

Form 2000 R4.0: Recipient Baseline Data

Center: CRID:

Key Fields

Sequence Number:
Date Received:
CIBMTR Center Number:
CIBMTR Recipient ID:
Date of HCT for which this form is being completed:

- HCT type: (check all that apply)
Autologous
Allogeneic, unrelated
Allogeneic, related

- Product type: (check all that apply)
Bone marrow
PBSC
Single cord blood unit
Multiple cord blood units
Other product
Specify:

Recipient Demographics

Questions: 1 - 5

- Country of primary residence
Specify:
State of residence of recipient:
(for residents of USA)

Race (1)

Questions: 4 - 5

- Race
White
Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Not reported
Unknown
Race detail

Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

Questions: 6 - 14

- Specify blood type
(For allogeneic HCTs only)
A B AB O
Specify Rh factor
(For allogeneic HCTs only)
Positive Negative
Does the recipient have a history of smoking cigarettes?
yes no Unknown
Has the recipient smoked cigarettes within the past year?
yes no Unknown
Has the recipient smoked cigarettes prior to but not during the past year?
yes no Unknown
Number of years
Known Unknown
Number of years:
Average number of packs per day
Known Unknown
Average number of packs per day:

Organ Function Prior to the Preparative Regimen (Conditioning)

Questions: 15 - 38

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15 AST (SGOT)

☐ Known ☐ Unknown

16 _____ ☐ U/L ☐ μ kat/L

17 Date sample collected: ____ - ____ - ____

18 Upper limit of normal for your institution: _____ ☐ U/L ☐ μ kat/L

19 Total serum bilirubin

☐ Known ☐ Unknown

20 _____ ☐ mg/dL ☐ μ mol/L

21 Date sample collected: ____ - ____ - ____

22 Upper limit of normal for your institution: _____ ☐ mg/dL ☐ μ mol/L

23 LDH

☐ Known ☐ Unknown

24 _____ ☐ U/L ☐ μ kat/L

25 Date sample collected: ____ - ____ - ____

26 Upper limit of normal for your institution: _____ ☐ U/L ☐ μ kat/L

27 Serum creatinine

☐ Known ☐ Unknown

28 _____ ☐ mg/dL ☐ mmol/L ☐ μ mol/L

29 Date sample collected: ____ - ____ - ____

30 Upper limit of normal for your institution: _____ ☐ mg/dL ☐ mmol/L ☐ μ mol/L

31 Total serum ferritin

☐ Known ☐ Unknown

32 _____ ng/mL (μ g/L)

33 Date sample collected: ____ - ____ - ____

34 Upper limit of normal for your institution: _____ ng/mL (μ g/L)

35 Serum albumin

☐ Known ☐ Unknown

36 _____ ☐ g/dL ☐ g/L

37 Date sample collected: ____ - ____ - ____

38 Upper limit of normal for your institution: _____ ☐ g/dL ☐ g/L

Hematologic Findings Prior to the Preparative Regimen (Conditioning)

Questions: 39 - 54

39 Date CBC tested: ____ - ____ - ____

40 WBC

☐ Known ☐ Unknown

41 _____ ☐ $\times 10^9/L$ ($\times 10^3/mm^3$)
☐ $\times 10^6/L$

42 Neutrophils

☐ Known ☐ Unknown

43 _____ %

44 Lymphocytes

☐ Known ☐ Unknown

45 _____ %

46 Hemoglobin

☐ Known ☐ Unknown

47 _____ ☐ g/dL ☐ g/L ☐ mmol/L

48 Was RBC transfused < 30 days before date of test?

☐ yes ☐ no

49 Hematocrit

☐ Known ☐ Unknown

50 _____ %

51 Was RBC transfused < 30 days before date of test?

☐ yes ☐ no

52 Platelets

☐ Known ☐ Unknown

53 _____ ☐ $\times 10^9/L$ ($\times 10^3/mm^3$)
☐ $\times 10^6/L$

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54 Were platelets transfused < 7 days before date of test?

☐ yes ☐ no

Infection

Questions: 55 - 75

55 Did the recipient have a history of clinically significant fungal infection (documented or suspected) at any time prior to the preparative regimen?

☐ yes ☐ no

56 Did the recipient have more than one fungal infection (documented or suspected) at any time prior to the preparative regimen?

☐ yes ☐ no

Fungal Infection (1)

Questions: 57 - 63

57 Date of onset: ____ - ____ - ____

58 Select organism from list below

- ☐ 210 Aspergillus, NOS
- ☐ 211 Aspergillus flavus
- ☐ 212 Aspergillus fumigatus
- ☐ 213 Aspergillus niger
- ☐ 215 Aspergillus terreus
- ☐ 214 Aspergillus ustus
- ☐ 270 Blastomyces (dermatitidis)
- ☐ 201 Candida albicans
- ☐ 208 Candida non-albicans
- ☐ 271 Coccidioides (all species)
- ☐ 222 Cryptococcus gattii
- ☐ 221 Cryptococcus neoformans
- ☐ 230 Fusarium (all species)
- ☐ 261 Histoplasma (capsulatum)
- ☐ 241 Mucorales (all species)
- ☐ 260 Pneumocystis (PCP / PJP)
- ☐ 242 Rhizopus (all species)
- ☐ 272 Scedosporium (all species)
- ☐ 240 Zygomycetes, NOS
- ☐ 503 Suspected fungal infection

59 Specify organism: _____

60 Select site(s) from list below

61 Select site(s) from list below

62 Select site(s) from list below

63 Was this fungal infection active within 2 weeks prior to the preparative regimen?

☐ yes ☐ no

Testing for evidence of prior viral exposure/infection

64 HTLV1 antibody

☐ Reactive ☐ Non-reactive ☐ Inconclusive ☐ Not done

65 Cytomegalovirus antibody

☐ Reactive ☐ Non-reactive ☐ Inconclusive ☐ Not done

66 Anti-EBV (Epstein-Barr virus antibody)

☐ Positive ☐ Negative ☐ Inconclusive ☐ Not done

67 Hepatitis B surface antibody

☐ Reactive ☐ Non-reactive ☐ Inconclusive ☐ Not done

68 Anti HBc: (hepatitis B core antibody)

- ☐ Reactive **-For hepatitis tests that have a reactive result, also complete HEP form.**
- ☐ Non-reactive
- ☐ Not done

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69 HBsAg: (hepatitis B surface antigen)

- ☐ Reactive **-For hepatitis tests that have a reactive result, also complete HEP form.**
- ☐ Non-reactive
- ☐ Not done

70 Hepatitis B — DNA

- ☐ Reactive **-For hepatitis tests that have a reactive result, also complete HEP form.**
- ☐ Non-reactive
- ☐ Inconclusive
- ☐ Not done

71 Anti-HCV: (hepatitis C antibody)

- ☐ Reactive **-For hepatitis tests that have a reactive result, also complete HEP form.**
- ☐ Non-reactive
- ☐ Inconclusive
- ☐ Not done

72 Hepatitis C – NAT

- ☐ Reactive **-For hepatitis tests that have a reactive result, also complete HEP form.**
- ☐ Non-reactive
- ☐ Inconclusive
- ☐ Not done

73 Hepatitis A antibody

- ☐ Reactive ☐ Non-reactive ☐ Inconclusive ☐ Not done

74 HIV antibody

- ☐ Positive ☐ Negative ☐ Inconclusive ☐ Not done ☐ Not reported

75 HIV – NAT

- ☐ Positive ☐ Negative ☐ Inconclusive ☐ Not done ☐ Not reported

Pre-HCT Preparative Regimen (Conditioning)

Questions: 76 - 247

76 Was a pre-HCT preparative regimen given?

- ☐ yes ☐ no

77 Specify protocol intent

(check only one) **(Allogeneic HCTs only)**

- ☐ all agents given as outpatient
- ☐ some, but not all, agents given as inpatient
- ☐ all agents given as inpatient

78 Date pre-HCT preparative regimen

(irradiation or drugs) began: _____ - ____ - ____

Use the earliest date from questions 82 (radiation) or 109-176 and 193-241 (systemic therapy). Additional radiation and/or intrathecal chemotherapy start dates may be **prior** to the date the preparative regimen began.

79 Was irradiation performed as part of the pre-HCT preparative regimen?

- ☐ yes ☐ no

80 What was the radiation field?

- ☐ total body
- ☐ total body by tomotherapy
- ☐ total lymphoid or nodal regions
- ☐ thoracoabdominal region

81 Total dose: _____ ☐ Gy ☐ cGy
(dose per fraction x total number of fractions)

82 Date started: _____ - ____ - ____

83 Was the radiation fractionated?

- ☐ yes ☐ no

84 Dose per fraction: _____ ☐ Gy ☐ cGy

85 Number of days: _____
(include "rest" days)

86 Total number of fractions: _____

87 Was additional radiation given to other sites within 14 days of the pre-HCT preparative regimen?

- ☐ yes ☐ no

Specify radiation field:

88 CNS

- ☐ yes ☐ no

89 Total dose: _____ ☐ Gy ☐ cGy

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90 Date started: ____ - ____ - ____

91 Gonadal

☐ yes ☐ no

92 Total dose: _____ ☐ Gy ☐ cGy

93 Date started: ____ - ____ - ____

94 Splenic

☐ yes ☐ no

95 Total dose: _____ ☐ Gy ☐ cGy

96 Date started: ____ - ____ - ____

97 Site of residual tumor

☐ yes ☐ no

98 Total dose: _____ ☐ Gy ☐ cGy

99 Date started: ____ - ____ - ____

100 Specify site: _____

101 Other site

☐ yes ☐ no

102 Total dose: _____ ☐ Gy ☐ cGy

103 Date started: ____ - ____ - ____

104 Specify other site: _____

105 Were drugs given for pre-HCT preparative regimen?

☐ yes ☐ no

106 Dosing body weight used for pre-HCT preparative regimen (adjusted body weight): _____ ☐ pounds ☐ kilograms

107 ALG, ALS, ATG, ATS

☐ yes ☐ no

108 Total dose: _____ mg

109 Date started: ____ - ____ - ____

110 Specify source

☐ Horse ☐ Rabbit ☐ Other

111 Specify other source: _____

112 Anthracycline

☐ yes ☐ no

113 Daunorubicin

☐ yes ☐ no

114 Total dose: _____ mg

115 Date started: ____ - ____ - ____

116 Doxorubicin (Adriamycin)

☐ yes ☐ no

117 Total dose: _____ mg

118 Date started: ____ - ____ - ____

119 Idarubicin

☐ yes ☐ no

120 Total dose: _____ mg

121 Date started: ____ - ____ - ____

122 Rubidazone

☐ yes ☐ no

123 Total dose: _____ mg

124 Date started: ____ - ____ - ____

125 Other anthracycline

☐ yes ☐ no

126 Total dose: _____ mg

127 Date started: ____ - ____ - ____

128 Specify other anthracycline: _____

129 Bleomycin (BLM, Blenoxane)

☐ yes ☐ no

130 Total dose: _____ mg

131 Date started: ____ - ____ - ____

132 Busulfan (Myleran)

☐ yes ☐ no

133 Total dose: _____ mg

134 Date started: ____ - ____ - ____

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135 Specify administration

☐ Oral ☐ IV ☐ Both

136 Carboplatin

☐ yes ☐ no

137 Total dose: _____ mg

138 Date started: ____ - ____ - ____

139 Cisplatin (Platinol, CDDP)

☐ yes ☐ no

140 Total dose: _____ mg

141 Date started: ____ - ____ - ____

142 Cladribine (2-CdA, Leustatin)

☐ yes ☐ no

143 Total dose: _____ mg

144 Date started: ____ - ____ - ____

145 Corticosteroids

(excluding anti-nausea medication)

☐ yes ☐ no

146 Methylprednisolone (Solu-Medrol)

☐ yes ☐ no

147 Total dose: _____ mg

148 Date started: ____ - ____ - ____

149 Prednisone

☐ yes ☐ no

150 Total dose: _____ mg

151 Date started: ____ - ____ - ____

152 Dexamethasone

☐ yes ☐ no

153 Total dose: _____ mg

154 Date started: ____ - ____ - ____

155 Other corticosteroid

☐ yes ☐ no

156 Total dose: _____ mg

157 Date started: ____ - ____ - ____

158 Specify other corticosteroid: _____

159 Cyclophosphamide (Cytoxan)

☐ yes ☐ no

160 Total dose: _____ mg

161 Date started: ____ - ____ - ____

162 Cytarabine (Ara-C)

☐ yes ☐ no

163 Total dose: _____ mg

164 Date started: ____ - ____ - ____

165 Etoposide (VP-16, VePesid)

☐ yes ☐ no

166 Total dose: _____ mg

167 Date started: ____ - ____ - ____

168 Fludarabine

☐ yes ☐ no

169 Total dose: _____ mg

170 Date started: ____ - ____ - ____

171 Ifosfamide

☐ yes ☐ no

172 Total dose: _____ mg

173 Date started: ____ - ____ - ____

174 Imatinib mesylate (STI571, Gleevec)

☐ yes ☐ no

175 Total dose: _____ mg

176 Date started: ____ - ____ - ____

177 Intrathecal therapy

☐ yes ☐ no

178 Intrathecal cytarabine (IT Ara-C)

☐ yes ☐ no

179 Total dose: _____ mg

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180 Date started: ____ - ____ - ____

181 Intrathecal methotrexate (IT MTX)

☐ yes ☐ no

182 Total dose: _____ mg

183 Date started: ____ - ____ - ____

184 Intrathecal thiotepa

☐ yes ☐ no

185 Total dose: _____ mg

186 Date started: ____ - ____ - ____

187 Other intrathecal drug

☐ yes ☐ no

188 Total dose: _____ mg

189 Date started: ____ - ____ - ____

190 Specify other intrathecal drug: _____

191 Melphalan (L-Pam)

☐ yes ☐ no

192 Total dose: _____ mg

193 Date started: ____ - ____ - ____

194 Specify administration

☐ Oral ☐ IV ☐ Both

195 Mitoxantrone (Novantrone)

☐ yes ☐ no

196 Total dose: _____ mg

197 Date started: ____ - ____ - ____

198 Monoclonal antibody

☐ yes ☐ no

199 Radio labeled MAb

☐ yes ☐ no

200 Total dose of radioactive component: _____ ☐ mCi ☐ MBq

201 Date started: ____ - ____ - ____

Specify radio labeled MAb:

202 Tositumomab (Bexxar)

☐ yes ☐ no

203 Ibritumomab tiuxetan (Zevalin)

☐ yes ☐ no

204 Other radio labeled MAb

☐ yes ☐ no

205 Specify other radio labeled MAb: _____

206 Alemtuzumab (Campath)

☐ yes ☐ no

207 Total dose: _____ mg

208 Date started: ____ - ____ - ____

209 Rituximab (Rituxan, anti CD20)

☐ yes ☐ no

210 Total dose: _____ mg

211 Date started: ____ - ____ - ____

212 Gemtuzumab (Mylotarg, anti CD33)

☐ yes ☐ no

213 Total dose: _____ mg

214 Date started: ____ - ____ - ____

215 Other MAb

☐ yes ☐ no

216 Total dose: _____ mg

217 Date started: ____ - ____ - ____

218 Specify other MAb: _____

219 Nitrosourea

☐ yes ☐ no

220 Carmustine (BCNU)

☐ yes ☐ no

221 Total dose: _____ mg

222 Date started: ____ - ____ - ____

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223 CCNU (Lomustine)

☐ yes ☐ no

224 Total dose: _____ mg

225 Date started: ____ - ____ - ____

226 Other nitrosourea

☐ yes ☐ no

227 Total dose: _____ mg

228 Date started: ____ - ____ - ____

229 Specify other nitrosourea: _____

230 Paclitaxel (Taxol, Xyotax)

☐ yes ☐ no

231 Total dose: _____ mg

232 Date started: ____ - ____ - ____

233 Teniposide (VM26)

☐ yes ☐ no

234 Total dose: _____ mg

235 Date started: ____ - ____ - ____

236 Thiotepa

☐ yes ☐ no

237 Total dose: _____ mg

238 Date started: ____ - ____ - ____

239 Other drug

☐ yes ☐ no

240 Total dose: _____ mg

241 Date started: ____ - ____ - ____

242 Specify other drug: _____

243 Were pharmacokinetics performed to determine preparative regimen drug dosing?

☐ yes ☐ no

Specify drugs:

244 Busulfan

☐ yes ☐ no

245 Carboplatin

☐ yes ☐ no

246 Other drug

☐ yes ☐ no

247 Specify other drug: _____

Socioeconomic Information

Questions: 248 - 264

248 Is the recipient an adult (18 years of age or older) or emancipated minor?

☐ yes ☐ no

249 Specify the recipient's marital status

- ☐ single, never married
- ☐ married or living with a partner
- ☐ separated
- ☐ divorced
- ☐ widowed
- ☐ Unknown

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250 Specify the category which best describes the recipient's current occupation

(If the recipient is not currently employed, check the box which best describes his/her last job.)

- ☐ Professional, technical, or related occupation (e.g., teacher/professor, nurse/physician, lawyer, engineer)
- ☐ Manager, administrator, or proprietor (e.g., sales manager, real estate agent, postmaster)
- ☐ Clerical or related occupation (e.g., secretary, clerk, mail carrier)
- ☐ Sales occupation (e.g., sales associate, demonstrator, agent, broker)
- ☐ Service occupation (e.g., police officer, cook, hairdresser)
- ☐ Skilled craft or related occupation (e.g., carpenter, repair technician, telephone line worker)
- ☐ Equipment / vehicle operator or related occupation (e.g., driver, railroad brakeman, sewer worker)
- ☐ Laborer (e.g., helper, longshoreman, warehouse worker)
- ☐ Farmer (e.g., owner, manager, operator, tenant)
- ☐ Member of the military
- ☐ Homemaker
- ☐ Student
- ☐ Under school age
- ☐ Not previously employed
- ☐ Unknown
- ☐ Other

251 Specify other occupation: _____

252 What is the recipient's current or most recent work status prior to illness?

- ☐ Full time
- ☐ Part time, by choice and not due to illness
- ☐ Part time, due to illness
- ☐ Unemployed, by choice and not due to illness
- ☐ Unemployed, due to illness
- ☐ Medical disability
- ☐ Retired
- ☐ Unknown

253 What is the highest educational grade the recipient completed?

- ☐ No primary education / under school age: No schooling (US Equivalent: Less than 1st Grade Education)
- ☐ Less than primary or elementary education: Some formal schooling, but less than a complete primary or elementary education (US Equivalent: More than 1st grade education, but less than 6th grade education)
- ☐ Primary or elementary education: Beginning at age 5-7 and continuing for about 4-6 years (US Equivalent: Starts with 1st grade and ends with 6th grade)
- ☐ Lower secondary education: Beginning at about age 11-12 and continuing for about 2-3 years (US Equivalent: Starts with 7th grade and typically ends with 9th grade)
- ☐ Upper secondary education: Beginning at about age 15-16 and continuing for about 3 years (US Equivalent: Starts with 10th grade and ends with 12th grade)
- ☐ Post-secondary, non-tertiary education: Programs lasting 6 months - 2 years (US Equivalent: Vocational programs of study)
- ☐ Tertiary education, Type A: Programs that provide education that is largely theoretical, lasting 3-4 years (US Equivalent: Includes university programs that last 4 years and lead to the award of a bachelor's degree, and university programs that lead to a master's degree)
- ☐ Tertiary education, Type B: Programs that focus on practical, technical or occupational skills with a minimum duration of 2 years of full-time enrollment (US Equivalent: Programs typically offered at community colleges that lead to an associate's degree)
- ☐ Advanced research qualification: Programs that lead to the award of an advanced post-graduate degree, such as a Ph.D. (US Equivalent: Programs devoted to advanced study and original research)

254 Is the recipient currently in school, or was enrolled prior to illness?

- ☐ yes ☐ no ☐ Unknown

255 Is the recipient covered by health insurance?

- ☐ yes ☐ no

Specify type of health insurance:

256 Government-sponsored Medicaid

(U.S.)

- ☐ yes ☐ no

257 Government-sponsored Medicare

(U.S.)

- ☐ yes ☐ no

258 Government-sponsored National Health Insurance

(non U.S.)

- ☐ yes ☐ no

259 Government-sponsored Veteran's Affairs / military

- ☐ yes ☐ no

260 Private health insurance (premium paid by individual) or group health insurance

- ☐ yes ☐ no

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261 Employer-sponsored disability insurance

☐ yes ☐ no

262 Other

☐ yes ☐ no

263 Specify other health insurance: _____

264 Specify the recipient's combined household gross annual income

(Include earnings by all family members living in the household, before taxes.) **(For U.S. residents only)**

☐ Less than \$20,000

☐ \$20,000–\$39,999

☐ \$40,000–\$59,999

☐ \$60,000–\$79,999

☐ \$80,000–\$99,999

☐ \$100,000 and over

☐ Recipient declines to provide this information

☐ Unknown

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____