

FOLLOW-UP INSERT XXXVII
X-Linked Lymphoproliferative Syndrome (XLP)

FOR REGISTRY USE ONLY:

I.D. - -

Date received:

TEAM:

IUBMID:

*(Institutional Unique Blood or Marrow
Transplant Identification Number)*

Registry (circle one): *IBMTR* *ABMTR*

1. Date of transplant
for which this form
is being completed:

Month Day Year

2. Date of report:

Month Day Year

Follow-up Information*

*** Report data for date of last contact as reported in Q.5 of Follow-up Care Form
or immediately prior to death**

Status of Hematologic Engraftment

3. Status of myeloid engraftment:

- 1 Completely donor
- 2 Mixed chimerism
- 3 Host only
- 7 Not tested

4. Is a chimerism report or other documentation available?

- 1 Yes
- 0 No
- 8 Unknown

**Attach copy with all identifiers removed except Team/
IUBMID #s and birth date(s), and reference Q.4**

Retired - Not for Data Submission