

Form 2533 R1.0: BMT CTN 1702 Donor Testing Form

Center: _____

CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

Center Identification

CIBMTR Center Number: _____

Recipient Identification

CIBMTR Research ID: _____

Event date: ____-____-____

Donor Testing

Questions: 1 - 17

Donor Testing (1)

Questions: 1 - 17

1 Specify donor

- Related
- Matched unrelated
- Mismatched unrelated
- Cord blood

2 Specify related relationship

- Recipient's mother
- Recipient's father
- Recipient's child
- Half-sibling
- Maternal aunt
- Maternal uncle
- Maternal cousin
- Paternal aunt
- Paternal uncle
- Paternal cousin
- Grandchild
- Grandparent
- Other biological relative

3 Specify other biological relative: _____

4 Date of birth (donor / infant)

- Known
- Unknown

5 Date of birth: (donor / infant) ____-____-____

6 Age (donor / infant)

- Known
- Unknown

7 Age: (donor / infant) _____ Months (use only if less than 1 year old)

- years

8 Sex (donor / infant)

- male
- female

9 Date related donor sample sent to lab for typing: ____-____-____

10 Date donor HLA typing results received by transplant center: ____-____-____

11 Specify HLA allele match

- 4/8
- 5/8
- 6/8
- 7/8
- 8/8

12 Was this donor selected as the final donor?

- Yes
- No

13 Date donor selected: ____-____-____

14 Date donor medical clearance was received / confirmed: ____-____-____

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15 Reason not selected

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

16 Specify other: _____

17 Was documentation submitted to the CIBMTR?

- Yes No

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____