

Infectious Disease Markers

Registry Use Only Sequence Number:	
Date Received:	

OMB No: 0915-0310 Expiration Date: 10/31/2022

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 hour Public reporting burden for this collection of information, in combination with the HLA Typing Form 2005 and HCT Infusion Form 2006, is estimated to average 1 hour 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 14N39, Rockville, Maryland, 20857.

CIBMTR Center Number:
CIBMTR Research ID:
Event date:YYYY / / /
HCT type (check all that apply): Allogeneic, unrelated
Product type (check all that apply):
Product Identifiers:
Registry donor ID:
Non-NMDP cord blood unit ID:
GRID:
ISBT DIN:
Registry or UCB Bank ID:
Donor DOB:/ / / / / DD
Donor Age: In Months (use only if less than 1 year old) In Years
Donor Sex: All Male Female

This form must be completed for all non-NMDP allogeneic or syngeneic donors, or non-NMDP cord blood units.
Donor/Cord Blood Unit Identification
 1. Who is being tested for IDMs? Donor IDM (marrow or PBSC) Maternal IDM (cord blood) Cord blood unit IDM
Infectious Disease Marker (report final test results)
Hepatitus B Virus (HBV)
 2. HBsAg (hepatitus B surface antigen) Reactive
 Anti HBc (hepatitus B core antibody) Reactive Non-reactive Date sample collected:YYYY/MMDD
 6. FDA licensed NAAT testing for HBV Positive Negative Not done 7. Date sample collected: YYYY MM DD
Hepatitis C Virus (HCV) 8. Anti-HCV (hepatitis C antibody) Reactive 9. Date sample collected:
□ Non-reactive → 9. Date sample collected: / / /
10. FDA licensed NAAT testing for HCV □ Positive → □ Negative → □ Not done 11. Date sample collected:YYYY/MMDD
Human Immunodeficiency Virus (HIV)
12. HIV-1 p24 antigen Reactive Non-reactive 13. Date sample collected:YYYY/MMDD Not done Not reported

CIBMTR Form 2004 revision 5 (page 2 of 4). OMB No: 0915-0310. Expiration Date: 10/31/2022. Form released January, 2021. Last Updated January, 2020. Copyright (c) 2020 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved. CIBMTR Center Number: ____ ___ ___ ___ ___

14. FDA licensed NAAT testing for HIV-	1
Positive	
□ Negative	15. Date sample collected:////
☐ Not done	
 16. Anti-HIV 1 and anti-HIV 2* (antibodi * Testing for both HIV antibodies ☐ Reactive → 	is required. This testing may be performed as separate tests or done using a combined assay. ►
Non-reactive	► 17. Date sample collected:///////
□ Not done	YYYY MM DD
☐ Not reported	
Chagas	
18. Chagas testing	
Positive	•
□ Negative	19. Date sample collected://// ///
☐ Not done	
Herpes simplex virus (HSV)	
20. Anti-HSV (Herpes simplex virus ant	ibody)
□ Negative →	21. Date sample collected:////////
□ Not done	
Epstein-Barr virus (EBV)	
22. Anti-EBV (Epstein-Barr virus antibo	(yb
Positive	
Negative	23. Date sample collected://////
Inconclusive	
☐ Not done	
_	
Varicella zoster virus (VZV)	
24. Anti-VZV (Varicella zoster virus anti	pody)
Positive	
□ Negative →	25. Date sample collected:///////
☐ Not done	

CIBMTR Form 2004 revision 5 (page 3 of 4). OMB No: 0915-0310. Expiration Date: 10/31/2022. Form released January, 2021. Last Updated January, 2020. Copyright (c) 2020 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.

Other Infectious Disease Marker	
26. Other infectious disease marker, spe	cify
🗌 Yes	27. Date sample collected: / /
□ No	27. Date sample collected:/ / // // DD
	28. Specify test and method:
	29. Specify test results:
	Copy questions 27 - 29 to report multiple other infectious disease markers
Last Name:	
E-mail address:	
Date:/ / / /	