

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

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: ____-____-____

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.