



**BMT CTN 1702
Donor Testing Form 2533**

Registry Use Only

Sequence Number:

Date Received:

Center Identification

CIBMTR Center Number: _____

Recipient Identification

CIBMTR Research ID: _____

Event date: __ __ __ __ / __ __ / __ __
 YYYY MM DD

Donor Testing	
<p>1. Specify the donor type</p> <p><input type="checkbox"/> Related →</p> <p><input type="checkbox"/> Matched unrelated</p> <p><input type="checkbox"/> Mismatched unrelated</p> <p><input type="checkbox"/> Cord Blood</p>	<div style="border: 1px solid black; padding: 5px;"> <p>2. Specify related relationship:</p> <p><input type="checkbox"/> Recipient's mother</p> <p><input type="checkbox"/> Recipient's father</p> <p><input type="checkbox"/> Recipient's child</p> <p><input type="checkbox"/> Half sibling</p> <p><input type="checkbox"/> Maternal aunt</p> <p><input type="checkbox"/> Maternal uncle</p> <p><input type="checkbox"/> Maternal cousin</p> <p><input type="checkbox"/> Paternal aunt</p> <p><input type="checkbox"/> Paternal uncle</p> <p><input type="checkbox"/> Paternal cousin</p> <p><input type="checkbox"/> Grandchild</p> <p><input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Other biological relative →</p> </div>
	<div style="border: 1px solid black; padding: 5px;"> <p>3. Specify other biological relative:</p> <p>_____</p> </div>
<p>4. Date of birth: (donor / infant)</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown →</p>	<div style="border: 1px solid black; padding: 5px;"> <p>5. Date of birth: (donor / infant) __ __ / __ __ / __ __</p> <p style="text-align: center; font-size: small;">YYYY MM DD</p> </div>
	<div style="border: 1px solid black; padding: 5px;"> <p>6. Age: (donor / infant)</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p> </div>
	<div style="border: 1px solid black; padding: 5px;"> <p>7. Age: (donor / infant) __ __</p> <p><input type="checkbox"/> Months (use only if less than 1 year old)</p> <p><input type="checkbox"/> Years</p> </div>
<p>8. Sex: (donor / infant)</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>9. Date related donor sample sent to lab for typing: __ __ __ __ / __ __ / __ __</p> <p style="text-align: center; font-size: small;">YYYY MM DD</p>	
<p>10. Date donor HLA typing results received by transplant center: __ __ __ __ / __ __ / __ __</p> <p style="text-align: center; font-size: small;">YYYY MM DD</p>	
<p>11. Specify HLA allele match:</p>	<p><input type="checkbox"/> 4/8 <input type="checkbox"/> 5/8 <input type="checkbox"/> 6/8 <input type="checkbox"/> 7/8 <input type="checkbox"/> 8/8</p>
<p>12. Was this donor selected as the final donor?</p> <p><input type="checkbox"/> Yes →</p> <p><input type="checkbox"/> No - Go to Question 15</p>	<div style="border: 1px solid black; padding: 5px;"> <p>13. Date donor selected: __ __ __ __ / __ __ / __ __</p> <p style="text-align: center; font-size: small;">YYYY MM DD</p> <p>14. Date donor medical clearance was received/confirmed: __ __ __ __ / __ __ / __ __</p> <p style="text-align: center; font-size: small;">YYYY MM DD</p> <p style="text-align: center;">- Go to Signature Line</p> </div>

15. Reason not selected:

- Donor HLA too mismatched - **Go to Signature Line**
- Donor failed suitability assessment - **Go to Signature Line**
- Donor not willing - **Go to Signature Line**
- Donor unavailable for timeline - **Go to Signature Line**
- Financial/logistical constraints - **Go to Signature Line**
- Change in donor suitability or eligibility criteria - **Go to Signature Line**
- Donor specific antibodies - **Go to question 17**
- Donor unable or unwilling to give desired product - **Go to Signature Line**
- DP match status not optimal - **Go to Signature Line**
- KIR match status not optimal - **Go to Signature Line**
- CMV match status not optimal - **Go to Signature Line**
- ABO match status not optimal - **Go to Signature Line**
- Other preferred donor - **Go to Signature Line**
- Other - **Go to question 17**

16. Specify other: _____

17. Was documentation submitted to the CIBMTR?

- Yes No

Copy and complete questions 1 - 17 for each donor that is tested.

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____/____/____
 YYYY MM DD