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)
   - Adrienne 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.