Form 2900 R3.0: Recipient Death Data

Key Fields

Sequence Number: ___________________________
Date Received: ___________________________
CIBMTR Center Number: ___________________________
CIBMTR Research ID: ___________________________
Event date: ___________________________

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

Questions: 1 - 7

1 Date of death: __ __ __ __ - __ __- __ __ Date estimated
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
  Specify: ___________________________

Contributing Cause of Death (1)

Questions: 6 - 7

6 Contributing cause of death
  Specify: ___________________________

7 Specify: ___________________________

First Name: ___________________________
Last Name: ___________________________
E-mail address: ___________________________
Date: __ __ __ __ - __ __- __ __