



Tepadina® Supplemental Data Collection Form

Registry Use Only

Sequence Number: _____

Date Received: _____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____ / ____ / ____
 YYYY MM DD

Visit: 100 day 6 months 1 year 2 years > 2 years

Tepadina® Stop Date

1. Tepadina® stop date

- Known
- Unknown

2. Date stopped: ____/____/____
YYYY MM DD

Hematologic findings at day 7 Post-HCT

3. Were blood counts tested at day 7? (post-HCT)

- Yes
- No

4. Date of blood count: ____/____/____
YYYY MM DD

5. WBC

- Known
- Unknown

6. _____ • _____
 x 10⁹/L (x 10³/mm³)
 x 10⁶/L

7. Neutrophils

- Known
- Unknown

8. _____%

9. Hemoglobin

- Known
- Unknown

10. _____ • _____
 g/dL g/L mmol/L

11. Platelets

- Known
- Unknown

12. _____
 x 10⁹/L (x 10³/mm³)
 x 10⁶/L

13. Were platelets transfused ≤ 7 days before date of test?

- Yes
- No

Hematologic Findings at Day 14 Post-HCT

14. Were blood counts tested at day 14? (post-HCT)

- Yes →
 No

15. Date of blood count: ___/___/___
YYYY MM DD

16. WBC

- Known →
 Unknown

17. _____ • _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

18. Neutrophils

- Known →
 Unknown

19. _____%

20. Hemoglobin

- Known →
 Unknown

21. _____ • _____ g/dL g/L mmol/L

22. Platelets

- Known →
 Unknown

23. _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

24. Were platelets transfused ≤ 7 days before date of test?
 Yes No

Hematologic Findings at Day 21 Post-HCT

25. Were blood counts tested at day 21? (post-HCT)

- Yes →
 No

26. Date of blood count: __ __ __ __ / __ __ / __ __
 YYYY MM DD

27. WBC

- Known →
 Unknown

28. _____ • _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

29. Neutrophils

- Known →
 Unknown

30. _____%

31. Hemoglobin

- Known →
 Unknown

32. _____ • _____ g/dL g/L mmol/L

33. Platelets

- Known →
 Unknown

34. _____ x 10⁹/L (x 10³/mm³)
 x 10⁶/L

35. Were platelets transfused ≤ 7 days before date of test?

- Yes No

Organ Function

Report any disorder / impairment that can be directly attributed to Tepadina®

36. Did the recipient experience thiopeta related hypersensitivity reaction during HCT?

- Yes →
 No

37. Date of onset: __ __ __ __ / __ __ / __ __
 YYYY MM DD

38. Grade: 1 2 3 4

39. In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?

- Yes No

67. Specify (check all that apply)

- Acute renal failure requiring dialysis
- Bronchial obliterans
- Congestive heart failure
- Cryptogenic organizing pneumonia (COP / BOOP)
- Deep vein thrombosis (DVT) / Pulmonary embolism (PE)
- Diffuse alveolar hemorrhage
- GVHD (acute or chronic)
- Hypertension (HTN) requiring therapy
- Infection
- Mucositis requiring therapy
- New malignancy
- Non-infectious interstitial pneumonitis (IPn or ARDS) / idiopathic n=pneumonia syndrome (IPS)
- VOD

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
 YYYY MM DD