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: __ __ __ __ - __ __- __ __