

Form 2500 R2.0: Recipient Eligibility Form

Center: CRID:

Key Fields

Sequence Number:
Date Received: - - - - -
CIBMTR Center Number:
CIBMTR Research ID:
Event date: - - - - -

Recipient Exposure

Questions: 1 - 1

- 1 Specify if the recipient received any of the following (at any time prior to HCT / infusion) (check all that apply)
- ☐ Blinatumomab (Blincyto)
 - ☐ Gemtuzumab ozogamicin (Mylotarg)
 - ☐ Inotuzumab ozogamicin (Besponsa™)
 - ☐ Adienne Tepadina®
 - ☐ None of the above

Tepadina

Questions: 2 - 2

- 2 Was there any extranodal lymphoma involvement of brain, cerebrospinal fluid (CSF), or leptomeningeal? (at any time prior to the start of the preparative regimen)
- ☐ Yes ☐ No

First Name:
Last Name:
E-mail address:
Date: - - - - -