Specify the recipient's clinical status since the date of the last report:

1. Hepatomegaly (> 3 cm below right costal margin) 1-present 2-absent 3-unknown
2. Hypertriglyceridemia (> 200 mg/dL) 1-present 2-absent 3-unknown
3. Hypofibrinogenemia (< 150 mg/dL) 1-present 2-absent 3-unknown
4. Splenomegaly (> 3 cm below left costal margin) 1-present 2-absent 3-unknown

Specify the recipient's cerebrospinal fluid findings since the date of the last report:

5. Neopterin level 1-normal 2-elevated 3-not tested
6. Protein 1-normal 2-elevated 3-not tested
7. WBC count ≤ 5 cells/µl 2> 5 cells/µl 3-not tested

8. What is the recipient's clinical neurologic status since the date of the last report?
1-normal 2-abnormal 3-unknown

Specify neurologic dysfunction(s):
Abnormal improvement in Stable deterioration of Abnormalities
Abnormal Subtype of abnormalities gait gait
Abnormal mental Developmental Motor retardation weakness
Abnormal Sensory Seizures Other better deficits dysfunction
Abnormal other dysfunction

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

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

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