Legend: addition



## **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 information 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 collection of information neless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0310 and it is valid until 10/31/2022. This information collection is voluntary under The Stem Cell Therapeutic and Research Act of 2005, Public Law (Pub. L.) 109–129, as amended 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 Reports 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	CIBMTR Center Number: CIBMTR Research ID:													
Recip	oient II	nforma	ation											
1.	Date	of birth	of birth:											
2.	Sex													
۷.		Male												
		Fema	le											
3.	Ethnic	city												
		Hispa	nic or Latino											
		Not H	ispanic or Latino											
		Not a	pplicable <i>(not a re</i> :	sident of the U	ISA)									
		Unkno	own											
4.	Race	Race (check all that apply)												
		White	– Go to question	n 5.										
		Black	or African America	an– <b>Go to qu</b>	estion 5	i.								
		Asian	– Go to question	<i>5.</i>										
		Amer	ican Indian or Alas	ska Native– <b>G</b> e	o to que	estion 5.								
		Native	e Hawaiian or Othe	er Pacific Islar	nder– <b>G</b> o	o to questi	on 5.							
		Not re	eported – <b>Go to qu</b>	uestion 6.										
		Unkno	own– <b>Go to quest</b>	tion 6.										
	5.	Race	detail (check all th	at apply)										
			Eastern Europea	n										
			Mediterranean											
			Middle Eastern											
			North Coast of Af	rica										
			North American											
			Northern Europea	an										
			Western Europea	เท										
			White Caribbean											
			White South or C	entral America	an									
			Other White											
			African											
		П	African American											

CIBMTR Center Number:				CIBMTR Research ID:	 
		Black Caribbean			
		Black South or Central	Amer	ican	
		Other Black			
		Alaskan Native or Aleut			
		North American Indian			
		American Indian, South	or C	entral America	
		Caribbean Indian			
		South Asian			
		Filipino (Pilipino)			
		Japanese			
		Korean			
		Chinese			
		Vietnamese			
		Other Southeast Asian			
		Guamanian			
		Hawaiian			
		Samoan			
		Other Pacific Islander			
		Unknown			
		6. Country of prir	nary	residence	
	] Afgl	hanistan		Ghana	Palau
	] Ala	nd Islands		Gibraltar	Palestine, State of
	] Alb	pania		Greece	Panama
	] Alg	eria		Greenland	Papua New Guinea
	] Am	nerican Samoa		Grenada	Paraguay
	] And	dorra		Guadeloupe	Peru
	] An	gola		Guam	Philippines
	] An	guilla		Guatemala	Pitcairn Islands
	] Ant	tarctica		Guernsey	Poland
	] Ant	tigua and Barbuda		Guinea	Portugal
	] Arg	gentina		Guinea-Bissau	Puerto Rico
	] Arr	menia		Guyana	Qatar
	] Arı	ıba		Haiti	Reunion
	] Au	stralia		Heard Island and McDonald	Romania
	] Au	stria	_	Islands	Russia
	] Aze	erbaijan		Holy See	Rwanda

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

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

CIBMTR Ce	nter Number:	CIBMTR Research ID:					
7.	State of residence of recipient <i>(fo.</i> <b>10.</b>	or 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 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.	State of residence of recipient (fo	or 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				
	□ Florida	□ Montana	□ Texas				

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CIBN	ITR C	enter Number:		CIBMTR Res	earch ID:				
		☐ Georgia		□ Nebraska			Utah		
		☐ Hawaii		□ Nevada			Vermont		
		□ Idaho		☐ New Hamp	Virginia				
		☐ Illinois		☐ New Jerse	:y		Washington		
		$\square$ Indiana		☐ New Mexic	00		West Virginia		
		□ Iowa		☐ New York			☐ Wisconsin		
		☐ Kansas		□ North Card	olina		Wyoming		
10.	NME	DP Recipient ID (RID):							
11.	Zip o	or postal code for place of	recipient's re	sidence (USA a	and Canada rec	ipients on	/y):		
			3. <del></del>						
12.	-	cify blood type <i>(of recipier</i>	it) (For alloge	eneic HCTs on	ly)				
		Α							
	_	3							
	_	AB							
		0							
13.	Spe	cify Rh factor (of recipient	) (For alloge	neic HCTs only	y)				
	_ F	Positive							
	1	Negative							
14.		the recipient signed an IF d samples to the NMDP /		•	• • • • •	ed consen	t form to donate research		
		Yes (recipient consente	ed) – Go to qu	uestion 15.					
		No (recipient declined)	- Go to ques	tion 18.					
		Not approached - Go to	question 18	3.					
		Not applicable <i>(center r</i>	not participatir	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 N	MDP/CIBMTR r	epository?	(Related donors only)		
		☐ Yes – Go to que	stion 17.						
		□ No – <b>Go to ques</b>	tion 18.						

CIBMTR Center Number:		Number: 0	CIBMTR Research ID:		
		17.	Research sample recipient ID:		
18.	Is the	recipi	ient participating in a clinical trial?	(clinical trial sponsors that use (	CIBMTR forms to capture outcomes
	☐ Ye	s - <b>Go</b>	to question 19.		
	□No	– Go	to question 24.		
	10	Ot	0		
	19.		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 – <b>Go to question</b>	20.	
		20.	Specify other sponsor:		Go to question 22.
		21.	Study ID Number:		
		22.	Subject ID:		
		23.	Specify the ClinicalTrials.gov ider	ntification number: NCT	
	Сору	quest	ions 1923. to report participation	on in more than one study.	
Hema	atopoi	etic C	ellular Transplant (HCT) and Ce	llular Therapy	
24.			uent HCT planned as part of the o (For autologous HCTs only)	verall treatment protocol? (not a	as a reaction to post-HCT disease
		Yes-	– Go to question 25.		
		No –	Go to question 26.		
	25.	Spec	rify subsequent HCT planned		
			Autologous		
			Allogeneic		
26.	Has t	he rec	sipient ever had a prior HCT?		
	□ Y	es – <b>G</b>	Go to question 27.		
	□ N	0 – <b>G</b> (	o to question 38.		
	27.	Spec	cify the number of prior HCTs:		

CIBM	ΓR Ce	nter N	umber:	CIBMTR Research ID:
	28.	Were	all prio	or HCTs reported to the CIBMTR?
			Yes –	Go to question 33.
			No – C	Go to question 29.
			Unkno	own – <b>Go to question 33.</b>
	Copy CIBM		comple	te questions 29 32. to report all prior HCTs that have not yet been reported to the
		29.	Date o	of the prior HCT: Date estimated
				YYYY MM DD
		30.	Was th	ne prior HCT performed at a different institution?
				Yes – <b>Go to question 31</b> .
				No – Go to question 32.
		Spe	cify the	e institution that performed the last HCT
			31.	Name:
				City:
				State:
				Country
				Country:
		32.	What v	was the HPC source for the prior HCT? (check all that apply)
				Autologous
				Allogeneic, unrelated
				Allogeneic, related
	33.	Reas	on for c	current HCT
			Graft f	failure / insufficient hematopoietic recovery – <b>Go to question 34.</b>
			Persis	stent primary disease– <b>Go to question 38.</b>
			Recur	rent primary disease– <i>Go to question 35.</i>
			Plann	ed subsequent HCT, per protocol– <i>Go to question 38.</i>
			New n	malignancy (including PTLD and EBV lymphoma) – <b>Go to question 36.</b>
			Insuffi	cient chimerism– Go to question 38.
			Other-	– Go to question 37.
		34	Date o	of graft failure / rejection: — — — — — — — — — — — — — — — — — — —

				BMTR Research		
				YYYY	MM	DD
	35	. Date	of relapse:		– Go	to question 38.
			YYYY	ММ		
	36	. Date	of secondary malignancy:		<del>_</del>	– Go to question 38.
				YYYY	ММ	DD
	37	. Speci	ify other reason:		Go to	question 38.
88. Ha	as the re	ecipient e	ever had a prior cellular thera	py? (do not inclu	de DLIs)	
	] Yes –	Go to q	uestion 39.			
	] No – <b>(</b>	Go to qu	iestion 44.			
	][]Unkno	wn– <b>Go</b>	to question 44.			
39	9. We	re all pri	or cellular therapies reported	to the CIBMTR?		
		Yes -	- Go to question 44.			
		No –	Go to question 40.			
		Unkn	nown– Go to question 44.			
	Co	py and	complete questions 40 -43	to report all pri	ب مماليالمه برم	therapies that have not yet be
		ported t	to the CIBMTR  of the prior cellular therapy: _			inerapies that have not yet be
		ported t	to the CIBMTR			inerapies that have not yet be
	40 DD	ported t	to the CIBMTR			inerapies that have not yet be
	40 DD	ported t	to the CIBMTR  of the prior cellular therapy: _			inerapies that have not yet be
	40 DD	Date	to the CIBMTR  of the prior cellular therapy:  the cellular therapy performed			inerapies that have not yet be
	40 DD	Date	to the CIBMTR  of the prior cellular therapy:  the cellular therapy performed  Yes – Go to question 42.			inerapies that have not yet be
	40 DD	Date	to the CIBMTR  of the prior cellular therapy:  the cellular therapy performed  Yes – Go to question 42.  No – Go to question 43.  42. Name:	YYYY  at a different ins	 stitution?	
	40 DD	Date	the cellular therapy performed Yes – Go to question 42. No – Go to question 43.  42. Name: City:	YYYY  at a different ins		
	40 DD	Date	to the CIBMTR  of the prior cellular therapy:  the cellular therapy performed  Yes – Go to question 42.  No – Go to question 43.  42. Name:	 YYYYY  at a different ins		
	40 DD 41	Date  . Was t	the cellular therapy performed Yes – Go to question 42. No – Go to question 43.  42. Name:  City:  State:	YYYYY  at a different ins		
	40 DD 41	Date  . Was t	the cellular therapy performed Yes – Go to question 42. No – Go to question 43.  42. Name:  City:  State:  Country:	YYYYY  at a different ins		
	40 DD 41	Date  . Was t	the cellular therapy performed Yes – Go to question 42. No – Go to question 43.  42. Name:  City:  State:  Country:	YYYYY  at a different ins		

CIBMTR Center Number: CIBMTR Research ID:										
Done	or Info	rmatio	n							
44.	N A culti	ple dor	nore?							
44.				question 45.						
	Ш	INO -	go to q	to to question 46.						
	45.	Spec	ify num	ber of donors:						
To re	eport i	nore tl	nan one	e donor, copy questions 4682. and complete for each donor.						
46.	Spec	ify don	ıor							
		Autol	ogous							
		Allog	eneic, r	elated						
		Allog	eneic, ι	ınrelated						
			47.	Specify product type (check all that apply)						
		Bone	marrov	v						
		PBSC								
		Singl	e cord b	plood unit						
		Othe	r <b>produ</b> o	ct– Go to question 48.						
	48.	Spec	ify othe	r product:						
49.		-	_	etically modified? If autologous, go to question 77 If allogeneic related, go to question unrelated, go to question 54						
		Yes								
		No								
	50.	Spec	ify the r	elated donor type						
			Synge	eneic (monozygotic twin) – <b>Go to question 55</b> .						
			HLA-id	dentical sibling (may include non-monozygotic twin) - Go to question 55.						
			HLA-n	natched other relative (does NOT include a haplo-identical donor) - <b>Go to question</b> 51.						
			HLA-n	nismatched relative– <i>Go to question 51.</i>						
		51.	Specif	y the biological relationship of the donor to the recipient						
				Mother						
				Father						
				Child						
				Sibling						

CIBMTR C	enter N	Number:	CIBMTR Research ID:
			Fraternal twin
			Maternal aunt
			Maternal uncle
			Maternal cousin
			Paternal aunt
			Paternal uncle
			Paternal cousin
			Grandparent
			Grandchild
			Other biological relative – <b>Go to question 52.</b>
			52. Specify other biological relative:
	53.	Degree	e of mismatch (related donors only)
			HLA-mismatched 1 allele– Go to question 55.
			HLA-mismatched $\geq$ 2 alleles (does include haplo-identical donor) – <b>Go to question 55.</b>
54.	Spec	cify unrel	lated donor type
	_		natched unrelated
		HLA m	nismatched unrelated
55.	Did I	NIMDD /	Be the Match facilitate the procurement, collection, or transportation of the product?
55.		Yes	se the Mater racintate the procurement, concenton, or transportation of the product:
		No	
56.	\M/ac	this don	nor used for any prior HCTs? (for this recipient)
50.	was	Yes	of used for any prior ricrs: (for this recipient)
		No	
57.	NME	OP cord I	olood unit ID: Go to question 72.
58.	Regi	istry don	or ID: (not applicable for related donors)
			Go to question 63.
59.	Non-	-NMDP (	cord blood unit ID: (include related and autologous CBUs)
			- Go to question 61.

CIBM	ITR C	enter N	Number: CIBMTR Research ID:	
			60. Global Registration Identifier for Donors (GRID):	
		 NML		
			n-NMDP unrelated donor, go to question 63.	
	61.	Is the	e CBU ID also the ISBT DIN number?	
			Yes – Go to question 63.	
			No – <b>Go to question 62.</b>	
			Unknown– Go to question 63.	
		62.	Specify the ISBT DIN number:	
	63.	Regis	istry or UCB Bank ID: If 'Other registry' go to 64., otherwise g	go to question 65.
		64.	Specify other Registry or UCB Bank:	Go to question 65.
	65.	Dono	or date of birth	
			Known – Go to question 66.	
			Unknown – Go to question 67.	
		66	Depart data of high	•
		00.	Donor date of birth: <b>Go to question 6</b>	9.
			TTTT IVIIVI	
		67.	Donor age	
			☐ Known – Go to question 68.	
			Unknown – Go to question 69.	
			68. Donor age:	
			Years	
			69. Donor sex	
			Male	
			Female	
70.	Spec	ify bloo	ood type (donor) (non-NMDP allogeneic donors only)	
		Α		
		В		
		AB		
	П	0		

CIBN	ITR C	enter Number: CIBMTR Research ID:							
71.	Spec	ify Rh factor (donor) (non-NMDP allogeneic donors only)							
		Positive							
		Negative							
70	Dono	or CMV antibodica (InC or Total) (Allegensia HCTs only)							
72.		or CMV-antibodies (IgG or Total) (Allogeneic HCTs only)							
		Reactive Non 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 – <b>Go to question 76.</b>							
		□ 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:							
Que	stions	7980. 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							

CIBN	ITR C	enter N	Number: CIBMTR Research ID:					
		Anti-	CD20 (rituximab, Rituxan)					
		Othe	er agent– <b>Go to question 80.</b>					
	80.	Spec	cify other agent:					
81.	Nam	e of pr	roduct: (gene therapy recipients)					
		ther n	ame					
			82. Specify other name:					
To re	eport i	more t	han one donor, copy questions 4682. and complete for each donor.					
Clini	cal St	atus o	f Recipient Prior to the Preparative Regimen (Conditioning)					
83.	Wha	t scale	was used to determine the recipient's functional status?					
			nofsky (recipient age ≥ 16 years) – <b>Go to question 84.</b>					
			sky (recipient age $\geq 1$ year and $< 16$ years) – <b>Go to question 85.</b>					
	y (							
	Perf	ormar	nce score prior to the preparative regimen:					
	nofsky 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.					
			50 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.	Lans	sky 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					
			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					

CIBM	ITR Ce	enter Number: CIBMTR Research ID:			
		☐ 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.		the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to tart 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.		a vaccine for COVID-19 (SARS-CoV-2) received?			
	□ Ye	es <mark>– Go to question 9</mark> 1.			
		<mark>o – Go to question 9</mark> 5.			
	□ <mark>U</mark> I	nknown – <b>Go to question 9</b> 5.			
	Сору	and complete questions 9194. to report all vaccine doses received.			
	91.	Specify vaccine brand			
		□ AstraZeneca – Go to question 93.			
		□ Johnson & Johnson's / Janssen – <i>Go to question 93.</i>			
		□ Moderna – <i>Go to question 93</i> .			
		□ Novavax – <i>Go to question 93.</i>			
		□ Pfizer-BioNTECH – Go to question 93.			

CIBMTR Center Number:			Number: CIBMTR Research ID:
			Other type – Go to question 92.
		92.	Specify other type:
	93.	Sele	ect dose(s) received
			One dose (without planned second dose)
			First dose (with planned second dose)
			Second dose
			Third dose
			Booster dose
	94.	Dat	e received: Date estimated
			YYYY MM DD
95.			history of mechanical ventilation (excluding COVID-19 (SARS-CoV-2))?
		Yes	
		No	
96.	Is the	ere a	history of invasive fungal infection?
		Yes	
		No	
		9	7. Glomerular filtration rate (GFR) before start of preparative regimen (pediatric only)
		Kno	wn- Go to question 98.
		Unk	nown- Go to question 99.
	98.	Glo	merular filtration rate (GFR): mL/min/1.73 <sup>2</sup>
99.			ecipient have known complex congenital heart disease? (corrected or uncorrected) (excluding simple or PDA repair) (pediatric only)
		Yes	
		No	
100.	CI)? (	Sourc	any co-existing diseases or organ impairment present according to the HCT comorbidity index (HCT-ee: Sorror, M. L. (2013). How I assess comorbidities before hematopoietic cell transplantation. Blood, 154-2863.)
		Yes	- Go to question 101.
		No-	Go to question 107.
			101. Specify co-existing diseases or organ impairment <i>(check all that apply)</i>

CIBMTR Center Nu	umber: CIBMTR Research ID:
	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 $\leq$ 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 × upper limit of normal, or AST/ALT > 2.5 × 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
	Pulmonary, moderate -Corrected diffusion capacity of carbon monoxide and/or FEV1 of 66-80% or dyspnea on slight activity attributed to pulmonary disease at transplant
	Pulmonary, severe -Corrected diffusion capacity of carbon monoxide and/or FEV1 of $\leq$ 65% or dyspnea at rest attributed to pulmonary disease or the need for intermittent or continuous oxygen during the 4 weeks prior to transplant
	Renal, moderate / severe -Serum creatinine > 2 mg/dL or > 177 $\mu$ mol/L; on dialysis during the 4 weeks prior to transplant; OR prior renal transplantation -go to question 102.
	Rheumatologic -Any history of a rheumatologic disease (e.g., systemic lupus erythematosis, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica, etc.) requiring treatment. (Do NOT include degenerative joint disease, osteoarthritis)
	Prior malignancy-Treated at any time point in the patient's past history, other than the primary disease for which this infusion is being performed <i>-go to question 103.</i>

102. Was the recipient on dialysis immediately prior to start of preparative regimen?

CIBMTR Center Nur	nber: ˌ	CIBMTR Research ID:
		Yes
		No
		Unknown
103. S	pecify	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 104.
		Other hematologic malignancy -go to question 105.
		Other solid tumor -go to question 106.
	104.	Specify other skin malignancy: (prior)
	105.	Specify other hematologic malignancy: (prior)
:	106.	Specify other solid tumor: (prior)
	date.	ks prior to the start of the preparative regimen, report results from the test performed Biomarkers according to the augmented HCT comorbidity index. (Source: Biol Blood 1; 21(8): 1418–1424)
107. Serum ferritin	(withi	n 4 weeks prior to the start of the preparative regimen, use result closest to the start date)
☐ Known	– Go	to question 108.
☐ Unknov	vn – <b>G</b>	to to question 111.
108		na/ml (ua/l)

CIBM	ITR Ce	enter Number:	CI	CIBMTR Research ID:				
	109.	Date sample collected:						
		YYYY		DD	<del></del>			
	110.	Upper limit of normal fo	or your institution:					
111.	Serur	n albumin <i>(within 4 wee.</i>	ks prior to the star	rt of the prepara	tive regimen, use result closest to the start date)			
		Known – <b>Go to questi</b>	on 112.					
		Unknown – <b>Go to que</b> s	stion 114.					
	112.	•	g/dL					
			] g/L					
	110	Data sample callected						
	113.	Date sample collected:		. — — . MM	DD			
111	Diete	laka (wikhin duwalia mia	40					
114.				e preparative re	gimen, use result closest to the start date)			
		Known – Go to questi						
		Unknown – <b>Go to que</b> :	stion 117.					
	115.		X 1	0 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup>				
			□ x 1	.0 <sup>6</sup> /L				
	116.	Were platelets transfus	sed $\leq$ 7 days befor	re date of test?				
		□ Yes						
		□ No						
		□ Unknown						
117.	Did th	ne recipient have a prior	solid organ transp	olant?				
		Yes- Go to question 1	18.					
		No- Go to question 12	?1.					
	118.	Specify organ:						
		□ Bowel						
		□ Heart						
		☐ Kidney(s)						
		□ Liver						
		□ Lung(s)						
		□ Pancreas						
		☐ Other organ- <b>Go</b>	to question 119.					

CIBM	ITR Ce	nter Nu	umber: CIBMTR Research ID:	
		119.	Specify other organ:	
	120.	Year o	of prior solid organ transplant:	
	Сору	and co	omplete questions 118120. for each prior solid organ transplant	
Pre-F	ICT Pr	eparati	ive Regimen (Conditioning)	
121.	Heigh	t at initi	iation of pre-HCT preparative regimen: inches	
			centimeters	
122.	Actua	l weigh	at at initiation of pre-HCT preparative regimen: ] pounds	
			☐ kilograms	
123.		-	CT preparative regimen prescribed?	
			Go to question 124.	
		No – <b>C</b>	Go to question 132	
	124.	Classi	fy the recipient's prescribed preparative regimen (Allogeneic HCTs only)	
			Myeloablative	
			Non-myeloablative (NST)	
			Reduced intensity (RIC)	
	125.	Was ir	radiation planned as part of the pre-HCT preparative regimen?	
			Yes – <b>Go to question 126</b> .	
			No – Go to question 131.	
		126. \	What was the prescribed radiation field?	
			Total body – <b>Go to question 127.</b>	
			☐ Total body by intensity-modulated radiation therapy (IMRT) – <i>Go to question 127.</i>	
			☐ Total lymphoid or nodal regions – <i>Go to question 127.</i>	
			☐ Thoracoabdominal region – <i>Go to question 127.</i>	
		127. ·	Total prescribed dose: (dose per fraction x total number of fractions) [ 0	Gy cGy
		128.	Date started:	
			YYYY MM DD	

CIBMTF	R Ce	nter N	umber: CIBMTR Research ID:	
		129.	Was the radiation fractionated?	
			☐ Yes – <b>Go to question 130.</b>	
			□ No – Go to question 131.	
			130. Total number of fractions:	
			130. Total number of fractions	
Ir	ndica	ate the	e total prescribed cumulative dose for the preparative regimen	
13	31.	Drug	(drop down list)	
			Bendamustine	
			Busulfan	
			Carboplatin	
			Carmustine (BCNU)	
			CCNU (Lomustine)	
			Clofarabine (Clolar)	
			Cyclophosphamide (Cytoxan)	
			Cytarabine (Ara-C)	
			Etoposide (VP-16, VePesid)	
			Fludarabine	
			Gemcitabine	
			Ibritumomab tiuxetan (Zevalin)	
			Ifosfamide	
			Melphalan (L-Pam)	
			Methylprednisolone (Solu-Medrol)	
			Pentostatin	
			Propylene glycol-free melphalan (Evomela)	
			Rituximab (Rituxan)	
			Thiotepa	
			Tositumomab (Bexxar)	
			Treosulfan	
			Other drug -go to question 132.	
		132.	Specify other drug:	
1	33.	Total	prescribed dose:	
			□ mg/kg	
			□ AUC (mg x h/L)	

 $\square$  AUC ( $\mu$ mol x min/L)

CIBMTR Center Number:					CIBMTF	CIBMTR Research ID:				
						□CSS (ng/mL)				
	134.	Date sta	arted:			<del></del> _				
				YYYY	ММ	DD				
	135.	Specify a	administratio	n (busulfan only)	)					
		☐ Oral								
		Bo	th							
		_ 50								
	Сор	y and co	mplete ques	tion 131135. t	o report	each drug given for the preparative regimen				
Addit	tional	Drugs Gi	iven in the P	eri-Transplant I	Period					
136.	AI G.	ALS, ATO	G. ATS							
			o to questio	n 137.						
			to question							
	_		to quodion							
	137.	Total pre	escribed dose	e:	m	ng/kg				
	138.	Specify	source							
		□ A	TGAM (horse	e) – Go to quest	tion 140.					
		☐ ATG – Fresenius (rabbit) – <b>Go</b>			to quest	tion 140.				
	☐ Thymoglobulin (rabbit) – <b>Go</b>			(rabbit) – <b>Go to</b>	questio	n 140.				
	□ Other – Go to question 139.			question 139.						
		139. Sp	pecify other s	ource:						
140.	Alem	tuzumab (	(Campath)							
		Yes – <b>G</b>	o to questio	n 141.						
		No – <b>Go</b>	to question	142.						
	141.	To	otal prescribe	d dose:		□ mg/m2				
			□ mg	/kg						
			□mg							
		142.	Defib	rotide						
		Yes								
		No								

CIBMTR Center Number:			umber: CIBMTR Research ID:				
143.			B. KGF				
		Yes					
		No					
		144	. Ursodiol				
		Yes					
		No					
CVU	D Bron	bylovi	2				
GVH	D Prop	nyiaxi	S				
This	sectio	n is to	be completed for allogeneic HCTs only; autologous HCTs continue with question 148				
1 45	<b>\</b> \	2\/LID	waankudayia alamado				
145.			prophylaxis planned?				
			Go to question 146.				
		NO - C	Go to question 148.				
	146.	Specif	fy drugs / intervention (check all that apply)				
			Abatacept				
			Anti CD 25 (Zenapax, Daclizumab, AntiTAC)				
			Blinded randomized trial				
			Bortezomib				
			CD34 enriched (CD34+ selection)				
			Corticosteroids (systemic)				
			Cyclophosphamide (Cytoxan)				
			Cyclosporine (CSA, Neoral, Sandimmune)				
			Extra-corporeal photopheresis (ECP)				
			Ex-vivo T-cell depletion				
			Filgotinib				
			Maraviroc				
			Methotrexate (MTX) (Amethopterin)				
			Mycophenolate mofetil (MMF) (CellCept)				
			Ruxolotinib				
			Sirolimus (Rapamycin, Rapamune)				
			Tacrolimus (FK 506)				
			Tocilizumab				
☐ Other agent-go to question 147.							

CIBM	ITR Center N	umber: CIBMTR Research ID:		
	147.	Specify other agent: (do not report ATG, campath)		
Post-HCT Disease Therapy Planned as of Day 0				
148. Is additional post-HCT therapy planned?  [ Yes - Go to question 149.				
	_	·		
	□ No - <b>Go</b>	to First Name		
Questions 149150. are optional for non-U.S. centers				
	149. Speci	. Specify post-HCT therapy planned (check all that apply)		
		Azacytidine (Vidaza)		
		Blinatumomab		
		Bortezomib (Velcade)		
		Bosutinib		
		Brentuximab		
		Carfilzomib		
		Cellular therapy (e.g. DCI, DLI)		
		Crenolanib		
		Daratumumab		
		Dasatinib		
		Decitabine		
		Elotuzumab		
		Enasidenib		
		Gilteritinib		
		Ibrutinib		
		Imatinib mesylate (Gleevec, Glivec)		
		Intrathecal therapy (chemotherapy)		
		Ivosidenib		
		Ixazomib		
		Lenalidomide (Revlimid)		
		Lestaurtinib		
		Local radiotherapy		
		Midostaurin		
		Nilotinib		
		Obinutuzumab		
		Pacritinib		

CIBMTR Center Number: CIBMTR Research ID:				
		Ponatinib		
		Quizartinib		
		Rituximab (Rituxan, MabThera)		
		Sorafenib		
		Sunitinib		
		Thalidomide (Thalomid)		
		Other therapy- Go to question 150.		
		Unknown		
	150.	Specify other therapy:		
Prior Exposure: Potential Study Eligibility				
		ion(s) below may generate an additional supplemental form.  e recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)		
	-	umomab (Blincyto)		
		ızumab ozogamicin (Mylotarg)		
		umab ozogamicin (Besponsa)		
	Adien	ne Tepadina®		
	Mogai	mulizumab (Poteligeo)		
	None	of the above		
First Name:				
Last Name:	_			
E-mail addre	ess:			
Date:				
		YYYY MM DD		