

CIBMTR Center Number:

CIBMTR Recipient ID:

38. Was an MRI or CT performed since the date of the last report?

- 1 yes
- 2 no

39. Specify results:

- 1 improvement in pre-HSCT abnormalities
- 2 stable pre-HSCT abnormalities
- 3 worsening of pre-HSCT abnormalities

40. Is a copy of the report attached?

- 1 yes
- 2 no

41. Was the clinical status of natural killer cell activity assessed since the date of the last report? (*refers to specific cytolysis of NK-sensitive target cells, e.g. K562*)

- 1 yes
- 2 no

42. Specify the current natural killer cell function:

- 1 absent ($\leq 10\%$ normal response)
- 2 decreased (11–60% normal response)
- 3 normal
- 4 increased
- 5 unknown

43. Signed: _____

Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____