Form 2300 R3.0: Yearly Follow-up for Greater Than Two Years Post-HSCT Data

Center: CRID:

Key Fields

Sequence Number: _____

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Today's Date: __ __ __ __ - __ __- __ __

Date of HSCT for which this form is being completed: __ __ __ __ - __ __- __ __

HSCT Type (check all that apply):

- Autologous
- Allogeneic, unrelated
- Allogeneic, related
- Syngeneic (identical twin)

Product type (check all that apply):

- Marrow
- PBSC
- Cord blood
- multiple cord blood units infused
- Other product

Specify: _____

Follow-up visit (years after transplant): _____

Vital Status

Questions: 1 - 5

1 Is the data reported on this form based on contact with the physician?

yes no

2 Date of actual contact with the recipient to determine medical status for this follow-up report: __ __ __ __ - __ __- __ __

3 Did recipient receive a subsequent HSCT (bone marrow, mobilized peripheral blood stem cells, cord blood) since the date of contact from the last report?

yes no

4 Specify the recipient's survival status at the date of actual contact:

Alive Dead

5 Has the recipient received a donor cellular infusion (DCI) since the date of contact from the last report?

yes no

Functional Status

Questions: 6 - 10

6 Which scale was used, Karnofsky or Lansky?

Karnofsky Lansky

Select the phrase in the Karnofsky/Lanksy Play Performance Scale which best describes the activity status of the recipient.

If the recipient is 16 years of age or older, complete the Karnofsky Scale. If the recipient is younger than 16 years of age, complete the Lansky Scale.

Specify the functional status of the recipient on the date of last actual contact.

_____

7 Specify the category which best describes the recipient's current occupation. If the recipient is not currently employed, check the box which best describes his/her last job:

- Professional, technical, or related occupation
- Manager, administrator, or proprietor
- Clerical or related occupation
- Sales occupation
- Service occupation
- Skilled craft or related occupation
- Equipment / vehicle operator or related occupation
- Laborer
- Farmer
- Member of the military
- Homemaker
- Student
- Under school age
- Not previously employed
- Unknown
- Other

8 Specify other occupation: _____

9 What is the recipient's current or most recent work status during this reporting period?

- full time
- part time
- unemployed
- medical disability
- retired
- recipient < 16 years old
- Unknown

10 Specify retirement status:

- with a source of income
- no source of income

Acute Graft vs. Host Disease (GVHD) — Questions: 11 - 58

11 Did acute GVHD develop or persist (or a flare-up that was more severe) since the date of the last report?

yes no Unknown

12 Date of acute GVHD diagnosis: __ __ __ __ - __ __- __ __ Date of acute GVHD diagnosis was previously reported

13 Was the diagnosis based on evidence from a biopsy (histology)?

yes no

Specify result(s):

14 gastrointestinal (GI)

Positive Negative Inconclusive Not tested

15 Liver

Positive Negative Inconclusive Not tested

16 Lung

Positive Negative Inconclusive Not tested

17 Skin

Positive Negative Inconclusive Not tested

18 Other site

Positive Negative Inconclusive Not tested

19 Specify: _____

20 Is a copy of the pathology report attached?

yes no

21 Was the diagnosis based on clinical evidence?

yes no

22 Maximum overall grade of acute GVHD:

I II III IV

23 Is acute GVHD still present at the date of contact for this report (question 2)?

Yes

No

progressed to chronic GVHD

Unknown

List the maximum severity of organ involvement:

24 Skin

no skin acute GVHD / rash not attributable to acute GVHD

stage 0 – no rash

stage 1 – maculopapular rash, < 25% of body surface

stage 2 – maculopapular rash, 25–50% of body surface

stage 3 – generalized erythroderma

stage 4 – generalized erythroderma with bullae formation and desquamation

25 Lower intestinal tract: (use mL/day for adult recipients and mL/m^2/day for pediatric recipients)

- no gut acute GVHD / diarrhea not attributable to acute GVHD
- Stage 0 – no diarrhea
- stage 0 – diarrhea <= 500 mL/day or < 280 mL/m^2/day
- stage 1 – diarrhea > 500 but <= 1000 mL/day or 280-555 mL/m^2/day
- stage 2 – diarrhea > 1000 but <= 1500 mL/day or 556-833 mL/m^2/day
- stage 3 – diarrhea > 1500 mL/day or > 833 mL/m^2/day
- stage 4 – severe abdominal pain, with or without ileus

26 Upper intestinal tract:

- stage 0 - no persistant nausea or vomiting
- stage 1 - persistant nausea or vomiting

27 Liver

- no liver acute GVHD / bilirubin level not attributable to acute GVHD
- stage 0 – bilirubin < 2.0 mg/dL (< 34 µmol/L)
- stage 1 – bilirubin 2.0–3.0 mg/dL (34–52 µmol/L)
- stage 2 – bilirubin 3.1–6.0 mg/dL (53–103 µmol/L)
- stage 3 – bilirubin 6.1–15.0 mg/dL (104–256 µmol/L)
- stage 4 – bilirubin > 15.0 mg/dL (> 256 µmol/L)

28 Other clinical organ involvement?

- yes
- no

Specify site:

29 Lung

- yes
- no

30 Other site:

- yes
- no

31 Specify: _____

32 Was specific therapy used to treat acute GVHD since the date of the last report?

- yes
- no

Specify therapy administered to treat acute GVHD:

33 ALS, ALG, ATS, ATG

- yes
- no

34 Specify source:

- Horse
- Rabbit
- Other

35 Specify: _____

36 Corticosteroids (systemic)

- yes
- no

37 Corticosteriods (topical)

yes no

38 Cyclosporine (CSA) (Sandimmune, Neoral)

yes no

39 ECP (extra-corporeal photopheresis)

yes no

40 FK 506 (Tacrolimus, Prograf)

yes no

41 In vivo monoclonal antibody

yes no

Specify:

42 Anti CD 25 (Zenapax, Daclizumab, AntiTAC)

yes no

43 Specify: _____

44 Campath

yes no

45 Etanercept (Enbrel)

yes no

46 Infliximab (Remicade)

yes no

47 Other in vivo monoclonal antibody

yes no

48 Specify: _____

49 In vivo immunotoxin

yes no

50 Specify: _____

51 Methotrexate (MTX) (Amethopterin)

yes no

52 Mycophenolate mofetil (MMF) (CellCept)

yes no

53 Sirolimus (Rapamycin, Rapamune)

yes no

54 Ursodiol

yes no

55 Blinded randomized trial

yes no

56 Specify trial agent: _____

57 Other agent

yes no

58 Specify: _____

Chronic Graft vs. Host Disease (GVHD)

Questions: 59 - 130

59 Did chronic GVHD develop or persist (or a flare-up that was more severe) since the date of the last report?

- Yes
- No
- No symptoms, but recipient is receiving treatment
- Unknown

60 Date of chronic GVHD diagnosis: __ __ __ __ - __ __- __ __ Date of chronic GVHD diagnosis was previously reported

61 Onset of chronic GVHD was:

- Progressive (acute GVHD progressed directly to chronic GVHD)
- Interrupted (acute GVHD resolved, then chronic GVHD developed)
- De novo (acute GVHD never developed)
- chronic GHVD flare (symptoms reactivated within 30 days of drug tapering or discontinuation)

Select the phrase in the Karnofsky/Lansky-Play Performance Scale which best describes the activity status of the recipient.

62 Karnofsky / Lansky score at diagnosis of chronic GVHD:

_____

63 Platelet count at diagnosis of chronic GVHD: _____

- x 10^9/L (x 10^3/mm^3)
- x 10^6/L

64 Diagnosis was based on:

- histologic evidence / biopsy proven
- Clinical evidence
- Both
- Unknown

65 Maximum grade of chronic GVHD:

- limited – localized skin involvement and/or hepatic dysfunction due to chronic GVHD
- extensive -one or more of the following:

  generalized skin involvement; or,
  liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,
  involvement of eye: Schirmer's test with < 5 mm wetting; or
  involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or
  involvement of any other target organ

66 Overall severity of chronic GVHD:

- mild – signs and symptoms of chronic GVHD do not interfere substantially with function and do not progress once appropriately treated with local therapy or standard systemic therapy (corticosteroids and/or cyclosporine or FK 506)
- moderate – signs and symptoms of chronic GVHD interfere somewhat with function despite appropriate therapy or are progressive through first line systemic therapy (corticosteroids and/or cyclosporine or FK 506)
- severe – signs and symptoms of chronic GVHD limit function substantially despite appropriate therapy or are progressive through second line therapy

Organ Involvement

Indicate if there was organ involvement with chronic GVHD:

67 Sclerosis of skin

yes no

68 Was involvement proven by biopsy?

yes no

69 Other skin or hair involvement (rash, ulcers, pruritus or itching, dyspigmentation, alopecia, pruritus changes, etc.)

yes no

70 Was involvement proven by biopsy?

yes no

71 Eyes (xerophthalmia (dry eyes), abnormal Schirmer's test, abnormal slit lamp, corneal erosion / conjunctivitis, etc.)

yes no

72 Was involvement proven by biopsy?

yes no

73 Mouth (lichenoid changes, mucositis / ulcers, erythema, etc.)

yes no

74 Was involvement proven by biopsy?

yes no

75 Bronchiolitis obliterans

yes no

76 Was involvement proven by biopsy?

yes no

77 Other lung involvement

yes no

78 Was involvement proven by biopsy?

yes no

79 Gastrointestinal tract (esophageal involvement, chronic nausea / vomiting, chronic diarrhea, malabsorption, abdominal pain / cramps, etc.)

yes no

80 Was involvement proven by biopsy?

yes no

81 Liver

yes no

82 Was involvement proven by biopsy?

yes no

83 Genitourinary tract (vaginitis / stricture, etc.)

yes no

84 Was involvement proven by biopsy?

yes no

85 Musculoskeletal (arthritis, contractures, myositis, myasthenia, etc.)

yes no

86 Was involvement proven by biopsy?

yes no

87 Thrombocytopenia (< 100 x 10^9/L)

yes no

88 Eosinophilia

yes no

89 Autoantibodies

yes no

90 Other hematologic involvement

yes no

91 Serositis

yes no

92 Was involvement proven by biopsy?

yes no

93 Weight loss

yes no

94 Other organ involvement from chronic GVHD

yes no

95 Was involvement proven by biopsy?

yes no

96 Specify site: _____

97 Was specific therapy used to treat chronic GVHD?

yes no

Specify therapy:

98 ALS, ALG, ATS, ATG

yes no

99 Specify source:

Horse Rabbit Other

100 Specify: _____

101 Azathioprine

yes no

102 Corticosteroids (systemic)

yes no

103 Corticosteroids (topical)

yes no

104 Cyclosporine (CSA) (Sandimmune, Neoral)

yes no

105 ECP (extracorporeal photopheresis)

yes no

106 Etretinate

yes no

107 FK 506 (Tacrolimus, Prograf)

yes no

108 Hydroxychloroquine (Plaquenil)

yes no

109 In vivo monoclonal antibody

yes no

Specify antibody:

110 Anti CD 25 (Zenapax, Daclizumab, AntiTAC)

yes no

111 Specify: _____

112 Campath

yes no

113 Etanercept (Enbrel)

yes no

114 Infliximab (Remicade)

yes no

115 Other in vivo monoclonal antibody

yes no

116 Specify: _____

117 Lamprene (Clofazimine)

yes no

118 Mycophenolate mofetil (MMF) (CellCept)

yes no

119 Pentostatin

yes no

120 PUVA (Psoralen and UVA)

yes no

121 Sirolimus (Rapamycin, Rapamune)

yes no

122 Thalidomide

yes no

123 Ursodiol

yes no

124 Blinded randomized trial

yes no

125 Specify trial agent: _____

126 Other agent:

yes no

127 Specify other agent: _____

128 Are symptoms of chronic GVHD still present on the date of actual contact (or present at the time of death)?

yes no

129 Is the recipient still taking immunosuppressive agents (including PUVA) to treat or prevent GVHD?

yes no Unknown

130 Date final treatment administered: __ __ __ __ - __ __- __ __ Date unknown

Date previously reported

New Malignancy

Questions: 131 - 173

131 Did a new malignancy, lymphoproliferative or myeloproliferative disorder develop since the date of the last report that is different from the disease for which the HSCT was performed?

yes no

132 For all new malignancies except for "other skin malignancy (basal cell, squamous)," was testing performed to determine the cell of origin?

Yes

No

the only new malignancy in this reporting period was "other skin malignancy (basal cell, squamous)"

133 Specify the cell origin of the new malignancy:

recipient (host) donor origin unknown

134 Is a copy of the cell origin evaluation (VNTR, cytogenetics, FISH) attached?

yes no

Specify which new disease(s) occurred:

135 Acute myeloid leukemia (AML / ANLL)

yes no

136 Date of diagnosis: __ __ __ __ - __ __- __ __

137 Other leukemia, including ALL

yes no

138 Date of diagnosis: __ __ __ __ - __ __- __ __

139 Specify other leukemia: _____

140 Breast cancer

yes no

141 Date of diagnosis: __ __ __ __ - __ __- __ __

142 Central nervous system (CNS) malignancy (glioblastoma, astrocytoma)

yes no

143 Date of diagnosis: __ __ __ __ - __ __- __ __

144 Clonal cytogenetic abnormality without leukemia or MDS

yes no

145 Date of diagnosis: __ __ __ __ - __ __- __ __

146 Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine)

yes no

147 Date of diagnosis: __ __ __ __ - __ __- __ __

148 Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix)

yes no

149 Date of diagnosis: __ __ __ __ - __ __- __ __

150 Hodgkin disease

yes no

151 Date of diagnosis: __ __ __ __ - __ __- __ __

152 Lung cancer

yes no

153 Date of diagnosis: __ __ __ __ - __ __- __ __

154 Lymphoma or lymphoproliferative disease

yes no

155 Date of diagnosis: __ __ __ __ - __ __- __ __

156 Is the tumor EBV positive?

yes no

157 Melanoma

yes no

158 Date of diagnosis: __ __ __ __ - __ __- __ __

159 Other skin malignancy (basal cell, squamous)

yes no

160 Date of diagnosis: __ __ __ __ - __ __- __ __

161 Specify other skin malignancy: _____

162 Myelodysplasia (MDS) / myeloproliferative (MPS) disorder

yes no

163 Date of diagnosis: __ __ __ __ - __ __- __ __

164 Oropharyngeal cancer (tongue, buccal mucosa)

yes no

165 Date of diagnosis: __ __ __ __ - __ __- __ __

166 Sarcoma

yes no

167 Date of diagnosis: __ __ __ __ - __ __- __ __

168 Thyroid cancer

yes no

169 Date of diagnosis: __ __ __ __ - __ __- __ __

170 Other new malignancy

yes no

171 Date of diagnosis: __ __ __ __ - __ __- __ __

172 Specify: _____

173 Is a pathology / autopsy report or other documentation attached?

yes no

Other Organ Impairment/Disorder

Questions: 174 - 215

174 Has the recipient developed any other clinically significant organ impairment or disorder since the date of last report?

yes no

Specify impairment/disorder:

175 avascular necrosis

yes no

176 Date of diagnosis: __ __ __ __ - __ __- __ __

177 bronchiolitis obliterans (BO)

yes no

178 Date of diagnosis: __ __ __ __ - __ __- __ __

179 cataracts

yes no

180 Date of diagnosis: __ __ __ __ - __ __- __ __

181 congestive heart failure (EF < 40%)

yes no

182 Date of diagnosis: __ __ __ __ - __ __- __ __

183 cryptogenic organizing pneumonia (COP)

yes no

184 Date of diagnosis: __ __ __ __ - __ __- __ __

185 diabetes / hyperglycemia

yes no

186 Date of diagnosis: __ __ __ __ - __ __- __ __

187 gonadal dysfunction / infertility requiring hormone replacement (testosterone or estrogen)

yes no

188 Date of diagnosis: __ __ __ __ - __ __- __ __

189 growth hormone deficiency / growth disturbance

yes no

190 Date of diagnosis: __ __ __ __ - __ __- __ __

191 hemorraghic cystitis / hematuria requiring medical intervention (catheterization of bladder, extra transfusions, urology consult)

yes no

192 Date of diagnosis: __ __ __ __ - __ __- __ __

193 hypothyroidism

yes no

194 Date of diagnosis: __ __ __ __ - __ __- __ __

195 interstitial pneumonitis (IPn)/ARDS

yes no

196 Date of diagnosis of IPn / IPS: __ __ __ __ - __ __- __ __

197 myocardial infarction

yes no

198 Date of diagnosis: __ __ __ __ - __ __- __ __

199 non-infectious liver toxicity

yes no

200 Date of diagnosis: __ __ __ __ - __ __- __ __

201 pancreatitis

yes no

202 Date of diagnosis: __ __ __ __ - __ __- __ __

203 post-transplant microangiopathy-thrombotic thrombocytopenic purpura (TTP), hemolytic uremic syndrome (HUS), or similar syndrome

yes no

204 Date of diagnosis: __ __ __ __ - __ __- __ __

205 Did the recipient receive plasmapheresis?

yes no

206 pulmonary hemorrhage

yes no

207 Date of diagnosis: __ __ __ __ - __ __- __ __

208 renal failure severe enough to warrant dialysis

yes no

209 Date of diagnosis: __ __ __ __ - __ __- __ __

210 Did the recipient receive dialysis?

yes no

211 stroke / seizure

yes no

212 Date of diagnosis: __ __ __ __ - __ __- __ __

213 Other

yes no

214 Date of diagnosis: __ __ __ __ - __ __- __ __

215 Specify impairment / disorder: _____

Subsequent HSCT

Questions: 216 - 223

216 Date of subsequent HSCT: __ __ __ __ - __ __- __ __

217 Was the subsequent HSCT performed at a different institution?

yes no

Specify the institution that performed the subsequent HSCT:

218 Name: _____

City: _____

State / Country: _____

219 What was the indication for subsequent HSCT?

- no hematopoietic recovery
- partial hematopoietic recovery
- graft failure / rejection after achieving initial hematopoietic recovery
- persistent primary disease
- recurrent primary disease
- Planned second HSCT, per protocol
- new malignancy
- stable, mixed chimerism
- declining chimerism
- Other

220 Specify other indication: _____

Source of HSCs: (1) **Questions: 221 - 223**

221 Source of HSCs:

- Allogeneic, related
- Allogeneic, unrelated
- Autologous

222 Was the same donor used?

- yes
- no

223 Specify:

- fresh, original NMDP donor bone marrow
- fresh, original non-NMDP donor bone marrow
- fresh, new NMDP donor bone marrow
- fresh, new non-NMDP donor bone marrow
- fresh, original NMDP donor mobilized peripheral blood stem cells
- fresh, original non-NMDP donor mobilized peripheral blood stem cells
- fresh, new NMDP donor mobilized peripheral blood stem cells
- fresh, new non-NMDP donor mobilized peripheral blood stem cells
- NMDP cord blood
- non-NMDP cord blood
- cryopreserved original donor bone marrow
- cryopreserved original donor mobilized peripheral blood stem cells

Donor Cellular Infusion (DCI) Information

Questions: 224 - 322

Donor Cellular Infusion (DCI) Information (1) **Questions: 224 - 322**

224 Date the first DCI was given: __ __ __ __ - __ __- __ __

225 Specify the number of cell infusions given within 10 weeks of the first DCI: _____

226 Was the DCI infusion performed at a different institution?

- yes
- no

Specify the institution that performed the DCI:

227 Name: _____

City: _____

State / Country: _____

228 Indication for DCI:

- planned as part of initial HSCT protocol
- treatment for relapsed, persistent or progressive disease
- treatment for B cell lympho-proliferative disorder (PTLD, EBV lymphoma)
- treatment for GVHD
- viral infection
- stable, mixed chimerism
- loss of / decreased donor T-cell chimerism
- Other

Specify the method(s) of disease detection below. For each method used, if the result was positive report the first date the disease was detected; if the result was negative, report the last date the method was used prior to DCI.

229 Molecular

- Positive
- Negative
- not done / unknown

230 Date: __ __ __ __ - __ __- __ __

231 Cytogenetic

- Positive
- Negative
- not done / unknown

232 Date: __ __ __ __ - __ __- __ __

233 clinical evidence / hematologic

- Positive
- Negative
- not done / unknown

234 Date: __ __ __ __ - __ __- __ __

235 Was chemotherapy used to attempt to induce disease response prior to the first DCI?

- yes
- no

236 Date of administration of final chemotherapy dose: __ __ __ __ - __ __- __ __

237 Specify viral organism code: _____

238 Date documented: __ __ __ __ - __ __- __ __

239 Specify other indication: _____

240 What was the recipient's disease status immediately prior to the first DCI?

- first complete remission post-HSCT (no hematologic evidence of disease)
- therapy-induced complete remission after persistent disease or relapse post-HSCT
- Relapse or progression
- Persistent disease
- not evaluated post-HSCT

241 Date disease status was established prior to the first DCI: __ __ __ __ - __ __- __ __

Select the phrase in the Karnofsky/Lansky Scale which best describes the activity status of the recipient

242 Specify the functional status of the recipient immediately prior to the first DCI:

_____

Specify DCI source:

243 collected at the time of PBSC mobilization and collection

yes no

244 negative fraction of CD34 selected PBSC

yes no

245 negative fraction of CD34 selected bone marrow

yes no

246 apheresis at a different time than collection of PBSC used for allogeneic HSCT

yes no

247 Date of Apheresis: __ __ __ __ - __ __- __ __

248 isolated from a unit(s) of whole blood

yes no

249 Specify number of units: _____

250 Were the donor cells collected by leukapheresis?

yes no

251 Date of first leukapheresis: __ __ __ __ - __ __- __ __

252 Date of last leukapheresis: __ __ __ __ - __ __- __ __

253 Number of leukaphereses: _____

254 Did the donor receive treatment to enhance cell collection prior to donation?

yes no

Specify treatment(s) given:

255 Growth factors

yes no

Specify agent:

256 G-CSF

yes no

257 GM-CSF

yes no

258 Other agent

yes no

259 Specify: _____

260 Other treatment

yes no

261 Specify: _____

For each DCI given, report the total number of cells infused. If the cells were cryopreserved, report the totals after processing, but before cryopreservation.

262 CD3+ cells total cells _____ x10 Specify exponent: _____

Not tested

263 CD4+ cells total cells _____ x10 Specify exponent: _____

Not tested

264 CD8+ cells total cells _____ x10 Specify exponent: _____

Not tested

265 CD34+ cells total cells _____ x10 Specify exponent: _____

Not tested

266 NK cells total cells _____ x10 Specify exponent: _____

Not tested

267 Nucleated cells total cells _____ x10 Specify exponent: _____

Not tested

268 Mesenchymal cells: _____ x10 Specify exponent: _____

Not tested

269 Were dendritic cells infused?

yes no

270 Were fibroblasts infused?

yes no

271 Were any other cell types infused (not including cell types reported in questions 262-268)?

yes no

272 Specify: _____

273 Were the cells cryopreserved prior to infusion?

yes no

274 Specify portion cryopreserved:

all cells portion of cells

275 Were the cells manipulated prior to infusion?

yes no

276 Specify portion manipulated:

all cells portion of cells

Specify all methods used to manipulated the cells:

277 ABO incompatibility

yes no

Specify method:

278 buffy coat preparation

yes no

279 cell separator (i.e., COBE Spectra)

yes no

280 density gradient separation (i.e., Ficoll)

yes no

281 plasma removal

yes no

282 sedimentation (i.e., hetastarch)

yes no

283 other

yes no

284 Specify other methods: _____

285 dextran-albumin wash

yes no

286 ex-vivo expansion

yes no

287 genetic manipulation (gene transfer / transduction)

yes no

288 volume reduction

yes no

289 CD34+ selection

yes no

290 Specify manufacturer:

CliniMACS / CliniMax Isolex Other

291 Specify: _____

292 T-cell depletion

yes no

Specify method:

Report antibodies used for T-cell depletion at question 305.

293 Antibody affinity column

yes no

294 Antibody coated plates

yes no

295 Antibody coated plates and soybean lectin

yes no

296 Antibody + complement

yes no

297 Antibody + toxin

yes no

298 Immunomagnetic beads

yes no

299 Elutriation

yes no

300 CD34 affinity column plus sheep red blood cell rosetting

yes no

301 Other

yes no

302 Specify other method: _____

303 Other cell manipulation

yes no

304 Specify: _____

305 Were antibodies used during graft manipulation?

yes no

Specify antibodies:

306 Anti CD2

yes no

307 Anti CD4

yes no

308 anti CD5

yes no

309 anti CD6

yes no

310 anti CD7

yes no

311 anti CD8

yes no

312 anti CD34

yes no

313 anti TCR alpha / beta (T10-B9)

yes no

314 OKT-3

yes no

315 other CD3

yes no

316 Specify: _____

317 anti CD52

yes no

Specify antibodies:

318 campath-NOS

yes no

319 campath-1G

yes no

320 campath-1H

yes no

321 other antibody

yes no

322 Specify: _____

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____