

# Form 2128 R2.0: Aplastic Anemia Post-HSCT Data

Center: \_\_\_\_\_

CRID: \_\_\_\_\_

## Key Fields

### Registry Use Only

Sequence Number: \_\_\_\_\_

Date Received: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Recipient ID: \_\_\_\_\_

Today's Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of HSCT for which this form is being completed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### HSCT type: (check all that apply)

Autologous

Allogeneic, unrelated

Allogeneic, related

Syngeneic (identical twin)

### Product Type: (check all that apply)

Marrow

PBSC

Cord blood

Other product

Specify: \_\_\_\_\_

### Visit:

100 day    6 months    1 year    2 years    > 2 years,

Specify: \_\_\_\_\_

## Disease Status at the Time of Assessment for This Reporting Period

Questions: 1 - 6

1 Was the recipient red blood cell (RBC) transfusion independent since the date of the last report?

yes    no    Unknown

2 Date of the most recent RBC transfusion: \* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\* 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?

Yes  
 No  
 Unknown  
 not applicable / never dependent

4 Date of most recent platelet transfusion: \* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\* 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):

Known  
 not known / transfused

6 \_\_\_\_\_ 10<sup>9</sup>/L

First Name: \_\_\_\_\_

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Center: \_\_\_\_\_

CRID: \_\_\_\_\_

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Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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