Form 2900 R4.0: Recipient Death Data

Center: CRID: 

### Key Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence Number</td>
<td></td>
</tr>
<tr>
<td>Date Received</td>
<td></td>
</tr>
<tr>
<td>CIBMTR Center Number</td>
<td></td>
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<tr>
<td>CIBMTR Research ID</td>
<td></td>
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<tr>
<td>Event date</td>
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</tbody>
</table>

### Recipient Death

#### Questions 1 - 5

1. Date of death: __ __ __ __ __ __ __ __  Date estimated
   - Yes
   - Autopsy pending
   - No
   - Unknown

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

5. Specify: __________________________

### Contributing Cause of Death

#### Questions 6 - 7

6. Specify:

7. Specify:
6 Contributing cause of death (check all that apply)
- Recurrence / persistence / progression of disease for which the HCT or cellular therapy was performed
- Acute GVHD
- Chronic GVHD
- Graft rejection or failure
- Cytokine release syndrome
- Infection, organism not identified
- Bacterial infection
- Fungal infection
- Viral infection
- COVID-19 (SARS-CoV-2)
- Protozoal infection
- Other infection
- Idiopathic pneumonia syndrome (IPS)
- Pneumonitis due to Cytomegalovirus (CMV)
- Pneumonitis due to other virus
- Other pulmonary syndrome (excluding pulmonary hemorrhage)
- Diffuse alveolar damage (without hemorrhage)
- Acute respiratory distress syndrome (ARDS) (other than IPS)
- Liver failure (not VOD)
- Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)
- Cardiac failure
- Pulmonary failure
- Central nervous system (CNS) failure
- Renal failure
- Gastrointestinal (GI) failure (not liver)
- Multiple organ failure
- Other organ failure
- New malignancy (post-HCT or post-cellular therapy)
- Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than the malignancy for which the HCT or cellular therapy was performed)
- Pulmonary hemorrhage
- Diffuse alveolar hemorrhage (DAH)
- Intracranial hemorrhage
- Gastrointestinal hemorrhage
- Hemorrhagic cystitis
- Other hemorrhage
- Thromboembolic
- Disseminated intravascular coagulation (DIC)
- Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS))
- Other vascular
- Accidental death
- Suicide
- Other cause

7 Specify:

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