

Form 2129 R2.0: Fanconi Anemia - Constitutional Anemia Post-HSCT Data

Center:

CRID:

Key Fields	
Sequence Number: _____	
Date Received: ____-____-____	
CIBMTR Center Number _____	
CIBMTR Recipient ID: _____	
Today's Date: ____-____-____	
Date of HSCT for which this form is being completed: ____-____-____	
HSCT type: (check all that apply)	
<input type="checkbox"/>	Autologous
<input type="checkbox"/>	Allogeneic, unrelated
<input type="checkbox"/>	Allogeneic, related
<input type="checkbox"/>	Syngeneic (identical twin)
Product type: (check all that apply)	
<input type="checkbox"/>	Marrow
<input type="checkbox"/>	PBSC
<input type="checkbox"/>	Cord blood
<input type="checkbox"/>	Other product
Specify: _____	
Visit:	
<input type="checkbox"/>	100 day
<input type="checkbox"/>	6 months
<input type="checkbox"/>	1 year
<input type="checkbox"/>	2 years
<input type="checkbox"/>	> 2 years,
Specify: _____	
Current Hematologic Parameters	
Questions: 1 - 6	
1 Was the recipient red blood cell (RBC) transfusion independent since the date of the last report?	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
<input type="checkbox"/>	Unknown
2 Date of the most recent RBC transfusion: * ____-____-____	
* If the recipient was RBC transfusion independent for >= one month but subsequently experienced a decline in RBCs and required transfusions, record the date of the last RBC transfusion before the decline. If the recipient has not required any transfusions since the initial date of recovery, record the date of the last RBC transfusion.	
3 Was the recipient platelet transfusion independent since the date of the last report?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	not applicable / never dependent
4 Date of most recent platelet transfusion: * ____-____-____	
*If the recipient was platelet transfusion independent for >=14 days but subsequently experienced a decline in platelets and required transfusions, record the date of the last platelet transfusion before the decline. If the recipient has not required any transfusions since the initial date of recovery, record teh date of the last platelet transfusion.	
5 Specify reticulocyte level (uncorrected):	
<input type="checkbox"/>	Known
<input type="checkbox"/>	not known / transfused

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6 10<sup>9</sup>/L

First Name: Last Name:

Phone number: Fax number: