1. What was the date of the last platelet transfusion since the date of the last report?

2. What was the date of the last red blood cell transfusion since the date of the last report?

3. Was the bone marrow examined since the date of the last report?
   1. yes
   2. no

4. Specify the most recent date the bone marrow was examined:

5. What was the cellularity of the bone marrow?
   1. decreased
   2. normal
   3. increased

6. What was the megakaryocyte level in the bone marrow?
   1. decreased
   2. absent

7. Were myelodysplastic features present?
   1. yes
   2. no

8. Specify the level of blasts in the marrow: %

9. Is a copy of the bone marrow report attached?
   1. yes
   2. no

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.
10. Was a bone marrow karyotype examination performed since the date of the last report?
   - [ ] yes
   - [ ] no
   - [ ] unknown

11. Were any karyotype abnormalities identified?
   Specify the abnormalities identified:
   - [ ] yes
   - [ ] no

12.  -5
13.  -7
14.  -17
15.  -18
16.  -20
17.  -X
18.  -Y
19.  +4
20.  +8
21.  +11
22.  +13
23.  +14
24.  +21
25.  +22
26.  del(5q) / 5q–
27.  del(7q) / 7q–
28.  del(9q) / 9q–
29.  del(11q) / 11q–
30.  del(17q) / 17q–
31.  del(20q) / 20q–
32.  inv(3)
33.  inv(16)
34.  t(3;3)
35.  t(6;9)
36.  t(8;21)
37.  t(15;17) and variants
38.  (11q23) balanced abnormality
39.  12p any abnormality
40.  complex (≥ 3 distinct abnormalities)
41.  other abnormality.
42. Specify: ______

43. Is a copy of the cytogenetic report attached?
   - [ ] yes
   - [ ] no

44. Signed: __________________________
       Person completing form

Please print name: __________________________________________

Phone: (_______) ______________________________ Fax: (_______) _______________________

E-mail address: _______________________________________________

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