Serological Evidence of Hepatitis Exposure / Infection — Recipient

Specify hepatitis testing performed for infections that developed post-HSCT (or, if this is the first post-HSCT report, since diagnosis):

1. Hepatitis B core antibody (HBcAb)  
   - Positive  
   - Negative  
   - Inconclusive  
   - Not tested  
   - Confirm prior result

2. Hepatitis B surface antigen (HBsAg)  
   - Positive  
   - Negative  
   - Inconclusive  
   - Not tested  
   - Confirm prior result

3. Hepatitis B e antigen (HBeAg)  
   - Positive  
   - Negative  
   - Inconclusive  
   - Not tested

4. Hepatitis C antibody (HCAb)  
   - Positive  
   - Negative  
   - Inconclusive  
   - Not tested  
   - Confirm prior result

Specify all documented hepatitis B viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since diagnosis):

5. Date: [ ] [ ] [ ]  
   Hepatitis B viral load level: [ ] [ ] [ ] [ ]

6. Date: [ ] [ ] [ ]  
   Hepatitis B viral load level: [ ] [ ] [ ] [ ]

7. Date: [ ] [ ] [ ]  
   Hepatitis B viral load level: [ ] [ ] [ ] [ ]

8. Date: [ ] [ ] [ ]  
   Hepatitis B viral load level: [ ] [ ] [ ] [ ]

Specify all documented hepatitis C viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since diagnosis):

9. Date: [ ] [ ] [ ]  
   Hepatitis B viral load level: [ ] [ ] [ ] [ ]

10. Date: [ ] [ ] [ ]  
    Hepatitis B viral load level: [ ] [ ] [ ] [ ]

11. Date: [ ] [ ] [ ]  
    Hepatitis B viral load level: [ ] [ ] [ ] [ ]

Specify all documented hepatitis C viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since diagnosis):

12. Date: [ ] [ ] [ ]  
    Hepatitis C viral load level: [ ] [ ] [ ] [ ]

13. Date: [ ] [ ] [ ]  
    Hepatitis C viral load level: [ ] [ ] [ ] [ ]

14. Date: [ ] [ ] [ ]  
    Hepatitis C viral load level: [ ] [ ] [ ] [ ]

Specify all documented hepatitis C viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since diagnosis):

15. Date: [ ] [ ] [ ]  
    Hepatitis C viral load level: [ ] [ ] [ ] [ ]

16. Date: [ ] [ ] [ ]  
    Hepatitis C viral load level: [ ] [ ] [ ] [ ]

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.
17. Were any liver biopsies performed for cytology and/or pathology, or liver samples taken from an autopsy, since the date of the last report (or, if this is the first post-HSCT report, since diagnosis)?

1. yes  2. no

Attach a copy of liver cytology / pathology report(s)

Serological Evidence of Hepatitis Exposure / Infection — Donor

Specify hepatitis testing performed for infections that developed post-HSCT (or, if this is the first post-HSCT report, since the date of the stem cell harvest):

18. Hepatitis B core antibody (HBcAb) 1. positive  2. negative  3. inconclusive  4. not tested  5. confirm prior result
19. Hepatitis B surface antigen (HBsAg) 1. positive  2. negative  3. inconclusive  4. not tested  5. confirm prior result
20. Hepatitis B e antigen (HBeAg) 1. positive  2. negative  3. inconclusive  4. not tested
21. Hepatitis C antibody (HCAb) 1. positive  2. negative  3. inconclusive  4. not tested  5. confirm prior result

Specify all documented hepatitis B viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since the date of the stem cell harvest):

Month Day Year

Date: 20
Hepatitis B viral load level: , , .

Month Day Year

Date: 20
Hepatitis B viral load level: , , .

Month Day Year

Date: 20
Hepatitis B viral load level: , , .

Specify units:
1. log IU
2. IU/mL
3. copies/mL
4. pg/mL

Specify all documented hepatitis C viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since the date of the stem cell harvest):

Month Day Year

Date: 20
Hepatitis C viral load: , , .

Month Day Year

Date: 20
Hepatitis C viral load: , , .

Month Day Year

Date: 20
Hepatitis C viral load: , , .

Specify units:
1. log IU
2. IU/mL
3. copies/mL
4. pg/mL

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

34. Was therapy given for hepatitis since the date of the last report (or, if this is the first post-HSCT report, since diagnosis)?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

For the therapy table below, see “Reason Started” codes below. Therapy paused for < 1 week should not be considered as “Therapy Stopped.”

<table>
<thead>
<tr>
<th>Therapy Given?</th>
<th>Laminudine</th>
<th>Date Started</th>
<th>Daily Dose mg</th>
<th>Reason Started</th>
<th>Therapy Stopped?</th>
<th>Date Stopped</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. First course</td>
<td>1</td>
<td>yes</td>
<td>36.</td>
<td>37.</td>
<td>38.</td>
<td>39.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>no</td>
<td></td>
<td>37.</td>
<td>38.</td>
<td>39.</td>
</tr>
<tr>
<td>41. Second course</td>
<td>1</td>
<td>yes</td>
<td>42.</td>
<td>43.</td>
<td>44.</td>
<td>45.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>no</td>
<td></td>
<td>43.</td>
<td>44.</td>
<td>45.</td>
</tr>
<tr>
<td>47. Third course</td>
<td>1</td>
<td>yes</td>
<td>48.</td>
<td>49.</td>
<td>50.</td>
<td>51.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>no</td>
<td></td>
<td>49.</td>
<td>50.</td>
<td>51.</td>
</tr>
</tbody>
</table>

| Interferon | 53. First course | 1 | yes | 54. | 55. | 56. | 57. | yes | 58. |
|           | | 2 | no |               | 55. | 56. | 57. | yes | 58. |
|           | 59. Second course | 1 | yes | 60. | 61. | 62. | 63. | yes | 64. |
|           | | 2 | no |               | 61. | 62. | 63. | yes | 64. |
|           | 65. Third course | 1 | yes | 66. | 67. | 68. | 69. | yes | 70. |
|           | | 2 | no |               | 67. | 68. | 69. | yes | 70. |

<table>
<thead>
<tr>
<th>Other antiviral therapy</th>
<th>71. Specify other antiviral therapy given:</th>
</tr>
</thead>
</table>

| 72. First course | 1 | yes | 73. | 74. | 75. | 76. | yes | 77. |
| | 2 | no |               | 74. | 75. | 76. | yes | 77. |
| 78. Second course | 1 | yes | 79. | 80. | 81. | 82. | yes | 83. |
| | 2 | no |               | 80. | 81. | 82. | yes | 83. |
| 84. Third course | 1 | yes | 85. | 86. | 87. | 88. | yes | 89. |
| | 2 | no |               | 86. | 87. | 88. | yes | 89. |

<table>
<thead>
<tr>
<th>Codes for Reason Antiviral Therapy Started</th>
<th>1 Prophylaxis 2 Empiric therapy due to suspected infection 3 Documented infection 4 Planned post-HSCT therapy</th>
</tr>
</thead>
</table>

90. Signed: ________________________________

Person completing form

Please print name: ____________________________

Phone: (__________) ___________________________ Fax: (__________) ___________________________

E-mail address: ______________________________

CIBMTR Form 2147 revision 2 (page 3 of 3) June 2009
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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).