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<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
</table>

**Log of Appended Documents**

<table>
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<th>Registry Use Only</th>
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<tbody>
<tr>
<td>Sequence Number:</td>
</tr>
<tr>
<td>Date Received:</td>
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</tbody>
</table>

This form lists the reports and documents from the recipient's medical record that are attached to any of the CIBMTR data collection forms. All attached documents must be in compliance with HIPAA regulations; remove all identifiers except for birth dates, CIBMTR identification numbers and codes. Copy this page to record additional attachments.

1. Total number of documents attached: ☐

2. Date of document: [ ] [ ] [ ]

3. Type of document:
   - ☐ bone marrow biopsy / aspirate
   - ☐ cytogenetics
   - ☐ FISH
   - ☐ HLA typing
   - ☐ laboratory report
   - ☐ molecular testing
   - ☐ pathology / autopsy report
   - ☐ copied page of CIBMTR / NMDP report form
   - ☐ other document
   - Specify: ________________

4. Specify: ________________

5. Documentation for (CIBMTR Form number): [ ] [ ] [ ]

6. Specify question number document is referencing: [ ] [ ] [ ]

7. Form submitted via:
   - ☐ paper (fax / mail)
   - ☐ electronic (FormsNet)

8. Date of document: [ ] [ ] [ ]

9. Type of document:
   - ☐ bone marrow biopsy / aspirate
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   - ☐ other document
   - Specify: ________________

10. Specify: ________________

11. Documentation for (CIBMTR Form number): [ ] [ ] [ ]

12. Specify question number document is referencing: [ ] [ ] [ ]

13. Form submitted via:
   - ☐ paper (fax / mail)
   - ☐ electronic (FormsNet)