



Recipient Death Data

Registry Use Only

Sequence Number: _____

Date Received: _____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ __ __ / __ __ / __ __
 YYYY MM DD

HCT type (check all that apply): Autologous Allogeneic, unrelated Allogeneic, related


Product type (check all that apply):

Bone marrow PBSC Single cord blood unit Multiple cord blood units Other product. Specify: _____

Recipient Death

1. Date of death: ___ / ___ / ___ Date estimated
 YYYY MM DD

2. Was cause of death confirmed by autopsy?

- Yes 
- Autopsy pending
- No
- Unknown

3. Was documentation submitted to the CIBMTR? (autopsy report) Yes No

4. Primary cause of death

- Recurrence / persistence / progression of disease for which the HCT or cellular therapy was performed - **Go to question 6**
- Acute GVHD - **Go to question 6**
- Chronic GVHD - **Go to question 6**
- Graft rejection or failure - **Go to question 6**
- Cytokine release syndrome - **Go to question 6**

Infection

- Infection, organism not identified - **Go to question 6**
- Bacterial infection - **Go to question 6**
- Fungal infection - **Go to question 6**
- Viral infection - **Go to question 6**
- Protozoal infection - **Go to question 6**
- Other infection - **Go to question 5**

Pulmonary

- Idiopathic pneumonia syndrome (IPS) - **Go to question 6**
- Pneumonitis due to Cytomegalovirus (CMV) - **Go to question 6**
- Pneumonitis due to other virus - **Go to question 6**
- Other pulmonary syndrome (excluding pulmonary hemorrhage) - **Go to question 5**
- Diffuse alveolar damage (without hemorrhage) - **Go to question 6**
- Acute respiratory distress syndrome (ARDS) (other than IPS) - **Go to question 6**

Organ failure (not due to GVHD or infection)

- Liver failure (not VOD) - **Go to question 6**
- Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) - **Go to question 6**
- Cardiac failure - **Go to question 6**
- Pulmonary failure - **Go to question 6**
- Central nervous system (CNS) failure - **Go to question 6**
- Renal failure - **Go to question 6**
- Gastrointestinal (GI) failure (not liver) - **Go to question 6**
- Multiple organ failure - **Go to question 5**
- Other organ failure - **Go to question 5**

Malignancy

- New malignancy (post-HCT or post-cellular therapy) - **Go to question 6**
- Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than the malignancy for which the HCT or cellular therapy was performed) - **Go to question 6**

Hemorrhage

- Pulmonary hemorrhage - **Go to question 6**
- Diffuse alveolar hemorrhage (DAH) - **Go to question 6**
- Intracranial hemorrhage - **Go to question 6**
- Gastrointestinal hemorrhage - **Go to question 6**
- Hemorrhagic cystitis - **Go to question 6**
- Other hemorrhage - **Go to question 5**

Vascular

- Thromboembolic - **Go to question 6**
- Disseminated intravascular coagulation (DIC) - **Go to question 6**
- Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)) - **Go to question 6**
- Other vascular - **Go to question 5**

Other

- Accidental death - **Go to question 6**
- Suicide - **Go to question 6**
- Other cause - **Go to question 5**

5. Specify: _____

Contributing Cause of Death

6. Contributing cause of death

- Recurrence / persistence / progression of disease for which the HCT or cellular therapy was performed - **Go to First Name**
- Acute GVHD - **Go to First Name**
- Chronic GVHD - **Go to First Name**
- Graft rejection or failure - **Go to First Name**
- Cytokine release syndrome - **Go to First Name**

Infection

- Infection, organism not identified - **Go to First Name**
- Bacterial infection - **Go to First Name**
- Fungal infection - **Go to First Name**
- Viral infection - **Go to First Name**
- Protozoal infection - **Go to First Name**
- Other infection - **Go to question 7**

Pulmonary

- Idiopathic pneumonia syndrome (IPS) - **Go to First Name**
- Pneumonitis due to Cytomegalovirus (CMV) - **Go to First Name**
- Pneumonitis due to other virus - **Go to First Name**
- Other pulmonary syndrome (excluding pulmonary hemorrhage) - **Go to question 7**
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Organ failure (not due to GVHD or infection)

- Liver failure (not VOD) - **Go to First Name**
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- Cardiac failure - **Go to First Name**
- Pulmonary failure - **Go to First Name**
- Central nervous system (CNS) failure - **Go to First Name**
- Renal failure - **Go to First Name**
- Gastrointestinal (GI) failure (not liver) - **Go to First Name**
- Multiple organ failure - **Go to question 7**
- Other organ failure - **Go to question 7**

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- New malignancy (post-HCT or post-cellular therapy) - **Go to First Name**
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Hemorrhage

- Pulmonary hemorrhage - **Go to First Name**
- Diffuse alveolar hemorrhage (DAH) - **Go to First Name**
- Intracranial hemorrhage - **Go to First Name**
- Gastrointestinal hemorrhage - **Go to First Name**
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- Other hemorrhage - **Go to question 7**

Vascular

- Thromboembolic - **Go to First Name**
- Disseminated intravascular coagulation (DIC) - **Go to First Name**
- Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)) - **Go to First Name**
- Other vascular - **Go to question 7**

Other

- Accidental death - **Go to First Name**
- Suicide - **Go to First Name**
- Other cause - **Go to question 7**

7. Specify: _____

If reporting more than one contributing cause of death, copy questions 6-7 and complete for each contributing cause.

First Name: _____

Last Name: _____

E-mail address: _____

Date: ___/___/___
 YYYY MM DD