Recipient Death Data

Registry Use Only
Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___
CIBMTR Research ID: ___________________________
Event date: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY  MM  DD
Recipient Death

1. Date of death: ___ ___ ___ ___ — ___ ___ — ___ ___ □ Date estimated
   YYYY MM DD

2. Was cause of death confirmed by autopsy?
   □ Yes – Go to question 3
   □ Autopsy pending – Go to question 4
   □ No – Go to question 4
   □ Unknown – Go to question 4

3. Was documentation submitted to the CIBMTR? (autopsy report)
   □ Yes
   □ No

4. Primary cause of death
   □ Recurrence / persistence / progression of disease for which the infusion was performed – Go to question 6
   □ Acute GVHD – Go to question 6
   □ Chronic GVHD – Go to question 6
   □ Graft rejection or failure – Go to question 6
   □ Cytokine release syndrome – Go to question 6
   □ Hemorrhage
     □ Diffuse alveolar hemorrhage (DAH) – Go to question 6
     □ Gastrointestinal hemorrhage – Go to question 6
     □ Hemorrhagic cystitis – Go to question 6
     □ Intracranial hemorrhage – Go to question 6
     □ Pulmonary hemorrhage – Go to question 6
     □ Other hemorrhage – Go to question 5
   □ Infection
     □ Bacterial infection – Go to question 6
     □ COVID-19 (SARS-CoV-2) – Go to question 6
     □ Fungal infection – Go to question 6
     □ Infection, organism not identified – Go to question 6
     □ Protozoal infection – Go to question 6
     □ Viral infection – Go to question 6
     □ Other infection – Go to question 5
Malignancy
☐ New malignancy (post-infusion) – Go to question 6
☐ Prior malignancy (malignancy initially diagnosed prior to infusion, other than the malignancy for which the infusion was performed) – Go to question 6

Organ failure (not due to GVHD or infection)
☐ Cardiac failure – Go to question 6
☐ Central nervous system (CNS) failure – Go to question 6
☐ Gastrointestinal (GI) failure (not liver) – Go to question 6
☐ Liver failure (not VOD) – Go to question 6
☐ Multiple organ failure – Go to question 5
☐ Pulmonary failure – Go to question 6
☐ Renal failure – Go to question 6
☐ Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) – Go to question 6
☐ Other organ failure – Go to question 5

Pulmonary
☐ Acute respiratory distress syndrome (ARDS) (other than IPS) – Go to question 6
☐ Diffuse alveolar damage (without hemorrhage) – Go to question 6
☐ Idiopathic pneumonia syndrome (IPS) – Go to question 6
☐ Pneumonitis due to Cytomegalovirus (CMV) – Go to question 6
☐ Pneumonitis due to other virus – Go to question 6
☐ Other pulmonary syndrome (excluding pulmonary hemorrhage) – Go to question 5

Toxicity
☐ Neurotoxicity (ICANS) – Go to question 6
☐ Tumor lysis syndrome – Go to question 6

Vascular
☐ Disseminated intravascular coagulation (DIC) – Go to question 6
☐ Thromboembolism – Go to question 6
☐ Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS)) – Go to question 6
☐ Other vascular - Go to question 5

Other
☐ Accidental death – Go to question 6
☐ Suicide – Go to question 6
☐ Other cause - Go to question 5

5. Specify: __________________________________________________________________________________
Contributing Cause of Death

6. Contributing cause of death (check all that apply)
   - Recurrence / persistence / progression of disease for which the infusion was performed – Go to First Name
   - Acute GVHD – Go to First Name
   - Chronic GVHD – Go to First Name
   - Graft rejection or failure – Go to First Name
   - Cytokine release syndrome – Go to First Name

   Hemorrhage
   - Diffuse alveolar hemorrhage (DAH) – Go to First Name
   - Gastrointestinal hemorrhage – Go to First Name
   - Hemorrhagic cystitis – Go to First Name
   - Intracranial hemorrhage – Go to First Name
   - Pulmonary hemorrhage – Go to First Name
   - Other hemorrhage – Go to question 7

Infection
   - Bacterial infection – Go to First Name
   - COVID-19 (SARS-CoV-2) – Go to First Name
   - Fungal infection – Go to First Name
   - Infection, organism not identified – Go to First Name
   - Protozoal infection – Go to First Name
   - Viral infection – Go to First Name
   - Other infection – Go to question 7

Malignancy
   - New malignancy (post-infusion) – Go to First Name
   - Prior malignancy (malignancy initially diagnosed prior to infusion, other than the malignancy for which the infusion was performed) – Go to First Name

Organ failure (not due to GVHD or infection)
   - Cardiac failure – Go to First Name
   - Central nervous system (CNS) failure – Go to First Name
   - Gastrointestinal (GI) failure (not liver) – Go to First Name
   - Liver failure (not VOD) – Go to First Name
   - Multiple organ failure – Go to question 7
   - Pulmonary failure – Go to First Name
Renal failure – Go to First Name
Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) – Go to First Name
Other organ failure – Go to question 7

Pulmonary
Acute respiratory distress syndrome (ARDS) (other than IPS) – Go to First Name
Diffuse alveolar damage (without hemorrhage) – Go to First Name
Idiopathic pneumonia syndrome (IPS) – Go to First Name
Pneumonitis due to Cytomegalovirus (CMV) – Go to First Name
Pneumonitis due to other virus – Go to First Name
Other pulmonary syndrome (excluding pulmonary hemorrhage) – Go to question 7

Toxicity
Neurotoxicity (ICANS) – Go to First Name
Tumor lysis syndrome – Go to First Name

Vascular
Disseminated intravascular coagulation (DIC) – Go to First Name
Thromboembolism – Go to First Name
Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP) / Hemolytic Uremic Syndrome (HUS)) – Go to First Name
Other vascular - Go to question 7

Other
Accidental death – Go to First Name
Suicide – Go to First Name
Other cause - Go to question 7

7. Specify: ________________________________________________________________

First Name:________________________________________________________________________

Last Name: ______________________________________________________________________

E-mail address: __________________________________________________________________

Date: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY    MM    DD