

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

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

Center: _____ CRID: _____

Key Fields

Sequence Number: _____
 Date Received: ____-____-____
 CIBMTR Center Number: _____
 CIBMTR Research ID: _____
 Event date: ____-____-____

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: _____

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.