1. What was the date of diagnosis of Osteopetrosis?

2. Specify the inheritance of osteopetrosis:
   1. autosomal recessive
   2. autosomal recessive with carbonhydrase II deficiency
   3. autosomal dominant (affected parent)
   4. unknown

Clinical and Radiological Findings Prior to the Preparative Regimen

Specify the presence of the following clinical indicators of osteopetrosis:

3. 1. yes 2. no 3. unknown aplastic anemia
4. 1. yes 2. no 3. unknown blindness / visual impairment
5. 1. yes 2. no 3. unknown convulsions
6. 1. yes 2. no 3. unknown dentition problems
7. 1. yes 2. no 3. unknown exophthalmos
8. 1. yes 2. no 3. unknown fractures
9. 1. yes 2. no 3. unknown frontal bossing / prominent forehead
10. 1. yes 2. no 3. unknown gross motor delay
11. 1. yes 2. no 3. unknown hearing impairment
12. 1. yes 2. no 3. unknown height below 5th percentile
13. 1. yes 2. no 3. unknown hepatomegaly
14. 1. yes 2. no 3. unknown hypertelorism
15. 1. yes 2. no 3. unknown mental development delay
16. 1. yes 2. no 3. unknown nasal congestion
17. 1. yes 2. no 3. unknown osteomyelitis
18. 1. yes 2. no 3. unknown septicemia
19. 1. yes 2. no 3. unknown skull circumference above 95th percentile
20. 1. yes 2. no 3. unknown splenomegaly

ERROR CORRECTION FORM

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.

If this is a report of a second or subsequent transplant, check here ☐ and continue with 100-Day Follow-up insert.

1. What was the date of diagnosis of Osteopetrosis? 
   [Month Day Year]

2. Specify the inheritance of osteopetrosis:
   1. autosomal recessive
   2. autosomal recessive with carbonhydrase II deficiency
   3. autosomal dominant (affected parent)
   4. unknown

Clinical and Radiological Findings Prior to the Preparative Regimen

Specify the presence of the following clinical indicators of osteopetrosis:

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19. 1. yes 2. no 3. unknown skull circumference above 95th percentile
20. 1. yes 2. no 3. unknown splenomegaly
## Disease Treatment Given Prior to the Preparative Regimen

### 35. Was calcitrol given to treat osteopetrosis at any time prior to the preparative regimen?

- **Yes**
- **No**
- **Unknown**

36. What was the time duration calcitrol was given?
- **Known**
- **Not known**

37. What was the date administration of calcitrol was stopped?
- **Known**
- **Not known**

### 38. Were corticosteroids given to treat osteopetrosis at any time prior to the preparative regimen?

- **Yes**
- **No**
- **Unknown**

39. What was the time duration corticosteroids were given?
- **Known**
- **Not known**

40. What was the date administration of corticosteroids was stopped?
- **Known**
- **Not known**

### 41. Was IFN-\(\gamma\) given to treat osteopetrosis at any time prior to the preparative regimen?

- **Yes**
- **No**
- **Unknown**

42. What was the time duration IFN-\(\gamma\) was given?
- **Known**
- **Not known**

43. What was the date administration of IFN-\(\gamma\) was stopped?
- **Known**
- **Not known**

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44. Was any other drug given to treat osteopetrosis at any time prior to the preparative regimen?
1 yes 2 no 3 unknown

45. Specify other drug: _______________________________________________________

46. What was the time duration the drug was given?
1 known 2 not known

47. What was the date administration of the drug was stopped?
1 known 2 not known

48. Did the recipient undergo any red blood transfusions at any time prior to the preparative regimen?
1 yes 2 no 3 unknown

49. Specify the number of donor exposures (best estimate):
1 1–5 2 6–10 3 11–20 4 > 20 5 unknown

50. Did the recipient undergo any platelet transfusions at any time prior to the preparative regimen?
1 yes 2 no 3 unknown

51. Specify the number of donor exposures (best estimate):
1 1–5 2 6–10 3 11–20 4 > 20 5 unknown

52. Did the recipient undergo a bone marrow biopsy at any time prior to the preparative regimen?
1 yes 2 no 3 unknown

53. Specify the date the bone marrow biopsy was performed: Month Day Year date unknown

54. Specify the bone marrow biopsy results:
1 normal 2 abnormal 3 unknown

Hematologic Findings Immediately Prior to the Preparative Regimen

55. Absolute lymphocyte count (untransfused):
1 known 2 not known

Specify units: 1 x 10⁹/L (x 10³/mm³) 2 x 10⁹/L

56. Absolute neutrophil count (ANC) (untransfused):
1 known 2 not known

Specify units: 1 x 10⁹/L (x 10³/mm³) 2 x 10⁹/L

57. Absolute monocyte count (untransfused):
1 known 2 not known

Specify units: 1 x 10⁹/L (x 10³/mm³) 2 x 10⁹/L

58. Reticulocytes (untransfused):
1 known 2 not known

Specify units: %

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
59. Was a bone biopsy performed within 2 weeks prior to the preparative regimen?
   1 ☐ yes
   2 ☐ no
   3 ☐ unknown

60. Specify number of osteoclasts in bone biopsy:
   1 ☐ few / none
   2 ☐ normal
   3 ☐ increased
   4 ☐ unknown

61. Signed: ____________________________________________  Person completing form

   Please print name: ____________________________________________
   Phone: (__________) ____________________________
   Fax: (__________) ____________________________
   E-mail address: ____________________________________________

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).