



# CIBMTR<sup>®</sup>

CENTER FOR INTERNATIONAL BLOOD  
& MARROW TRANSPLANT RESEARCH

## Pregnancy form

**Registry Use Only**  
Sequence Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
                  YYYY   MM   DD

### Functional Status

1. Was the recipient or recipient's partner still pregnant at the time of this report?

Yes - **Go to First Name**

No →

2. Specify the outcome of pregnancy:

Live birth, at term - **Go to question 3**

Live birth, premature - **Go to question 3**

Intrauterine fetal death - **Go to First name**

Spontaneous abortion - **Go to First name**

Elected abortion - **Go to First name**

Unknown - **Go to First name**

3. Were there congenital abnormalities? (Live birth)  Yes  No

4. Delivery date

Known →

Unknown - **Go to question First Name**

5. Delivery date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
                          YYYY   MM   DD

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
          YYYY   MM   DD