

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

Form 2820 R1.0: Recipient Contact Information

Center: _____ CRID: _____

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
 BMT CTN 1702 - QoL substudy
 BMT CTN 1703 - PROGRESS III
 BMT CTN 1704 - CHARM
- 4 Study enrollment date: ____-____-____

- 5 Is the recipient an adult (18 years of age or older) or emancipated minor?
 yes no

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: _____
 City: _____
 State: _____
 Zip code: _____
- 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: _____

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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Center: _____ CRID: _____

- 17 Cell: _____
 18 Other: _____
 19 Specify other phone number type: _____

Email address(es):

- 20 Primary email address: _____
 21 Second email address: (optional) _____

Parent / Legal Guardian Contact Information

Questions: 22 - 38

Parent / Legal Guardian Contact Information (1)

Questions: 22 - 38

- 22 First name: _____
 23 Last name: _____
 24 Indicate language preference _____
 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 No

28 Street: _____
 City: _____
 State: _____
 Zip code: _____
 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: _____
 36 Specify other phone number type: _____

Email address(es):

- 37 Primary email address: _____
 38 Second email address: (optional) _____

Alternate Contact Information

Questions: 39 - 58

Alternate Contact Information (1)

Questions: 39 - 58

- 39 Does the study require additional participant's contact details?
 Yes No

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- 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: _____

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