



**CIBMTR**<sup>®</sup>

CENTER FOR INTERNATIONAL BLOOD  
& MARROW TRANSPLANT RESEARCH

**Form 2820  
Recipient Contact Information**

**Registry Use Only**

Sequence Number:

Date Received:

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
                  YYYY   MM   DD

**Contact Form Indication**

1. Indicate if the contact details are for the CIBMTR observational research database:  Yes  No
2. Indicate if the contact details are for a recipient participating in a study: (e.g. BMT CTN)  
 Yes  No
3. Indicate for which of the following studies the contact form will be used

BMT CTN 1702 – QoL substudy

BMT CTN 1703 – PROGRESS III

BMT CTN 1704 – CHARM

4. Study enrollment date: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD
5. Is the recipient an adult (18 years of age or older) or emancipated minor?  Yes  No

**Recipient Contact Information**

6. First name: \_\_\_\_\_
7. Last name: \_\_\_\_\_
8. Indicate language preference:
- Afrikaans
  - Aleut
  - Arabic
  - Armenian
  - Basque
  - Bengali
  - Bosnian
  - Central American Indian languages
  - Chinese
  - Croatian
  - Czech
  - English
  - Estonian
  - Filipino; Pilipino
  - Finnish
  - French
  - Gaelic; Scottish Gaelic
  - Galician
  - German
  - Greek
  - Haitian; Haitian Creole
  - Hausa
  - Hawaiian
  - Hebrew
  - Hindi
  - Hmong; Mong
  - Hungarian

- Icelandic
- Indonesian
- Irish
- Italian
- Japanese
- Javanese
- Korean
- Lahnda
- Macedonian
- Malay
- Marathi
- Nepali
- North American Indian languages
- Norwegian
- Persian
- Polish
- Portuguese
- Punjabi
- Russian
- Sign Languages
- Slovak
- Somali
- Spanish
- Swahili
- Telugu
- Tibetan
- Turkish
- Urdu
- Vietnamese
- Welsh
- Wolof
- Other →

9. Specify other language preference: \_\_\_\_\_

**Mailing address:**

10. Does this contact have a U.S. mailing address?

Yes →

11. Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_ - Go to question 13

No →

12. Country: \_\_\_\_\_  
International address: \_\_\_\_\_

## 13. Specify time zone (of mailing address)

- Hawaii-Aleutian Time (HAT)
- Alaska Time (AK)
- Pacific Time (PT)
- Mountain Time (MT)
- Central Time (CT)
- Eastern Time (ET)
- Atlantic Time (AST)
- Other time zone →

14. Specify other time zone: \_\_\_\_\_

**Phone number(s):**

15. Home: \_\_\_\_\_

16. Work: \_\_\_\_\_

17. Cell: \_\_\_\_\_

18. Other: \_\_\_\_\_ - Go to question 19

19. Specify other phone number type: \_\_\_\_\_

**Email address(es):**

20. Primary email address: \_\_\_\_\_

21. Second email address: (optional) \_\_\_\_\_

**Parent/Legal Guardian Contact Information**

22. First name: \_\_\_\_\_

23. Last name: \_\_\_\_\_

24. Indicate language preference:
- Aleut
- Arabic
- Armenian
- Basque
- Bengali
- Bosnian
- Central American Indian languages
- Chinese
- Croatian
- Czech
- English
- Estonian
- Filipino; Pilipino
- Finnish
- French
- Gaelic; Scottish Gaelic
- Galician

- German
- Greek
- Haitian; Haitian Creole
- Hausa
- Hawaiian
- Hebrew
- Hindi
- Hmong;Mong
- Hungarian
- Icelandic
- Indonesian
- Irish
- Italian
- Japanese
- Javanese
- Korean
- Lahnda
- Macedonian
- Malay
- Marathi
- Nepali
- North American Indian languages
- Norwegian
- Persian
- Polish
- Portuguese
- Punjabi
- Russian
- Sign Languages
- Slovak
- Somali
- Spanish
- Swahili
- Telugu
- Tibetan
- Turkish
- Urdu
- Vietnamese
- Welsh
- Wolof
- Other →

25. Specify other language preference: \_\_\_\_\_

**Mailing address:**

26. Does the parent/legal guardian have the same contact information as the recipient? (completed above)

Yes

No →

27. Does this contact have a U.S. mailing address?

Yes →

28. Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

**- Go to question 30**

No →

29. Country: \_\_\_\_\_

International address: \_\_\_\_\_

30. Specify time zone (of mailing address)

Hawaii-Aleutian Time (HAT)

Alaska Time (AK)

Pacific Time (PT)

Mountain Time (MT)

Central Time (CT)

Eastern Time (ET)

Atlantic Time (AST)

Other time zone →

31. Specify other time zone: \_\_\_\_\_

**Phone number(s):**

32. Home: \_\_\_\_\_

33. Work: \_\_\_\_\_

34. Cell: \_\_\_\_\_

35. Other: \_\_\_\_\_ **- Go to question 36**

36. Specify other phone number type: \_\_\_\_\_

**Email address(es):**

37. Primary email address: \_\_\_\_\_

38. Second email address: (optional) \_\_\_\_\_

**Copy and complete questions 22 - 38 to report additional parent/legal guardian contact information.**

**Alternate Contact Information**

39. Does the study require additional participant's contact details?

- Yes →
- No - **Go to Signature Line**

40. Relationship to recipient

- Spouse or Partner
- Mother
- Father
- Child
- Brother
- Sister
- Aunt
- Uncle
- Cousin
- Friend
- Other →

41. Specify other relationship: \_\_\_\_\_

42. First name: \_\_\_\_\_

43. Last name: \_\_\_\_\_

44. Indicate language preference:  Aleut

- Arabic
- Armenian
- Basque
- Bengali
- Bosnian
- Central American Indian languages
- Chinese
- Croatian
- Czech
- English
- Estonian
- Filipino; Pilipino
- Finnish
- French
- Gaelic; Scottish Gaelic
- Galician
- German
- Greek
- Haitian; Haitian Creole
- Hausa
- Hawaiian
- Hebrew
- Hindi
- Hmong; Mong
- Hungarian

- Icelandic
- Indonesian
- Irish
- Italian
- Japanese
- Javanese
- Korean
- Lahnda
- Macedonian
- Malay
- Marathi
- Nepali
- North American Indian languages
- Norwegian
- Persian
- Polish
- Portuguese
- Punjabi
- Russian
- Sign Languages
- Slovak
- Somali
- Spanish
- Swahili
- Telugu
- Tibetan
- Turkish
- Urdu
- Vietnamese
- Welsh
- Wolof
- Other

45. Specify other language preference:  
\_\_\_\_\_



**Mailing address:**

46. Does the alternate contact have the same contact information as the recipient? (completed above)

Yes

No →

47. Does this contact have a U.S. mailing address?

Yes →

48. Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
**- Go to question 50**

No →

49. Country: \_\_\_\_\_  
International address: \_\_\_\_\_

50. Specify time zone (of mailing address)

Hawaii-Aleutian Time (HAT)

Alaska Time (AK)

Pacific Time (PT)

Mountain Time (MT)

Central Time (CT)

Eastern Time (ET)

Atlantic Time (AST)

Other time zone →

51. Specify other time zone: \_\_\_\_\_

**Phone number(s):**

52. Home: \_\_\_\_\_

53. Work: \_\_\_\_\_

54. Cell: \_\_\_\_\_

55. Other: \_\_\_\_\_ **- Go to question 56**

56. Specify other phone number type: \_\_\_\_\_

**Email address(es):**

57. Primary email address: \_\_\_\_\_

58. Second email address: (optional) \_\_\_\_\_

**Copy and complete questions 39 - 58 to report additional parent/legal guardian contact information.**

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Recipient ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
      YYYY   MM   DD