

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Today's Date:

Infusion Date:

CIBMTR Center Number:

Visit:  100 day  6 month   year

Initials:

## Form 2557 R1.0: Myelofibrosis CMS Study Post-HCT Supplemental Form

Center: \_\_\_\_\_ CRID: \_\_\_\_\_

### Key Fields

Sequence Number: \_\_\_\_\_  
 Date Received: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 CIBMTR Center Number: \_\_\_\_\_  
 CIBMTR Research ID: \_\_\_\_\_  
 Event date: \_\_\_\_-\_\_\_\_-\_\_\_\_

**HCT type: (check all that apply)**

- Autologous
- Allogeneic, unrelated
- Allogeneic, related

**Product type: (check all that apply)**

- Bone marrow
- PBSC
- Single cord blood unit
- Multiple cord blood units
- Other product

Specify: \_\_\_\_\_

- Visit
- 100 day
  - 1 year

### Disease Assessment since the Date of Last Report

Questions: 1 - 25

- 1 Spleen size**
- Known
  - Unknown
  - Not applicable (**splenectomy**)
- 2** Specify the spleen size: \_\_\_\_\_ centimeters below right costal margin

Specify the laboratory values since the date of last report:

- 3** Was presence of somatic mutations tested?
- Yes  No  Unknown
- 4** Date sample collected: \_\_\_\_-\_\_\_\_-\_\_\_\_
- 5** Specify sample source
- Bone marrow  Peripheral blood
- 6** JAK 2
- Positive  Negative  Not done
- 7** CALR1
- Positive  Negative  Not done
- 8** CALR2
- Positive  Negative  Not done
- 9** MPL
- Positive  Negative  Not done
- 10** ASXL1
- Positive  Negative  Not done
- 11** SRSF2
- Positive  Negative  Not done
- 12** EZH2
- Positive  Negative  Not done
- 13** IDH1
- Positive  Negative  Not done
- 14** IDH2
- Positive  Negative  Not done

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

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Center: \_\_\_\_\_ CRID: \_\_\_\_\_

- 15 LNK  Positive  Negative  Not done
- 16 CBL  Positive  Negative  Not done
- 17 TET2  Positive  Negative  Not done
- 18 IKZF1  Positive  Negative  Not done
- 19 DNMT3A  Positive  Negative  Not done
- 20 TP53  Positive  Negative  Not done
- 21 SF3B1  Positive  Negative  Not done
- 22 U2AF1  Positive  Negative  Not done
- 23 FLT3  Positive  Negative  Not done

#### Disease Assessment since the Date of Last Report (1)

Questions: 24 - 25

- 24 Other gene mutation  Positive  Negative  Not done

25 Specify other gene mutation: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Date: \_\_\_\_\_

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