ERROR CORRECTION FORM

Sequence Number: _____ CIBMTR Recipient ID: _____

Visit: ☐ 100 day ☐ 6 month ☐ ___ year

Today's Date: Month __ Day __ Year 20__ Infusion Date: Month __ Day __ Year 20__ CIBMTR Center Number: _____ Initials: _____

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.

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Visit:
☐ 100 day
☐ 6 month
☐ year

Today's Date: Month Day 20 Year

Infusion Date: Month Day 20 Year

CIBMTR Center Number:

Initials:

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

Center: CRID:

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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 _____ **10^9/L**

First Name: _____

Last Name: _____

Phone: _____

Fax: _____

E-mail address: _____

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