

# Form 2500 R3.0: 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)
- Adienne Tepadina®
- Mogamulizumab (Poteligeo)
- 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

## Mogamulizumab

Questions: 3 - 4

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: \_\_\_\_-\_\_\_\_-\_\_\_\_