

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

## 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: \_\_\_\_-\_\_\_\_-\_\_\_\_

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