Form 2814 R3.0: Indication for CRID Assignment

Key Fields
Sequence Number: ____________________________
Date Received: ____________________________
CIBMTR Center Number: ____________________________
CIBMTR Research ID: ____________________________

Indication
Questions: 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
Planned infusion date: __ __ __ __ - __ __ __ __

Marrow Toxic Injury
Questions: 7 - 7
Event date: __ __ __ __ - __ __ __ __

Non-Cellular Therapy
Questions: 8 - 10
Specify the disease / study for which non-cellular therapy was given
- BMT CTN 17-02 Study
- MDS
- Multiple myeloma
- Myelofibrosis
- Sickle cell disease
- Other disease / study
8 Specify other disease / study: ____________________________
9 Specify other disease / study:
10 Enrollment date: (date of consent) __ __ __ __ - __ __ __ __
First Name: ____________________________
Last Name: ____________________________
E-mail address: ____________________________

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