

CIBMTR Center Number:

CIBMTR Recipient ID:

16. Osteonecrosis

- 1 yes
- 2 no
- 3 unknown

Specify joint(s) affected:

- 17. 1 yes 2 no 3 unknown ankle
- 18. 1 yes 2 no 3 unknown hip
- 19. 1 yes 2 no 3 unknown knee
- 20. 1 yes 2 no 3 unknown shoulder
- 21. 1 yes 2 no 3 unknown spine
- 22. 1 yes 2 no 3 unknown other joint

23. Specify joint:

24. Priapism

- 1 yes
- 2 no
- 3 unknown

25. Number of episodes per year:

- 1 known
- 2 not known

27. Seizures

- 1 yes
- 2 no
- 3 unknown

26. Was surgery performed to correct blood flow since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

28. Sickle nephropathy

- 1 yes
- 2 no
- 3 unknown

29. Stroke

- 1 yes
- 2 no
- 3 unknown

30. Specify the number of strokes since the date of the last report:

- 1 1
- 2 ≥ 2
- 3 unknown

31. Vaso-occlusive pain requiring hospitalization since the date of the last report

- 1 yes
- 2 no
- 3 unknown

32. Specify the frequency of hospitalization:

- 1 < 3 instances per year
- 2 ≥ 3 instances per year
- 3 unknown

33. Did the recipient experience gonadal dysfunction since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

34. Was a brain MRI / MRA performed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

35. Is a copy of the MRI / MRA report attached to this form?

- 1 yes
- 2 no

36. Was a EKG performed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

37. Is a copy of the EKG report attached to this form?

- 1 yes
- 2 no

CIBMTR Center Number:

CIBMTR Recipient ID:

38. Was an echocardiogram performed since the date of the last report?

- 1 yes →
2 no
3 unknown

39. Is a copy of the echocardiogram report attached to this form?

- 1 yes
2 no

40. Was hemoglobin electrophoresis performed since the date of the last report?

- 1 yes →
2 no
3 unknown

If the recipient received more than one hemoglobin electrophoresis test since the date of the last report, copy this page and complete for each instance.

41. Date : date unknown
Month Day Year

Specify the level of each hemoglobin type:

42. Hb A1: % not tested

43. Hb A2: % not tested

44. Hb C: % not tested

45. Hb F: % not tested

46. Hb S: % not tested

47. Other hemoglobin type

- 1 yes →
2 no

48. Specify type: _____

49. Level: %

50. Is a copy of the hemoglobin electrophoresis report attached to this form?

- 1 yes
2 no

51. What is the status of sickle cell anemia at the time of this report, or at the time of death?

- 1 disease cured: Hb electrophoresis (Hb S) ≤ 50% and clinical symptoms described in questions 7–32 are absent
2 disease recurred: Hb S > 50% and clinical symptoms described in questions 7–32 are **absent**
3 disease recurred: Hb S > 50% and clinical symptoms described in questions 7–32 are **present**
4 unknown

52. Has the recipient received red blood cell transfusions since the date of the last report?

- 1 yes
2 no

53. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____