

Registry Use Only Sequence Number:

2004: Infectious Disease Markers

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:	YYY - ' -MM ' -DD			
HCT type (check only one) ☐ Allogeneic, unrelated ☐ Allogeneic, related				
Product type (check all that apply) Bone marrow PBSC Single cord blood ur Other product. Spec	nit bify:			

CIBM	CIBMTR Center Number: CIBMTR Recipient ID:				
	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.			
1.	Specify non-NMDP donor Related donor Non-NMDP unrelated donor Non-NMDP unrelated cord blood unit (include related and autologous	Non-NMDP unrelated donor ID: (not applicable for related donor)			
	CBUs)	Non-NMDP cord blood unit ID: (include related and autologous CBU)	s)		
4.	Date of birth (donor/infant) ☐ Known →	5. Date of birth://////	DD D		
	☐ Unknown ———	6. Age (donor/infant) ☐ Known → 7. Age: (donor/infant) ☐ Unknown ☐ Months (use on	— — ly if less than 1 year old) ☐ years		
8.	Sex (donor/infant)				
9.	Who is being tested for IDMs? ☐ donor IDM (marrow or PBSC) ☐ ma	ernal IDM (cord blood)	М		
	Infectious Disease Marker	(report final test results)	Questions: 10-46		
	patitis B Virus (HBV)				
10.	HBsAg: (hepatitis B surface antigen) ☐ Reactive →		,		
	☐ Non-reactive —	11. Date sample collected://	/		
	☐ Not done				
12	Anti HBc: (hepatitis B core antibody)				
12.	Reactive Non-reactive	13. Date sample collected:	/		
Нер 14.	patitis C Virus (HCV) Anti-HCV: (hepatitis C antibody)				
	☐ Reactive — → Non-reactive — → ☐ Not done	15. Date sample collected://///	MM DD		
	nan T-Lymphotropic Virus Anti-HTLV I/II				
	☐ Reactive →	17. Date sample collected:			
	☐ Non-reactive ————	$-\frac{1}{2}$	MM DD		
	☐ Not done				

CIBM	TR Center Number:	CIBMTR Recipient ID:
	nan Immunodeficiency Virus (HIV) HIV-1 p24 antigen	
	☐ Reactive →	19. Date sample collected:///////
	☐ Not done	
	☐ Not reported	
20.	Was FDA licensed NAT testing for HIV-1/HC	2V performed?
20.	yes —	ov perioritieu:
	no no	Specify results: 21. HIV-1 Positive Negative Not reported 22. Date sample collected:
		23. HCV 24. Date sample collected:
		☐ Positive ———
		□ Negative — → — — — — — — — — — — — — — — — — —
25.	Anti-HIV 1 and anti-HIV 2*: (antibodies to H may be performed as separate tests or d Reactive Non-reactive Not done	uman Immunodeficiency Viruses) *Testing for both HIV antibodies is required. This testing one using a combined assay. 26. Date sample collected://///
	☐ Not reported	
Syp 27.	hilis STS	
	☐ Reactive →	29 Data cample collected:
	☐ Non-reactive —	28. Date sample collected://///
	☐ Not done	
Cyto 29.	omegalovirus (CMV) Anti-CMV: (IgG or Total)	
	☐ Reactive →	30 Date sample collected:
	☐ Non-reactive —	30. Date sample collected://///
	☐ Not done	
	t Nile Virus (WNV) WNV-NAT testing	
	☐ Positive ───	
	☐ Negative ———	32. Date sample collected://///
	☐ Not done	
	☐ Not applicable	
Cha 33.	gas Chagas testing	
	☐ Positive →	
	☐ Negative ———	34. Date sample collected://///
	☐ Not Done	

CIBMTR Center Number:	CIBMTR Recipient ID:
Herpes simplex virus (HSV) 35. Anti-HSV (Herpes simplex virus antibody)	
☐ Positive → Not Done	36. Date sample collected:////
Epstein-Barr virus (EBV) 37. Anti-EBV (Epstein-Barr virus antibody)	
☐ Positive — → ☐ Negative — → ☐ Inconclusive — → ☐ Not done	38. Date sample collected://////
Varicella zoster virus (VZV) 39. Anti-VZV (Varicella zoster virus antibody) ☐ Positive →	
☐ Negative — → ☐ Not Done	40. Date sample collected:////
Toxoplasmosis 41. Toxoplasmosis	
☐ Positive — ➤ Negative — ➤ ☐ Not Done	42. Date sample collected:/ / / /
Other Infectious Disease Marker 43. Other infectious disease marker	
☐ yes ———————————————————————————————————	44. Date sample collected:////
	45. Specify test and method:
	Copy questions 44 - 46 if needed for Other infectious disease marker
First Name:	
Last Name:	
E-mail address:	
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