

Form 2147 R3.0: Hepatitis Serology 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: _____	
Serological Evidence of Hepatitis Exposure / Infection - Recipient	
Questions: 1 - 9	
Specify hepatitis testing performed for infections that developed post-HSCT (or, if this is the first post-HSCT report, since diagnosis):	
1 Hepatitis B core antibody (HBcAb)	
<input type="checkbox"/>	Positive
<input type="checkbox"/>	Negative
<input type="checkbox"/>	Inconclusive
<input type="checkbox"/>	Not tested
<input type="checkbox"/>	confirm prior result
2 Hepatitis B surface antigen (HBsAg)	
<input type="checkbox"/>	Positive
<input type="checkbox"/>	Negative
<input type="checkbox"/>	Inconclusive
<input type="checkbox"/>	Not tested
<input type="checkbox"/>	confirm prior result
3 Hepatitis B e antigen (HBeAg)	
<input type="checkbox"/>	Positive
<input type="checkbox"/>	Negative
<input type="checkbox"/>	Inconclusive
<input type="checkbox"/>	Not tested
4 Hepatitis C antibody (HCAb)	
<input type="checkbox"/>	Positive
<input type="checkbox"/>	Negative
<input type="checkbox"/>	Inconclusive
<input type="checkbox"/>	Not tested
<input type="checkbox"/>	confirm prior result
Post HSCT Hepatitis B Viral Load Levels - Recipient (1)	
Questions: 5 - 6	
Specify all documented hepatitis B viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since diagnosis):	
5 Date: ____-____-____	
6 Hepatitis B viral load level: _____	
<input type="checkbox"/>	log IU
<input type="checkbox"/>	IU/mL
<input type="checkbox"/>	copies/mL
<input type="checkbox"/>	pg/mL
Post HSCT Hepatitis C Viral Load Levels - Recipient (1)	
Questions: 7 - 8	
Specify all documented hepatitis C viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since diagnosis):	
7 Date: ____-____-____	

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8 Hepatitis C viral load: log IU IU/mL

9 Were any liver biopsies performed for cytology and/or pathology, or liver samples taken from an autopsy, since the date of the last report (or, if this is the first post-HSCT report, since diagnosis)?

yes Attach a copy of liver cytology / pathology report(s)

no

Serological Evidence of Hepatitis Exposure / Infection - Donor

Questions: 10 - 17

Specify hepatitis testing performed for infections that developed post-HSCT (or, if this is the first post-HSCT report, since the date of the stem cell harvest).

10 Hepatitis B core antibody (HBcAb)

Positive Negative Inconclusive Not tested confirm prior result

11 Hepatitis B surface antigen (HBsAg)

Positive Negative Inconclusive Not tested confirm prior result

12 Hepatitis B e antigen (HBeAg)

Positive Negative Inconclusive Not tested

13 Hepatitis C antibody (HCAb)

Positive Negative Inconclusive Not tested confirm prior result

Post HSCT Hepatitis B Viral Load Levels - Donor (1)

Questions: 14 - 15

Specify all documented hepatitis B viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since the date of the stem cell harvest).

14 Date: - -

15 Hepatitis B viral load level: log IU IU/mL copies/mL pg/mL

Post HSCT Hepatitis C Viral Load Levels - Donor (1)

Questions: 16 - 17

Specify all documented hepatitis C viral load levels obtained since the date of the last report (or, if this is the first post-HSCT report, since the date of the stem cell harvest):

16 Date: - -

17 Hepatitis C viral load: log IU IU/mL

Antiviral Therapy for Hepatitis

Questions: 18 - 37

18 Was therapy given for hepatitis since the date of the last report (or, if this is the first post-HSCT report, since diagnosis)?

yes no

Lamivudine Therapy (1)

Questions: 19 - 24

19 Lamivudine therapy given:

yes no

20 Date Started: - -

21 Daily Dose: mg

22 Reason antiviral therapy started:

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23 Therapy Stopped?

☐ yes ☐ no

24 Date Stopped: ____ - ____ - ____

Interferon Therapy (1)

Questions: 25 - 30

25 Interferon therapy given:

☐ yes ☐ no

26 Date Started: ____ - ____ - ____

27 Daily Dose: _____ mg

28 Reason antiviral therapy started: _____

29 Therapy Stopped?

☐ yes ☐ no

30 Date Stopped: ____ - ____ - ____

Other Antiviral Therapy (1)

Questions: 31 - 37

31 Other antiviral therapy given:

☐ yes ☐ no

32 Specify other antiviral therapy given: _____

33 Date Started: ____ - ____ - ____

34 Daily Dose: _____ mg

35 Reason antiviral therapy started: _____

36 Therapy Stopped?

☐ yes ☐ no

37 Date Stopped: ____ - ____ - ____

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____