

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Visit:

100 day
 6 month
 year

Today's Date:

2 0
Month Day Year

Infusion Date:

2 0
Month Day Year

CIBMTR Center Number:

Initials:



Hepatitis Serology Post-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date:

2 0
Month Day Year

Date of HSCT for which this form is being completed:

Month Day Year

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood other product, specify: _____

Visit: 100 day 6 month 1 year 2 years > 2 years, specify:

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.

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):

- Hepatitis B core antibody (HBcAb) 1 positive 2 negative 3 inconclusive 4 not tested 5 confirm prior result
- Hepatitis B surface antigen (HBsAg) 1 positive 2 negative 3 inconclusive 4 not tested 5 confirm prior result
- Hepatitis B e antigen (HBeAg) 1 positive 2 negative 3 inconclusive 4 not tested
- 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 diagnosis):

5. Date: 2 0
Month Day Year

6. Hepatitis B viral load level: , .

Specify units:

- 1 log IU
2 IU/mL
3 copies/mL
4 pg/mL

7. Date: 2 0
Month Day Year

8. Hepatitis B viral load level: , .

- 1 log IU
2 IU/mL
3 copies/mL
4 pg/mL

9. Date: 2 0
Month Day Year

10. Hepatitis B viral load level: , .

- 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 diagnosis):

11. Date: 2 0
Month Day Year

12. Hepatitis C viral load: , , .

Specify units:

- 1 log IU
2 IU/mL

13. Date: 2 0
Month Day Year

14. Hepatitis C viral load: , , .

- 1 log IU
2 IU/mL

15. Date: 2 0
Month Day Year

16. Hepatitis C viral load: , , .

- 1 log IU
2 IU/mL

CIBMTR Form 2147 revision 2 (page 1 of 3) June 2009
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Internal use: Document number F00566 revision 2 Replaces: F00566 version 1.0 July 2007

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).

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Visit:

100 day
 6 month

 year

Today's Date:

| | | | | | |
|-------|-----|------|--|--|--|
| | | 20 | | | |
| Month | Day | Year | | | |

Infusion Date:

| | | | | | |
|-------|-----|------|--|--|--|
| | | 20 | | | |
| Month | Day | Year | | | |

CIBMTR Center Number:

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Initials:

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CIBMTR Center Number:

CIBMTR Recipient ID:

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)?

- yes → **Attach a copy of liver cytology / pathology report(s)**
 no

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):

- | | | |
|--|--|---|
| 22. Date: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table> | 23. Hepatitis B viral load level: <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | Specify units: 1 <input type="checkbox"/> log IU 2 <input type="checkbox"/> IU/mL 3 <input type="checkbox"/> copies/mL 4 <input type="checkbox"/> pg/mL |
| 24. Date: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table> | 25. Hepatitis B viral load level: <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | 1 <input type="checkbox"/> log IU 2 <input type="checkbox"/> IU/mL 3 <input type="checkbox"/> copies/mL 4 <input type="checkbox"/> pg/mL |
| 26. Date: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table> | 27. Hepatitis B viral load level: <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | 1 <input type="checkbox"/> log IU 2 <input type="checkbox"/> IU/mL 3 <input type="checkbox"/> copies/mL 4 <input type="checkbox"/> 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):

- | | | |
|--|---|---|
| 28. Date: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table> | 29. Hepatitis C viral load: <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | Specify units: 1 <input type="checkbox"/> log IU 2 <input type="checkbox"/> IU/mL |
| 30. Date: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table> | 31. Hepatitis C viral load: <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | 1 <input type="checkbox"/> log IU 2 <input type="checkbox"/> IU/mL |
| 32. Date: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">20</table> | 33. Hepatitis C viral load: <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> , <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> | 1 <input type="checkbox"/> log IU 2 <input type="checkbox"/> IU/mL |

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

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Month Day Year

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CIBMTR Center Number:

CIBMTR Recipient ID:

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)?

- 1 yes → **Continue with the table below**
- 2 no → **Continue with the signature lines at question 90**

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

| Therapy Given? | Date Started | | | Daily Dose mg | Reason Started Code | Therapy Stopped? | Date Stopped | | | | | | |
|----------------------------------|--------------|----------------------|----------------------|------------------|------------------------|------------------|-------------------------------|--------------------------------------|------|----------------------|----------------------|----------------------|----------------------|
| | Month | Day | Year | | | | Month | Day | Year | | | | |
| Lamivudine | | | | | | | | | | | | | |
| 35. First course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 36. | <input type="text"/> | <input type="text"/> | 37. | <input type="text"/> | 38. | <input type="checkbox"/> | 39. 1 <input type="checkbox"/> yes → | 40. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |
| 41. Second course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 42. | <input type="text"/> | <input type="text"/> | 43. | <input type="text"/> | 44. | <input type="checkbox"/> | 45. 1 <input type="checkbox"/> yes → | 46. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |
| 47. Third course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 48. | <input type="text"/> | <input type="text"/> | 49. | <input type="text"/> | 50. | <input type="checkbox"/> | 51. 1 <input type="checkbox"/> yes → | 52. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |
| Interferon | | | | | | | | | | | | | |
| 53. First course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 54. | <input type="text"/> | <input type="text"/> | 55. | <input type="text"/> | 56. | <input type="checkbox"/> | 57. 1 <input type="checkbox"/> yes → | 58. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |
| 59. Second course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 60. | <input type="text"/> | <input type="text"/> | 61. | <input type="text"/> | 62. | <input type="checkbox"/> | 63. 1 <input type="checkbox"/> yes → | 64. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |
| 65. Third course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 66. | <input type="text"/> | <input type="text"/> | 67. | <input type="text"/> | 68. | <input type="checkbox"/> | 69. 1 <input type="checkbox"/> yes → | 70. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |

Other antiviral therapy

71. Specify other antiviral therapy given: _____

| | | | | | | | | | | | | | |
|----------------------------------|-----|----------------------|----------------------|-----|----------------------|-----|-------------------------------|--------------------------------------|-----|----------------------|----------------------|----------------------|----------------------|
| 72. First course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 73. | <input type="text"/> | <input type="text"/> | 74. | <input type="text"/> | 75. | <input type="checkbox"/> | 76. 1 <input type="checkbox"/> yes → | 77. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |
| 78. Second course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 79. | <input type="text"/> | <input type="text"/> | 80. | <input type="text"/> | 81. | <input type="checkbox"/> | 82. 1 <input type="checkbox"/> yes → | 83. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |
| 84. Third course | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> yes → | 85. | <input type="text"/> | <input type="text"/> | 86. | <input type="text"/> | 87. | <input type="checkbox"/> | 88. 1 <input type="checkbox"/> yes → | 89. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 <input type="checkbox"/> no | | | | | | | 2 <input type="checkbox"/> no | | | | | | |

Codes for Reason Antiviral Therapy Started

1 Prophylaxis **2** Empiric therapy due to suspected infection **3** Documented infection **4** Planned post-HSCT therapy

90. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail address: _____