Questions: 66 – 67 refer to data reported on form 2100, please ensure data reported here matches with form 2100.
Form 2540 R1.0: Tepadina® Supplemental Data Collection Form

Center: CRID:

22 Platelets
- Known
- Unknown

23 Platelets: ___________________________ x 10^9/L (x 10^3/mm^3)
- x 10^9/L

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

Hematologic Findings at Day 21 Post-HCT

Questions: 25 - 35

25 Were blood counts tested at day 21? (post-HCT)
- Yes
- No

26 Date of blood count: __ __ __ __ __ __ __

27 WBC
- Known
- Unknown

28 WBC: ___________________________ x 10^9/L (x 10^3/mm^3)
- x 10^9/L

29 Neutrophils
- Known
- Unknown

30 Neutrophils: ___________________________%

31 Hemoglobin
- Known
- Unknown

32 Hemoglobin: ___________________________ g/dL g/L mmol/L

33 Platelets
- Known
- Unknown

34 Platelets: ___________________________ x 10^9/L (x 10^3/mm^3)
- x 10^9/L

35 Were platelets transfused ≤ 7 days before date of test?
- Yes
- No

Organ Function
Questions: 36 - 67

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: __ __ __ __ __ __ __

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

Erythematous rash / toxic skin reactions

40 Did the recipient develop an erythematous rash / toxic skin reaction?
- Yes
- No

41 Date of onset: __ __ __ __ __ __ __

42 Symptoms (check all that apply)
- Erythematous rash
- Flushing
- Photosensitivity
- Stevens-Johnson syndrome / Toxic epidermal necrolysis

43 In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?
- Yes
- No

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 Liver function</td>
<td>No</td>
</tr>
<tr>
<td>45 Date of onset</td>
<td>__ _ _ _</td>
</tr>
<tr>
<td>46 In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?</td>
<td>Yes</td>
</tr>
<tr>
<td>47 Neurological function</td>
<td>No</td>
</tr>
<tr>
<td>48 Date of onset</td>
<td>__ _ _ _</td>
</tr>
<tr>
<td>49 In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?</td>
<td>Yes</td>
</tr>
<tr>
<td>50 Other neurological toxicity</td>
<td>No</td>
</tr>
<tr>
<td>51 Specify other neurological toxicity:</td>
<td></td>
</tr>
<tr>
<td>52 Date of onset</td>
<td>__ _ _ _</td>
</tr>
<tr>
<td>53 In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?</td>
<td>Yes</td>
</tr>
<tr>
<td>54 Psychiatric</td>
<td>No</td>
</tr>
<tr>
<td>55 Date of onset</td>
<td>__ _ _ _</td>
</tr>
<tr>
<td>56 In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?</td>
<td>Yes</td>
</tr>
<tr>
<td>57 Vascular</td>
<td>No</td>
</tr>
<tr>
<td>58 Date of onset</td>
<td>__ _ _ _</td>
</tr>
<tr>
<td>59 In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?</td>
<td>Yes</td>
</tr>
<tr>
<td>60 Gastrointestinal</td>
<td>No</td>
</tr>
<tr>
<td>61 Date of onset</td>
<td>__ _ _ _</td>
</tr>
<tr>
<td>62 In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?</td>
<td>Yes</td>
</tr>
<tr>
<td>63 Cerebral hemorrhage</td>
<td>No</td>
</tr>
<tr>
<td>64 Date of onset</td>
<td>__ _ _ _</td>
</tr>
<tr>
<td>65 In the transplant physician's judgment, was the disorder / impairment a direct result of the Tepadina® administration?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Questions 66 - 67 refer to data reported on form 2100, please ensure data reported here matches with form 2100.

66 In the transplant physician's judgment, were any of the disorders / impairments reported on the form 2100 a direct result of the Tepadina® reported administration? | Yes |
| | No |
| | Not Applicable (none reported on 2100) |
Form 2540 R1.0: Tepadina® Supplemental Data Collection Form

Center: CRID:

67 Specify (check all that apply)

- Acute renal failure requiring dialysis
- Bronchiolitis 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 pneumonia (IPn or ARDS) / idiopathic pneumonia syndrome (IPS)
- VOD

First Name: ___________________________
Last Name: ___________________________
E-mail address: _______________________
Date: __________ - ______ - ______