1. What is the date the recipient's current status was evaluated?  
20

2. What is the status of any clinical features of Chediak-Higashi Syndrome at the date of last contact for this report?

   1/ box3
   absent
   2/ box3
   persistent
   3/ box3
   recurrent

3. Date of recurrence:

   1/ box3
   known
   2/ box3
   unknown

Specify clinical feature(s) present:

5. 1/ box3
   present
   2/ box3
   absent
   3/ box3
   unknown
   Anemia (Hb < 10g/dL)

6. 1/ box3
   present
   2/ box3
   absent
   3/ box3
   unknown
   Bleeding diathesis

7. 1/ box3
   present
   2/ box3
   absent
   3/ box3
   unknown
   Hepatomegaly

8. 1/ box3
   present
   2/ box3
   absent
   3/ box3
   unknown
   Leukocyte granules

9. 1/ box3
   present
   2/ box3
   absent
   3/ box3
   unknown
   Neutropenia (ANC < 1 x 10^9/L)

10. 1/ box3
    present
    2/ box3
    absent
    3/ box3
    unknown
    Recurrent infections

11. 1/ box3
    present
    2/ box3
    absent
    3/ box3
    unknown
    Splenomegaly

12. 1/ box3
    present
    2/ box3
    absent
    3/ box3
    unknown
    Thrombocytopenia (< 100 x 10^9/L)

13. 1/ box3
    present
    2/ box3
    absent
    3/ box3
    unknown
    Other

4. Specify:

   1/ box3
   known
   2/ box3
   unknown
   Date previously reported

14. Specify: ________________

15. What was the status of any neurologic symptoms of Chediak-Higashi Syndrome since the date of the last report?

   1/ box3
   absent
   2/ box3
   present
   3/ box3
   unknown

16. Were neurologic symptoms present prior to the HSCT?

   1/ box3
   yes
   2/ box3
   no (symptoms are newly developed)
   3/ box3
   unknown

17. What is the current status of neurologic dysfunction compared to prior to the HSCT?

   1/ box3
   improved
   2/ box3
   unchanged
   3/ box3
   worse
   4/ box3
   unknown
CIBMTR Form 2132 (CHS) v1.0 (2–2) July 2007

Current Assessment of Immunologic Function Post-Transplant
("Absent" is defined as ≤ 10% of normal value; "decreased" is defined as 11–50% of normal value.)

<table>
<thead>
<tr>
<th>Test</th>
<th>Absent</th>
<th>Decreased</th>
<th>Normal</th>
<th>Increased</th>
<th>Not tested</th>
<th>Date of test</th>
<th>Date unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Cytotoxic T-cell activity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>24.</td>
<td></td>
</tr>
<tr>
<td>27. IgG</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>28.</td>
<td></td>
</tr>
<tr>
<td>29. IgA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>30.</td>
<td></td>
</tr>
<tr>
<td>31. IgM</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>32.</td>
<td></td>
</tr>
<tr>
<td>33. IgE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>34.</td>
<td></td>
</tr>
<tr>
<td>35. Natural killer cell activity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>36.</td>
<td></td>
</tr>
<tr>
<td>37. T-cell numbers / subsets</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>38.</td>
<td></td>
</tr>
<tr>
<td>39. T-cell function</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>40.</td>
<td></td>
</tr>
</tbody>
</table>

41. Did the recipient receive IVIg infusions within 2 months prior to the above immunoglobulin measurement?
   1 ☐ yes
   2 ☐ no
   3 ☐ unknown

42. Signed: ____________________________

   Person completing form

Please print name: ____________________________________________________________

Phone number: (__________) __________________________________________________

Fax number: (__________) ____________________________________________________

E-mail address: ____________________________________________________________

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