1. Specify the follow-up visit for which the recipient is lost to follow-up:
   1. post-Transplant Essential Data (post-TED)
   2. 2100 — 100 Days Post-HSCT Data
   3. 2200 — Six Months to Two Years Post-HSCT Data
   4. 2300 — Yearly Follow-Up for Greater Than Two Years Post-HSCT Data

2. Specify timepoint:
   1. 100 days
   2. six months
   3. ≥ one year

3. Specify follow-up visit (years post-HSCT):

4. Specify timepoint:
   1. six months
   2. one year
   3. two years

5. Specify follow-up visit (years post-HSCT):

6. Verify the following unsuccessful attempts to locate the recipient:
   1. yes 2 no Called home and/or work phone numbers — all phone numbers no longer current
   2. yes 2 no Sent letter — returned forwarding expired or non-deliverable for some reason
   3. yes 2 no International recipient — have lost contact
   4. yes 2 no Treating physician has not seen recipient or has not had any contact in the past year
   5. yes 2 no Contacted hospital billing department
   6. yes 2 no Search request through CIBMTR

7. Signed: ____________________________
   Person completing form

Please print name: ________________________________
Phone number: (__________) ______________________ Fax number: (__________) ______________________
E-mail address: ________________________________

Mail or fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).

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