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: * __ __ __ __ - __ __ 

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.

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* 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 ____________ 10⁹/L

First Name: __________________________
Last Name: __________________________
Phone: __________________________
Fax: __________________________
E-mail address: __________________________