Form 2500 R2.0: Recipient Eligibility Form

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™)
   - Adienne Tepadina®
   - None of the above

Tepadina Questions: 2 - 2

2. Was there any extranodal lymphoma involvement of brain, cerebrospinal fluid (CSF), or leptomeningeal? (at any time prior to the start of the preparative regimen)
   - Yes
   - No

First Name: ______________________
Last Name: ______________________
E-mail address: ______________________
Date: __________-________-______