



2004: Infectious Disease Markers

Registry Use Only

Sequence Number:

Date Received:

Key Fields

OMB No: 0915-0310

Expiration Date: 1/31/2017

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0310. Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

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: _____

Donor/Cord Blood Unit Identification	Questions: 1-9
This form must be completed for all non-NMDP allogeneic or syngeneic donors, or non-NMDP cord blood units.	
<p>1. Specify non-NMDP donor</p> <p><input type="checkbox"/> Related donor</p> <p><input type="checkbox"/> Non-NMDP unrelated donor →</p> <p><input type="checkbox"/> Non-NMDP unrelated cord blood unit (include related and autologous CBUs)</p> <p>↳</p> <p>4. Date of birth (donor/infant)</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown →</p> <p>8. Sex (donor/infant) <input type="checkbox"/> male <input type="checkbox"/> female</p> <p>9. Who is being tested for IDMs?</p> <p><input type="checkbox"/> donor IDM (marrow or PBSC) <input type="checkbox"/> maternal IDM (cord blood) <input type="checkbox"/> cord blood unit IDM</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 2. Non-NMDP unrelated donor ID: _____ (not applicable for related donor) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 3. Non-NMDP cord blood unit ID: _____ (include related and autologous CBUs) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 5. Date of birth: __ __ / __ __ / __ __ YYY Y MM DD </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 6. Age (donor/infant) <input type="checkbox"/> Known → 7. Age: (donor/infant) ____ <input type="checkbox"/> Unknown <input type="checkbox"/> Months (use only if less than 1 year old) <input type="checkbox"/> years </div>
Infectious Disease Marker (report final test results)	Questions: 10-46
<p>Hepatitis B Virus (HBV)</p> <p>10. HBsAg: (hepatitis B surface antigen)</p> <p><input type="checkbox"/> Reactive →</p> <p><input type="checkbox"/> Non-reactive →</p> <p><input type="checkbox"/> Not done</p> <p>12. Anti HBc: (hepatitis B core antibody)</p> <p><input type="checkbox"/> Reactive →</p> <p><input type="checkbox"/> Non-reactive →</p> <p><input type="checkbox"/> Not done</p> <p>Hepatitis C Virus (HCV)</p> <p>14. Anti-HCV: (hepatitis C antibody)</p> <p><input type="checkbox"/> Reactive →</p> <p><input type="checkbox"/> Non-reactive →</p> <p><input type="checkbox"/> Not done</p> <p>Human T-Lymphotropic Virus</p> <p>16. Anti-HTLV I/II</p> <p><input type="checkbox"/> Reactive →</p> <p><input type="checkbox"/> Non-reactive →</p> <p><input type="checkbox"/> Not done</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 11. Date sample collected: __ __ / __ __ / __ __ YYY Y MM DD </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 13. Date sample collected: __ __ / __ __ / __ __ YYY Y MM DD </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 15. Date sample collected: __ __ / __ __ / __ __ YYY Y MM DD </div> <div style="border: 1px solid black; padding: 5px;"> 17. Date sample collected: __ __ / __ __ / __ __ YYY Y MM DD </div>

Human Immunodeficiency Virus (HIV)

18. HIV-1 p24 antigen

- Reactive →
- Non-reactive →
- Not done
- Not reported

19. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

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

- yes →
- no

Specify results:

21. HIV-1

- Positive →
- Negative →
- Not reported

22. Date sample collected:

__ __ / __ __ / __ __
YYYY MM DD

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 →
- Non-reactive →
- Not done
- Not reported

26. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

Syphilis

27. STS

- Reactive →
- Non-reactive →
- Not done

28. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

Cytomegalovirus (CMV)

29. Anti-CMV: (IgG or Total)

- Reactive →
- Non-reactive →
- Not done

30. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

West Nile Virus (WNV)

31. WNV-NAT testing

- Positive →
- Negative →
- Not done
- Not applicable

32. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

Chagas

33. Chagas testing

- Positive →
- Negative →
- Not Done

34. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

Herpes simplex virus (HSV)

35. Anti-HSV (Herpes simplex virus antibody)

- Positive →
- Negative →
- Not Done

36. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

Epstein-Barr virus (EBV)

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

- Positive →
- Negative →
- Inconclusive →
- Not done

38. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

Varicella zoster virus (VZV)

39. Anti-VZV (Varicella zoster virus antibody)

- Positive →
- Negative →
- Not Done

40. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

Toxoplasmosis

41. Toxoplasmosis

- Positive →
- Negative →
- Not Done

42. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

Other Infectious Disease Marker

43. Other infectious disease marker

- yes →
- no

44. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

45. Specify test and method: _____

46. Specify test results: _____

Copy questions 44 - 46 if needed for Other infectious disease marker

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ / __ __ / __ __
YYYY MM DD