1. What was the date of diagnosis of Wiscott-Aldrich Syndrome (WAS)?

Specify the WAS defining (diagnostic) criteria:

2. 1 yes 2 no 3 unknown Eczema

3. 1 yes 2 no 3 unknown Platelet count (prior to splenectomy) < 150 x 10^9/L

4. 1 yes 2 no 3 unknown Small platelet size (average < 2 µ in diameter or mean platelet volume < 8.5 fl)

5. 1 yes 2 no 3 unknown X-linked inheritance demonstrated in family; i.e., affected male but unaffected female relatives

6. Was the diagnosis confirmed by molecular identification of the presence of a defect in the WAS gene?

1 yes 2 no 3 unknown

Clinical Status of Recipient Prior to HSCT

7. Did the recipient undergo a splenectomy prior to HSCT?

1 yes 2 no 3 unknown

8. Was the recipient’s platelet count normal immediately prior to HSCT?

1 yes 2 no 3 unknown

9. Did the recipient develop any autoimmune complications prior to HSCT?

1 yes 2 no 3 unknown
Clinical Status of Recipient Prior to Preparative Regimen

10. Did the recipient experience failure to thrive? (decrease of 0.5 standard deviation in weight on standard growth curve or weight < 5th percentile for age)
   1. yes
   2. no
   3. unknown

11. Did the recipient experience chronic diarrhea (protracted, > 6 weeks in duration) in year prior to HSCT?
   1. yes
   2. no
   3. unknown

12. Did the recipient experience respiratory impairment? (need for chronic or intermittent support with $O_2$ or artificial ventilation and/or presence of persistent interstitial, nodular, or lobar pneumonia)
   1. yes
   2. no
   3. unknown

13. Signed: ____________________________________________
    Person completing form

    Please print name: _______________________________________
    Phone: (__________) _______________________________________
    Fax: (__________) _______________________________________
    E-mail address: ___________________________________________