

National Marrow Donor Program®
Insert VIII – Aplastic Anemia

Registry Use Only

Sequence Number:

--

Date Received:

--

Unrelated

Recipient NMDP ID:

 -

 -

Recipient Last Name:

Recipient Local ID (optional):

Today's Date:

 /

 /

 TC Code:

Month Day Year

Date of Transplant for which this form is being completed:

 /

 /

Month Day Year

Product type: Marrow (Form 120) PBSC (Form 520) Cord blood (Form 620)

This form must be accompanied by Form 120, 520, 620 – Recipient Baseline and Transplant Data. All information in the box above, including the date, should be identical with the corresponding Form 120, 520, 620 information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient post-transplant, or abstraction of the recipient's medical records.

1. What was the date of diagnosis of aplastic anemia?

 /

 /

Month Day Year

2. What was the etiology?
- 1 Fanconi anemia
 - 2 Diamond-Blackfan anemia
 - 3 Hepatitis (specify type, if known): _____
 - 4 Drug induced (specify drug, if known): _____
 - 5 Idiopathic
 - 6 Other, specify: _____

Hematologic Findings at Diagnosis of Aplastic Anemia

3. Hemoglobin (untransfused):

 .

 g/dL

4. Hematocrit:

- 1 known →

 .

 %
- 2 unknown

5. RBC:

- 1 known →

 .

 x 10¹²/L
- 2 unknown

6. Uncorrected reticulocytes:

- 1 known →
- 2 unknown

7. WBC:

 .

 x 10⁹/L

8. Granulocytes:

 %

9. Platelets:

 .

 x 10⁹/L

Recipient NMDP ID: - -

Recipient Last Name:

10. Has recipient received prior treatment for aplastic anemia?

- 1 yes
2 no

11. Please specify what treatments were given:

a. Androgens

- 1 yes
2 no

b. Corticosteroids

- 1 yes
2 no

c. ATG, ALS, ATS, ALG

- 1 yes
2 no

d. Cyclosporine

- 1 yes
2 no

e. Other immunosuppression, specify: _____

- 1 yes
2 no

f. Cytokines

- 1 yes
2 no

g. Other treatment,

- specify: _____
1 yes
2 no

12. What cytokines were given?

- | | | |
|--------------------------|--------------------------------|-------------------------------|
| a. IL-3 | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| b. GM-CSF | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| c. G-CSF | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| d. Stem cell | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| e. Erythropoietin | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| f. Other, specify: _____ | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |

Within Four Weeks Prior to Conditioning

13. Did recipient receive red blood cell transfusions within four weeks prior to conditioning?

- 1 yes
2 no

14. Did recipient receive platelet transfusions within four weeks prior to conditioning?

- 1 yes
2 no

Peripheral Blood Findings Immediately Prior to Conditioning

15. Hemoglobin (only recipients untransfused within 4 weeks): . g/dL

16. Hematocrit (only recipients untransfused within 4 weeks): . %

17. Platelets (only recipients untransfused within 4 weeks): . x 10⁹/L

18. WBC: . x 10⁹/L

19. Granulocytes: %

20. Blasts: . %

Continue with question 10 on page 5 of Form 120, 520, 620