Form 2451 R2.0: Chimerism Studies

**Center:**  
**CRID:**

### Key Fields

- **Sequence Number:**  
- **Date Received:**  
- **CIBMTR Center Number:**  
- **CIBMTR Recipient ID:**  
- **Today's Date:**  
- **Infusion 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  
- **Follow-up visit:**
  - 100 days  
  - 6 months  
  - 1 year  
  - 2 years  
- **Date of actual contact with the recipient to determine medical status for this follow-up report:**  
- **Were chimerism studies performed post-HSCT?**
  - yes  
  - no  
- **Are chimerism laboratory reports attached to this form?**
  - yes  
  - no  
- **Were infusions from more than one donor given?**
  - yes  
  - no  
- **Specify donor gender:**
  - male  
  - female

### Chimerism Studies

**Questions: 6 - 27**

<table>
<thead>
<tr>
<th>Single Donor (1)</th>
<th>Questions: 6 - 15</th>
</tr>
</thead>
</table>

**6 Date**  
**7 Method**  
**8 Specify:**  
**9 Cell type**
10 Specify: ____________________________
11 Total cells examined ____________________________
12 Number of donor cells ____________________________
13 Number of host cells ____________________________
14 Presence of donor cells was detected by non-quantitative method Percent donor cells, quantitative ____________________________
15 Presence of host cells was detected by non-quantitative method Percent host cells, quantitative ____________________________

<table>
<thead>
<tr>
<th>Multiple Donors (1)</th>
<th>Questions: 16 - 27</th>
</tr>
</thead>
</table>
16 NMDP Donor ID: ____________________________
-or-
Donor / infant date of birth: __ __ __ __
-or-
NMDP cord blood unit ID ____________________________
-or-
Non-NMDP unrelated donor ID: ____________________________
-or-
Non-NMDP cord blood unit ID: ____________________________
17 Donor / infant gender: ____________________________
18 Date __ __ __ __
19 Method ____________________________
20 Specify: ____________________________
21 Cell type ____________________________
22 Specify: ____________________________
23 Total cells examined ____________________________
24 Number of donor cells ____________________________
25 Number of host cells ____________________________
26 Presence of donor cells was detected by non-quantitative method Percent donor cells, quantitative ____________________________
27 Presence of host cells was detected by non-quantitative method Percent host cells, quantitative ____________________________

First Name: ____________________________
Last Name: ____________________________
Phone: ____________________________
Fax: ____________________________
E-mail address: ____________________________