CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Infectious Disease Markers

Registry Use Only

Sequence Number:

Date Received:

OMB No: 0915-0310
Expiration Date: 12/31/2013

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CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Date of HCT for which this form is being completed: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

HCT type: *(check only one)*

- ☐ Allogeneic, unrelated
- ☐ Allogeneic, related

Product type: (check all that apply)

- ☐ Bone marrow
- ☐ PBSC
- ☐ Single cord blood unit
- ☐ Other product

Specify: _____

This form must be completed for all non-NMDP allogeneic or syngeneic donors, or non-NMDP cord blood units.

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CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Donor / Cord Blood Unit Identification

1. Specify non-NMDP donor:

☐ Related donor – ***Go to question 4***

☐ Non-NMDP unrelated donor – ***Go to question 2***

☐ Non-NMDP cord blood unit (include related and autologous CBUs) – ***Go to question 3***

2. Non-NMDP unrelated donor ID: *(not applicable for related donor)*

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ - ***Go to question 4***

3. Non-NMDP cord blood unit ID: *(include related and autologous CBUs)*

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

4. Date of birth (donor / infant):

☐ Known – ***Go to question 5***

☐ Unknown – ***Go to question 6***

5. Date of birth (donor / infant): ___ ___ ___ ___ — ___ ___ — ___ ___ - ***Go to question 8***

6. Age (donor / infant):

☐ Known – ***Go to question 7***

☐ Unknown – ***Go to question 8***

7. Age (donor / infant): ___ ___ ☐ Months (use only if less than 1 year old)

☐ Years

8. Sex (donor / infant):

☐ Male

☐ Female

9. Who is being tested for IDMs?

☐ Donor IDM (bone marrow or PBSC)

☐ Maternal IDM (cord blood)

☐ Cord blood unit IDM

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Infectious Disease Marker *(report final test results)*

Hepatitis B Virus (HBV)

10. HBsAg: (hepatitis B surface antigen)

- ☐ Reactive – ***Go to question 11***
- ☐ Non-reactive – ***Go to question 11***
- ☐ Not done – ***Go to question 12***

11._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

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12. Anti HBc: (hepatitis B core antibody)

- ☐ Reactive – ***Go to question 13***
- ☐ Non-reactive – ***Go to question 13***
- ☐ Not done – ***Go to question 14***

13._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Hepatitis C Virus (HCV)

14. Anti-HCV: (hepatitis C antibody)

- ☐ Reactive – ***Go to question 15***
- ☐ Non-reactive – ***Go to question 15***
- ☐ Not done – ***Go to question 16***

15._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Human T-Lymphotropic Virus

16. Anti-HTLV I / II:

- ☐ Reactive – ***Go to question 17***
- ☐ Non-reactive – ***Go to question 17***
- ☐ Not done – ***Go to question 18***

17._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Human Immunodeficiency Virus (HIV)

18. HIV-1 p24 antigen:

- ☐ Reactive – ***Go to question 19***
- ☐ Non-reactive – ***Go to question 19***
- ☐ Not done – ***Go to question 20***
- ☐ Not reported – ***Go to question 20***

19._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___

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YYYY MM
DD

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20. Was FDA licensed NAT testing for HIV-1 / HCV performed?

☐ Yes – ***Go to questions 21***

☐ No – ***Go to question 25***

Specify results:

21._____HIV-1

☐ Positive – ***Go to question 22***

☐ Negative – ***Go to question 22***

☐ Not reported – ***Go to question 23***

22. Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___

MM DD YYYY

23._____HCV

☐ Positive

☐ Negative

24._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

25. Anti-HIV 1 and anti-HIV 2*: (antibodies to Human Immunodeficiency Viruses)

* Testing for both HIV antibodies is required. This testing may be performed as separate tests or done using a combined assay.

☐ Reactive – ***Go to question 26***

☐ Non-reactive – ***Go to question 26***

☐ Not done – ***Go to question 27***

☐ Not reported – ***Go to question 27***

26._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

Syphilis

27. STS:

☐ Reactive – ***Go to question 28***

☐ Non-reactive – ***Go to question 28***

☐ Not done – ***Go to question 29***

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28._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Cytomegalovirus (CMV)

29. Anti-CMV: (IgG or Total)

- ☐ Reactive – ***Go to question 30***
- ☐ Non-reactive – ***Go to question 30***
- ☐ Not done – ***Go to question 31***

30._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

West Nile Virus (WNV)

31. WNV-NAT testing:

- ☐ Positive – ***Go to question 32***
- ☐ Negative – ***Go to question 32***
- ☐ Not done – ***Go to question 33***
- ☐ Not applicable – ***Go to question 33***

32._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Chagas

33. Chagas testing

- ☐ Positive – ***Go to question 34***
- ☐ Negative – ***Go to question 34***
- ☐ Not done – ***Go to question 35***

34._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Herpes simplex virus (HSV)

35. Anti-HSV (Herpes simplex virus antibody)

- ☐ Positive – ***Go to question 36***

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- ☐ Negative – ***Go to question 36***
- ☐ Not done – ***Go to question 37***

36._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Epstein–Barr virus (EBV)

37. Anti-EBV (Epstein–Barr virus antibody)

- ☐ Positive – ***Go to question 38***
- ☐ Negative – ***Go to question 38***
- ☐ Inconclusive ***– Go to question 38***
- ☐ Not done – ***Go to question 39***

38._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM

Varicella zoster virus (VZV)

39. Anti-VZV (Varicella zoster virus antibody)

- ☐ Positive – ***Go to question 40***
- ☐ Negative – ***Go to question 40***
- ☐ Not done – ***Go to question 41***

40._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Toxoplasmosis

41. Toxoplasmosis

- ☐ Positive – ***Go to question 42***
- ☐ Negative – ***Go to question 42***
- ☐ Not done – ***Go to question 43***

42._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Other Infectious Disease Marker

43. Other infectious disease marker, specify:

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☐ Yes – ***Go to question 44***

☐ No – ***Go to signature line***

44._____Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

45._____Specify test and method:
_____

46._____Specify test results:
_____

Copy questions 44–46 to report multiple other infectious disease markers

First Name: _____

Last Name: _____

E-mail address: _____

Date: ___ ___ ___ ___ - ___ ___ - ___ ___
YYYY MM DD

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