

# 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:



## Human Immunodeficiency Virus Post-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:







CIBMTR Recipient ID:











Today's Date:







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.

1. Was the Human Immunodeficiency Virus (HIV) infection diagnosed post-HSCT?

- 1  yes  
 2  no

2. Specify the date of diagnosis of HIV:







Month Day Year

## Antiviral Therapy for HIV

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

- 1  yes → Complete the table below.  
 2  no → Continue with question 311.

For the therapy table below, see "Reason Started" codes on page 5. Therapy paused for < 1 week should not be considered as "Therapy Stopped."

Therapy Given?	Date Started			Daily Dose	Reason Started	Therapy Stopped?	Date Stopped						
Abacavir (Ziagen)	Month	Day	Year	mg	Code		Month	Day	Year				
4. First course 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	5.	<input type="text"/>	<input type="text"/>	6.	<input type="text"/>	7.	8.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Second course 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	11.	<input type="text"/>	<input type="text"/>	12.	<input type="text"/>	13.	14.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Third course 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	17.	<input type="text"/>	<input type="text"/>	18.	<input type="text"/>	19.	20.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Sequence Number:

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CIBMTR Recipient ID:

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Visit:

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:

--	--	--	--	--	--

Initials:

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CIBMTR Center Number:

CIBMTR Recipient ID:

Therapy Given?	Date Started			Daily Dose	Reason Started	Therapy Stopped?	Date Stopped						
Atazanavir (Reyataz)	Month	Day	Year	mg	Code		Month	Day	Year				
22. First course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	23.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	24.	<table border="1" style="width: 20px; height: 20px;"></table>	25.	<input type="checkbox"/>	26. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	27.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
28. Second course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	29.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	30.	<table border="1" style="width: 20px; height: 20px;"></table>	31.	<input type="checkbox"/>	32. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	33.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
34. Third course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	35.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	36.	<table border="1" style="width: 20px; height: 20px;"></table>	37.	<input type="checkbox"/>	38. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	39.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
<b>Didanosine (ddl, Videx, Videx EC)</b>													
40. First course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	41.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	42.	<table border="1" style="width: 20px; height: 20px;"></table>	43.	<input type="checkbox"/>	44. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	45.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
46. Second course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	47.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	48.	<table border="1" style="width: 20px; height: 20px;"></table>	49.	<input type="checkbox"/>	50. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	51.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
52. Third course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	53.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	54.	<table border="1" style="width: 20px; height: 20px;"></table>	55.	<input type="checkbox"/>	56. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	57.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
<b>Efavirenz (Sustiva)</b>													
58. First course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	59.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	60.	<table border="1" style="width: 20px; height: 20px;"></table>	61.	<input type="checkbox"/>	62. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	63.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
64. Second course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	65.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	66.	<table border="1" style="width: 20px; height: 20px;"></table>	67.	<input type="checkbox"/>	68. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	69.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
70. Third course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	71.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	72.	<table border="1" style="width: 20px; height: 20px;"></table>	73.	<input type="checkbox"/>	74. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	75.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
<b>Emtricitabine (Emtriva)</b>													
76. First course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	77.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	78.	<table border="1" style="width: 20px; height: 20px;"></table>	79.	<input type="checkbox"/>	80. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	81.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
82. Second course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	83.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	84.	<table border="1" style="width: 20px; height: 20px;"></table>	85.	<input type="checkbox"/>	86. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	87.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
88. Third course 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	89.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	90.	<table border="1" style="width: 20px; height: 20px;"></table>	91.	<input type="checkbox"/>	92. 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	93.	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

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

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100 day  
 6 month  








 year

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		2	0		
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Initials:

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CIBMTR Center Number:

CIBMTR Recipient ID:

	Therapy Given?		Date Started		Daily Dose		Reason Started		Therapy Stopped?		Date Stopped	
			Month	Day	Year	mg	Code			Month	Day	Year
<b>Fosamprenavir (Lexiva)</b>												
94. First course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	95. <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;"> </table>	96. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	97. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	99. <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;"> </table>
100. Second course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	101. <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;"> </table>	102. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	103. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	105. <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;"> </table>
106. Third course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	107. <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;"> </table>	108. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	109. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	110. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	111. <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;"> </table>
<b>Idinavir (Crixivan)</b>												
112. First course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	113. <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;"> </table>	114. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	115. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	116. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	117. <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;"> </table>
118. Second course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	119. <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;"> </table>	120. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	121. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	122. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	123. <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;"> </table>
124. Third course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	125. <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;"> </table>	126. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	127. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	128. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	129. <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;"> </table>
<b>Lamivudine (Epivir, Epzicom, 3TC)</b>												
130. First course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	131. <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;"> </table>	132. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	133. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	134. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	135. <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;"> </table>
136. Second course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	137. <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;"> </table>	138. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	139. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	140. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	141. <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;"> </table>
142. Third course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	143. <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;"> </table>	144. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	145. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	146. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	147. <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;"> </table>
<b>Lopinavir / Ritonavir (Kaletra)</b>												
148. First course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	149. <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;"> </table>	150. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	151. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	152. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	153. <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;"> </table>
154. Second course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	155. <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;"> </table>	156. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	157. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	158. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	159. <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;"> </table>
160. Third course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	161. <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;"> </table>	162. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	163. <table border="1" style="display: inline-table; width: 20px; height: 20px;"> </table>	164. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	165. <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;"> </table>

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		2	0		
Month	Day	Year			

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		2	0		
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Initials:

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CIBMTR Recipient ID:

	Therapy Given?		Date Started		Daily Dose		Reason Started		Therapy Stopped?		Date Stopped
			Month Day Year		mg		Code				Month Day Year
<b>Nelfinavir (Viracept)</b>											
166. First course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	167. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	168. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	169. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	170. <input type="checkbox"/>	170. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	171. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
172. Second course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	173. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	174. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	175. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	176. <input type="checkbox"/>	176. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	177. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
178. Third course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	179. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	180. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	181. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	182. <input type="checkbox"/>	182. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	183. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
<b>Nevirapine (Viramune)</b>											
184. First course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	185. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	186. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	187. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	188. <input type="checkbox"/>	188. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	189. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
190. Second course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	191. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	192. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	193. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	194. <input type="checkbox"/>	194. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	195. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
196. Third course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	197. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	198. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	199. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	200. <input type="checkbox"/>	200. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	201. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
<b>Ritonavir (Norvir)</b>											
202. First course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	203. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	204. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	205. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	206. <input type="checkbox"/>	206. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	207. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
208. Second course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	209. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	210. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	211. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	212. <input type="checkbox"/>	212. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	213. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
214. Third course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	215. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	216. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	217. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	218. <input type="checkbox"/>	218. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	219. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
<b>Saquinavir (Fortovase, Invirase)</b>											
220. First course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	221. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	222. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	223. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	224. <input type="checkbox"/>	224. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	225. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
226. Second course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	227. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	228. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	229. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	230. <input type="checkbox"/>	230. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	231. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		
232. Third course	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	233. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	234. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	235. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	236. <input type="checkbox"/>	236. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	→	237. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		

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:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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Initials:

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CIBMTR Center Number:

CIBMTR Recipient ID:

Therapy Given?	Date Started			Daily Dose	Reason Started	Therapy Stopped?	Date Stopped		
Stavudine (Zerit, Zerti XR, d4t)	Month	Day	Year	mg	Code		Month	Day	Year
238. First course									
1 <input type="checkbox"/> yes →				240. <table border="1" style="width: 40px; height: 20px;"></table>	241. <input type="checkbox"/>	242. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			
244. Second course									
1 <input type="checkbox"/> yes →				246. <table border="1" style="width: 40px; height: 20px;"></table>	247. <input type="checkbox"/>	248. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			
250. Third course									
1 <input type="checkbox"/> yes →				252. <table border="1" style="width: 40px; height: 20px;"></table>	253. <input type="checkbox"/>	254. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			

**Tenofovir (Truvada, Viread)**

256. First course									
1 <input type="checkbox"/> yes →				258. <table border="1" style="width: 40px; height: 20px;"></table>	259. <input type="checkbox"/>	260. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			
262. Second course									
1 <input type="checkbox"/> yes →				264. <table border="1" style="width: 40px; height: 20px;"></table>	265. <input type="checkbox"/>	266. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			
268. Third course									
1 <input type="checkbox"/> yes →				270. <table border="1" style="width: 40px; height: 20px;"></table>	271. <input type="checkbox"/>	272. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			

**Zidovudine (Combivir, Retrovir, Trizivir, AZT)**

274. First course									
1 <input type="checkbox"/> yes →				276. <table border="1" style="width: 40px; height: 20px;"></table>	277. <input type="checkbox"/>	278. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			
280. Second course									
1 <input type="checkbox"/> yes →				282. <table border="1" style="width: 40px; height: 20px;"></table>	283. <input type="checkbox"/>	284. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			
286. Third course									
1 <input type="checkbox"/> yes →				288. <table border="1" style="width: 40px; height: 20px;"></table>	289. <input type="checkbox"/>	290. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			

**Other anti-retroviral therapy**

292. Specify other antiviral therapy given: \_\_\_\_\_

293. First course									
1 <input type="checkbox"/> yes →				295. <table border="1" style="width: 40px; height: 20px;"></table>	296. <input type="checkbox"/>	297. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			
299. Second course									
1 <input type="checkbox"/> yes →				301. <table border="1" style="width: 40px; height: 20px;"></table>	302. <input type="checkbox"/>	303. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			
305. Third course									
1 <input type="checkbox"/> yes →				307. <table border="1" style="width: 40px; height: 20px;"></table>	308. <input type="checkbox"/>	309. 1 <input type="checkbox"/> yes →			
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no			

Anti-retroviral Therapy Started Codes			
1 Prophylaxis	2 Empiric therapy due to suspected infection	3 Documented infection	4 Planned post-HSCT therapy

CIBMTR Form 2148 revision 2 (page 5 of 6) June 2009  
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 Internal use: Document number F00568 revision 2 Replaces: F00568 version 1.0 July 2007

**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:

<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table> 2	<table border="1" style="width: 20px; height: 20px;"></table> 0	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
Month	Day	Year			

Infusion Date:

<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table> 2	<table border="1" style="width: 20px; height: 20px;"></table> 0	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
Month	Day	Year			

CIBMTR Center Number:

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Initials:

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CIBMTR Center Number:

CIBMTR Recipient ID:

311. For 100-day follow-up only: Was the recipient diagnosed with HIV prior to the HSCT?

- 1  yes  
2  no

312. Did the recipient cease all anti-retroviral therapy from the start of the preparative regimen through the first 30 days post-HSCT?

- 1  yes  
2  no

### Serological Evidence of HIV Exposure / Infection

Provide all documented CD4 cell counts obtained since the date of the last report:

	Month	Day	Year			Specify exponent:
313. Date:	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table> 2	<table border="1" style="width: 20px; height: 20px;"></table> 0	314. CD4 counts:	<table border="1" style="width: 20px; height: 20px;"></table> . <table border="1" style="width: 20px; height: 20px;"></table> x 10 <table border="1" style="width: 20px; height: 20px;"></table>
315. Date:	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table> 2	<table border="1" style="width: 20px; height: 20px;"></table> 0	316. CD4 counts:	<table border="1" style="width: 20px; height: 20px;"></table> . <table border="1" style="width: 20px; height: 20px;"></table> x 10 <table border="1" style="width: 20px; height: 20px;"></table>
317. Date:	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table> 2	<table border="1" style="width: 20px; height: 20px;"></table> 0	318. CD4 counts:	<table border="1" style="width: 20px; height: 20px;"></table> . <table border="1" style="width: 20px; height: 20px;"></table> x 10 <table border="1" style="width: 20px; height: 20px;"></table>

Provide all documented HIV viral load levels obtained since the date of the last report:

	Month	Day	Year			Specify units:
319. Date:	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table> 2	<table border="1" style="width: 20px; height: 20px;"></table> 0	320. HIV viral load level:	<table border="1" style="width: 20px; height: 20px;"></table> , <table border="1" style="width: 20px; height: 20px;"></table> , <table border="1" style="width: 20px; height: 20px;"></table> . <table border="1" style="width: 20px; height: 20px;"></table> 1 <input type="checkbox"/> copies/mL 2 <input type="checkbox"/> log <sub>10</sub> /mL
321. Date:	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table> 2	<table border="1" style="width: 20px; height: 20px;"></table> 0	322. HIV viral load level:	<table border="1" style="width: 20px; height: 20px;"></table> , <table border="1" style="width: 20px; height: 20px;"></table> , <table border="1" style="width: 20px; height: 20px;"></table> . <table border="1" style="width: 20px; height: 20px;"></table> 1 <input type="checkbox"/> copies/mL 2 <input type="checkbox"/> log <sub>10</sub> /mL
323. Date:	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table> 2	<table border="1" style="width: 20px; height: 20px;"></table> 0	324. HIV viral load level:	<table border="1" style="width: 20px; height: 20px;"></table> , <table border="1" style="width: 20px; height: 20px;"></table> , <table border="1" style="width: 20px; height: 20px;"></table> . <table border="1" style="width: 20px; height: 20px;"></table> 1 <input type="checkbox"/> copies/mL 2 <input type="checkbox"/> log <sub>10</sub> /mL

325. Signed: \_\_\_\_\_  
*Person completing form*

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_