

FOLLOW-UP: INSERT XII
Immune Deficiency

TEAM

IUBMID

(Institutional Unique Blood or Marrow Transplant Identification Number)

Date of transplant for which this form is being completed:
Month Day Year

FOR REGISTRY USE ONLY:

I.D. --

Date received:

Registry: IBMTR ABMTR (circle one)

Date of report:
Month Day Year

Follow-up Information

*** Report data for date of last contact as reported in Q.3 of Follow-up Case Form or immediately prior to death.**

Status of Hematologic Engraftment

(refers to quantitative analyses utilizing discriminating DNA markers. Peripheral blood cells must undergo separation or sorting into T, B or lymphoid vs. myeloid populations to perform this determination. If FLP analyses indicate only donor type hematopoiesis, mark T cell, B cell and myeloid as "predominantly or completely donor")

1. Status of T cell engraftment:

- | | |
|---|--|
| 1 <input type="checkbox"/> Predominantly or completely donor (≥80% donor chimerism) | 2 <input type="checkbox"/> Mixed chimerism (5-80% donor) |
| 3 <input type="checkbox"/> Only host T cells detected | 8 <input type="checkbox"/> Unknown |

2. Status of B cell engraftment:

- | | |
|---|--|
| 1 <input type="checkbox"/> Predominantly or completely donor (≥80% donor chimerism) | 2 <input type="checkbox"/> Mixed chimerism (5-80% donor) |
| 3 <input type="checkbox"/> Only host B cells detected | 8 <input type="checkbox"/> Unknown |

3. Status of myeloid engraftment:

- | | |
|---|--|
| 1 <input type="checkbox"/> Completely donor | 2 <input type="checkbox"/> Mixed chimerism |
| 3 <input type="checkbox"/> Host only | 8 <input type="checkbox"/> Unknown |

Status of Immunologic Reconstitution

4. Status of T cell function (refers to mitogen proliferation, T cell cytotoxicity, and/or DTH responses):

- | | |
|--|------------------------------------|
| 1 <input type="checkbox"/> Absent (≤ 10% normal responses) | 2 <input type="checkbox"/> Partial |
| 3 <input type="checkbox"/> Normal | 8 <input type="checkbox"/> Unknown |

5. Status of B cell function (refers to immunoglobulin synthesis, and/or specific antibody production):

- | | |
|--|------------------------------------|
| 1 <input type="checkbox"/> Absent (≤ 10% normal responses) | 2 <input type="checkbox"/> Partial |
| 3 <input type="checkbox"/> Normal | 8 <input type="checkbox"/> Unknown |

Retired - Not for Data Submission

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IUBMID

6. Specify the mitogen proliferation response (response of lymphocytes to phytohemagglutinin, concavalin A or pokeweed mitogen):
1 Absent ($\leq 10\%$ normal) 2 Decreased 3 Normal 8 Not tested or Unknown
(11-60% Normal)
7. Natural killer cell function (specific cytolysis of NK-sensitive target cells, e.g. K562):
1 Absent ($\leq 10\%$ normal) 2 Decreased 3 Normal 8 Not tested or Unknown
(11-50% Normal Mean)
8. IgG:
1 Absent ($\leq 10\%$ normal) 2 Decreased 3 Normal 4 Increased 8 Not tested or Unknown
9. IgM:
1 Absent ($\leq 10\%$ normal) 2 Decreased 3 Normal 4 Increased 8 Not tested or Unknown
10. IgA:
1 Absent ($\leq 10\%$ normal) 2 Decreased 3 Normal 4 Increased 8 Not tested or Unknown
11. IgE:
1 Absent ($\leq 10\%$ normal) 2 Decreased 3 Normal 4 Increased 8 Not tested or Unknown
12. Specific antibody response to any antigen against which recipient has been adequately immunized (e.g. > 3 DPT):
1 Absent ($\leq 10\%$ normal) 2 Decreased 3 Normal 4 Increased 8 Not tested or Unknown
13. For patients transplanted ≥ 2 years prior to this report, what was status of original disease at time of last follow-up?
1 Cured
2 Improved
3 Unchanged
4 Worse
8 Unknown

Retired – Not for Data Submission