# Laboratory Studies Post-HSCT

Report the **most recent findings** since the date of the last report. For questions 1–3 and 6–7, also report CBC results in the Form 2100 – 100 Days Post-HSCT Data beginning at question 48, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 19.

1. **Date of most recent hematologic testing:**

   - **Month:**
   - **Day:**
   - **Year:**

2. **WBC:**

   - **Specify units:**
   - 1 \( \times 10^9/L \) (\( x 10^3/mm^3 \))
   - 2 \( \times 10^5/L \)

3. **Lymphocytes:**

   - **%**
   - **not tested**

4. **Eosinophils:**

   - **%**
   - **not tested**

5. **Polymorphonuclear leukocytes (PMN):**

   - **%**
   - **not tested**

6. **Hemoglobin:**

   - **Specify units:**
   - 1 g/dL
   - 2 g/L
   - 3 mmol/L

7. **Platelets:**

   - **Specify units:**
   - 1 \( \times 10^9/L \) (\( x 10^3/mm^3 \))
   - 2 \( \times 10^3/L \)
Immunoglobulin Analysis

Specify the most recent quantitative immunoglobulins measured since the date of the last report.
For questions 8–13, also report immunoglobulins in the Form 2100 — 100 Days Post-HSCT Data beginning at question 55, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 26.
For questions 16–17, also report IVIG in the Form 2100 — 100 Days Post-HSCT Data beginning at question 61, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 32.

8. IgG: [ ] not tested
10. IgM: [ ] not tested
12. IgA: [ ] not tested
14. IgE: IU/mL [ ] not tested

16. Did the recipient receive supplemental intravenous immunoglobulins (IVIG) (since the date of the last report)?
   1. yes
   2. no
   3. unknown

Lymphocyte Analysis

Specify the most recent lymphocyte assessment measured since the date of the last report.
For questions 19 and 21–25, also report lymphocytes in the Form 2100 — 100 Days Post-HSCT Data beginning at question 71, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 42.

18. Were lymphocyte analyses performed? [ ]

19. Date of most recent testing performed:
   Month  |  Day  |  Year  

20. Absolute lymphocyte count: 
   Value: [ ] x 10^9/L (x 10^3/mm³)

21. CD3 (T cells):  
   Value: [ ] x 10^9/L (x 10^3/mm³)

22. CD4 (T helper cells):  
   Value: [ ] x 10^9/L (x 10^3/mm³)

23. CD8 (cytotoxic T cells):  
   Value: [ ] x 10^9/L (x 10^3/mm³)

24. CD20 (B lymphocyte cells):  
   Value: [ ] x 10^9/L (x 10^3/mm³)

25. CD56 (natural killer (NK) cells):  
   Value: [ ] x 10^9/L (x 10^3/mm³)

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
**Antibody Response**
Specify the most recent antibody responses measured since the date of the last report.

28. Date antibody responses were assessed: ___________ 20 ________

<table>
<thead>
<tr>
<th></th>
<th>Absent</th>
<th>Low (10-30%) of control</th>
<th>Normal (&gt; 30% of control)</th>
<th>Not tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>not tested</td>
</tr>
<tr>
<td>2</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>not tested</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. Diptheria
30. Protein conjugated HIB or pneumococcal vaccine
31. Tetanus

32. Unconjugated pneumococcal polysaccharide: ________ / ________
   Number of serotypes producing a protective level / Total serotypes tested from vaccine

33. Conjugated pneumococcal polysaccharide: ________ / ________
   Number of serotypes producing a protective level / Total serotypes tested from vaccine

**Lymphocyte Function**
Specify the most recent lymphocyte function measured since the date of the last report.

34. Date lymphocyte function was assessed: ___________ 20 ________

<table>
<thead>
<tr>
<th></th>
<th>Absent (&lt; 10% of control)</th>
<th>Low (10-30% of control)</th>
<th>Normal (&gt; 30% of control)</th>
<th>Not tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>not tested</td>
</tr>
<tr>
<td>2</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>x 10^9/L (x 10^3/mm^3)</td>
<td>not tested</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35. Anti-CD3
36. Candida antigen
37. Concavalin A (ConA)
38. Phytohemagglutinin (PHA)
39. Pokeweed mitogen (PWM)
40. Tetanus antigen

**Oxidative Burst**
Specify the most recent oxidative burst measured since the date of the last report.

41. Date oxidative burst was assessed: ___________ 20 ________

42. Neutrophils with normal respiratory burst: ________ %

43. Specify evaluative technique used:  

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## Clinical Features Assessed Post-HSCT

### Infections Identified Post-HSCT

Specify the presence of all clinically significant infections identified since the date of the last report. If any given infection was identified, use the Codes for Commonly Reported Organisms on page 6 to report the organism present. Only report an organism once, even if it was identified at the same site in subsequent infections.

Also report infections in the Form 2100 — 100 Days Post-HSCT Data beginning at question 379, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 319.

Copy this chart to report more than three different infections identified at any one site; check here if additional pages are attached.

<table>
<thead>
<tr>
<th>Site of infection</th>
<th>First organism</th>
<th>Second organism</th>
<th>Third organism</th>
<th>Specify other organism</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. 1 yes 2 no</td>
<td>45.</td>
<td>46.</td>
<td>47.</td>
<td>48.</td>
</tr>
<tr>
<td>Adenitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. If adenitis was present, was it a prominent feature of CGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. 1 yes 2 no</td>
<td>51.</td>
<td>52.</td>
<td>53.</td>
<td>54.</td>
</tr>
<tr>
<td>Brain abscess</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. If brain abscess was present, was it a prominent feature of CGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. 1 yes 2 no</td>
<td>57.</td>
<td>58.</td>
<td>59.</td>
<td>60.</td>
</tr>
<tr>
<td>Cellulitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61. If cellulitis was present, was it a prominent feature of CGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62. 1 yes 2 no</td>
<td>63.</td>
<td>64.</td>
<td>65.</td>
<td>66.</td>
</tr>
<tr>
<td>Furuncles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67. If furuncles were present, was it a prominent feature of CGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
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<tr>
<td>68. 1 yes 2 no</td>
<td>69.</td>
<td>70.</td>
<td>71.</td>
<td>72.</td>
</tr>
<tr>
<td>Genitourinary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73. If genitourinary infection was present, was it a prominent feature of CGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 no</td>
<td></td>
<td></td>
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<tr>
<td>74. 1 yes 2 no</td>
<td>75.</td>
<td>76.</td>
<td>77.</td>
<td>78.</td>
</tr>
<tr>
<td>Impetigo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79. If impetigo was present, was it a prominent feature of CGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
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<tr>
<td>80. 1 yes 2 no</td>
<td>81.</td>
<td>82.</td>
<td>83.</td>
<td>84.</td>
</tr>
<tr>
<td>Joint</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>85. If joint infection was present, was it a prominent feature of CGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
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<tr>
<td>86. 1 yes 2 no</td>
<td>87.</td>
<td>88.</td>
<td>89.</td>
<td>90.</td>
</tr>
<tr>
<td>Liver abscess</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>91. If liver abscess was present, was it a prominent feature of CGD?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Site of infection?

92. □ yes □ no Lung abscess

97. If lung abscess was present, was it a prominent feature of CGD?

□ yes □ no

98. □ yes □ no Lymph nodes abscess

103. If lymph nodes abscess was present, was it a prominent feature of CGD?

□ yes □ no

104. □ yes □ no Meningitis / encephalitis

109. If meningitis or encephalitis was present, was it a prominent feature of CGD?

□ yes □ no

110. □ yes □ no Osteomyelitis

115. If osteomyelitis was present, was it a prominent feature of CGD?

□ yes □ no

116. □ yes □ no Perirectal abscess

121. If perirectal abscess was present, was it a prominent feature of CGD?

□ yes □ no

122. □ yes □ no Pneumonia

127. If pneumonia was present, was it a prominent feature of CGD?

□ yes □ no

128. □ yes □ no Severe or protracted diarrhea

133. If severe or protracted diarrhea was present, was it a prominent feature of CGD?

□ yes □ no

134. □ yes □ no Subcutaneous abscess

139. If subcutaneous abscess was present, was it a prominent feature of CGD?

□ yes □ no

140. □ yes □ no Systemic infection

145. If systemic infection was present, was it a prominent feature of CGD?

□ yes □ no

146. □ yes □ no Other infection

151. Specify other infection site:

□ yes □ no

152. If other infection was present, was it a prominent feature of CGD?
Bacterial Infections

121 Acinetobacter
122 Actinomyces
123 Bacillus
124 Bacteroides (gracilis, uniformis, vulgaris, other species)
125 Bordetella pertussis (whooping cough)
126 Borrelia (Lyme disease)
127 Brachyella or Moraxella catarrhalis (other species)
128 Campylobacter (all species)
129 Capnocytophaga
171 Chlamydia pneumoniae
172 Other chlamydia, specify
113 Chlamydia, NOS
130 Citrobacter freundii (other species)
131 Clostridium difficile (all species except difficile)
132 Clostridium difficile
133 Corynebacterium jeikeium
134 Corynebacterium (all non-diphtheria species)
141 Coxiella
134 Enterobacter
177 Enterococcus, vancomycin resistant (VRE)
135 Enterococcus (all species)
136 Escherichia (also E. coli)
137 Flavimonas oxyrhizans
138 Flavobacterium
139 Fusobacterium
144 Haemophilus (all species, including influenzae)
145 Helicobacter pylori
146 Klebsiella
147 Lactobacillus (bulgaricus, acidophilus, other species)
102 Legionella
103 Leptospira
148 Leptotrichia buccalis

Fungal Infections

200 Candida, NOS
201 Candida albicans
206 Candida guillermondi
202 Candida krusei
207 Candida lusitaniae
203 Candida parapsilosis
204 Candida tropicalis
205 Candida (Torulopsis) glabrata
209 Other Candida, specify §
210 Aspergillus, NOS §
211 Aspergillus flavus §
212 Aspergillus fumigatus §
213 Aspergillus niger §
219 Other Aspergillus, specify §
220 Cryptococcus species
230 Fusarium species §
261 Histoplasmosis
240 Zygomycetes, NOS §
241 Mucormycosis §
242 Rhizopus §
250 Yeast, NOS
259 Other fungus, specify §
260 Pneumocystis (PCP / PJP)
503 Suspected fungal infection

Viral Infections

301 Herpes simplex (HSV1, HSV2)
302 Varicella (herpes zoster, chicken pox)
303 Cytomegalovirus (CMV)
304 Adenovirus
305 Enterovirus (coxsackie, echo, polio)
306 Hepatitis A (HAV)
307 Hepatitis B (HBV, Australian antigen) §
308 Hepatitis C (HCV) §
309 HIV-1 (HTLV-III) §
310 Influenza, NOS
323 Influenza A
324 Influenza B
311 Measles (rubella)
312 Mumps
313 Progressive multifocal leukoencephalopathy (PML)
314 Respiratory syncytial virus (RSV)
315 Rubella (German measles)
316 Parainfluenza
317 Human herpesvirus-6 (HHV-6)
318 Epstein-Barr virus (EBV)
319 Polyoma virus (BK virus, JC virus)
320 Rota virus
321 Rhinovirus
322 Human papilloma virus (HPV)
329 Other virus, specify §
504 Suspected viral infection

Parasitic Infections

402 Toxoplasma
403 Giardia
404 Cryptosporidium
409 Other parasite, specify §
505 Suspected parasite infection

Other Infections

509 No organism identified

‡ The codes for "other organism, specify" (codes 198, 209, 219, 259, 329 and 409) should rarely be needed; check with your microbiology lab or HSCT physician before using them.
§ For fungal infections marked with a section symbol (codes 210, 211, 212, 213, 219, 230, 240, 241, and 242), also complete a Fungal Infection (FNG) form.
§ For hepatitis infections marked with a section symbol (codes 307 and 308), also complete a Hepatitis (HEP) form.
§ For HIV infections marked with a currency symbol (code 309), also complete an HIV Infection (HIV) form.
* Do not report fever in the absence of infection. Report the most specific site of infection.
Clinical Status Post-HSCT

153. Did the recipient experience any of the following clinical features (since the date of the last report)?

1  o yes  2  o no

Specify clinical features:
Feature present?
154.  o yes  2  no Autoimmune hemolytic anemia
155.  o yes  2  no
156.  o yes  2  no Delayed puberty
157.  o yes  2  no
158.  o yes  2  no Failure to thrive (weight < 5th percentile)
159.  o yes  2  no
160.  o yes  2  no Gastric outlet obstruction
161.  o yes  2  no
162.  o yes  2  no Graft versus host disease — acute
163.  o yes  2  no
164.  o yes  2  no Graft versus host disease — chronic
165.  o yes  2  no
166.  o yes  2  no Growth hormone deficiency
167.  o yes  2  no
168.  o yes  2  no Growth retardation (height < 5th percentile)
169.  o yes  2  no
170.  o yes  2  no Hypothyroidism
171.  o yes  2  no
172.  o yes  2  no Inflammatory bowel disease
173.  o yes  2  no
174.  o yes  2  no Lymphoproliferative disease
175.  o yes  2  no
176.  o yes  2  no Pulmonary fibrosis
177.  o yes  2  no
178.  o yes  2  no Systemic inflammatory process
179.  o yes  2  no
180.  o yes  2  no Thrombocytopenia (< 100 x 10^9/L)
181.  o yes  2  no
182.  o yes  2  no Urinary outlet obstruction
183.  o yes  2  no
184.  o yes  2  no Veno-occlusive disease (VOD)
185.  o yes  2  no
186.  o yes  2  no Other features
187.  o yes  2  no

188. Specify other features:

If present, is the feature prominent?

189. Did the recipient receive parenteral nutrition (since the date of the last report)?
1  o yes  2  no

190. Did the recipient receive mechanical ventilation (since the date of the last report)?
1  o yes  2  no

Post-HSCT Treatment for CGD

191. Was treatment given (since the date of the last report)?
1  o yes  2  no

Complete the table below

Continue with question 263

Also report immunosuppressive medications given to prevent or treat GVHD in the corresponding questions on the Form 2000 — Recipient Baseline Data, 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.

Prophylactic drugs paused for < 1 week should not be considered as “Prophylactic Drug Stopped.”

<table>
<thead>
<tr>
<th>Prophylactic Drug Given</th>
<th>Prophylactic Drug Stopped</th>
<th>Date Stopped</th>
</tr>
</thead>
<tbody>
<tr>
<td>192. Antifungal drug(s)</td>
<td>193.  o yes  2  no</td>
<td>194. Month  Day  Year</td>
</tr>
<tr>
<td>2  o no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>195. Antiviral drug(s)</td>
<td>196.  o yes  2  no</td>
<td>197. Month  Day  Year</td>
</tr>
<tr>
<td>2  o no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>198. Co-trimoxazole (Bactrim, Septra)</td>
<td>199.  o yes  2  no</td>
<td>200. Month  Day  Year</td>
</tr>
<tr>
<td>2  o no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Internal use: Document number F00684 revision 1 Replaces: n/a

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<table>
<thead>
<tr>
<th>Therapy Given?</th>
<th>Therapy Stopped?</th>
<th>Date Stopped</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>201. Antithymocyte globulin (ATG, ATGAM, Thymoglobulin)</td>
<td>1 yes</td>
<td>202. 1 yes</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td>2 no</td>
</tr>
<tr>
<td>204. Corticosteroids, systemic</td>
<td>1 yes</td>
<td>205. 1 yes</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td>2 no</td>
</tr>
<tr>
<td>207. Corticosteroids, topical</td>
<td>1 yes</td>
<td>208. 1 yes</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td>2 no</td>
</tr>
<tr>
<td>210. Cyclophosphamide (CTX, Cytoxan, Neosar)</td>
<td>1 yes</td>
<td>211. 1 yes</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td>2 no</td>
</tr>
<tr>
<td>213. Cyclosporine (CsA, Neoral, Sandimmune)</td>
<td>1 yes</td>
<td>214. 1 yes</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td>2 no</td>
</tr>
<tr>
<td>216. In vivo monoclonal antibody</td>
<td>1 yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
</tr>
</tbody>
</table>

Therapy paused for < 1 week should not be considered as “Therapy Stopped.”

CIBMTR Recipient ID: ____________________________
CIBMTR Center Number: ____________________________

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
<table>
<thead>
<tr>
<th>Therapy Given</th>
<th>Therapy Stopped</th>
<th>Date Stopped</th>
</tr>
</thead>
<tbody>
<tr>
<td>239. Lenalidomide (Revlimid)</td>
<td>240.</td>
<td>241.</td>
</tr>
<tr>
<td>1 yes</td>
<td>no</td>
<td>date estimated</td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td>date unknown</td>
</tr>
<tr>
<td>242. Mycophenolate mofetil (MMF, Cellcept)</td>
<td>243.</td>
<td>244.</td>
</tr>
<tr>
<td>1 yes</td>
<td>no</td>
<td>date estimated</td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td>date unknown</td>
</tr>
<tr>
<td>245. Photopheresis / extracorporeal phototherapy (ECP)</td>
<td>246.</td>
<td>247.</td>
</tr>
<tr>
<td>1 yes</td>
<td>no</td>
<td>date estimated</td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td>date unknown</td>
</tr>
<tr>
<td>248. Sirolimus (Rapamune)</td>
<td>249.</td>
<td>250.</td>
</tr>
<tr>
<td>1 yes</td>
<td>no</td>
<td>date estimated</td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td>date unknown</td>
</tr>
<tr>
<td>1 yes</td>
<td>no</td>
<td>date estimated</td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td>date unknown</td>
</tr>
<tr>
<td>254. Thalidomide (Thalomid)</td>
<td>255.</td>
<td>256.</td>
</tr>
<tr>
<td>1 yes</td>
<td>no</td>
<td>date estimated</td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td>date unknown</td>
</tr>
<tr>
<td>257. Other immunosuppressive drug</td>
<td>258.</td>
<td>259.</td>
</tr>
<tr>
<td>1 yes</td>
<td>no</td>
<td>date estimated</td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td>date unknown</td>
</tr>
</tbody>
</table>

260. Specify other immunosuppressive drug:

261. Did the recipient receive any other significant treatment(s) for CGD (since the date of the last report)?
1 yes
2 no

262. Specify other treatment(s):

Status of Hematologic Engraftment

This section refers to quantitative analyses utilizing discriminating DNA markers. Peripheral blood cells must undergo separation or sorting into T, B, or lymphoid vs. myeloid populations to perform this determination. If RFLP analyses indicate only donor type hematopoiesis, mark T-cell, B-cell, and myeloid as “predominantly or completely donor.” Also report chimerism in the Form 2100 – 100 Days Post-HSCT Data beginning at question 77 or Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 48.

263. What is the current status of T-cell engraftment?
1 predominantly or completely donor (≥ 80% donor chimerism)
2 mixed chimerism (5–80% donor)
3 only host T-cells detected (< 5% donor)
4 unknown

264. Most recent date T-cell engraftment was assessed:
<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
### 265. What is the current status of B-cell engraftment?
1. Predominantly or completely donor (≥ 80% donor chimerism)
2. Mixed chimerism (5–80% donor)
3. Only host B-cells detected (< 5% donor)
4. Unknown

### 266. Most recent date B-cell engraftment was assessed:
- Date unknown

### 267. What is the current status of myeloid engraftment?
1. Predominantly or completely donor (≥ 80% donor chimerism)
2. Mixed chimerism (5–80% donor)
3. Only host myeloid cells detected (< 5% donor)
4. Unknown

### 268. Most recent date myeloid engraftment was assessed:
- Date unknown

### 269. 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).