

## 14. General Guidelines for Completing Forms [table of contents](#)

1. Paper forms should be completed in blue or black indelible ink. Do not use pencil to complete the forms.
2. Complete the “key fields” found on the first page of every form. The form cannot be entered into the database until all the “key fields” are complete and correct.
3. For paper form submission, indicate the CIBMTR Center Number and CIBMTR Recipient ID number in the fields located at the top of each page, even if data are not reported on that particular page. Stickers or stamps may be used to complete these fields.
4. For fields that require a date, if an exact date is not known use the process listed below. This process should be used only if the dates fit within the logical timeframe of the form (i.e. contact date, diagnosis date, relapse date, etc). To assist with the audit process, transplant centers should briefly note their logic in assigning dates that are unknown in the medical record. For more information regarding the CIBMTR’s on-site audit program, see General Instructions, On-Site Data Audits, and/or [appendix H](#).

- Day is unknown: Report the day of the month as the 15<sup>th</sup>. If the 15<sup>th</sup> does not make logical sense in relation to the other date fields reported on the form, then use either the 1<sup>st</sup> or 30<sup>th</sup>. Report month and year as documented in the medical record.

Examples: The month and year of diagnosis is May 2006.

a) The first treatment was given on May 17, 2006. The date of diagnosis should be reported as May 15, 2006, as this fits logically within the timeframe of the form.

b) The first treatment was given on May 4, 2006. The date of diagnosis should be reported as May 1, 2006, as May 15, 2006 is not logical within the timeframe of the form.

- Month and day are unknown: Report the month as *June* and the day as the 15<sup>th</sup>. If *June 15<sup>th</sup>* does not make logical sense in relation to the other date fields reported on the form, then report the day as either the 1<sup>st</sup> or the 30<sup>th</sup>. Report the year as documented in the medical record.

Examples: The year of diagnosis is 2006, but an exact diagnosis date is not known.

- a) The first treatment was given August 1, 2006. The date of diagnosis should be reported June 15, 2006, as this fits logically within the timeframe of the form.
  - b) The first treatment was given on June 14, 2006. The date of diagnosis should be reported as June 1, 2006, as June 15, 2006 is not logical within the timeframe of the form.
  - c) The recipient is described as being diagnosed in the winter of 1998 with CLL. No specific date can be verified. The transplant center may report a date in the middle of the season range, in this case February 15, 1998, as the designated date of diagnosis.
- Month, day, and year are unknown: For paper form submission, draw a single line through the date field, write “unknown” in the margin and date and initial. Using the FormsNet™2 application, leave the date field blank and override the error.
5. Answer all primary questions that lead into a box.
  6. Carefully follow all the arrows on the form and the “continue with” instructions.
  7. If a question lists a series of responses with a “yes” or “no,” one box must be checked for each response. Responses left blank are not assumed to indicate “no,” and will therefore generate an error.
  8. For paper form submission, submit all pages whether or not data are reported on them.
  9. If an error is made when completing paper forms, do not erase the data or use correction fluid. Instead, draw a line through the error, write in the correct answer, circle the correction and initial and date the field. See below for an example.

Date of Transplant for which this form is being completed:	1	1	2	2	<del>2</del>	<del>0</del>	<del>0</del>	<del>6</del>	MMM 1/1/2008
	Month		Day		Year				<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">2007</div>

10. The CIBMTR recognizes that there may be discrepancies between the source documentation and the expectations for reporting data to the CIBMTR as outlined in this manual. For example, a transplant physician’s documentation of the recipient’s disease status may not

match the criteria listed on the CIBMTR data collection form and/or manual.

The CIBMTR does its best to produce clear questions and supporting documentation, based on standards and references appropriate to our field. However, situations arise where there is ambiguity or differences of opinion as to how to record findings. When these situations occur, such that the apparent requirements of the CIBMTR differ from local practice, the CIBMTR recommends that the data professionals contact the physician and review the source documentation and the expectations of the CIBMTR data collection form to arrive at the most appropriate resolution. In most cases, it is likely that misunderstandings and/or misinterpretations can be resolved through discussion.

If further clarification is needed, contact your center's CIBMTR liaison.