

Form 2048 R3.0: Human Immunodeficiency Virus Pre-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: _____	
HIV Pre-HSCT Data	
Questions: 1 - 19	
1 What was the date of diagnosis of Human Immunodeficiency Virus? ____-____-____	
2 When was the diagnosis of HIV infection made relative to diagnosis of primary disease?	
<input type="checkbox"/>	prior to diagnosis of disease for which HSCT was performed
<input type="checkbox"/>	at the time of diagnosis of disease for which HSCT was performed
<input type="checkbox"/>	between diagnosis of disease for HSCT and workup for HSCT
<input type="checkbox"/>	incidental detection during HSCT workup
<input type="checkbox"/>	Unknown
3 Was the disease for which the HSCT was performed considered HIV-associated (i.e., due to the presence of HIV infection)?	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
4 Did the recipient have a history of opportunistic infections prior to the preparative regimen for HSCT?	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
Specify prior infection(s):	
5 Cytomegalovirus (CMV) disease	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
Specify site(s) of CMV:	
6 Blood/buffy coat (i.e., antigenemia or viremia)	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
7 Gastrointestinal tract	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no

# Form 2048 R3.0: Human Immunodeficiency Virus Pre-HSCT Data

Center:

CRID:

## 8 Pneumonia

☐ yes ☐ no

## 9 Retina

☐ yes ☐ no

## 10 Other site:

☐ yes ☐ no

## 11 Specify other CMV site: \_\_\_\_\_

## 12 Invasive fungal infection

☐ yes ☐ no

### Specify species of invasive fungal infection:

## 13 Aspergillus

☐ yes ☐ no

## 14 Candida

☐ yes ☐ no

## 15 Other species

☐ yes ☐ no

## 16 Specify other species: \_\_\_\_\_

## 17 Pneumocystis carinii Pneumonia (PCP, PJP)

☐ yes ☐ no

## 18 Other infection

☐ yes ☐ no

## 19 Specify other infection: \_\_\_\_\_

## History of Anti-Retroviral Therapy

Questions: 20 - 123

## 20 Did the recipient receive anti-retroviral therapy prior to HSCT?

☐ yes ☐ no

## 21 Abacavir (Ziagen) therapy given?

☐ yes ☐ no

## 22 Date Started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## 23 Currently receiving Abacavir (Ziagen)

☐ yes ☐ no

## 24 Therapy stopped

☐ yes ☐ no

## 25 Date stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## 26 Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

## 27 Atazanavir (Reyataz) therapy given?

☐ yes ☐ no

## 28 Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## 29 Currently receiving Atazanavir (Reyataz)

☐ yes ☐ no

# Form 2048 R3.0: Human Immunodeficiency Virus Pre-HSCT Data

Center:

CRID:

**30** Therapy stopped

☐ yes ☐ no

**31** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**32** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**33** Didanosine (ddl, Videx) therapy given?

☐ yes ☐ no

**34** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**35** Currently receiving Didanosine (ddl, Videx)

☐ yes ☐ no

**36** Therapy stopped

☐ yes ☐ no

**37** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**38** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**39** Efavirenz (Sustiva) therapy given?

☐ yes ☐ no

**40** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**41** Currently receiving Efavirenz (Sustiva)

☐ yes ☐ no

**42** Therapy stopped

☐ yes ☐ no

**43** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**44** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**45** Emtricitabine (Emtriva) therapy given?

☐ yes ☐ no

**46** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**47** Currently receiving Emtricitabine (Emtriva)

☐ yes ☐ no

**48** Therapy stopped

☐ yes ☐ no

**49** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**50** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**51** Fosamprenavir (Lexiva) therapy given?

☐ yes ☐ no

**52** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**53** Currently receiving Fosamprenavir (Lexiva)

☐ yes ☐ no

**54** Therapy stopped

☐ yes ☐ no

**55** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**56** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**57** Indinavir (Crixivan) therapy given?

☐ yes ☐ no

# Form 2048 R3.0: Human Immunodeficiency Virus Pre-HSCT Data

Center:

CRID:

58 Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

59 Currently receiving Indinavir (Crixivan)

☐ yes ☐ no

60 Therapy stopped

☐ yes ☐ no

61 Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

62 Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

63 Lanuvudine (Eпивir, Epzicom, 3TC) therapy given?

☐ yes ☐ no

64 Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

65 Currently receiving Lanuvudine (Eпивir, Epzicom, 3TC)

☐ yes ☐ no

66 Therapy stopped

☐ yes ☐ no

67 Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

68 Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

69 Lopinavir / ritonavir (Kaletra) therapy given?

☐ yes ☐ no

70 Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

71 Currently receiving Lopinavir / ritonavir (Kaletra)

☐ yes ☐ no

72 Therapy stopped

☐ yes ☐ no

73 Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

74 Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

75 Nelfinavir (Viracept) therapy given?

☐ yes ☐ no

76 Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

77 Currently receiving Nelfinavir (Viracept)

☐ yes ☐ no

78 Therapy stopped

☐ yes ☐ no

79 Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

80 Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

81 Nevirapine (Viramune) therapy given?

☐ yes ☐ no

82 Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

83 Currently receiving Nevirapine (Viramune)

☐ yes ☐ no

84 Therapy stopped

☐ yes ☐ no

85 Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

# Form 2048 R3.0: Human Immunodeficiency Virus Pre-HSCT Data

Center:

CRID:

**86** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**87** Ritonavir (Norvir) therapy given?

☐ yes ☐ no

**88** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**89** Currently receiving Ritonavir (Norvir)

☐ yes ☐ no

**90** Therapy stopped

☐ yes ☐ no

**91** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**92** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**93** Saquinavir (Fortovase, Invirase) therapy given?

☐ yes ☐ no

**94** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**95** Currently receiving Saquinavir (Fortovase, Invirase)

☐ yes ☐ no

**96** Therapy stopped

☐ yes ☐ no

**97** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**98** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**99** Stavudine (Zerit, d4t) therapy given?

☐ yes ☐ no

**100** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**101** Currently receiving Stavudine (Zerit, d4t)

☐ yes ☐ no

**102** Therapy stopped

☐ yes ☐ no

**103** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**104** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**105** Tenofovir (Truvada, Viread) therapy given?

☐ yes ☐ no

**106** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**107** Currently receiving Tenofovir (Truvada, Viread)

☐ yes ☐ no

**108** Therapy stopped

☐ yes ☐ no

**109** Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**110** Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

**111** Zidovudine (Combivir, Retrovir, Trizivir, AZT) therapy given?

☐ yes ☐ no

**112** Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**113** Currently receiving Zidovudine (Combivir, Retrovir, Trizivir, AZT)

☐ yes ☐ no

# Form 2048 R3.0: Human Immunodeficiency Virus Pre-HSCT Data

Center:

CRID:

114 Therapy stopped

☐ yes ☐ no

115 Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

116 Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

117 Other anti-retroviral therapy given?

☐ yes ☐ no

118 Specify other therapy: \_\_\_\_\_

119 Date started \_\_\_\_ - \_\_\_\_ - \_\_\_\_

120 Currently receiving other anti-retroviral therapy

☐ yes ☐ no

121 Therapy stopped

☐ yes ☐ no

122 Date Stopped \_\_\_\_ - \_\_\_\_ - \_\_\_\_

123 Specify reason Anti-Retroviral therapy stopped: \_\_\_\_\_

## Serological Evidence of HIV Exposure / Infection

Questions: 124 - 127

### Pre-HSCT HIV CD4 Counts (1)

Questions: 124 - 125

124 Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

125 CD4 counts: \_\_\_\_\_ x 10 \_\_\_\_\_

### Pre-HSCT HIV Viral Load Levels (1)

Questions: 126 - 127

126 Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

127 HIV viral load level: \_\_\_\_\_ ☐ copies/mL ☐ log<sub>10</sub>/mL

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_