



Recipient Eligibility Form

Registry Use Only
Sequence Number: _____

Date Received: _____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ / __ __ / __ __
 YYYY MM DD

Recipient Exposure

1. Specify if the recipient received any of the following (at any time prior to HCT / infusion)(check all that apply)
- Blinatumomab (Blinicyto)
 - Gemtuzumab ozogamicin (Mylotarg)
 - Inotuzumab ozogamicin (Besponsa)
 - Adienne Tepadina® - **Go to question 2**
 - Mogamulizumab (Poteligeo) - **Go to question 3**
 - None of the above

Tepadina

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

Mogamulizumab

3. Was the recipient treated with Mogamulizumab, alone or in combination, within one year **PRIOR** to allogeneic transplant?
- Yes No

4. Was Mogamulizumab administered in the last line of therapy prior to transplant?

Yes No

First Name: _____

Last Name: _____

E-mail address: _____

Date: ___ / ___ / ___
 YYYY MM DD