Severe midline crushing chest pain	Severe and prolonged pain with dyspnea at rest
Blood Gasses	Normal oxygen saturation	Normal oxygen saturation	Hypoxia with partial pressure oxygen (70 mm Hg) during stable periods	Partial pressure oxygen (60 mm Hg) during stable periods
X-Ray	Decreased distal pulmonary vascularity, hyperexpansion, evidence suggestive of increased interstitial markings	Diffuse, fine interstitial fibrosis	Pulmonary fibrosis	Severe pulmonary fibrosis
Pulmonary Function Tests *	Decreased FVC, TLC, FEV ₁ and FEV ₁ / FVC ratio (mild, 80% of predicted normal, or 1 standard deviation below normal)	Decreased FVC, FEV ₁ , TLC, DCD and FEV ₁ / FVC ratio (moderate, 60% of predicted, or 2 standard deviations below normal)	Decreased FVC, REV ₁ , TLC, DCO and FEV ₁ / FVC ratio (severe, 40% of predicted, or 3 standard deviations below normal)	Patient frequently unable to complete testing due to degree of hypoxia
ECG and ECHO	Left ventricular preponderance persists	Balanced ventricular hypertrophy	Right ventricular hypertrophy and right atrial enlargement. Progressive increase in heart size	Severe right ventricular and right atrial hypertrophy. Ischemic T waves in V1 and V2, and P pulmonale
Pulmonary Artery Pressure	Normal	Normal	Borderline elevation or normal	Markedly elevated with pulmonary hypertension

* These measurements are based on common methods for comparison of reference values.
Abbreviations: FVC = forced vital capacity, TLC = total lung capacity, REV₁ = forced expiratory flow rate

Specify the sickle cell disease symptoms experienced at any time prior to the preparative regimen:

50. Acute chest syndrome

- 1 yes →
- 2 no
- 3 unknown

51. Total number of episodes within 2 years prior to the HSCT:

- 1 known →
- 2 not known

52. Total number of episodes within the recipient's lifetime:

- 1 known →
- 2 not known

53. Did the recipient require exchange transfusion?

- 1 yes
- 2 no
- 3 unknown

Specify any treatment(s) the recipient required for acute chest syndrome:

54. 1 yes 2 no 3 unknown antibiotics
55. 1 yes 2 no 3 unknown intubation / mechanical ventilation
56. 1 yes 2 no 3 unknown oxygen
57. 1 yes 2 no 3 unknown transfusion of red blood cells
58. 1 yes 2 no 3 unknown other

treatment → 59. Specify:

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Month	Day	Year

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60. Osteonecrosis

- 1 yes
- 2 no
- 3 unknown

Specify joint(s) affected:

- 61. 1 yes 2 no 3 unknown ankle
- 62. 1 yes 2 no 3 unknown hip
- 63. 1 yes 2 no 3 unknown knee
- 64. 1 yes 2 no 3 unknown shoulder
- 65. 1 yes 2 no 3 unknown spine
- 66. 1 yes 2 no 3 unknown other

67. Specify: _____

68. Priapism

- 1 yes
- 2 no
- 3 unknown

69. Number of episodes experienced in the last 2 years:

- 1 known
- 2 not known

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71. Seizures

- 1 yes
- 2 no
- 3 unknown

70. Was surgery performed to correct blood flow?

- 1 yes
- 2 no
- 3 unknown

72. Sickle nephropathy

- 1 yes
- 2 no
- 3 unknown

73. Stroke

- 1 yes
- 2 no
- 3 unknown

74. Specify the total number of strokes:

- 1 1
- 2 ≥ 2
- 3 unknown

75. Vaso-occlusive pain requiring hospitalization within 2 years prior to the HSCT

- 1 yes
- 2 no
- 3 unknown

76. Specify the frequency of hospitalization:

- 1 < 3 instances per year
- 2 ≥ 3 instances per year
- 3 unknown

77. Did the recipient receive hydroxyurea at any time prior to the HSCT?

- 1 yes
- 2 no
- 3 unknown

78. Date hydroxyurea started:

Month	Day	Year

 date unknown

79. Date hydroxyurea stopped:

Month	Day	Year

 date unknown

80. Was hemoglobin electrophoresis performed while the recipient was receiving hydroxyurea?

- 1 yes
- 2 no
- 3 unknown

If the recipient received chronic transfusions prior to HSCT, provide pre-transfusion electrophoresis data.

81. Date of electrophoresis:

Month	Day	Year

 date unknown

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Specify the level of each hemoglobin type:

82. Hb A1:

--	--

 % not tested while receiving hydroxyurea

83. Hb A2:

--	--

 % not tested while receiving hydroxyurea

84. Hb C:

--	--

 % not tested while receiving hydroxyurea

85. Hb F:

--	--

 % not tested while receiving hydroxyurea

86. Hb S:

--	--

 % not tested while receiving hydroxyurea

87. Other hemoglobin

1 yes

2 no

88. Specify type: _____

89. Level:

--	--

 %

90. Is a copy of the electrophoresis report attached?

1 yes

2 no

91. Did the recipient experience gonadal dysfunction at any time prior to the preparative regimen?

1 yes

2 no

3 unknown

92. Was a brain MRI / MRA performed just prior to the preparative regimen?

1 yes

2 no

3 unknown

93. Specify the MRI / MRA results:

1 normal

2 abnormal

3 unknown

94. Is a copy of the MRI / MRA report attached to this form?

1 yes

2 no

95. Was a EKG performed prior to the preparative regimen?

1 yes

2 no

3 unknown

96. Specify the EKG results:

1 normal

2 abnormal

3 unknown

97. Is a copy of the EKG report attached to this form?

1 yes

2 no

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98. Was an echocardiogram performed prior to the preparative regimen?

- 1 yes
2 no
3 unknown

99. Specify the echocardiogram results:

- 1 normal
2 abnormal
3 unknown

100. Is a copy of the echocardiogram report attached to this form?

- 1 yes
2 no

101. Was the recipient's serum ferritin level tested at any time prior to the preparative regimen?

- 1 yes
2 no
3 unknown

102. Specify the serum ferritin results:

- 1 < 1,000 ng/mL or µg/L
2 ≥ 1,001 ng/mL or µg/L
3 unknown

103. Was hemoglobin electrophoresis performed just prior to the preparative regimen (not including any electrophoresis reported in question 80)?

- 1 yes
2 no
3 unknown

If the recipient received chronic transfusions prior to HSCT, provide pre-transfusion electrophoresis data.

104. Date :

Month	Day	Year			

 date unknown

Specify the level of each hemoglobin type:

105. Hb A1:

--	--

 % not tested

106. Hb A2:

--	--

 % not tested

107. Hb C:

--	--

 % not tested

108. Hb F:

--	--

 % not tested

109. Hb S:

--	--

 % not tested

110. Other hemoglobin type

- 1 yes
2 no

111. Specify type: _____

112. Level:

--	--

 %

113. Is a copy of the hemoglobin electrophoresis report attached to this form?

- 1 yes
2 no

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114. What was the primary reason for the HSCT?

- 1 acute chest syndrome
- 2 excessive transfusion requirements / iron overload
- 3 recurrent priapism
- 4 recurrent vaso-occlusive pain
- 5 stroke
- 6 other reason →
- 7 unknown

115. Specify primary reason for HSCT: _____

116. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____