

Pre-Transplant Essential Data

CIBMTR Use Only	OMB No: 0915-0310 Expiration Date: 10/31/2022
Sequence Number: Date Received:	Public Burden Statement: The purpose of the data collection is to fulfill the legislative mandate to establish and maintain a standardized database of allogeneic marrow and cord blood transplants performed in the United States or using a donor from the United States. The data collected also meets the C.W. Bill Young Cell Transplantation Program requirements to provide relevant scientific informatio not containing individually identifiable information available to the public in the form of summaries and data sets. An agency may not conduct or sponsor, and a person is not required to respond to, a collect of information collection is 9015-0310 and it is valid until 10/31/2022. This information collection is 9015-0310 and it is valid until 10/31/2022. This information collection is volunte under The Stem Cell Therapeutic and Research Act of 2005, Public Law (Pub. L.) 109–129, as amend by the Stem Cell Therapeutic and Research Reauthorization Act of 2010, Public Law 111–264 (the Act and the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 114-104. Public reporting burden for this collection of information is estimated to average 0.68 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 Report Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.
Center Identification	
CIBMTR Center Number:	
EBMT Code (CIC):	
Recipient Identification	
CIBMTR Research ID (CRID):	·
Event date:// YYYY MM DD	

CIBM	TR Ce	nter N	umber:		CIBMTR Resea	arch ID:		
Recip	oient Ir	nforma	ation					
1.	Date (of birth	::		 DD			
2.	Sex							
		Male						
		Fema	le					
3.	Ethnic	city						
		Hispa	nic or Latino					
		Not H	ispanic or Latino					
		Not a	pplicable <i>(not a res</i>	ident of the U	SA)			
		Unkno	own					
4.	Race (check all that apply)							
		White – Go to question 5						
		Black or African American– <i>Go to question 5</i>						
		Asian	 Go to question : 	5				
		Ameri	ican Indian or Alask	ka Native- G o	to question 5			
		Native	e Hawaiian or Othe	r Pacific Islan	der– Go to que s	stion 5		
		Not re	eported – <i>Go to qu</i>	estion 6				
		Unkno	own– Go to questi	on 6				
	5.	Race	detail (check all tha	at apply)				
			Eastern European					
			Mediterranean					
			Middle Eastern					
			North Coast of Afr	ica				
			North American					
			Northern European	n				
			Western Europear	1				
			White Caribbean					
			White South or Ce	ntral America	n			
			Other White					
			African					
			African American					

CIBMTR Center Number:					CIBMTR Research ID:	
			Black Caribbean			
			Black South or Central A	mer	ican	
			Other Black			
	☐ Alaskan Native or Aleut					
			North American Indian			
			American Indian, South	or Ce	entral America	
			Caribbean Indian			
			South Asian			
			Filipino (Pilipino)			
			Japanese			
			Korean			
			Chinese			
			Vietnamese			
			Other Southeast Asian			
			Guamanian			
		☐ Hawaiian				
	□ Samoan					
		☐ Other Pacific Islander				
			Unknown			
6.	Cour	ntrv of r	orimary residence			
		Afghar			Ghana	Palau
		_	Islands		Gibraltar	Palestine, State of
		Alban	ia		Greece	Panama
		Algeri	a		Greenland	Papua New Guinea
		Ameri	can Samoa		Grenada	Paraguay
		Andor	ra		Guadeloupe	Peru
		Angol	a		Guam	Philippines
		Angui	lla		Guatemala	Pitcairn Islands
		Antaro	ctica		Guernsey	Poland
		Antigua and Barbuda			Guinea	Portugal
		Argen	tina		Guinea-Bissau	Puerto Rico
		Armer	nia		Guyana	Qatar
		Aruba			Haiti	Reunion
		Austra	alia		Heard Island and McDonald	Romania
		Austri	a		Islands	Russia
					Holy See	

CIBMTR C	enter Number:		CIBMTR Research ID:		
	Azerbaijan		Honduras		Rwanda
	Bahamas		Hong Kong		Saint Barthelemy
	Bahrain		Hungary		Saint Helena
	Bangladesh		Iceland		Saint Kitts and Nevis
	Barbados		India		Saint Lucia
	Belarus		Indonesia		Saint Martin, French
	Belgium		Iran		Saint Pierre and Miquelon
	Belize		Iraq		Saint Vincent and the
	Benin		Ireland	_	Grenadines
	Bermuda		Isle of Man		Samoa
	Bhutan		Israel		San Marino
	Bolivia		Italy		Sao Tome and Principe
	Bonaire, Sint Eustatius and		Jamaica		Saudi Arabia
	Saba		Japan		Senegal
	Bosnia and Herzegovina		Jersey		Serbia
	Botswana Bouvet Island		Jordan		Seychelles
			Kazakhstan		Sierra Leone
	Brazil - Go to question 7		Kenya		Singapore
	British Indian Ocean Territory		Kiribati		Sint Maarten, Dutch
	British Virgin Islands Brunei Darussalam		Kuwait		Slovak Republic Slovenia
			Kyrgyzstan		Solomon Islands
	Bulgaria Burkina Faso		Laos		Somalia
			Latvia		
	Burundi Cambodia		Lebanon		South Africa South Georgia and the South
			Lesotho	ш	Sandwich Islands
	Cameroon Canada - Go to question 8		Liberia		South Korea
	Cape Verde		Libya		South Sudan
	Cayman Islands		Liechtenstein		Spain
	Central African Republic		Lithuania		Sri Lanka
	Chad		Luxembourg		Sudan
	Chile		Macau		Suriname
	China		Macedonia		Svalbard and Jan Mayen
	Christmas Island		Madagascar		Swaziland
	Cocos (Keeling) Islands		Malawi		Sweden
	Colombia		Malaysia		Switzerland
ш	Coloniala		Maldives		Syria

CIBMTR C	enter Number:	 CIBMTR Research ID:		
	Comoros	Mali		Taiwan
	Congo, Democratic Republic	Malta		Tajikistan
	of the	Marshall Islands		Tanzania
	Congo, Republic of the	Martinique		Thailand
	Cook Islands	Mauritania		Timor-Leste
	Costa Rica	Mauritius		Togo
	Cote d'Ivoire	Mayotte		Tokelau
	Croatia	Mexico		Tonga
	Cuba	Micronesia		Trinidad and Tobago
	Curacao	Moldova		Tunisia
	Cyprus	Monaco		Turkey
	Czech Republic	Mongolia		Turkmenistan
	Denmark	Montenegro		Turks and Caicos Islands
	Djibouti	Montserrat		Tuvalu
	Dominica	Morocco		Uganda
	Dominican Republic	Mozambique		Ukraine
	Ecuador	Myanmar		United Arab Emirates
	Egypt	Namibia		United Kingdom (England,
	El Salvador	Nauru		Wales, Scotland, Northern Ireland)
	Equatorial Guinea	Nepal		United States - Go to
	Eritrea	Netherlands	ш	question 9
	Estonia	Netherlands Antilles		United States Minor Outlying
	Ethiopia	New Caledonia		Islands
	Falkland Islands	New Zealand		United States Virgin Islands
	Faroe Islands	Nicaragua		Uruguay
	Fiji	Niger		Uzbekistan
	Finland	Nigeria		Vanuatu
	France	Niue		Venezuela
	French Guiana	Norfolk Island		Vietnam
	French Polynesia	North Korea		Wallis and Futuna Islands
	French Southern Territories	Northern Mariana Islands		Western Sahara
	Gabon	Norway		Yemen
	Gambia	Oman		Zambia
	Georgia	Pakistan		Zimbabwe
	Germany			

BMTR C	enter Number:	CIBMTR Research ID:	
7.	State of residence of recipient (for 10	r residents of Brazil)	- Go to question
	□ Acre	☐ Maranhão	☐ Rio de Janeiro
	☐ Alagoas	☐ Mato Grosso	☐ Rio Grande do Norte
	☐ Amapá	☐ Mato Grosso do Sul	☐ Rio Grande do Sul
	☐ Amazonas	☐ Minas Gerais	☐ Rondônia
	☐ Bahia	□ Pará	☐ Roraima
	☐ Ceará	□ Paraíba	□ Santa Catarina
	☐ Distrito Federal	☐ Paraná	☐ São Paulo
	☐ Espírito Santo	☐ Pernambuc	☐ Sergipe
	☐ Goiás	□ Piauí	☐ Tocantins
8.	Province or territory of residence of question 10	of recipient (for residents of Canada) _	Go to
	Provinces		Territories
	□ Alberta	☐ Nova Scotia	□ Northwest Territories
	☐ British Columbia	□ Ontario	☐ Nunavut
	□ Manitoba	☐ Prince Edward Island	☐ Yukon
	☐ New Brunswick	□ Quebec	
	☐ Newfoundland and Labrador	☐ Saskatchewan	
9.		r residents of USA)	
	□ Alabama	☐ Kentucky	□ North Dakota
	□ Alaska	□ Louisiana	□ Ohio
	□ Arizona	☐ Maine	☐ Oklahoma
	☐ Arkansas	☐ Maryland	□ Oregon
	☐ California	☐ Massachusetts	☐ Pennsylvania
	□ Colorado	☐ Michigan	☐ Rhode Island
	□ Connecticut	☐ Minnesota	☐ South Carolina
	□ Delaware	☐ Mississippi	☐ South Dakota
	□ District of Columbia	☐ Missouri	☐ Tennessee

CIBN	ITR C	enter Number:		CIBMTR Rese	earch ID:						
		□ Florida		□ Montana			Texas				
		☐ Georgia		□ Nebraska			Utah				
		☐ Hawaii		□ Nevada			Vermont				
		□ Idaho		□ New Hamp	shire		Virginia				
		☐ Illinois		□ New Jersey	y		Washington				
		□ Indiana		□ New Mexic	0		West Virginia				
		□ Iowa		□ New York			Wisconsin				
		□ Kansas		□ North Caro	lina		Wyoming				
10.		P Recipient ID (RID):									
11.	∠ıp c	or postal code for place of	recipient's re	sidence (USA a	ind Canada red	cipients oni	y):				
12.	Spec	cify blood type (of recipier	nt) (For alloge	eneic HCTs onl	ly)						
		4									
		3									
		Λ B									
)									
13.	Spec	Specify Rh factor (of recipient) (For allogeneic HCTs only)									
		Positive									
	□ N	Negative									
14.		Has the recipient signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR? (For allogeneic HCTs only)									
		Yes (recipient consente	ed) – Go to qu	uestion 15							
		No (recipient declined) -	Go to ques	tion 18							
		Not approached - Go to question 18									
		Not applicable (center n	not participatii	ng) - Go to que	stion 18						
	15.	Date form was signed:									
			YYYY	MM	DD						
	16.	Did the recipient submit	a research s	ample to the NN	MDP/CIBMTR r	epository?	(Related donors only)				
		☐ Yes – Go to que	stion 17								

CIBM	ITR Ce	enter N	lumber: CIBMTR Research ID:
			No – Go to question 18
		17.	Research sample recipient ID:
18.	Is the		ent participating in a clinical trial? (clinical trial sponsors that use CIBMTR forms to capture outcomes
	□Ye	es - G o	to question 19
	□No	– Go	to question 24
	19.	Study	y Sponsor
			BMT CTN – Go to question 21
			RCI BMT – Go to question 21
			PIDTC – Go to question 21
			USIDNET - Go to question 22
			COG – Go to question 22
			Other sponsor – Go to question 20
		20.	Specify other sponsor: Go to question 22
		21.	Study ID Number:
		22.	Subject ID:
		23.	Specify the ClinicalTrials.gov identification number: NCT
	Сору	questi	ions 19-23 to report participation in more than one study.
Hema	atopoi	etic C	ellular Transplant (HCT) and Cellular Therapy
24.			uent HCT planned as part of the overall treatment protocol? (not as a reaction to post-HCT disease t) (For autologous HCTs only)
		Yes -	- Go to question 25
		No –	Go to question 26
	25.	Spec	ify subsequent HCT planned
			Autologous
			Allogeneic
26.	Has t	he rec	ipient ever had a prior HCT?
			to question 27
	□ N	o – G o	to question 38

CIBM	TR Ce	enter N	umber:	CIBMTR Research ID:					
	27.	Speci	fy the r	number of prior HCTs:					
	28.	Were	all pric	r HCTs reported to the CIBMTR?					
		□ Yes – Go to question 33							
			No –	Go to question 29					
			Unkno	own – Go to question 33					
	Copy		omple	te questions 29- 32 to report all prior HCTs that have not yet been reported to the					
		29.	Date	of the prior HCT: Date estimated					
				YYYY MM DD					
		30.	Was	the prior HCT performed at a different institution?					
				Yes – Go to question 31					
				No – Go to question 32					
		Specify the institution that performed the last HCT							
			31.	Name:					
				City:					
				State:	_				
				Country:	-				
		32.	Wha	was the HPC source for the prior HCT? (check all that apply)					
				Autologous					
				Allogeneic, unrelated					
				Allogeneic, related					
	33.	Reas	on for o	eurrent HCT					
			Graft	ailure / insufficient hematopoietic recovery – Go to question 34					
			Persis	tent primary disease– Go to question 38					
			Recur	rent primary disease– <i>Go to question 35</i>					
			Plann	ed subsequent HCT, per protocol- Go to question 38					
			New r	nalignancy (including PTLD and EBV lymphoma) – Go to question 36					
			Insuffi	cient chimerism- Go to question 38					
			Other	- Go to question 37					
		34.	Date	of graft failure / rejection:					

YYYY MM DD 35. Date of relapse: — — — Go to question YYYY MM DD	38
YYYY MM DD	38
36. Date of secondary malignancy:	to to question 38
YYYY MM DD	
37. Specify other reason: Go to question 38	
38. Has the recipient ever had a prior cellular therapy? (do not include DLIs)	
☐ Yes – Go to question 39	
☐ No – Go to question 44	
☐ Unknown– Go to question 44	
39. Were all prior cellular therapies reported to the CIBMTR?	
☐ Yes – Go to question 44	
□ No – Go to question 40	
☐ Unknown— Go to question 44	
Copy and complete questions 40-43 to report all prior cellular therapies that reported to the CIBMTR 40. Date of the prior cellular therapy:	have not yet been
YYYY MM DD	
41. Was the cellular therapy performed at a different institution?	
☐ Yes – Go to question 42	
□ No – Go to question 43	
42. Name:	
City:	
State:	
Country:	
43. Specify the source(s) for the prior cellular therapy (check all that apply)	
□ Autologous	
☐ Allogeneic, unrelated	
☐ Allogeneic, related	

CIBN	ITR C	enter N	lumber	: CIBMTR Research ID:						
Don	or Info	rmatic	on							
44.	Multi	nle doi	nors?							
77.		Multiple donors? ☐ Yes – <i>Go to question 45</i>								
				question 46						
	45.	Spec	ify num	ber of donors:						
To re	eport ı	nore t	han on	e donor, copy questions 46-82 and complete for each donor.						
46.	Spec	ify dor	nor							
		Autol	logous							
		Allog	eneic, ı	related						
		Allog	eneic, ı	unrelated						
47.	Spec	ecify product type (check all that apply)								
		Bone marrow								
		PBSC								
		Single cord blood unit								
		Other product- Go to question 48								
	48.	Specify other product:								
49.				etically modified? If autologous, go to question 77. If allogeneic related, go to question 50. slated, go to question 54.						
		Yes								
		No								
	50.	Spec	ify the	related donor type						
			Synge	eneic (monozygotic twin) – Go to question 55						
			HLA-i	dentical sibling (may include non-monozygotic twin) – Go to question 55						
			HLA-r	matched other relative (does NOT include a haplo-identical donor) - Go to question 51						
			HLA-r	mismatched relative- Go to question 51						
		51.	Spec	cify the biological relationship of the donor to the recipient						
				Mother						
				Father						
				Child						
				Sibling						

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CIBMTR Center Number:			CIBMTR Research ID:	
			Fraternal twin	
			Maternal aunt	
			Maternal uncle	
			Maternal cousin	
			Paternal aunt	
			Paternal uncle	
			Paternal cousin	
			Grandparent	
			Grandchild	
			Other biological relative – Go to question 52	
		52.	Specify other biological relative:	on 53
	53.	Degre	ee of mismatch (related donors only)	
			HLA-mismatched 1 allele– Go to question 55	
			HLA-mismatched ≥2 alleles (does include haplo-identical donor) – Go to questi e	on 55
54.	Spec	cify unre	elated donor type	
		HLA m	natched unrelated	
		HLA m	nismatched unrelated	
55.	Did I	NMDP / I	Be the Match facilitate the procurement, collection, or transportation of the produc	t?
		Yes		
		No		
56.	Was	this don	nor used for any prior HCTs? (for this recipient)	
		Yes		
		No		
57.	NME	DP cord t	blood unit ID:	
50				
58.	Regi	istry don	nor ID: (not applicable for related donors)	
			Go to question 63	
59.	Non-	-NMDP o	cord blood unit ID: (include related and autologous CBUs)	
			Go to question 61	

CIBMTR Center Number:			CIBMT	R Research ID:					
	60.	Glob	al Regi	stration Identifier for	Donors (GRI	D):			
			 DB don	or as to ausstion	72				
				or, go to question : unrelated donor, g		n 63			
		NOI							
	61.	Is the							
			Yes –	Go to question 63					
			No – C	Go to question 62					
			Unkno	own– Go to questio	n 63				
		62.	Spec	ify the ISBT DIN nur	mber:				
	63.	Registry or UCB Bank ID: If 'Other registry' go to 64, otherwise go to question 65						erwise go to question 65	
		64.	Spec	ify other Registry or	UCB Bank:			Go to question 65	
	65.	Dono	r date o						
		☐ Known – Go to question 66							
			Unkno	own – Go to questic	on 67				
		66.	Dono	or date of birth:			Go to qı	uestion 69	
					YYYY	MM	DD		
		67.	Dono	or age					
				Known – Go to qu	uestion 68				
				Unknown – Go to	question 69				
			68.	Donor age:	_	ths (use only if l	ess than 1 year c	old)	
					☐ Yea	rs			
	69.	Don	or sex						
			Male						
			Femal	e					
70.	Spec	ify bloo	od type	(donor) (non-NMDF	allogeneic (donors only)			
		Α							
		В							
		AB							
		0							

CIBM	ITR C	enter Number: CIBMTR Research ID:								
71.	Spec	ify Rh factor (donor) (non-NMDP allogeneic donors only)								
		Positive								
		Negative								
72.	Dono	or CMV-antibodies (IgG or Total) (Allogeneic HCTs only)								
		Reactive								
		Non-reactive								
		Indeterminate								
		Not done								
		Not applicable (cord blood unit)								
73.		Has the donor signed an IRB / ethics committee (or similar body) approved consent form to donate research blood samples to the NMDP / CIBMTR? (Related donors only)								
		Yes (donor consented) – Go to question 74								
		No (donor declined) - Go to question 77								
		Not approached - Go to question 77								
		Not applicable (center not participating) - Go to question 77								
	74.	Date form was signed:								
		YYYY MM DD								
	75.	Did the donor submit a research sample to the NMDP/CIBMTR repository? (Related donors only)								
		□ Yes – Go to question 76								
		□ No – Go to question 77								
		76. Research sample donor ID:								
77.	Spec	ify number of products infused from this donor:								
78.	Spec	ify the number of these products intended to achieve hematopoietic engraftment:								
Ques	stions	79-80 are for autologous HCT recipients only.								
79.	What	agents were used to mobilize the autologous recipient for this HCT? (check all that apply)								
		G-CSF (filgrastim, Neupogen)								
		Pegylated G-CSF (pegfilgrastim, Neulasta)								
		Plerixafor (Mozobil)								
		Combined with chemotherapy								

CIBM	TR Ce	enter Nu	mber: CIBMTR Research ID:						
		Anti-C	D20 (rituximab, Rituxan)						
		Other agent– Go to question 80							
	80.	Specif	y other agent:						
81.	Nam	e of pro	duct: (gene therapy recipients)						
	□ Ot	ther nar	ne						
		82.	Specify other name:						
To re	port n	nore tha	n one donor, copy questions 46-82 and complete for each donor.						
Clinic	cal Sta	itus of	Recipient Prior to the Preparative Regimen (Conditioning)						
83.			ras used to determine the recipient's functional status?						
			sky (recipient age ≥ 16 years) – Go to question 84						
		Lansk	y (recipient age ≥ 1 year and < 16 years) – Go to question 85						
	Perf	ormanc	e score prior to the preparative regimen:						
	84.	. Karnofsky Scale (recipient age ≥ 16 years)							
			100 Normal; no complaints; no evidence of disease - Go to question 86						
			90 Able to carry on normal activity - Go to question 86						
			80 Normal activity with effort - Go to question 86						
			70 Cares for self; unable to carry on normal activity or to do active work - Go to question 86						
			60 Requires occasional assistance but is able to care for most needs - Go to question 86						
			Requires considerable assistance and frequent medical care - Go to question 86						
			40 Disabled; requires special care and assistance - Go to question 86						
			30 Severely disabled; hospitalization indicated, although death not imminent - <i>Go to question 86</i>						
			20 Very sick; hospitalization necessary - <i>Go to question 86</i>						
			10 Moribund; fatal process progressing rapidly - <i>Go to question 86</i>						
	85.	Lansk	y Scale (recipient age ≥ 1 year and < 16 years)						
			100 Fully active						
			90 Minor restriction in physically strenuous play						
			80 Restricted in strenuous play, tires more easily, otherwise active						
			70 Both greater restrictions of, and less time spent in, active play						

CIBIV	IIK Ce	enter Number: CIBMTR Research ID:
		☐ 60 Ambulatory up to 50% of time, limited active play with assistance / supervision
		□ 50 Considerable assistance required for any active play; fully able to engage in quiet play
		□ 40 Able to initiate quiet activities
		□ 30 Needs considerable assistance for quiet activity
		□ 20 Limited to very passive activity initiated by others (e.g., TV)
		□ 10 Completely disabled, not even passive play
86.	Recip	pient CMV-antibodies (IgG or Total)
		Reactive
		Non-reactive
		Indeterminate
		Not done
Com	orbid (Conditions
87.		he patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to cart of the preparative regimen / infusion?
		Yes – Go to question 88
		No – Go to question 90
	88.	Did the patient require hospitalization for management of COVID-19 (SARS-CoV-2) infection?
		☐ Yes – Go to question 89
		□ No – Go to question 90
		89. Was mechanical ventilation used for COVID-19 (SARS-CoV-2) infection?
		□ Yes
		□ No
90.	Is the	ere a history of mechanical ventilation (excluding COVID-19 (SARS-CoV-2))?
		Yes
		No
91.	Is the	re a history of invasive fungal infection?
		Yes
		No
92.	Glom	erular filtration rate (GFR) before start of preparative regimen (pediatric only)
		Known- <i>Go to question 93</i>
		Unknown- <i>Go to question 94</i>

CIBN	ITR C	enter N	Jumber:
	93.	Glom	nerular filtration rate (GFR): mL/min/1.73 ²
94.			ecipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple or PDA repair) (pediatric only)
		Yes	
		No	
95.	CI)?	(Sourc	any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-ce: Sorror, M. L. (2013). How I assess comorbidities before hematopoietic cell transplantation. Blood, 854-2863.)
		Yes-	Go to question 96
		No- (Go to question 102
	96.	Spe	cify co-existing diseases or organ impairment (check all that apply)
			Arrhythmia - Any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment
			Cardiac -Any history of coronary artery disease (one or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction ≤ 50% on the most recent test
			Cerebrovascular disease -Any history of transient ischemic attack, subarachnoid hemorrhage or cerebral thrombosis, embolism, or hemorrhage
			Diabetes -Requiring treatment with insulin or oral hypoglycemic drugs in the last 4 weeks but not diet alone
			Heart valve disease -At least a moderate to severe degree of valve stenosis or insufficiency as determined by Echo; prosthetic mitral or aortic valve; or symptomatic mitral valve prolapse
			Hepatic, mild - Bilirubin > upper limit of normal to $1.5 \times$ upper limit of normal, or AST/ALT > upper limit of normal to $2.5 \times$ upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection
			Hepatic, moderate/severe -Liver cirrhosis, bilirubin > 1.5 x upper limit of normal, or AST/ALT > 2.5 x upper limit of normal
			Infection -Includes a documented infection, fever of unknown origin, or pulmonary nodules suspicious for fungal pneumonia or a positive PPD test requiring prophylaxis against tuberculosis. Patients must have started antimicrobial treatment before Day 0 with continuation of antimicrobial treatment after Day 0
			Inflammatory bowel disease -Any history of Crohn's disease or ulcerative colitis requiring treatment
			Obesity -Patients older than 18 years with a body mass index (BMI) > 35 kg/m2 prior to the start of conditioning or a BMI of the 95th percentile of higher for patients aged 18 years or younger
			Peptic ulcer -Any history of peptic (gastric or duodenal) ulcer confirmed by endoscopy or radiologic diagnosis requiring treatment
			Psychiatric disturbance -Presence of any mood (e.g., depression), anxiety, or other psychiatric disorder (e.g. bipolar disorder or schizophrenia) requiring continuous treatment in the last 4 weeks

CIBMTR Center N	lumber:	CIBMTR Research ID:
		nary, moderate -Corrected diffusion capacity of carbon monoxide and/or FEV1 of 66- r dyspnea on slight activity attributed to pulmonary disease at transplant
	dyspn	nary, severe -Corrected diffusion capacity of carbon monoxide and/or FEV1 of \leq 65% or lea at rest attributed to pulmonary disease or the need for intermittent or continuous in during the 4 weeks prior to transplant
		moderate / severe -Serum creatinine > 2 mg/dL or > 177 μmol/L; on dialysis during the 4 prior to transplant; OR prior renal transplantation -go to question 97
	rheum rheum	natologic -Any history of a rheumatologic disease (e.g., systemic lupus erythematosis, natoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia natica, etc.) requiring treatment. (Do NOT include degenerative joint disease, arthritis)
		nalignancy-Treated at any time point in the patient's past history, other than the primary se for which this infusion is being performed <i>-go to question 98</i>
97.	Was	the recipient on dialysis immediately prior to start of preparative regimen?
		Yes
		No
		Unknown
98.	Spec	ify prior malignancy (check all that apply)
		Breast cancer
		Central nervous system (CNS) malignancy (e.g., glioblastoma, astrocytoma)
		Gastrointestinal malignancy (e.g., colon, rectum, stomach, pancreas, intestine, esophageal)
		Genitourinary malignancy (e.g., kidney, bladder, ovary, testicle, genitalia, uterus, cervix, prostate)
		Leukemia (includes acute or chronic leukemia)
		Lung cancer
		Lymphoma (includes Hodgkin & non-Hodgkin lymphoma)
		MDS / MPN
		Melanoma
		Multiple myeloma / plasma cell disorder (PCD)
		Oropharyngeal cancer (e.g., tongue, buccal mucosa)
		Sarcoma
		Thyroid cancer
		Other skin malignancy (basal cell, squamous)- go to question 99
		Other hematologic malignancy -go to question 100
		Other solid tumor -go to question 101
	99.	Specify other skin malignancy: (prior)
	100.	Specify other hematologic malignancy: (prior)

CIBIN	IIR Ce	enter Number: CIBMTR Research ID:								
		101. Specify other solid tumor: (prior)								
close	est to t	s within 4 weeks prior to the start of the preparative regimen, report results from the test performed the start date. Biomarkers according to the augmented HCT comorbidity index. (Source: Biol Blood splant. 2015 Aug; 21(8): 1418–1424)								
102.	Serui	m ferritin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)								
		Known – Go to question 103								
		Unknown – Go to question 106								
	103.	ng/mL (μg/L)								
	104.	Date sample collected:								
		YYYY MM DD								
	105.	Upper limit of normal for your institution:								
106.	Serum albumin (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)									
		Known – Go to question 107								
		Unknown – <i>Go to question 109</i>								
	407									
	107.	• □ g/dL								
		□ g/L								
	108.	Date sample collected:								
		YYYY MM DD								
109.	Plate	lets (within 4 weeks prior to the start of the preparative regimen, use result closest to the start date)								
		Known – Go to question 110								
		Unknown – Go to question 112								
	110.									
		□ x 10 ⁶ /L								
	111.	Were platelets transfused ≤ 7 days before date of test?								
		□ Yes								
		□ No								
		□ Unknown								

CIBM	ITR Ce	enter Number: CIBMTR Research ID:				
112.	Did th	ne recipient have a prior solid organ transplant?				
		Yes- Go to question 113				
		No- Go to question 116				
	113.	Specify organ:				
		□ Bowel				
		□ Heart				
		□ Kidney(s)				
		□ Liver				
		□ Lung(s)				
		□ Pancreas				
		☐ Other organ- Go to question 114				
		114. Specify other organ:				
	115.	Year of prior solid organ transplant:				
	Сору	and complete questions 113-115 for each prior solid organ transplant				
Pre-H	ICT P	reparative Regimen (Conditioning)				
116	16. Height at initiation of pre-HCT preparative regimen: □ inches					
		□ centimeters				
117.	Actua	al weight at initiation of pre-HCT preparative regimen: Dounds				
		□ kilograms				
118.	Was	a pre-HCT preparative regimen prescribed?				
		Yes – Go to question 119				
		No – Go to question 132				
	119.	Classify the recipient's prescribed preparative regimen (Allogeneic HCTs only)				
		□ Myeloablative				
		□ Non-myeloablative (NST)				
		□ Reduced intensity (RIC)				
	120	Was irradiation planned as part of the pre-HCT preparative regimen?				
		□ Yes – Go to question 121				
		□ No – Go to question 126				

CIBMTR Ce	nter N	umber:	: CIBMTR Research ID:							
121. W			at was the prescribed radiation field?							
			Total body – Go to question 122							
			Total body by intensity-modulated radiation therapy (IMRT) – Go to question 12	22						
			Total lymphoid or nodal regions – Go to question 122							
			Thoracoabdominal region – Go to question 122							
	122.	Total	prescribed dose: (dose per fraction x total number of fractions)	□ Gy □ cGy						
	123.	Doto	started:							
	123.	Date	YYYY MM DD							
	124	Was	the radiation fractionated?							
			Yes – Go to question 125							
			No – Go to question 126							
		105	Total analysis of the disease							
		125.	Total number of fractions:							
Indica	ate the	total p	prescribed cumulative dose for the preparative regimen							
126.	Drua	(drop d	down list)							
			amustine							
		Busulf								
		Carbo	pplatin							
			ustine (BCNU)							
			(Lomustine)							
		Clofar	rabine (Clolar)							
		Cyclop	phosphamide (Cytoxan)							
		Cytara	abine (Ara-C)							
		Etopo	oside (VP-16, VePesid)							
		Fludar	rabine							
		Gemc	citabine							
		Ibritum	nomab tiuxetan (Zevalin)							
		Ifosfai	mide							
		Melph	halan (L-Pam)							
		Methy	vlprednisolone (Solu-Medrol)							
		Pento	ostatin							
		Propyl	rlene glycol-free melphalan (Evomela)							

CIBMTR Center Number:					CIBN	MTR Research ID:	
☐ Rituximab (Rituxan)							
			Thiotepa				
			Tositumomab (Bexxar)			
			Treosulfan				
			Other drug <i>-go</i>	o to question 12	27		
		127	. Specify other	drug:			
	128.	Tota	prescribed dose	:		□ mg/m²	
						□ mg/kg	
						□ AUC (mg x h/L)	
						□ AUC (µmol x min/L)	
						□CSS (ng/mL)	
	129	Date	started:	_		_	
	123.	Date	Starteu.	YYYY	MM		
	130.	-	ify administration	n (busulfan only)			
			Oral				
			IV				
			Both				
	Copy	y and	complete ques	tion 126-130 to	repoi	rt each drug given for the preparative reg	jimen
Additi	onal l	Orug	Given in the Pe	eri-Transplant P	Period	d	
121	AI G	ΛΙς	ATG, ATS				
			- Go to questio	n 132			
			Go to question				
	_		oo to quoonon				
	132.	Tota	prescribed dose	:		_ mg/kg	
	133.	Spec	ify source				
			ATGAM (horse) – Go to questi	ion 13	35	
			ATG – Freseni	us (rabbit) – Go	to qu	estion 135	
			Thymoglobulin	(rabbit) – Go to	ques	stion 135	
			Other – Go to	question 134			
		134	. Specify other	source:			

CIBMTR Center Number:			CIBMTR Research ID:			
135.	Alem	tuzumab (Campath)				
		Yes - Go to question 136				
		No – Go to question 137				
	136.	Total prescribed dose:	🗆 mg/m2			
			□ mg/kg			
			□mg			
137.	Defib	rotide				
		Yes				
		No				
138.	KGF					
, , ,		Yes				
		No				
139.	Urso	loib				
		Yes				
		No				
6,41						
GVH	D Prop	phylaxis				
This	sectio	n is to be completed for allogeneic	HCTs only; autologous HCTs continue with question 143.			
140.	140. Was GVHD prophylaxis planned?					
		Yes - Go to question 141				
		No - Go to question 143				
	141. Specify drugs / intervention (check all that apply)					
		□ Abatacept				
		☐ Anti CD 25 (Zenapax, Daclizur	mab, AntiTAC)			
		☐ Blinded randomized trial				
		□ Bortezomib				
		☐ CD34 enriched (CD34+ selecti	on)			
		☐ Corticosteroids (systemic)				
		☐ Cyclophosphamide (Cytoxan)				

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CIBMTR Cen	iter N	umber: CIBMTR Research ID:
☐ Cyclosporine (CSA		Cyclosporine (CSA, Neoral, Sandimmune)
[Extra-corporeal photopheresis (ECP)
[Ex-vivo T-cell depletion
[Filgotinib
[Maraviroc
Ι		Methotrexate (MTX) (Amethopterin)
I		Mycophenolate mofetil (MMF) (CellCept)
Ι		Ruxolotinib
Ι		Sirolimus (Rapamycin, Rapamune)
[Tacrolimus (FK 506)
[Tocilizumab
[Other agent-go to question 142
	142.	Specify other agent: (do not report ATG, campath)
Post-HCT Di	seas	e Therapy Planned as of Day 0
□ Ye:	s - Go - Go	post-HCT therapy planned? to question 144 to First Name 5 are optional for non-U.S. centers
144 9	Speci	fy post-HCT therapy planned <i>(check all that apply)</i>
	□	Azacytidine (Vidaza)
		Blinatumomab
[Bortezomib (Velcade)
[Bosutinib
[Brentuximab
i		Carfilzomib
[Cellular therapy (e.g. DCI, DLI)
[Crenolanib
Ī		Daratumumab
I		Dasatinib
[Decitabine
[Elotuzumab
I		Enasidenib

CIBM	TR Cente	Number: CIBMTR Research ID:				
		Gilteritinib				
		Ibrutinib				
		Imatinib mesylate (Gleevec, Glivec)				
		Intrathecal therapy (chemotherapy)				
		Ivosidenib				
		Ixazomib				
		Lenalidomide (Revlimid)				
		Lestaurtinib				
		Local radiotherapy				
		Midostaurin				
		Nilotinib				
		Obinutuzumab				
		Pacritinib				
		Ponatinib				
		Quizartinib				
		Rituximab (Rituxan, MabThera)				
		Sorafenib				
		Sunitinib				
		Thalidomide (Thalomid)				
		Other therapy- Go to question 145				
		Unknown				
	14	5. Specify other therapy:				
Prior	Exposure	e: Potential Study Eligibility				
Selec	cting any	option(s) below may generate an additional supplemental form.				
146.	Specify if	the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)				
	□ Bli	natumomab (Blincyto)				
	□ Ge	mtuzumab ozogamicin (Mylotarg)				
	□ Inc	tuzumab ozogamicin (Besponsa)				
	□ Ad	ienne Tepadina®				
	□ Мо	gamulizumab (Poteligeo)				
	□ No	ne of the above				

CIBMTR Center Number:				CIBMTR Research ID:				
First Name:							_	
Last Name:								
E-mail address:								
Date:	_							
	YYYY	MM	DD					