

Form 2558 R1.0: CMS-SCD Sickle Cell Disease Eligibility Form

Center:

CRID:

Key Fields

Sequence Number: _____

Date Received: ____ - ____ - ____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____ - ____ - ____

Inclusion Criteria

Questions: 1 - 23

1 Specify the diagnosis

- ☐ Hb SS
- ☐ Hb S beta⁰ thalassemia
- ☐ Hb SC
- ☐ Hb S beta⁺ thalassemia

2 Was the recipient age 15-50 at time of HCT?

- ☐ Yes ☐ No

3 Is this the first transplant for this recipient?

- ☐ yes ☐ no

4 Specify donor

- ☐ HLA-matched sibling
- ☐ HLA-mismatched relative
- ☐ HLA-matched unrelated donor

5 Did the recipient have a qualifying indication for HCT?

- ☐ Yes ☐ No

Specify:

6 Stroke

- ☐ Yes ☐ No

7 Date of diagnosis: ____ - ____ - ____

8 Neurologic deficit lasting > 24 hours

- ☐ Yes ☐ No

9 Date of onset: ____ - ____ - ____

10 Recurrent acute chest syndrome (ACS) (defined as ≥ 2 episodes despite adequate supportive care measures)

- ☐ Yes ☐ No

Specify onset dates for each episode:

11 Date of onset: ____ - ____ - ____

12 Date of onset: ____ - ____ - ____

13 Date of onset: ____ - ____ - ____

14 Recurrent pain crisis (requiring intravenous management in the hospital or clinic setting)

- ☐ Yes ☐ No

Specify onset dates for each episode:

15 Date of onset: ____ - ____ - ____

16 Date of onset: ____ - ____ - ____

17 Date of onset: ____ - ____ - ____

18 Date of onset: ____ - ____ - ____

19 Date of onset: ____ - ____ - ____

20 Date of onset: ____ - ____ - ____

21 Tricuspid regurgitant jet velocity (TRJV) (≥ 2.7 m/sec² on echocardiogram)

- ☐ Yes ☐ No

22 Date: ____ - ____ - ____

23 Chronic red blood cell transfusion to prevent vaso-occlusive crisis (cumulative total ≥ 20 units, or ≥ 8 transfusions per year for 1 or more years)

- ☐ Yes ☐ No

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____