Indication for CRID Assignment

Registry Use Only
Sequence Number: ____________________________

Date Received: ____________________________

CIBMTR Center Number: ____________
CIBMTR Research ID: ____________________________

Indication

1. What is the indication for CIBMTR Research ID (CRID) assignment?
   - HCT – Go to question 2
   - Cellular therapy (non-HCT) – Go to question 2
   - Marrow toxic injury – Go to question 2
   - Non-cellular therapy (e.g. chemotherapy, immunotherapy, etc.) – Go to question 4

2. Event date: (or planned event date) ____________ - ____________ - ____________
   YYYY MM DD
   HCT – Go to question 3
   Cellular Therapy – Go to First Name
   Marrow toxic injury – Go to First Name

Hematopoietic Cellular Transplant (HCT)

3. Is the product genetically modified? For multiple products, report “Yes” if ANY of the products are genetically modified.
   - Yes
   - No
4. Specify the disease / study for which non-cellular therapy was given
   - ☐ BMT CTN 17-02 Study – Go to question 6
   - ☐ MDS – Go to question 6
   - ☐ Multiple myeloma – Go to question 6
   - ☐ Myelofibrosis – Go to question 6
   - ☐ Sickle cell disease – Go to question 6
   - ☐ Other disease / study – Go to question 5

5. Specify other disease / study: ________________________

6. Enrollment date: (date of consent) _______ ______ - ______ - ______
                       YYYY  MM  DD

First Name: ________________________
Last Name: ________________________
Email address: ________________________
Date: ________________________