

## Immune Deficiencies Pre-HSCT Data

### Registry Use Only

Sequence  
 Number:

Date  
 Received:


CIBMTR Center Number:

CIBMTR Recipient ID:

Has this patient's data been previously reported to USIDNET?

1  yes → USIDNET ID:

2  no

Today's Date:  /  /   
 Month Day Year

Date of HSCT for which this form is  
 being completed:  /  /   
 Month Day Year

HSCT type:  autologous  allogeneic,  allogeneic,  syngeneic  
 unrelated related (identical twin)

Product type:  marrow  PBSC  cord blood  other product,  
 specify: \_\_\_\_\_

**This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient's medical records.**

**Questions followed by the symbol  indicate additional information necessary to complete the question is referenced in the forms instruction manual.**

**If this is a report of a second or subsequent transplant, check here  and continue with question 128.**

## Disease Assessment at Diagnosis

**Disease assessment at diagnosis includes disease characteristics observed within six weeks of the date of diagnosis.**

1. What was the date of diagnosis of Immune Deficiency (ID)?  /  /   
 Month Day Year

2. What is the immune deficiency molecular abnormality?

- 1  common gamma chain ( $\gamma_C$ ; CD132) deficiency
- 2  adenosine deaminase (ADA) deficiency
- 3  Janus kinase 3 (JAK3) deficiency
- 4  recombination-activating gene 1 (RAG1) deficiency
- 5  recombination-activating gene 2 (RAG2) deficiency
- 6  IL-7R $\alpha$  deficiency
- 7  DNA cross-link repair 1C (DCLRE1C) / Artemis deficiency
- 8  CD3 $\gamma$  (gamma) deficiency
- 9  CD3 $\delta$  (delta) deficiency
- 10  CD3 $\epsilon$  (epsilon) deficiency
- 11  CD3 $\zeta$  (zeta)-chain deficiency
- 12  zeta-chain (TCR) associated protein kinase 70 kDa (ZAP-70) deficiency
- 13  CD25 deficiency
- 14  CD45 deficiency
- 15  purine nucleoside phosphorylase (PNP) deficiency
- 16  Cernunnos-XLF / NHEJ1 deficiency
- 17  DNA ligase 4 deficiency
- 18  DNA-protein kinase catalytic subunit (DNA-PKcs) deficiency
- 19  adenylate kinase 2 (AK2) deficiency (reticular dysgenesis)
- 20  Omenn syndrome →
- 21  bare lymphocyte syndrome (MHC class II) deficiency →
- 22  cartilage-hair hypoplasia (CHH) / metaphyseal dysplasia, McKusick type
- 23  Orai1 deficiency
- 24  other molecular abnormality →
- 25  unknown

3. Specify molecular abnormality: \_\_\_\_\_

4. Specify other abnormality: \_\_\_\_\_

CIBMTR Center Number:

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5. Is the mutated protein or enzyme expressed?

- 1  yes
- 2  no
- 3  unknown

6. What is the pattern of inheritance for the genetic disorder?

- 1  sporadic (no family history)
- 2  x-linked, documented
- 3  autosomal recessive, documented
- 4  unknown

7. Are the parents of the patient consanguineous (related by blood ancestry)?

- 1  yes
- 2  no
- 3  unknown

8. Are there other blood relatives in the patient's family with immunodeficiency disease?

- 1  yes
- 2  no
- 3  unknown

### Laboratory Studies at Diagnosis

Report findings prior to any first treatment of the primary disease for which the HSCT is being performed.

9. Date CBC tested:  /  /  (testing done within 6 weeks of diagnosis)  
Month Day Year

Specify units:

- 10. WBC:  •    $\times 10^9/L$  ( $\times 10^3/mm^3$ )  not tested  
 2   $\times 10^6/L$    $\times 10^6/L$
- 11. Lymphocytes:  %  not tested
- 12. Eosinophils:  %  not tested
- 13. Polymorphonuclear leukocytes (PMN):  %  not tested
- 14. Hemoglobin:  •   g/dL  not tested  transfused RBC < 30 days from date of test  
 2  g/L  mmol/L
- 15. Platelets:    $\times 10^9/L$  ( $\times 10^3/mm^3$ )  not tested  transfused platelets < 7 days from date of test  
 2   $\times 10^6/L$

CIBMTR Center Number:

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### Immunoglobulin Analysis

Specify the following quantitative immunoglobulins measured prior to any disease treatment:

	Value:	Specify units:	Month	Day	Year	
16. IgG:	<input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested
18. IgM:	<input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested
20. IgA:	<input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested
22. IgE:	<input type="text"/> IU/mL		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested

24. Did the recipient receive supplemental intravenous immunoglobulins (IVIG) prior to any first treatment of ID?

- 1  yes  
2  no  
3  unknown

25. Was therapy ongoing within one month of immunoglobulin testing?

- 1  yes  
2  no

### Lymphocyte Analysis

Specify the following lymphocyte analyses performed prior to any disease treatment:

26. Were lymphocyte analyses performed?

- 1  yes  
2  no

27. Date of most recent testing performed:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
28. Absolute lymphocyte count:	<input type="text"/>	cells / $\mu$ L (cells / $\text{mm}^3$ )				
29. CD3 (T cells):	<input type="text"/>	% of total lymphocytes:	<input type="text"/>	Value:	Specify units:	<input type="checkbox"/> not tested
30. CD4 (T helper cells):	<input type="text"/>		<input type="text"/>		1 <input type="checkbox"/> $\times 10^9/\text{L}$ ( $\times 10^3/\text{mm}^3$ )	<input type="checkbox"/> not tested
31. CD8 (cytotoxic T cells):	<input type="text"/>		<input type="text"/>		2 <input type="checkbox"/> $\times 10^6/\text{L}$	<input type="checkbox"/> not tested
32. CD20 (B lymphocyte cells):	<input type="text"/>		<input type="text"/>		1 <input type="checkbox"/> $\times 10^9/\text{L}$ ( $\times 10^3/\text{mm}^3$ )	<input type="checkbox"/> not tested
33. CD56 (natural killer (NK) cells):	<input type="text"/>		<input type="text"/>		2 <input type="checkbox"/> $\times 10^6/\text{L}$	<input type="checkbox"/> not tested
34. CD4+ / CD45RA+ (naive T cells):	<input type="text"/>		<input type="text"/>		1 <input type="checkbox"/> $\times 10^9/\text{L}$ ( $\times 10^3/\text{mm}^3$ )	<input type="checkbox"/> not tested
35. CD4+ / CD45RO+ (memory T cells):	<input type="text"/>		<input type="text"/>		2 <input type="checkbox"/> $\times 10^6/\text{L}$	<input type="checkbox"/> not tested

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**Antibody Response**

36. Date antibody responses were assessed:           (date closest to diagnosis, before any IVIG)  
Month Day Year

- | Absent                     | Low                        | Normal                     | Not tested                 |  |
|----------------------------|----------------------------|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 37. Bacteriophage phi X-174 or other neoantigen    |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 38. Diphtheria                                     |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 39. Isohemagglutinin anti-A                        |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 40. Isohemagglutinin anti-B                        |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 41. Protein conjugated HIB or pneumococcal vaccine |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 42. Tetanus  |

43. Unconjugated pneumococcal polysaccharide:  /   
Number of serotypes producing a protective level / Total serotypes tested from vaccine

**Lymphocyte Function**

44. Date lymphocyte function was assessed:            
Month Day Year

- | Absent<br>(< 10% of control) | Low<br>(10-30% of control) | Normal<br>(> 30% of control) | Not tested                 |                              |
|------------------------------|----------------------------|------------------------------|----------------------------|------------------------------|
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 45. Anti-CD3                 |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 46. Candida antigen          |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 47. Concanalin A (ConA)      |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 48. Phytohemagglutinin (PHA) |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 49. Pokeweed mitogen (PWM)   |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 50. Tetanus antigen          |

**Clinical Features Assessed between Diagnosis and the Start of the Preparative Regimen**

**Infections Identified between Diagnosis and the Start of the Preparative Regimen**

Specify the presence of all clinically significant infections identified between diagnosis and the start of the preparative regimen. If any given infection was identified, use the Codes for Commonly Reported Organisms on the following page to report the organism present. Only report an organism once, even if it was identified at the same site in subsequent infections. For questions 75–87, also report any fungal infections in the Form 2000 – Recipient Baseline Data beginning at question 163.

Copy this chart to report more than three different infections identified at any one site; check here  if additional pages are attached.

Site of infection?	First organism	Second organism	Third organism	Specify other organism
51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Hepatitis	52. <input type="text"/>	53. <input type="text"/>	54. <input type="text"/>	55. _____
56. If hepatitis was present, was it a prominent feature of ID? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no				
57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Meningitis / encephalitis	58. <input type="text"/>	59. <input type="text"/>	60. <input type="text"/>	61. _____
62. If meningitis / encephalitis was present, was it a prominent feature of ID? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no				
63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Pneumonia	64. <input type="text"/>	65. <input type="text"/>	66. <input type="text"/>	67. _____
68. If pneumonia was present, was it a prominent feature of ID? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no				

CIBMTR Center Number: [ ] [ ] [ ] [ ] [ ] [ ]

CIBMTR Recipient ID: [ ]

**Site of infection?**

69. 1  yes 2  no Severe or protracted diarrhea → 70. [ ] [ ] [ ] 71. [ ] [ ] [ ] 72. [ ] [ ] [ ] 73. \_\_\_\_\_

74. If diarrhea was present, was it a prominent feature of ID?  
1  yes  
2  no

75. 1  yes 2  no Systemic infection → 76. [ ] [ ] [ ] 77. [ ] [ ] [ ] 78. [ ] [ ] [ ] 79. \_\_\_\_\_

80. If systemic infection was present, was it a prominent feature of ID?  
1  yes  
2  no

81. 1  yes 2  no Other infection → 82. [ ] [ ] [ ] 83. [ ] [ ] [ ] 84. [ ] [ ] [ ] 85. \_\_\_\_\_

86. Specify other infection site: \_\_\_\_\_

87. If other infection was present, was it a prominent feature of ID?  
1  yes  
2  no

**Codes for Commonly Reported Organisms**

Bacterial Infections		Fungal Infections		Viral Infections	
121 Acinetobacter	103 Leptospira	200 Candida, NOS	301 Herpes simplex (HSV1, HSV2)		
122 Actinomyces	148 Leptotrichia buccalis	201 Candida albicans	302 Varicella (herpes zoster, chicken pox)		
123 Bacillus	149 Leuconostoc (all species)	206 Candida guilliermondii	303 Cytomegalovirus (CMV)		
124 Bacteroides (gracillis, uniformis, vulgaris, other species)	104 Listeria	202 Candida krusei	304 Adenovirus		
125 Bordetella pertussis (whooping cough)	150 Methylobacterium	207 Candida lusitanae	305 Enterovirus (coxsackie, echo, polio)		
126 Borrelia (Lyme disease)	151 Micrococcus, NOS	203 Candida parapsilosis	306 Hepatitis A (HAV)		
127 Branhamella or Moraxella catarrhalis (other species)	112 Mycobacterium avium–intracellulare (MAC, MAI)	204 Candida tropicalis	307 Hepatitis B (HBV, Australian antigen) †		
128 Campylobacter (all species)	174 Mycobacterium species (cheloneae, fortuitum, haemophilum, kansasii, mucogenicum)	205 Candida (Torulopsis) glabrata	308 Hepatitis C (HCV) †		
129 Capnocytophaga	110 Mycobacterium tuberculosis (tuberculosis, Koch bacillus)	209 Other Candida, specify ‡	309 HIV-1 (HTLV-III) ¶		
171 Chlamydia pneumoniae	175 Other mycobacterium, specify	210 Aspergillus, NOS §	310 Influenza, NOS		
172 Other chlamydia, specify	176 Mycobacterium, NOS	211 Aspergillus flavus §	323 Influenza A		
113 Chlamydia, NOS	105 Mycoplasma	212 Aspergillus fumigatus §	324 Influenza B		
130 Citrobacter (freundii, other species)	152 Neisseria (gonorrhoea, meningitidis, other species)	213 Aspergillus niger §	311 Measles (rubeola)		
131 Clostridium (all species except difficile)	106 Nocardia	219 Other Aspergillus, specify ‡ §	312 Mumps		
132 Clostridium difficile	153 Pasteurella multocida	220 Cryptococcus species	313 Progressive multifocal leukoencephalopathy (PML)		
173 Corynebacterium jeikeium	154 Propionibacterium (acnes, avidum, granulosum, other species)	230 Fusarium species §	314 Respiratory syncytial virus (RSV)		
133 Corynebacterium (all non-diphtheria species)	155 Proteus	261 Histoplasmosis	315 Rubella (German measles)		
101 Coxiella	156 Pseudomonas (all species except cepacia & maltophilia)	240 Zygomycetes, NOS §	316 Parainfluenza		
134 Enterobacter	157 Pseudomonas or Burkholderia cepacia	241 Mucormycosis §	317 Human herpesvirus-6 (HHV-6)		
177 Enterococcus, vancomycin resistant (VRE)	158 Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia	242 Rhizopus §	318 Epstein-Barr virus (EBV)		
135 Enterococcus (all species)	159 Rhodococcus	250 Yeast, NOS	319 Polyoma virus (BK virus, JC virus)		
136 Escherichia (also E. coli)	107 Rickettsia	259 Other fungus, specify ‡	320 Rotavirus		
137 Flavimonas oryzihabitans	160 Salmonella (all species)	260 Pneumocystis (PCP / PJP)	321 Rhinovirus		
138 Flavobacterium	161 Serratia marcescens	503 Suspected fungal infection	322 Human papilloma virus (HPV)		
139 Fusobacterium	162 Shigella		329 Other virus, specify ‡		
144 Haemophilus (all species, including influenzae)	163 Staphylococcus, coagulase negative (not aureus)		504 Suspected viral infection		
145 Helicobacter pylori	164 Staphylococcus aureus				
146 Klebsiella	165 Staphylococcus, NOS				
147 Lactobacillus (bulgaricus, acidophilus, other species)					
102 Legionella					

‡ 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.

§ For fungal infections marked with a section symbol (codes 210, 211, 212, 213, 219, 230, 240, 241, and 242), also complete a Fungal Infection (FNG) form.

† For hepatitis infections marked with a dagger symbol (codes 307 and 308), also complete a Hepatitis (HEP) form.

¶ For HIV infections marked with a currency symbol (code 309), also complete an HIV Infection (HIV) form.

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

CIBMTR Center Number:

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**Clinical Status between Diagnosis and the Preparative Regimen**

88. Did the recipient experience any of the following clinical features (between diagnosis and prior to the preparative regimen)?

- 1  yes
- 2  no

Specify clinical features:

Feature present?	If present, is the feature prominent?
89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Autoimmune hemolytic anemia	90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Bone abnormalities	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
93. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Edema	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Eosinophilia	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Failure to thrive (weight < 5 <sup>th</sup> percentile)	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Graft versus host disease due to blood transfusion	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Graft versus host disease due to maternal engraftment	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Growth hormone deficiency	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
105. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Growth retardation (height < 5 <sup>th</sup> percentile)	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Hepatosplenomegaly	108. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
109. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Hypoproteinemia	110. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
111. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Lymphoproliferative disease	112. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
113. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Maternal T-cell engraftment	114. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
115. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Microcephaly	116. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
117. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Neutropenia	118. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
119. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Skin rash	120. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
121. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Thrombocytopenia (< 100 x 10 <sup>9</sup> /L)	122. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
123. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Warts	124. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
125. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Other features	126. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
127. Specify other features: _____	

**Pre-HSCT Treatment for Immune Deficiency**

128. Was treatment given (between diagnosis and prior to the preparative regimen)?

- 1  yes → **Complete the table below**
- 2  no → **Continue with question 188**

**Prophylactic drugs paused for < 1 week should not be considered as "Prophylactic Drug Stopped."**

Prophylactic Drug Given?	Prophylactic Drug Stopped?	Date Stopped	
		Month      Day      Year	
129. Antifungal drug(s) 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	130. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	131. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
132. Antiviral drug(s) 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	133. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	134. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
135. Co-trimoxazole (Bactrim, Septra) 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	136. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	137. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown

CIBMTR Center Number:

CIBMTR Recipient ID:

**Therapy paused for < 1 week should *not* be considered as "Therapy Stopped."**

Therapy Given?	Therapy Stopped?	Date Stopped			
		Month	Day	Year	
138. Antithymocyte globulin (ATG, ATGAM, Thymoglobulin)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	139. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
141. Corticosteroids, systemic				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	142. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
144. Corticosteroids, topical				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	145. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
147. Cyclophosphamide (CTX, Cytoxan, Neosar)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	148. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
150. Cyclosporine (CsA, Neoral, Sandimmune)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	151. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
153. In vivo monoclonal antibody					
1 <input type="checkbox"/> yes →					
2 <input type="checkbox"/> no					

Specify monoclonal antibody:

Therapy Given?	Therapy Stopped?	Date Stopped			
		Month	Day	Year	
154. Alemtuzumab (Campath)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	155. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
157. Daclizumab (anti-CD25, Zenapax)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	158. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
160. Etanercept (Enbrel)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	161. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
163. Infliximab (anti-TNF- $\alpha$ , Remicade)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	164. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
166. Rituximab (anti-CD20, Rituxan, MabThera)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	167. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
169. Other monoclonal antibody				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	170. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	172. Specify other monoclonal antibody: _____				

173. Mycophenolate mofetil (MMF, Cellcept)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	174. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	
176. Tacrolimus (FK506, Prograf)				20	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
1 <input type="checkbox"/> yes →	177. 1 <input type="checkbox"/> yes →	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>	<input type="text"/>	

CIBMTR Center Number:

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**Therapy Given?**

**Therapy Stopped?**

**Date Stopped**

179. Other immunosuppressive drug

- 1  yes
- 2  no

180. 1  yes  
2  no

Month      Day      Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- date estimated
- date unknown

182. Specify other immunosuppressive drug: \_\_\_\_\_

183. Was gene therapy performed (between diagnosis and prior to the preparative regimen)?

- 1  yes
- 2  no

184. Specify date of infusion of gene therapy:

Month      Day      Year

185. Was the recipient considered to have failed gene therapy?

- 1  yes
- 2  no

186. Did the recipient receive any other significant treatment(s) (between diagnosis and prior to the preparative regimen)?

- 1  yes
- 2  no

187. Specify other treatment(s): \_\_\_\_\_

188. Did the patient receive parenteral nutrition (between diagnosis and prior to the preparative regimen)?

- 1  yes
- 2  no

189. Did the patient receive mechanical ventilation (between diagnosis and prior to the preparative regimen)?

- 1  yes
- 2  no

190. Were any biologic specimens collected for this recipient (between diagnosis and prior to the preparative regimen)?

- 1  yes
- 2  no
- 3  unknown

Specify if specimen(s) collected and available for future research:

191. 1  yes 2  no DNA

192. 1  yes 2  no Epstein-Barr virus (EBV)-transformed B-cell line

193. 1  yes 2  no Fibroblast cell line

194. 1  yes 2  no Herpes virus saimiri-transformed T-cell line

195. 1  yes 2  no Other T-cell line

196. 1  yes 2  no Pathological specimen →

197. Specify pathological specimen(s): \_\_\_\_\_

198. 1  yes 2  no Peripheral blood mononuclear cells (PBMC), frozen

199. 1  yes 2  no RNA →

200. Specify RNA source: \_\_\_\_\_

201. 1  yes 2  no Serum (pre-IVIG)

202. 1  yes 2  no Other specimen →

203. Specify other specimen(s): \_\_\_\_\_

204. Signed: \_\_\_\_\_

*Person completing form*

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

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