Form 2536 R1.0: BMT CTN 1702 Off Study Form

### Key Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence Number</td>
<td></td>
</tr>
<tr>
<td>Date Received</td>
<td></td>
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<tr>
<td>CIBMTR Center Number</td>
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<tr>
<td>CIBMTR Research ID</td>
<td></td>
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<tr>
<td>Event date</td>
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</tbody>
</table>

### Off Study

**Questions: 1 - 4**

1. Was the subject taken off of the primary study?
   - [ ] Yes
   - [ ] No

2. Date subject taken off study: __ __ __ __ - __ __ __ __

3. Indicate reason subject taken off study (check all that apply)
   - [ ] Subject or parent/legal guardian withdrawal of consent
   - [ ] Determined ineligible by the study team after initial enrollment
   - [ ] Lost to follow-up
   - [ ] Other

4. Specify other: ____________________________

### Off Substudy

**Questions: 5 - 8**

5. Was the subject taken off substudy?
   - [ ] Yes
   - [ ] No
   - [ ] Not Applicable

6. Date subject taken off substudy: __ __ __ __ - __ __ __ __

7. Indicate reason subject taken off substudy (check all that apply)
   - [ ] Subject or parent/legal guardian withdrawal of consent
   - [ ] Determined ineligible at the time of consent
   - [ ] No longer meets eligibility criteria due to disease, conditioning, or GVHD prophylaxis used
   - [ ] Discontinued per medical discretion of the protocol PI or Medical Monitor
   - [ ] Lost to follow-up
   - [ ] Other

8. Specify other: ____________________________

**Contact Information**

- 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.