Disease Status at the Time of Assessment for This Reporting Period

1. Was the recipient red blood cell (RBC) transfusion independent since the date of the last report?
   1. yes
   2. no
   3. unknown

2. Date of the most recent RBC transfusion: *
   Month Day Year

   * If the recipient was RBC transfusion independent for ≥ one month but subsequently experienced a decline in RBCs and required transfusions, record the date of the last RBC transfusion before the decline. If the recipient has not required any transfusions since the initial date of recovery, record the date of the last RBC transfusion.

3. Was the recipient platelet transfusion independent since the date of the last report?
   1. yes
   2. no
   3. unknown
   4. not applicable / never dependent

4. Date of the most recent platelet transfusion: *
   Month Day Year

   * If the recipient was platelet transfusion independent for ≥ 14 days but subsequently experienced a decline in platelets and required transfusions, record the date of the last platelet transfusion before the decline. If the recipient has not required any transfusions since the initial date of recovery, record the date of the last platelet transfusion.

5. Specify reticulocyte level (uncorrected):
   1. known
   2. not known / transfused

   * 10⁹/L

6. Signed: ______________________
   Person completing form

Please print name: ______________________

Phone: (_______) ______________ Fax: (_______) ______________

E-mail address: ______________________

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).