

National Marrow Donor Program®  
**Insert XI – Wiskott Aldrich  
 Syndrome (WAS)**

**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 WAS?   /   /

Month Day Year

2. What were the WAS defining (diagnostic) criteria?
- a. Decreased platelet count (prior to splenectomy) 1  yes 2  no 3  unknown
  - b. Small platelet size 1  yes 2  no 3  unknown
  - c. Eczema 1  yes 2  no 3  unknown
  - d. X-linked inheritance demonstrated in the family 1  yes 2  no 3  unknown

3. Was the diagnosis confirmed by molecular identification of the presence of a defect in the WAS gene?

1  yes  
 2  no  
 3  unknown

**Clinical Status of Recipient Pre-Transplant**

4. Did the recipient undergo splenectomy?

- 1  yes  
 2  no  
 3  unknown

5. Was the platelet count normal immediately pre-transplant?

- 1  yes  
 2  no  
 3  unknown

6. Did B-cell lymphoproliferative disorder (BLPD) develop pre-transplant?

- 1  yes  
 2  no  
 3  unknown

7. Was the BLPD associated with EBV?

- 1  yes  
 2  no  
 3  unknown

8. Did the recipient develop any malignancy (non BLPD) pre-transplant?

- 1  yes  
 2  no  
 3  unknown

9. Did the recipient develop any autoimmune complications pre-transplant?

- 1  yes  
 2  no  
 3  unknown

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

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