

National Marrow Donor Program®
**Insert X – Severe Combined
 Immunodeficiency (SCID)**

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 SCID? / /

Month Day Year

2. What was the SCID phenotype? (See instructions for description)
- 1 ADA deficiency
 - 2 Absence of T cells with normal B cells
 - 3 Absence of T and B cells
 - 4 Other, specify: _____

3. What was the inheritance of SCID
- 1 X-linked
 - 2 Autosomal recessive
 - 3 Unknown

Hematologic Findings Pre-Transplant

4. WBC: • x 10⁹/L

5. Lymphocytes: • %

6. T cells (CD3 or equivalent): • %

7. CD4+ cells: • %

8. CD8+ cells: • %

9. B cells (SIg+ or equivalent): • %

10. NK cells (CD16+ or equivalent): • %

**Mail to NMDP Registry with Form 120, 520, 620.
 Retain a copy at the transplant center.**

Recipient NMDP ID: - -

Recipient Last Name:

11. What was the mitogen proliferation response?

- 1 absent (<10% normal) 2 decreased 3 normal 4 not tested

12. What was the natural killer cell function?

- 1 absent (<10% normal) 2 decreased 3 normal 4 not tested

13. IgG

- 1 absent (<10% normal) 2 decreased 3 normal 4 increased 5 not tested

14. IgM

- 1 absent (<10% normal) 2 decreased 3 normal 4 increased 5 not tested

15. IgA

- 1 absent (<10% normal) 2 decreased 3 normal 4 increased 5 not tested

16. IgE

- 1 absent (<10% normal) 2 decreased 3 normal 4 increased 5 not tested

17. What was the specific antibody response?

- 1 absent (<10% normal) 2 decreased 3 normal 4 increased 5 not tested

Clinical Status of Recipient Pre-Transplant

18. Was maternal engraftment present?

- 1 yes
2 no
3 unknown (not tested)

19. Was graft vs. host disease present?

- 1 yes
2 no

20. Was GVHD caused by:

- a. Maternal cells 1 yes 2 no
b. Unirradiated blood transfusions 1 yes 2 no
c. Source unknown 1 yes 2 no

21. Did the recipient have failure to thrive? (see *Forms Instruction Manual*)

- 1 yes
2 no

22. Did the recipient have chronic (protracted) diarrhea? (see *Forms Instruction Manual*)

- 1 yes
2 no

23. Did the recipient have respiratory impairment? (see *Forms Instruction Manual*)

- 1 yes
2 no

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