Form 2820 R1.0: Recipient Contact Information

Key Fields

Sequence Number: ___________________________

Date Received: _____________________________

CIBMTR Center Number: _______________________

CIBMTR Research ID: _________________________

Event date: _____________________________

Contact Form Indication

Questions: 1 - 5

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

Study Information (1)

Questions: 3 - 4

3 Indicate for which of the following studies the contact form will be used
   - Yes
     - BMT CTN 1702 - QoL substudy
     - BMT CTN 1703 - PROGRESS III
     - BMT CTN 1704 - CHARM

4 Study enrollment date: __ __ __ __ __

Recipient Contact Information

Questions: 6 - 21

6 First name: _____________________________

7 Last name: _____________________________

8 Indicate language preference

9 Specify other language preference

Mailing address:

10 Does this contact have a U.S. mailing address?
   - Yes  - No

11 Street: _____________________________

12 Country: _____________________________

Zip code: _____________________________

Specify time zone (of mailing address)

13 Specify other time zone:
   - Yes
     - 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

Phone number(s):

15 Home: _____________________________

16 Work: _____________________________
**Form 2820 R1.0: Recipient Contact Information**

**Center:**

**CRID:**

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### Parent / Legal Guardian Contact Information

**Questions: 22 - 38**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. First Name:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>23. Last Name:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>24. Indicate language preference</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>25. Specify other language preference</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

**Mailing Address:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Does the parent / legal guardian have the same contact information as the recipient? (completed above)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>27. Does this contact have a U.S. mailing address?</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>28. Street:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>29. Country:</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Parent / Legal Guardian Contact Information (1)

**Questions: 22 - 38**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>22. First Name:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>23. Last Name:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>24. Indicate language preference</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>25. Specify other language preference</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

**Mailing Address:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Does the parent / legal guardian have the same contact information as the recipient? (completed above)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>27. Does this contact have a U.S. mailing address?</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>28. Street:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>29. Country:</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Phone Number(s):

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>32. Home:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>33. Work:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>34. Cell:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>35. Other:</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Email Address(es):

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Primary email address:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>38. Second email address: (optional)</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

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**Alternate Contact Information**

**Questions: 39 - 58**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>39. Does the study require additional participant's contact details?</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

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Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.

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Form 2820 R1.0: Recipient Contact Information

Center: CRID:

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 _______________________________________

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 ◆ No

48 Street: ___________________________________________________________

City: __________________________________________________________________

State: __________________________________________________________________

Zip code: __________________________________________________________________

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: ________________________________

56 Specify other phone number type: ________________________________

Email address(es):

57 Primary email address: __________________________________________

58 Second email address: (optional) _________________________________

First Name: _______________________________________________________

Last Name: _______________________________________________________

E-mail address: ___________________________________________________

Date: ____________________