

# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Visit:

100 day  
 6 month  


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 year

Today's Date:

Month	Day	20		Year															

Infusion Date:

Month	Day	20		Year															

CIBMTR Center Number:

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Initials:

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## Wiskott-Aldrich Syndrome Post-HSCT Data

Registry Use Only

Sequence Number:

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Date Received:

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CIBMTR Center Number:

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CIBMTR Recipient ID:

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

1 yes → USIDNET ID: 

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 2 no

Today's Date:

Month	Day	20		Year															

Date of HSCT for which this form is being completed:

Month	Day			Year															

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

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

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

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**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.**

## 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	20		Year															

Specify units:

2. WBC: 

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

3. Lymphocytes: 

--	--

 %  not tested

4. Eosinophils: 

--	--

 %  not tested

5. Polymorphonuclear leukocytes (PMN): 

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 %  not tested

6. Hemoglobin: 

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 1 g/dL  not tested  transfused RBC < 30 days from date of most current testing  
 2 g/L  
 3 mmol/L

7. Platelets: 

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

8. Mean platelet volume: 

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 fl  not tested

9. What was the platelet size at the date of the most recent follow-up?

- 1 decreased  
 2 normal  
 3 unknown

**Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.**

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CIBMTR Recipient ID:

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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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CIBMTR Center Number:

CIBMTR Recipient ID:

### Immunoglobulin Analysis

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

For questions 10–15, 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 18–19, 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	
10. IgG:	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> • <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<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;"></table>	<input type="checkbox"/> not tested
12. IgM:	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> • <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<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;"></table>	<input type="checkbox"/> not tested
14. IgA:	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> • <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	<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;"></table>	<input type="checkbox"/> not tested
16. IgE:	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> IU/mL		<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;"></table>	<input type="checkbox"/> not tested

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

yes  
 no  
 unknown

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

yes  
 no

### Lymphocyte Analysis

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

For questions 21 and 23–27, 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.

20. Were lymphocyte analyses performed?

yes  
 no

21. Date of most recent testing performed:

Month    Day    Year

22. Absolute lymphocyte count: 



 cells /  $\mu$ L (cells /  $\text{mm}^3$ )

23. CD3 (T cells): 



 - or - 



    Value:    Specify units:

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

24. CD4 (T helper cells): 



 - or - 



    Value:    Specify units:

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

25. CD8 (cytotoxic T cells): 



 - or - 



    Value:    Specify units:

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

26. CD20 (B lymphocyte cells): 



 - or - 



    Value:    Specify units:

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

27. CD56 (natural killer (NK) cells): 



 - or - 



    Value:    Specify units:

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

# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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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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CIBMTR Center Number: 

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CIBMTR Recipient ID: 

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

30. Date antibody responses were assessed: 

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 / 

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 / 

2	0
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- | Absent                     | Low                        | Normal                     | Not tested                 |  |
|----------------------------|----------------------------|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 31. Bacteriophage phi X-174 or other neoantigen    |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 32. Diphtheria                                     |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 33. Isohemagglutinin anti-A                        |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 34. Isohemagglutinin anti-B                        |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 35. Protein conjugated HIB or pneumococcal vaccine |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 36. Tetanus  |

37. Unconjugated pneumococcal polysaccharide: 

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 / 

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

38. Conjugated pneumococcal polysaccharide: 

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 / 

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 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.

39. Date lymphocyte function was assessed: 

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 / 

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 / 

2	0
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- | Absent<br>(< 10% of control) | Low<br>(10-30% of control) | Normal<br>(> 30% of control) | Not tested                 |                              |
|------------------------------|----------------------------|------------------------------|----------------------------|------------------------------|
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 40. Anti-CD3                 |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 41. Candida antigen          |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 42. Concanavalin A (ConA)    |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 43. Phytohemagglutinin (PHA) |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 44. Pokeweed mitogen (PWM)   |
| 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/> | 45. Tetanus antigen          |

46. What is the current natural killer cell function? (Refers to specific cytolysis of NK-sensitive target cells, e.g. K562.)

- absent (≤ 10% normal response)  
 decreased (11–50% normal response)  
 normal  
 unknown

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Visit:

100 day  
 6 month  
   year

Today's Date:

20

Month Day Year

Infusion Date:

20

Month Day Year

CIBMTR Center Number:

Initials:

CIBMTR Center Number:

CIBMTR Recipient ID:

47. Did a new malignancy, lymphoproliferative or myeloproliferative disorder appear that is different from the disease for which the HSCT was performed?

- 1  yes  
 2  no

48. Specify second malignancy:

- 1  EBV-associated B-cell lymphoproliferative disorder  
 2  other second malignancy  
 3  unknown

49. Specify other second malignancy:

50. Specify the date of diagnosis:

20

Month Day Year

**Also report malignancy in the Form 2100 – 100 Days Post-HSCT Data beginning at question 519, Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 459, or Form 2300 — Yearly Follow-Up for Greater Than Two Years Post-HSCT Data beginning at question 131. Copy questions 46–49 to report more than one secondary malignancy; check here  if additional pages are attached.**

## Clinical Status of Recipient Post-HSCT

51. Did the recipient experience any types of bleeding (since the date of the last report)?

- 1  yes  
 2  no

Specify types of bleeding:

Bleeding episode(s) present?

52. 1  yes 2  no Epistaxis  
 54. 1  yes 2  no Upper GI hemorrhage  
 56. 1  yes 2  no Lower GI hemorrhage / rectal bleeding  
 58. 1  yes 2  no Hemarthrosis  
 60. 1  yes 2  no Hematuria  
 62. 1  yes 2  no Intracranial hemorrhage  
 64. 1  yes 2  no Oral  
 66. 1  yes 2  no Subcutaneous bleeding  
 68. 1  yes 2  no Subdural hematoma  
 70. 1  yes 2  no Other bleeding

If present, is the feature prominent?

53. 1  yes 2  no  
 55. 1  yes 2  no  
 57. 1  yes 2  no  
 59. 1  yes 2  no  
 61. 1  yes 2  no  
 63. 1  yes 2  no  
 65. 1  yes 2  no  
 67. 1  yes 2  no  
 69. 1  yes 2  no  
 71. 1  yes 2  no

72. Specify other bleeding:

73. Did the recipient experience any autoimmune / inflammatory disorders (since the date of the last report)?

- 1  yes  
 2  no

Specify autoimmune / inflammatory disorders:

Feature present?

74. 1  yes 2  no Arthralgia  
 76. 1  yes 2  no Arthritis, chronic  
 78. 1  yes 2  no Autoimmune hemolytic anemia  
 80. 1  yes 2  no Idiopathic thrombocytopenic purpura (ITP)  
 82. 1  yes 2  no Inflammatory bowel disease  
 84. 1  yes 2  no Juvenile rheumatoid arthritis  
 86. 1  yes 2  no Nephritis  
 88. 1  yes 2  no Neutropenia  
 90. 1  yes 2  no Sclerosing cholangitis  
 92. 1  yes 2  no Vasculitis, cerebral  
 94. 1  yes 2  no Vasculitis, coronary

If present, is the feature prominent?

75. 1  yes 2  no  
 77. 1  yes 2  no  
 79. 1  yes 2  no  
 81. 1  yes 2  no  
 83. 1  yes 2  no  
 85. 1  yes 2  no  
 87. 1  yes 2  no  
 89. 1  yes 2  no  
 91. 1  yes 2  no  
 93. 1  yes 2  no  
 95. 1  yes 2  no

# ERROR CORRECTION FORM

Visit:  
 100 day  
 6 month  
    year

Sequence Number:

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CIBMTR Recipient ID:

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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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CIBMTR Center Number: 

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CIBMTR Recipient ID: 

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96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Vasculitis, renal _____ → 98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Vasculitis, skin _____ → 100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Vasculitis, other _____ → 102. Specify other vasculitis: _____ 103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Other disorder _____ → 105. Specify other disorder: _____	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
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### Post-HSCT Treatment for Wiskott-Aldrich Syndrome

106. Was any treatment given for relapsed, persistent, or progressive disease (since the date of the last report)?

- 1  yes → **Complete the table below.**  
 2  no → **Continue with question 169.**

**Also report immunosuppressive medications given to prevent or treat GVHD in the corresponding questions on the Form 2000 — Recipient Baseline Data, 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.**

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

Therapy Given?	Therapy Stopped?	Date Stopped					
		Month    Day    Year					
107. Antithymocyte globulin (ATG, ATGAM, Thymoglobulin) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	108. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			2	0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
		2	0				
110. Corticosteroids, systemic 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	111. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			2	0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
		2	0				
113. Corticosteroids, topical 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	114. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			2	0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
		2	0				
116. Cyclophosphamide (CTX, Cytoxan, Neosar) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	117. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			2	0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
		2	0				
119. Cyclosporine (CsA, Neoral, Sandimmune) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	120. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			2	0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
		2	0				

122. In vivo monoclonal antibody  
 1  yes →  
 2  no

Specify monoclonal antibody:

Therapy Given?	Therapy Stopped?	Date Stopped					
		Month    Day    Year					
123. Alemtuzumab (Campath) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	124. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			2	0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
		2	0				
126. Daclizumab (anti-CD25, Zenapax) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	127. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			2	0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
		2	0				
129. Etanercept (Enbrel) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	130. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>			2	0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
		2	0				

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Sequence Number:

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CIBMTR Recipient ID:

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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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CIBMTR Center Number:

CIBMTR Recipient ID:

Therapy Given?	Therapy Stopped?	Date Stopped	
		Month    Day    Year	
132. Infiximab (anti-TNF- $\alpha$ , Remicade) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	133. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	134. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
135. Muromonab (anti-CD3, OKT3) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	136. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	137. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
138. Rituximab (anti-CD20, Rituxan, MabThera) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	139. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	140. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
141. Other monoclonal antibody 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	142. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	143. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
144. Specify other monoclonal antibody: _____			

Therapy Given?	Therapy Stopped?	Date Stopped	
		Month    Day    Year	
145. Lenalidomide (Revlimid) 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> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
148. Mycophenolate mofetil (MMF, Cellcept) 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> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
151. Photopheresis / extracorporeal phototherapy (ECP) 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> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
154. Sirolimus (Rapamune) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	155. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	156. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
157. Tacrolimus (FK506, Prograf) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	158. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	159. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
160. Thalidomide (Thalomid) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	161. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	162. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
163. Other immunosuppressive drug 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	164. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	165. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 2 0	<input type="checkbox"/> date estimated <input type="checkbox"/> date unknown
166. Specify other immunosuppressive drug: _____			

167. Did the recipient receive any other significant treatment(s) for WAS (since the date of the last report)?

1  yes → 2  no

168. Specify other treatment(s):

**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:

<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> 2 <input type="text"/> 0 Year
-------------------------------	-----------------------------	---

Infusion Date:

<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> 2 <input type="text"/> 0 Year
-------------------------------	-----------------------------	---

CIBMTR Center Number:







Initials:

CIBMTR Center Number:

CIBMTR Recipient ID:

## Status of Hematologic Engraftment

This section refers to quantitative analyses utilizing discriminating DNA markers. Peripheral blood cells must undergo separation or sorting into T, B, or lymphoid vs. myeloid populations to perform this determination. If RFLP analyses indicate only donor type hematopoiesis, mark T-cell, B-cell, and myeloid as "predominantly or completely donor." Also report chimerism in the Form 2100 – 100 Days Post-HSCT Data beginning at question 77 or Form 2200 – Six Months to Two Years Post-HSCT Data beginning at question 48.

169. What is the current status of T-cell engraftment?

- 1  predominantly or completely donor (≥ 80% donor chimerism)
- 2  mixed chimerism (5–80% donor)
- 3  only host T-cells detected (< 5% donor)
- 4  unknown

170. Most recent date T-cell engraftment was assessed:

<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> 2 <input type="text"/> 0 Year
-------------------------------	-----------------------------	---

date unknown

171. What is the current status of B-cell engraftment?

- 1  predominantly or completely donor (≥ 80% donor chimerism)
- 2  mixed chimerism (5–80% donor)
- 3  only host B-cells detected (< 5% donor)
- 4  unknown

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

<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> 2 <input type="text"/> 0 Year
-------------------------------	-----------------------------	---

date unknown

173. What is the current status of myeloid engraftment?

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

174. Most recent date myeloid engraftment was assessed:

<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> 2 <input type="text"/> 0 Year
-------------------------------	-----------------------------	---

date unknown

175. Signed: \_\_\_\_\_  
Person completing form

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

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

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

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