

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Visit:

100 day  
 6 month  
   year

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Initials:



## Immune Deficiencies Post-HSCT Data

### Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Has this patient's data been previously reported to USIDNET?

1  yes  no  no   
 USIDNET ID:

Today's Date:        
 Month Day Year

Date of HSCT for which this form is being completed:        
 Month Day Year

HSCT type:  autologous  allogeneic, unrelated  allogeneic, related  syngeneic (identical twin)

Product type:  marrow  PBSC  cord blood  other product, specify:

Visit:  100 day  6 month  1 year  2 years  > 2 years, specify:

To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

Questions followed by the symbol indicate additional information necessary to complete the question is referenced in the forms instruction manual.

## Laboratory Studies Post-HSCT

Report the most recent findings since the date of the last report. For questions 1–3 and 6–7, also report CBC results in the Form 2100 – 100 Days Post-HSCT Data beginning at question 48, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 19.

1. Date of most recent hematologic testing:        
 Month Day Year

Specify units:

2. WBC:       •    $\times 10^9/L$  ( $\times 10^3/mm^3$ )  not tested   $\times 10^6/L$

3. Lymphocytes:   %  not tested

4. Eosinophils:   %  not tested

5. Polymorphonuclear leukocytes (PMN):   %  not tested

6. Hemoglobin:     •   g/dL  not tested  transfused RBC < 30 days from date of most current testing  g/L  mmol/L

7. Platelets:         $\times 10^9/L$  ( $\times 10^3/mm^3$ )  not tested  transfused platelets < 7 days from date of most current testing   $\times 10^6/L$

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### Immunoglobulin Analysis

Specify the most recent quantitative immunoglobulins measured since the date of the last report.

For questions 8–13, also report immunoglobulins in the Form 2100 – 100 Days Post-HSCT Data beginning at question 55, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 26.

For questions 16–17, also report IVIG in the Form 2100 – 100 Days Post-HSCT Data beginning at question 61, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 32.

	Value:	Specify units:	Date tested:	
			Month Day Year	
8. IgG:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> not tested
10. IgM:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> not tested
12. IgA:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> not tested
14. IgE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IU/mL		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> not tested

16. Did the recipient receive supplemental intravenous immunoglobulins (IVIG) since the date of the last report?

- 1  yes  
 2  no  
 3  unknown

17. Was therapy ongoing within one month of immunoglobulin testing?

- 1  yes  
 2  no

### Lymphocyte Analysis

Specify the most recent lymphocyte assessment measured since the date of the last report.

For questions 19 and 21–25, also report lymphocytes in the Form 2100 – 100 Days Post-HSCT Data beginning at question 71, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 42.

18. Were lymphocyte analyses performed?

- 1  yes  
 2  no

19. Date of most recent testing performed:

Month Day Year

20. Absolute lymphocyte count:         cells /  $\mu$ L (cells /  $\text{mm}^3$ )

21. CD3 (T cells):   - or -       Value: Specify units:

1   $\times 10^9/\text{L}$  (x  $10^3/\text{mm}^3$ )  not tested  
 2   $\times 10^6/\text{L}$

22. CD4 (T helper cells):   - or -       Value: Specify units:

1   $\times 10^9/\text{L}$  (x  $10^3/\text{mm}^3$ )  not tested  
 2   $\times 10^6/\text{L}$

23. CD8 (cytotoxic T cells):   - or -       Value: Specify units:

1   $\times 10^9/\text{L}$  (x  $10^3/\text{mm}^3$ )  not tested  
 2   $\times 10^6/\text{L}$

24. CD20 (B lymphocyte cells):   - or -       Value: Specify units:

1   $\times 10^9/\text{L}$  (x  $10^3/\text{mm}^3$ )  not tested  
 2   $\times 10^6/\text{L}$

25. CD56 (natural killer (NK) cells):   - or -       Value: Specify units:

1   $\times 10^9/\text{L}$  (x  $10^3/\text{mm}^3$ )  not tested  
 2   $\times 10^6/\text{L}$

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	% of total lymphocytes:	Value:	Specify units:	
26. CD4+ / CD45RA+ (naive T cells): →	<input type="text"/> <input type="text"/>	- or - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )	<input type="checkbox"/> not tested
27. CD4+ / CD45RO+ (memory T cells): →	<input type="text"/> <input type="text"/>	- or - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2 <input type="checkbox"/> x 10 <sup>6</sup> /L	<input type="checkbox"/> not tested
			1 <input type="checkbox"/> x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )	<input type="checkbox"/> not tested
			2 <input type="checkbox"/> x 10 <sup>6</sup> /L	

## Antibody Response

Specify the most recent antibody responses measured since the date of the last report.

28. Date antibody responses were assessed:

Month      Day      Year

Absent      Low      Normal      Not tested

- |                            |                            |                            |                            |  |
|----------------------------|----------------------------|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 29. Bacteriophage phi X-174 or other neoantigen    |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 30. Diphtheria                                     |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 31. Isohemagglutinin anti-A                        |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 32. Isohemagglutinin anti-B                        |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 33. Protein conjugated HIB or pneumococcal vaccine |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 34. Tetanus  |

35. Unconjugated pneumococcal polysaccharide:  /

Number of serotypes producing a protective level / Total serotypes tested from vaccine

36. Conjugated pneumococcal polysaccharide:  /

Number of serotypes producing a protective level / Total serotypes tested from vaccine

## Lymphocyte Function

Specify the most recent lymphocyte function measured since the date of the last report.

37. Date lymphocyte function was assessed:

Month      Day      Year

Absent      Low      Normal      Not tested

(< 10% of control) (10-30% of control) (> 30% of control)

- |                            |                            |                            |                            |                              |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 38. Anti-CD3                 |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 39. Candida antigen          |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 40. Concanavalin A (ConA)    |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 41. Phytohemagglutinin (PHA) |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 42. Pokeweed mitogen (PWM)   |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 43. Tetanus antigen          |

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Visit:

100 day  
 6 month  








 year

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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Initials:

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## Clinical Features Assessed Post-HSCT

### Infections Identified Post-HSCT

Specify the presence of all clinically significant infections identified since the date of the last report. If any given infection was identified, use the Codes for Commonly Reported Organisms on the following page to report the organism present. Only report an organism once, even if it was identified at the same site in subsequent infections.

Also report infections in the Form 2100 – 100 Days Post-HSCT Data beginning at question 379, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 319.

**Copy this chart to report more than three different infections identified at any one site; check here  if additional pages are attached.**

Site of infection?	First organism	Second organism	Third organism	Specify other organism
44. <input type="checkbox"/> yes <input type="checkbox"/> no Hepatitis →	45. <table border="1" style="width: 40px; height: 20px;"></table>	46. <table border="1" style="width: 40px; height: 20px;"></table>	47. <table border="1" style="width: 40px; height: 20px;"></table>	48. _____
24. If hepatitis was present, was it a prominent feature of ID?				
1 <input type="checkbox"/> yes				
2 <input type="checkbox"/> no				
50. <input type="checkbox"/> yes <input type="checkbox"/> no Meningitis / encephalitis →	51. <table border="1" style="width: 40px; height: 20px;"></table>	52. <table border="1" style="width: 40px; height: 20px;"></table>	53. <table border="1" style="width: 40px; height: 20px;"></table>	54. _____
55. If meningitis / encephalitis was present, was it a prominent feature of ID?				
1 <input type="checkbox"/> yes				
2 <input type="checkbox"/> no				
56. <input type="checkbox"/> yes <input type="checkbox"/> no Pneumonia →	57. <table border="1" style="width: 40px; height: 20px;"></table>	58. <table border="1" style="width: 40px; height: 20px;"></table>	59. <table border="1" style="width: 40px; height: 20px;"></table>	60. _____
61. If pneumonia was present, was it a prominent feature of ID?				
1 <input type="checkbox"/> yes				
2 <input type="checkbox"/> no				
62. <input type="checkbox"/> yes <input type="checkbox"/> no Severe or protracted diarrhea →	63. <table border="1" style="width: 40px; height: 20px;"></table>	64. <table border="1" style="width: 40px; height: 20px;"></table>	65. <table border="1" style="width: 40px; height: 20px;"></table>	66. _____
67. If diarrhea was present, was it a prominent feature of ID?				
1 <input type="checkbox"/> yes				
2 <input type="checkbox"/> no				
68. <input type="checkbox"/> yes <input type="checkbox"/> no Systemic infection →	69. <table border="1" style="width: 40px; height: 20px;"></table>	70. <table border="1" style="width: 40px; height: 20px;"></table>	71. <table border="1" style="width: 40px; height: 20px;"></table>	72. _____
73. If systemic infection was present, was it a prominent feature of ID?				
1 <input type="checkbox"/> yes				
2 <input type="checkbox"/> no				
74. <input type="checkbox"/> yes <input type="checkbox"/> no Other infection →	75. <table border="1" style="width: 40px; height: 20px;"></table>	76. <table border="1" style="width: 40px; height: 20px;"></table>	77. <table border="1" style="width: 40px; height: 20px;"></table>	78. _____
79. Specify other infection site: _____				
80. If other infection was present, was it a prominent feature of ID?				
1 <input type="checkbox"/> yes				
2 <input type="checkbox"/> no				





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Visit:

100 day  
 6 month  








 year

Today's Date:

<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px; text-align: center;">20</table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
Month	Day	Year			

Infusion Date:

<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px; text-align: center;">20</table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
Month	Day	Year			

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**Therapy paused for < 1 week should *not* be considered as "Therapy Stopped."**

Therapy Given?	Therapy Stopped?	Date Stopped																																									
		Month      Day      Year																																									
117. Antithymocyte globulin (ATG, ATGAM, Thymoglobulin) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	118. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	119. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
120. Corticosteroids, systemic 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	121. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	122. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
123. Corticosteroids, topical 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	124. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	125. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
126. Cyclophosphamide (CTX, Cytoxan, Neosar) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	127. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	128. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
129. Cyclosporine (CsA, Neoral, Sandimmune) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	130. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	131. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
132. In vivo monoclonal antibody 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	Specify monoclonal antibody: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Therapy Given?</th> <th style="width: 25%;">Therapy Stopped?</th> <th style="width: 25%;">Date Stopped</th> <th style="width: 25%;"></th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Month      Day      Year</td> <td></td> </tr> </thead> <tbody> <tr> <td>133. Alemtuzumab (Campath) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>134. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>135. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table></td> <td><input type="checkbox"/> date estimated <input type="checkbox"/> date unknown</td> </tr> <tr> <td>136. Daclizumab (anti-CD25, Zenapax) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>137. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>138. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table></td> <td><input type="checkbox"/> date estimated <input type="checkbox"/> date unknown</td> </tr> <tr> <td>139. Etanercept (Enbrel) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>140. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>141. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table></td> <td><input type="checkbox"/> date estimated <input type="checkbox"/> date unknown</td> </tr> <tr> <td>142. Infliximab (anti-TNF-<math>\alpha</math>, Remicade) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>143. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>144. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table></td> <td><input type="checkbox"/> date estimated <input type="checkbox"/> date unknown</td> </tr> <tr> <td>145. Muromonab (anti-CD3, OKT3) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>146. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>147. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table></td> <td><input type="checkbox"/> date estimated <input type="checkbox"/> date unknown</td> </tr> <tr> <td>148. Rituximab (anti-CD20, Rituxan, MabThera) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>149. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>150. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table></td> <td><input type="checkbox"/> date estimated <input type="checkbox"/> date unknown</td> </tr> <tr> <td>151. Other monoclonal antibody 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>152. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</td> <td>153. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table></td> <td><input type="checkbox"/> date estimated <input type="checkbox"/> date unknown</td> </tr> <tr> <td colspan="4">154. Specify other monoclonal antibody: _____</td> </tr> </tbody> </table>			Therapy Given?	Therapy Stopped?	Date Stopped				Month      Day      Year		133. Alemtuzumab (Campath) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	134. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	135. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown	136. 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Infliximab (anti-TNF- $\alpha$ , Remicade) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	143. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	144. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown	145. Muromonab (anti-CD3, OKT3) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	146. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	147. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown	148. Rituximab (anti-CD20, Rituxan, MabThera) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	149. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	150. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown	151. Other monoclonal antibody 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	152. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	153. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown	154. Specify other monoclonal antibody: _____			
Therapy Given?	Therapy Stopped?	Date Stopped																																									
		Month      Day      Year																																									
133. Alemtuzumab (Campath) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	134. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	135. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
136. Daclizumab (anti-CD25, Zenapax) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	137. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	138. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
139. Etanercept (Enbrel) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	140. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	141. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
142. Infliximab (anti-TNF- $\alpha$ , Remicade) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	143. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	144. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table>	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown																																								
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154. Specify other monoclonal antibody: _____																																											

**Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).**





# 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:

CIBMTR Center Number:

CIBMTR Recipient ID:

182. Most recent date B-cell engraftment was assessed:

  
Month Day

20

Year

date unknown

183. What is the current status of myeloid engraftment?

- 1  predominantly or completely donor ( $\geq 80\%$  donor chimerism)  
2  mixed chimerism (5–80% donor)  
3  only host myeloid cells detected ( $< 5\%$  donor)  
4  unknown

184. Most recent date myeloid engraftment was assessed:

  
Month Day

20

Year

date unknown

185. Signed: \_\_\_\_\_  
*Person completing form*

Please print name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Fax number: (\_\_\_\_\_) \_\_\_\_\_

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