

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--

Today's Date:

Month	Day	Year	Year	Year	Year	Year	Year

Infusion Date:

Month	Day	Year	Year	Year	Year	Year	Year

CIBMTR Center Number:

--	--	--	--	--	--	--	--



2503: KGF Study Supplement

Registry Use Only

Sequence Number:

Date Received:

Key Fields

Registry Use Only:

Sequence Number: _____

ELSE GOTO Date Received:

Date Received: ____-____-____
 YYYY MM DD

ELSE GOTO CIBMTR Center Number

CIBMTR Center Number: _____

ELSE GOTO CIBMTR Recipient ID:

CIBMTR Recipient ID: _____

ELSE GOTO Today's Date:

Today's Date: ____-____-____
 YYYY MM DD

ELSE GOTO Date of HSCT for which this form is being completed:

Date of HSCT for which this form is being completed: ____-____-____
 YYYY MM DD

ELSE GOTO Autologous

HSCT type (check all that apply):

Autologous

ELSE GOTO Allogeneic, unrelated

Allogeneic, unrelated

ELSE GOTO Allogeneic, related

Allogeneic, related

ELSE GOTO Syngeneic (identical twin)

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Mail this form to your designated campus (Milwaukee or Minneapolis. Retain the original at the transplant center.

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).

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Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

		2	0		
Month	Day	Year	Year	Year	Year

Infusion Date:

		2	0		
Month	Day	Year	Year	Year	Year

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number: _____ CIBMTR Recipient ID: _____

Syngeneic (identical twin)
ELSE GOTO Marrow

Product Type (check all that apply):

Marrow
ELSE GOTO PBSC

PBSC
ELSE GOTO Cord blood

Cord blood
ELSE GOTO Other product

Other product
IF Other product:= checked
THEN GOTO Specify:
ELSE GOTO Timepoint:

Specify: _____
ELSE GOTO Timepoint:

Timepoint:
 baseline pre-HSCT
 100 days post-HSCT

ELSE GOTO (1) Were corrections made to the 002-Core report form according to the data reported on this form?

This form should be completed for recipients selected as a case or control on the Kepivance Study where a CIBMTR 002 series Report Form was previously submitted. All questions should be answered; those questions identified as coming from the 002-Core should be answered again. The 002-Core question numbers are indicated in {brackets} for your reference to the 002-Core copy in your recipient files.

1 Were corrections made to the 002-Core report form according to the data reported on this form?
 yes
 no

ELSE GOTO (2) kgf given post-HSCT

Post-Preparative Regimen

Questions: 2-14

Has the recipient received the following hematopoietic lymphoid growth factors or cytokines after the start of the preparative regimen?

2 KGF (palifermin, Kepivance) [345.², 408, 409]
 yes
 no

IF (2) kgf given post-HSCT:= no
THEN GOTO (5) velafermin given post-HSCT
ELSE GOTO (3) Date KGF therapy started

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