

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:

CIBMTR Center Number:

CIBMTR Recipient ID:

6. Was any treatment given for the disease since the date of the last report?

- yes
 no
 unknown

Specify disease treatment given since the date of the last report:

7. yes no enzyme replacement
 8. yes no gene transfer / gene therapy
 9. yes no substrate deprivation / inhibitor
 10. yes no other

11. If yes, specify:

Clinical Status Post-HSCT

12. Was cerebrospinal fluid (CSF) testing performed since the date of the last report?

- yes
 no
 unknown

Specify the results of most recent tests:

13. Date of most recent test:

- known not known
-
- Month Day Year

14. Opening pressure:

- known not known
-
- cm H₂O

15. Closing pressure:

- known not known
-
- cm H₂O

16. Total protein:

- known not known
- .
- 1 mg/dL 2 g/L

17. Serum albumin:

- known not known
- .
- 1 mg/dL 2 g/L

18. Serum IgG:

- known not known
- .
- 1 mg/dL 2 g/L

19. Was Magnetic Resonance Imaging (MRI) of the brain and/or spine performed since the date of the last report?

- yes
 no
 unknown

20. Date of most recent MRI:

- known not known
-
- Month Day Year

Specify the location of any abnormalities detected on MRI:

21. yes no unknown hydrocephalus
 22. yes no unknown odontoid hypoplasia
 23. yes no unknown other

24. Specify:

25. Is a copy of the MRI report attached?

- yes
 no

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100 day
 6 month

 year

Today's Date:

		2	0
Month	Day	Year	Year

Infusion Date:

		2	0
Month	Day	Year	Year

CIBMTR Center Number:

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26. Was a Mental Development test performed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

27. Date of most recent test:

1 known →

 2 not known

28. Specify the test instrument used:

- 1 Bayley Scales of Infant Development
- 2 Stanford Binet Intelligence Scale 4th ed
- 3 Wechsler Preschool and Primary Scale of Intelligence (WPPSI – Revised)
- 4 Wechsler Intelligence Scale for Children – III (WISC – III)
- 5 other test →

30. Full scale score (not percentile):

1 known →

 2 not known

31. Verbal score (not percentile):

1 known →

 2 not known

32. Performance score (not percentile):

1 known →

 2 not known

33. Were the Vineland Adaptive Behavior Scales performed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

34. Date of most recent test:

1 known →

 2 not known

35. Communication skills score:

1 known →

 2 not known

36. Daily Living skills score:

1 known →

 2 not known

37. Socialization skills score:

1 known →

 2 not known

38. Was the recipient's visual acuity tested since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

39. Date of most recent visual acuity test:

1 known →

 2 not known

40. Visual acuity (uncorrected) of right eye (OD):

1 known →

 /

 2 not known

41. Visual acuity (uncorrected) of left eye (OS):

1 known →

 /

 2 not known

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Month	Day	20		Year															

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60. Has there been a change in the recipient's neurologic status since the date of the last report?
(Report clinical status, not neuropsychological status.)

- 1 yes
 2 stable / unchanged
 3 unknown

61. Date of most recent evaluation:

1 known
 2 not known

Month	Day	20		Year															

62. Specify current neurologic status compared to previous report:

1 improved
 2 worsened

63. Is a copy of the physical exam or neurologic exam attached?

1 yes
 2 no

64. Was a pulmonary evaluation performed since the date of the last report?

- 1 yes
 2 no
 3 unknown

65. Date of most recent pulmonary evaluation:

1 known
 2 not known

Month	Day	20		Year															

66. Specify oxygen saturation on room air:

--	--	--	--

 %

67. Specify the results of the most recent pulmonary function test:

1 normal
 2 abnormal / impaired

68. Is a copy of the pulmonary evaluation report attached?

1 yes
 2 no

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

- 1 yes
 2 no
 3 unknown

70. Date of most recent echocardiogram:

1 known
 2 not known

Month	Day	20		Year															

Specify the findings for valvular insufficiency:

71. 1 none 2 mild / trivial 3 moderate / severe 4 valve replacement Aortic
72. 1 none 2 mild / trivial 3 moderate / severe 4 valve replacement Mitral
73. 1 none 2 mild / trivial 3 moderate / severe 4 valve replacement Pulmonary
74. 1 none 2 mild / trivial 3 moderate / severe 4 valve replacement Tricuspid

75. Was cardiac contractility examined since the date of the last report?

- 1 yes
 2 no
 3 unknown

76. Date of most recent exam:

1 known
 2 not known

Month	Day	20		Year															

77. Specify the method used to assess left ventricle performance:

- 1 ejection fraction
 2 shortening fraction
78. Specify fraction:

--	--	--	--

 %

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79. Was a dobutamine stress echocardiogram performed since the date of the last report?

- 1 yes
2 no
3 unknown

80. Date of most recent dobutamine stress echocardiogram:

- 1 known → / /
2 not known
Month Day Year

81. Specify the results of the most recent test:

- 1 normal
2 abnormal / impaired

82. Is a copy of the report attached?

- 1 yes
2 no

83. Was orthopedic surgery performed since the date of the last report?

- 1 yes
2 no
3 unknown

84. Date of most recent orthopedic surgery:

- 1 known → / /
2 not known
Month Day Year

Specify the surgery site(s):

85. 1 yes 2 no Fingers
86. 1 yes 2 no Hips
87. 1 yes 2 no Knees
88. 1 yes 2 no Spine
89. 1 yes 2 no Wrist (carpal tunnel syndrome)
90. 1 yes 2 no Other site →

91. Specify: