

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Today's Date:

Infusion Date:

CIBMTR Center Number:

Visit: 100 day 6 month year

Initials:

Form 2540 R1.0: Tepadina® Supplemental Data Collection Form

Center: _____ CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____-____-____

Visit

100 day 6 months 1 year 2 years > 2 years,

Specify: _____

Tepadina® Stop Date

Questions: 1 - 2

1 Tepadina® stop date

Known Unknown

2 Date stopped: ____-____-____

Hematologic Findings at Day 7 Post-HCT

Questions: 3 - 13

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

Yes No

4 Date of blood count: ____-____-____

5 WBC

Known Unknown

6 WBC: _____ x 10⁹/L (x 10³/mm³)

x 10⁶/L

7 Neutrophils

Known Unknown

8 Neutrophils: _____ %

9 Hemoglobin

Known Unknown

10 Hemoglobin: _____ g/dL g/L mmol/L

11 Platelets

Known Unknown

12 Platelets: _____ 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

Questions: 14 - 24

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

Yes No

15 Date of blood count: ____-____-____

16 WBC

Known Unknown

17 WBC: _____ x 10⁹/L (x 10³/mm³)

x 10⁶/L

18 Neutrophils

Known Unknown

19 Neutrophils: _____ %

20 Hemoglobin

Known Unknown

21 Hemoglobin: _____ g/dL g/L mmol/L

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.

ERROR CORRECTION FORM											
Sequence Number:					CIBMTR Recipient ID:					Visit:	
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Today's Date:			Infusion Date:			CIBMTR Center Number:			Initials:		
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Month		Day		Year		Month		Day		Year	

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 pneumonitis (IPn or ARDS) / idiopathic pneumonia syndrome (IPS)
- VOD

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____

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