

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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Hepatitis Serology Pre-HSCT Data

Registry Use Only

Sequence Number:

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Date Received:

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CIBMTR Center Number:

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CIBMTR Recipient ID:

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Today's Date:

		2	0		
Month	Day	Year			

Date of HSCT for which this form is being completed:

		2	0		
Month	Day	Year			

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

Product type: marrow PBSC cord blood other product, specify: _____

Information for this report 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.

All questions refer to the period prior to the preparative regimen for the recipient's first HSCT.

Serological Evidence of Prior Hepatitis Exposure / Infection — Recipient

- Specify and/or confirm previous hepatitis B surface antigen (HBsAg) testing performed and reported on the Form 2400 — Pre-Transplant Essential Data:
 - 1 positive
 - 2 negative
 - 3 inconclusive
 - 4 not tested

Provide all documented hepatitis B viral load levels obtained within 3 months prior to the preparative regimen. If no values were obtained in the 3 months prior to the preparative regimen, provide and date the most recent values obtained prior to the preparative regimen.

- | | Month | Day | Year | | | | Specify units: | |
|----------|-------|-----|------|--|----------------------------------|--|--------------------------------------|-----------------------------------|
| 2. Date: | | | 20 | | 3. Hepatitis B viral load level: | | | 1 <input type="checkbox"/> log IU |
| | | | | | | | 2 <input type="checkbox"/> IU/mL | |
| | | | | | | | 3 <input type="checkbox"/> copies/mL | |
| | | | | | | | 4 <input type="checkbox"/> pg/mL | |
| 4. Date: | | | 20 | | 5. Hepatitis B viral load level: | | | 1 <input type="checkbox"/> log IU |
| | | | | | | | 2 <input type="checkbox"/> IU/mL | |
| | | | | | | | 3 <input type="checkbox"/> copies/mL | |
| | | | | | | | 4 <input type="checkbox"/> pg/mL | |
| 6. Date: | | | 20 | | 7. Hepatitis B viral load level: | | | 1 <input type="checkbox"/> log IU |
| | | | | | | | 2 <input type="checkbox"/> IU/mL | |
| | | | | | | | 3 <input type="checkbox"/> copies/mL | |
| | | | | | | | 4 <input type="checkbox"/> pg/mL | |

Provide all documented hepatitis C viral load levels obtained within 3 months prior to the preparative regimen. If no values were obtained in the 3 months prior to the preparative regimen, provide and date the most recent values obtained prior to the preparative regimen.

- | | Month | Day | Year | | | | Specify units: | |
|-----------|-------|-----|------|--|-----------------------------|--|----------------------------------|-----------------------------------|
| 8. Date: | | | 20 | | 9. Hepatitis C viral load: | | | 1 <input type="checkbox"/> log IU |
| | | | | | | | 2 <input type="checkbox"/> IU/mL | |
| 10. Date: | | | 20 | | 11. Hepatitis C viral load: | | | 1 <input type="checkbox"/> log IU |
| | | | | | | | 2 <input type="checkbox"/> IU/mL | |
| 12. Date: | | | 20 | | 13. Hepatitis C viral load: | | | 1 <input type="checkbox"/> log IU |
| | | | | | | | 2 <input type="checkbox"/> IU/mL | |

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

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

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Today's Date:

Infusion Date:

CIBMTR Center Number:

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Month	Day	Year

<table border="1" style="width: 100%; height: 27px;"></table>	<table border="1" style="width: 100%; height: 27px;"></table>	<table border="1" style="width: 100%; height: 27px; text-align: center;">20</table>
Month	Day	Year

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CIBMTR Center Number:

CIBMTR Recipient ID:

14. Were any liver biopsies performed for cytology and/or pathology prior to HSCT?

- 1 yes → **Attach a copy of liver cytology / pathology report(s).**
 2 no

History of Antiviral Therapy for Hepatitis — Recipient

15. Did the recipient receive therapy for hepatitis prior to HSCT?

- 1 yes → **Continue with table below**
 2 no → **Continue with question 71**

For the therapy table below, see "Reason Started" codes below. Therapy paused for < 1 week should *not* be considered as "Therapy Stopped."

Therapy Given?	Date Started			Daily Dose	Reason Started	Therapy Stopped?	Date Stopped						
Lamivudine	Month	Day	Year	mg	Code		Month	Day	Year				
16. First course													
1 <input type="checkbox"/> yes →	17.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	18.	<table border="1" style="width: 20px; height: 20px;"></table>	19.	<table border="1" style="width: 20px; height: 20px;"></table>	20. 1 <input type="checkbox"/> yes →	21.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
2 <input type="checkbox"/> no									2 <input type="checkbox"/> no				
22. Second course													
1 <input type="checkbox"/> yes →	23.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	24.	<table border="1" style="width: 20px; height: 20px;"></table>	25.	<table border="1" style="width: 20px; height: 20px;"></table>	26. 1 <input type="checkbox"/> yes →	27.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
2 <input type="checkbox"/> no									2 <input type="checkbox"/> no				
28. Third course													
1 <input type="checkbox"/> yes →	29.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	30.	<table border="1" style="width: 20px; height: 20px;"></table>	31.	<table border="1" style="width: 20px; height: 20px;"></table>	32. 1 <input type="checkbox"/> yes →	33.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
2 <input type="checkbox"/> no									2 <input type="checkbox"/> no				
Interferon													
34. First course													
1 <input type="checkbox"/> yes →	35.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	36.	<table border="1" style="width: 20px; height: 20px;"></table>	37.	<table border="1" style="width: 20px; height: 20px;"></table>	38. 1 <input type="checkbox"/> yes →	39.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
2 <input type="checkbox"/> no									2 <input type="checkbox"/> no				
40. Second course													
1 <input type="checkbox"/> yes →	41.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	42.	<table border="1" style="width: 20px; height: 20px;"></table>	43.	<table border="1" style="width: 20px; height: 20px;"></table>	44. 1 <input type="checkbox"/> yes →	45.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
2 <input type="checkbox"/> no									2 <input type="checkbox"/> no				
46. Third course													
1 <input type="checkbox"/> yes →	47.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	48.	<table border="1" style="width: 20px; height: 20px;"></table>	49.	<table border="1" style="width: 20px; height: 20px;"></table>	50. 1 <input type="checkbox"/> yes →	51.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
2 <input type="checkbox"/> no									2 <input type="checkbox"/> no				

Other antiviral therapy

52. Specify other antiviral therapy given: _____

53. First course

1 yes → 54.

 55.

 56.

 57. 1 yes → 58.

2 no

59. Second course

1 yes → 60.

 61.

 62.

 63. 1 yes → 64.

2 no

65. Third course

1 yes → 66.

 67.

 68.

 69. 1 yes → 70.

2 no

Codes for Reason Antiviral Therapy Started

- 1 Prophylaxis 2 Empiric therapy due to suspected infection 3 Documented infection 4 Planned post-HSCT therapy

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

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Month	Day	Year	

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		2	0
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Serological Evidence of Prior Hepatitis Exposure / Infection — Donor

Specify and/or confirm previous hepatitis testing performed and reported on the Form 24 – Donor Infectious Disease Markers and History of Antigen Exposure and the Form 50 – Repeat Donor Infectious Disease Markers.

- | | | | | | | | | | | |
|---|----------------------------|----------|----------------------------|----------|----------------------------|--------------|----------------------------|------------|----------------------------|----------------------|
| 71. Hepatitis B core antibody (HBcAb) | 1 <input type="checkbox"/> | positive | 2 <input type="checkbox"/> | negative | 3 <input type="checkbox"/> | inconclusive | 4 <input type="checkbox"/> | not tested | 5 <input type="checkbox"/> | confirm prior result |
| 72. Hepatitis B surface antigen (HBsAg) | 1 <input type="checkbox"/> | positive | 2 <input type="checkbox"/> | negative | 3 <input type="checkbox"/> | inconclusive | 4 <input type="checkbox"/> | not tested | 5 <input type="checkbox"/> | confirm prior result |
| 73. Hepatitis B e antigen (HBeAg) | 1 <input type="checkbox"/> | positive | 2 <input type="checkbox"/> | negative | 3 <input type="checkbox"/> | inconclusive | 4 <input type="checkbox"/> | not tested | | |
| 74. Hepatitis C antibody (HCAb) | 1 <input type="checkbox"/> | positive | 2 <input type="checkbox"/> | negative | 3 <input type="checkbox"/> | inconclusive | 4 <input type="checkbox"/> | not tested | 5 <input type="checkbox"/> | confirm prior result |

Provide all documented hepatitis B viral load levels obtained within 3 months prior to the stem cell harvest. If no values were obtained in the 3 months prior to the donation, provide and date the most recent values obtained prior to the stem cell harvest.

- | | Month | Day | Year | | | |
|-----------|-------|-----|------|---|-----------------------------------|---|
| 75. Date: | | | 2 | 0 | 76. Hepatitis B viral load level: | |
| | | | | | | Specify units:
1 <input type="checkbox"/> log IU
2 <input type="checkbox"/> IU/mL
3 <input type="checkbox"/> copies/mL
4 <input type="checkbox"/> pg/mL |
| 77. Date: | | | 2 | 0 | 78. Hepatitis B viral load level: | |
| | | | | | | Specify units:
1 <input type="checkbox"/> log IU
2 <input type="checkbox"/> IU/mL
3 <input type="checkbox"/> copies/mL
4 <input type="checkbox"/> pg/mL |
| 79. Date: | | | 2 | 0 | 80. Hepatitis B viral load level: | |
| | | | | | | Specify units:
1 <input type="checkbox"/> log IU
2 <input type="checkbox"/> IU/mL
3 <input type="checkbox"/> copies/mL
4 <input type="checkbox"/> pg/mL |

Provide all documented hepatitis C viral load levels obtained within 3 months prior to the stem cell harvest. If no values were obtained in the 3 months prior to the donation, provide and date the most recent values obtained prior to the stem cell harvest.

- | | Month | Day | Year | | | |
|-----------|-------|-----|------|---|-----------------------------|---|
| 81. Date: | | | 2 | 0 | 82. Hepatitis C viral load: | |
| | | | | | | Specify units:
1 <input type="checkbox"/> log IU
2 <input type="checkbox"/> IU/mL |
| 83. Date: | | | 2 | 0 | 84. Hepatitis C viral load: | |
| | | | | | | Specify units:
1 <input type="checkbox"/> log IU
2 <input type="checkbox"/> IU/mL |
| 85. Date: | | | 2 | 0 | 86. Hepatitis C viral load: | |
| | | | | | | Specify units:
1 <input type="checkbox"/> log IU
2 <input type="checkbox"/> IU/mL |

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Today's Date:

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20							
Month	Day	Year					

Infusion Date:

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20							
Month	Day	Year					

CIBMTR Center Number:

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History of Antiviral Therapy for Hepatitis — Donor

87. Did the donor receive therapy for hepatitis prior to the stem cell harvest?

1 yes → **Continue with table below**

2 no → **Continue with the signature lines at question 107**

Therapy Given?	Date Started			Currently Receiving?	Therapy Stopped?	Date Stopped			Reason Stopped Code
	Month	Day	Year			Month	Day	Year	
88. Lamivudine				90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no				93. <input type="checkbox"/>
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	89.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>			92.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	
94. Interferon				96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no				99. <input type="checkbox"/>
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	95.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>			98.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	
100. Other antiviral therapy									
1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	101. Specify other therapy: _____								
	102.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	105.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	106. <input type="checkbox"/>

Codes for Reason Antiviral Therapy Stopped

- | | | | |
|----------------|----------------------------|----------------|------------------|
| 1 Planned stop | 2 Undesirable side effects | 3 Other reason | 4 Reason unknown |
|----------------|----------------------------|----------------|------------------|

107. 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).