



## 2503: KGF Study Supplement

**Registry Use Only**  
 Sequence Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Key Fields
<p><b>Registry Use Only:</b>            Sequence Number: _____  <b>ELSE GOTO Date Received:</b></p> <p>Date Received:    —  —  —  —  —  —  —  —                                      YYYY      MM      DD</p> <p><b>ELSE GOTO CIBMTR Center Number</b></p> <p>CIBMTR Center Number: _____  <b>ELSE GOTO CIBMTR Recipient ID:</b></p> <p>CIBMTR Recipient ID: _____  <b>ELSE GOTO Today's Date:</b></p> <p>Today's Date:    —  —  —  —  —  —  —  —                                      YYYY      MM      DD</p> <p><b>ELSE GOTO Date of HSCT for which this form is being completed:</b></p> <p>Date of HSCT for which this form is being completed:    —  —  —  —  —  —  —  —              YYYY      MM      DD</p> <p><b>ELSE GOTO Autologous</b></p> <p><b>HSCT type (check all that apply):</b>  <input type="checkbox"/> Autologous  <b>ELSE GOTO Allogeneic, unrelated</b></p> <p><input type="checkbox"/> Allogeneic, unrelated  <b>ELSE GOTO Allogeneic, related</b></p> <p><input type="checkbox"/> Allogeneic, related  <b>ELSE GOTO Syngeneic (identical twin)</b></p> <p><input type="checkbox"/> Syngeneic (identical twin)  <b>ELSE GOTO Marrow</b></p> <p><b>Product Type (check all that apply):</b>  <input type="checkbox"/> Marrow  <b>ELSE GOTO PBSC</b></p> <p><input type="checkbox"/> PBSC  <b>ELSE GOTO Cord blood</b></p> <p><input type="checkbox"/> Cord blood  <b>ELSE GOTO Other product</b></p>



**Specify if the recipient developed any of the following clinically significant organ impairments or disorders after the start of the preparative regimen through the date of last contact: {715-716, 722, 727-728}**

8 Cataracts [722]

- yes
- no

**IF (8) Cataracts [722]:= no**

**THEN GOTO (10) Pancreatitis [727, 728]**

**ELSE GOTO (9) date cataracts developed**

9 Date of diagnosis:    \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_  
                                  YYYY       MM     DD

**ELSE GOTO (10) Pancreatitis [727, 728]**

10 Pancreatitis [727, 728]

- yes
- no

**IF (10) Pancreatitis [727, 728]:= no**

**THEN GOTO (12) Renal failure severe enough to warrant dialysis [715]**

**ELSE GOTO (11) date pancreatitis developed**

11 Date of diagnosis:    \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_  
                                  YYYY       MM     DD

**ELSE GOTO (12) Renal failure severe enough to warrant dialysis [715]**

12 Renal failure severe enough to warrant dialysis [715]

- yes
- no

**IF (12) Renal failure severe enough to warrant dialysis [715]:= no**

**THEN GOTO First name**

**ELSE GOTO (13) date of renal failure**

13 Date of diagnosis:    \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_  
                                  YYYY       MM     DD

**ELSE GOTO (14) Did the recipient receive dialysis? [716]**

14 Did the recipient receive dialysis? [716]

- yes
- no

**ELSE GOTO First name**

First Name: \_\_\_\_\_

**ELSE GOTO Last name**

Last Name: \_\_\_\_\_

**ELSE GOTO Phone number:**

Phone number: \_\_\_\_\_

**ELSE GOTO Fax number:**

Fax number: \_\_\_\_\_

**ELSE GOTO E-mail address:**

E-mail address: \_\_\_\_\_

**ELSE GOTO End of Form**