

Form 2500 R1.0: Recipient Eligibility Form

Center: _____

CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____-____-____

Recipient Exposure

Questions: 1 - 1

1 Specify if the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)

- Blinatumomab (Blincyto)
- Gemtuzumab ozogamicin (Mylotarg)
- Inotuzumab ozogamicin (Besponsa)
- None of the above

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____-____-____