

Form 2814 R2.0: Indication for CRID Assignment

Center: _____

CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Indication

Questions: 1 - 1

1 What is the indication for CIBMTR Research ID (CRID) assignment?

- HCT
- Cellular therapy (non-HCT)
- Marrow toxic injury
- Non-cellular therapy (e.g. chemotherapy, immunotherapy, etc.)

Hematopoietic Cellular Transplant (HCT)

Questions: 2 - 5

Specify the planned cell source(s) for this HCT:

2 Autologous

- yes no

3 Allogeneic, unrelated

- yes no

4 Allogeneic, related

- yes no

5 Planned HCT date: ____-____-____

Cellular Therapy

Questions: 6 - 6

6 Planned infusion date: ____-____-____

Marrow Toxic Injury

Questions: 7 - 7

7 Event date: ____-____-____

Non-Cellular Therapy

Questions: 8 - 10

8 Specify the disease for which non-cellular therapy was given

- MDS Multiple myeloma Myelofibrosis Sickle cell disease Other disease

9 Specify other disease: _____

10 Enrollment date: ____-____-____

(date of consent)

First Name: _____ Last Name: _____

E-mail address: _____

Date: ____-____-____