

Form 2564 R1.0: Sanofi Eligibility

Center: _____

CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____-____-____

Sanofi Eligibility Criteria

Questions: 1 - 2

1 Did the HCT occur \leq 12 months from start of initial therapy for myeloma?

- Yes
 No (HCT occurred > 12 months from start of initial therapy for myeloma)

2 Did the recipient have associated light chain (AL) amyloidosis?

- Yes No

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____-____-____