

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

Key Fields	
Sequence Number: _____	
Date Received: ____-____-____	
CIBMTR Center Number: _____	
CIBMTR Recipient ID: _____	
Has this patient's data been previously reported to USIDNET?	
<input type="checkbox"/> yes	<input type="checkbox"/> no
USIDNET 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: _____	
Laboratory Studies Post-HSCT	
Questions: 1 - 43	
1 Date of most recent hematologic testing: ____-____-____	
2 WBC: _____ WBC not tested	
<input type="checkbox"/> x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )	
<input type="checkbox"/> x 10 <sup>6</sup> /L	
3 Lymphocytes: _____ % Lymphocytes not tested	
4 Eosinophils: _____ % Eosinophils not tested	
5 Polymorphonuclear leukocytes (PMN): _____ % Polymorphonuclear leukocytes (PMN) not tested	
6 Hemoglobin: _____ Hemoglobin not tested transfused RBC < 30 days from date of test	
<input type="checkbox"/> g/dL	<input type="checkbox"/> g/L
<input type="checkbox"/> mmol/L	
7 Platelets: _____ Platelets not tested transfused platelets < 7 days from date of test	
<input type="checkbox"/> x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )	
<input type="checkbox"/> x 10 <sup>6</sup> /L	

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

Immunoglobulin Analysis

Specify the most recent quantitative immunoglobulins measured since the date of the last report.

For questions 8–13, also report immunoglobulins in the Form 2100 – 100 Days Post-HSCT Data beginning at question 55, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 26.

For questions 16–17, also report IVIG in the Form 2100 – 100 Days Post-HSCT Data beginning at question 61, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 32.

8 IgG value: mg/dL g/dL g/L IgG not tested

9 Date tested: - - - - -

10 IgM value mg/dL g/dL g/L IgM not tested

11 Date tested: - - - - -

12 IgA value: mg/dL g/dL g/L IgA not tested

13 Date tested: - - - - -

14 IgE value IU/mL IgE not tested

15 Date tested: - - - - -

16 Did the recipient receive supplemental intravenous immunoglobulins (IVIG)(since the date of the last report)?

yes no Unknown

17 Was therapy ongoing within one month of immunoglobulin testing?

yes no

Lymphocyte Analysis

Specify the most recent lymphocyte assessment measured since the date of the last report.

For questions 19 and 21–34, also report lymphocytes in the Form 2100 – 100 Days Post-HSCT Data beginning at question 71, or in the Form 2200 — Six Months to Two Years Post-HSCT Data beginning at question 42.

18 Were lymphocyte analyses performed?

yes no

19 Date of most recent testing performed: - - - - -

20 Absolute lymphocyte count value: cells /  $\mu$ L (cells /mm<sup>3</sup>)

21 CD3 (T cells) % of total lymphocytes %

-- or --

CD3 (T cells) value x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>) x 10<sup>6</sup>/L CD3 (T cells) not tested

22 CD4 (T helper cells) % of total lymphocytes %

-- or --

CD4 (T helper cells) value x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>) x 10<sup>6</sup>/L CD4 (T helper cells) not tested

23 CD8 (cytotoxic T cells) % of total lymphocytes %

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

-- or --

CD8 (cytotoxic T cells) value:

CD8 (cytotoxic T cells) not tested

x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)

x 10<sup>6</sup>/L

24 CD20 (B lymphocyte cells) % of total lymphocytes %

-- or --

CD20 (B lymphocyte cells) value:

CD20 (B lymphocyte cells) not tested

x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)

x 10<sup>6</sup>/L

25 CD56 (natural killer (NK) cells) % of total lymphocytes %

-- or --

CD56 (natural killer (NK) cells) value

CD56 (natural killer (NK) cells) not tested

x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)

x 10<sup>6</sup>/L

26 CD4+/CD45RA+ (naive T cells) % of total lymphocytes %

-- or --

CD4+/CD45RA+ (naive T cells) value

CD4+ / CD45RA+ (naive T cells) not tested

x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)

x 10<sup>6</sup>/L

27 CD4+/CD45RO+ (memory T cells) % of total lymphocytes %

-- or --

CD4+/CD45RO+ (memory T cells) value

CD4+/CD45RO+ (memory T cells) not tested

x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)

x 10<sup>6</sup>/L

Antibody Response

Specify the most recent antibody responses measured since the date of the last report.

28 Date antibody responses were assessed: - - - - - - - - - -

29 Diphtheria

Absent

Low

Normal

Not Tested

30 Protein conjugated HIB or pneumococcal vaccine

Absent

Low

Normal

Not Tested

31 Tetanus

Absent

Low

Normal

Not Tested

32 Unconjugated pneumococcal polysaccharide: /

# of serotypes producing a protective level

Total serotypes tested from vaccine

33 Conjugated pneumococcal polysaccharide: /

# of serotypes producing a protective level

Total serotypes tested from vaccine

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

Lymphocyte Function

Specify the most recent lymphocyte function measured since the date of the last report.

34 Date lymphocyte function was assessed: - - - - - - - - - -

35 Anti-CD3

- ☐ Absent
- ☐ Low (10-30% of control)
- ☐ Normal
- ☐ Not tested

36 Candida antigen

- ☐ Absent
- ☐ Low (10-30% of control)
- ☐ Normal
- ☐ Not tested

37 Concavalin A (ConA)

- ☐ Absent
- ☐ Low (10-30% of control)
- ☐ Normal
- ☐ Not tested

38 Phytohemagglutinin (PHA)

- ☐ Absent
- ☐ Low (10-30% of control)
- ☐ Normal
- ☐ Not tested

39 Pokeweed mitogen (PWM)

- ☐ Absent
- ☐ Low (10-30% of control)
- ☐ Normal
- ☐ Not tested

40 Tetanus antigen

- ☐ Absent
- ☐ Low (10-30% of control)
- ☐ Normal
- ☐ Not tested

Oxidative Burst

Specify the most recent oxidative burst measured since the date of the last report.

41 Date oxidative burst was assessed: - - - - - - - - - -

# Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center:

CRID:

42 Neutrophils with normal respiratory burst: \_\_\_\_\_ %

43 Specify evaluative technique used: \_\_\_\_\_

## Clinical Features Assessed Post-HSCT

Questions: 44 - 116

44 Adenitis

☐ yes ☐ no

## Post-CGD Adenitis Infection Multiple (1)

Questions: 45 - 46

45 Organism: \_\_\_\_\_

46 Specify other organism: \_\_\_\_\_

47 If adenitis was present, was it a prominent feature of CGD?

☐ yes ☐ no

48 Brain abscess

☐ yes ☐ no

## Post-CGD Brain Abscess Multiple (1)

Questions: 49 - 50

49 Organism \_\_\_\_\_

50 Specify other organism: \_\_\_\_\_

51 If brain abscess was present, was it a prominent feature of CGD?

☐ yes ☐ no

52 Cellulitis

☐ yes ☐ no

## Post-CGD Cellulitis Multiple (1)

Questions: 53 - 54

53 Organism \_\_\_\_\_

54 Specify other organism: \_\_\_\_\_

55 If cellulitis was present, was it a prominent feature of CGD?

☐ yes ☐ no

56 Furuncles

☐ yes ☐ no

## Post-CGD Furuncles Multiple (1)

Questions: 57 - 58

57 Organism \_\_\_\_\_

58 Specify other organism: \_\_\_\_\_

59 If furuncles was present, was it a prominent feature of CGD?

☐ yes ☐ no

60 Genitourinary

☐ yes ☐ no

## Post-CGD Genitourinary Multiple (1)

Questions: 61 - 62

61 Organism \_\_\_\_\_

62 Specify other organism: \_\_\_\_\_

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

63

If genitourinary infection was present, was it a prominent feature of CGD?

yes

no

64

Impetigo

yes

no

Post-CGD Impetigo Multiple (1)Questions: 65 - 66

65

Organism

66

Specify other organism:

67

If impetigo was present, was it a prominent feature of CGD?

yes

no

68

Joint

yes

no

Post-CGD Joint Multiple (1)Questions: 69 - 70

69

Organism

70

Specify other organism:

71

If joint infection was present, was it a prominent feature of CGD?

yes

no

72

Liver abscess

yes

no

Post-CGD Liver Abscess Multiple (1)Questions: 73 - 74

73

Organism

74

Specify other organism:

75

If liver abscess was present, was it a prominent feature of CGD?

yes

no

76

Lung abscess

yes

no

Post-CGD Lung Abscess Multiple (1)Questions: 77 - 78

77

Organism

78

Specify other organism:

79

If lung abscess was present, was it a prominent feature of CGD?

yes

no

80

Lymph node abscess

yes

no

Post-CGD Lymph Nodes Abscess Multiple (1)Questions: 81 - 82

81

Organism

82

Specify other organism:

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

83

If lymph nodes abscess was present, was it a prominent feature of CGD?

yes

no

84

Meningitis / encephalitis

yes

no

Post-CGD Meningitis / Encephalitis Multiple (1)

Questions: 85 - 86

85

Organism: \_\_\_\_\_

86

Specify other organism: \_\_\_\_\_

87

If meningitis / encephalitis was present, was it a prominent feature of CGD?

yes

no

88

Osteomyelitis

yes

no

Post-CGD Osteomyelitis Multiple (1)

Questions: 89 - 90

89

Organism \_\_\_\_\_

90

Specify other organism: \_\_\_\_\_

91

If osteomyelitis was present, was it a prominent feature of CGD?

yes

no

92

Perirectal abscess

yes

no

Post-CGD Perirectal Abscess Multiple (1)

Questions: 93 - 94

93

Organism \_\_\_\_\_

94

Specify other organism: \_\_\_\_\_

95

If perirectal abscess was present, was it a prominent feature of CGD?

yes

no

96

Pneumonia

yes

no

Post-CGD Pneumonia Multiple (1)

Questions: 97 - 98

97

Organism: \_\_\_\_\_

98

Specify other organism: \_\_\_\_\_

99

If pneumonia was present, was it a prominent feature of CGD?

yes

no

100

Severe or protracted diarrhea

yes

no

Post-CGD Diarrhea Multiple (1)

Questions: 101 - 102

101

Organism: \_\_\_\_\_

102

Specify other organism: \_\_\_\_\_

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

103

If severe or protracted diarrhea was present, was it a prominent feature of CGD?

yes

no

104

Subcutaneous abscess

yes

no

Post-CGD Subcutaneous Abscess Multiple (1)

Questions: 105 - 106

105

Organism \_\_\_\_\_

106

Specify other organism: \_\_\_\_\_

107

If subcutaneous abscess was present, was it a prominent feature of CGD?

yes

no

108

Systemic infection

yes

no

Post-CGD Systemic Infection Multiple (1)

Questions: 109 - 110

109

Organism: \_\_\_\_\_

110

Specify other organism: \_\_\_\_\_

111

If systemic infection was present, was it a prominent feature of CGD?

yes

no

112

Other infection

yes

no

Post-CGD Other Infection Multiple (1)

Questions: 113 - 114

113

Organism: \_\_\_\_\_

114

Specify other organism: \_\_\_\_\_

115

Specify other infection site: \_\_\_\_\_

116

If other infection was present, was it a prominent feature of CGD?

yes

no

Clinical Status Post-HSCT

Questions: 117 - 154

117

Did the recipient experience any of the following clinical features (since the date of the last report)?

yes

no

118

Is autoimmune hemolytic anemia present?

yes

no

119

Is autoimmune hemolytic anemia prominent?

yes

no

120

Is delayed puberty present?

yes

no

121

Is delayed puberty prominent?

yes

no

122

Is failure to thrive (weight<5th percentile) present?

yes

no



# Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center:

CRID:

**123** Is failure to thrive (weight<5th percentile) prominent?

☐ yes ☐ no

**124** Is gastric outlet obstruction present?

☐ yes ☐ no

**125** Is gastric outlet obstruction prominent?

☐ yes ☐ no

**126** Is acute graft versus host disease present?

☐ yes ☐ no

**127** Is acute graft versus host disease prominent?

☐ yes ☐ no

**128** Is chronic graft versus host disease present?

☐ yes ☐ no

**129** Is chronic graft versus host disease prominent?

☐ yes ☐ no

**130** Is growth hormone deficiency present?

☐ yes ☐ no

**131** Is growth hormone deficiency prominent?

☐ yes ☐ no

**132** Is growth retardation (height<5th percentile) present?

☐ yes ☐ no

**133** Is growth retardation (height<5th percentile) prominent?

☐ yes ☐ no

**134** Is hypothyroidism present?

☐ yes ☐ no

**135** Is hypothyroidism prominent?

☐ yes ☐ no

**136** Is inflammatory bowel disease present?

☐ yes ☐ no

**137** Is inflammatory bowel disease prominent?

☐ yes ☐ no

**138** Is lymphoproliferative disease present?

☐ yes ☐ no

**139** Is lymphoproliferative disease prominent?

☐ yes ☐ no

**140** Is pulmonary fibrosis present?

☐ yes ☐ no

**141** Is pulmonary fibrosis prominent?

☐ yes ☐ no

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

142 Is systemic inflammatory process present?

yes no

143 Is systemic inflammatory process prominent?

yes no

144 Is thrombocytopenia (< 100 x 10<sup>9</sup>/L) present?

yes no

145 Is thrombocytopenia (< 100 x 10<sup>9</sup>/L) prominent?

yes no

146 Is urinary outlet obstruction present?

yes no

147 Is urinary outlet obstruction prominent?

yes no

148 Is Veno-occlusive disease (VOD) present?

yes no

149 Is Veno-occlusive disease (VOD) prominent?

yes no

150 Are other clinical features present?

yes no

151 Are other features prominent?

yes no

152 Specify other features: \_\_\_\_\_

153 Did the recipient receive parenteral nutrition (since the date of the last report)?

yes no

154 Did the recipient receive mechanical ventilation (since the date of the last report)?

yes no

Post-HSCT Treatment for Chronic Granulomatous Disease

Questions: 155 - 226

155 Was treatment given (since the date of the report)?

yes no

Also report immunosuppressive medications given to prevent or treat GVHD in the corresponding questions on the Form 2000—Recipient Baseline Data, Form 2100—100 Days Post-HSCT Data, Form 2200—Six Months to Two Years Post- HSCT Data, or Form 2300—Yearly Follow-Up for Greater Than Two Years Post-HSCT Data.

Prophylactic drugs paused for < 1 week should not be considered as “Prophylactic Drug Stopped.”

156 Were antifungal drug(s) given as prophylaxis?

yes no

157 Were prophylactic antifungal drug(s) stopped?

yes no

158 Date prophylactic antifungal drug(s) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

date estimated Date unknown

159 Were antiviral drug(s) given as prophylaxis?

yes no

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center:

CRID:

160 Were prophylactic antiviral drug(s) stopped?

yes no

161 Date prophylactic antivial drug(s) stopped: - - - - -

date estimated Date unknown

162 Was co-trimoxazole (Bactrim, Septra) given as prophylaxis?

yes no

163 Were co-trimoxazole (Bactrim, Septra) stopped?

yes no

164 Date co-trimoxazole (Bactrim, Septra) stopped: - - - - -

date estimated Date unknown

Therapy paused for < 1 week should not be considered as "Therapy Stopped."

165 Was antithymocyte globulin (ATG, ATGAM, Thymoglobulin) given as therapy?

yes no

166 Was therapeutic antithymocyte globulin (ATG, ATGAM, Thymoglobulin) stopped?

yes no

167 Date therapeutic antithymocyte globulin (ATG, ATGAM, Thymoglobulin) stopped: - - - - -

date estimated

Date unknown

168 Were systemic corticosteroids given as therapy?

yes no

169 Were therapeutic systemic corticosteroids stopped?

yes no

170 Date therapeutic systemic corticosteroids stopped: - - - - -

date estimated Date unknown

171 Were topical corticosteroids given as therapy?

yes no

172 Were therapeutic topical corticosteroids stopped?

yes no

173 Date therapeutic topical corticosteroids stopped: - - - - -

date estimated Date unknown

174 Was cyclophosphamide (CTX, Cytoxan, Neosar) given as therapy?

yes no

175 Was therapeutic cyclophosphamide (CTX, Cytoxan, Neosar) stopped?

yes no

176 Date therapeutic cyclophosphamide (CTX, Cytoxan, Neosar) stopped: - - - - -

date estimated

Date unknown

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

177 Was cyclosporine (CsA, Neoral, Sandimmune) given as therapy?

in yes in no

178 Was therapeutic cyclosporine (CsA, Neoral, Sandimmune) stopped?

in yes in no

179 Date therapeutic cyclosporine (CsA, Neoral, Sandimmune) stopped? \_\_\_\_ - \_\_\_\_ - \_\_\_\_

in date estimated

in Date unknown

180 Was in vivo monoclonal antibody given as therapy?

in yes in no

Specify monoclonal antibody:

181 Was alemtuzumab (Campath) given as therapy?

in yes in no

182 Was therapeutic alemtuzumab (Campath) stopped?

in yes in no

183 Date therapeutic alemtuzumab (Campath) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

in date estimated

in Date unknown

184 Was daclizumab (anti-CD25, Zenapax) given as therapy?

in yes in no

185 Was therapeutic daclizumab (anti-CD25, Zenapax) stopped?

in yes in no

186 Date therapeutic daclizumab (anti-CD25, Zenapax) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

in date estimated

in Date unknown

187 Was etanercept (Enbrel) given as therapy?

in yes in no

188 Was therapeutic etanercept (Enbrel) stopped?

in yes in no

189 Date therapeutic etanercept (Enbrel) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

in date estimated

in Date unknown

190 Was infliximab (anti-TNF-α, Remicade) given as therapy?

in yes in no

191 Was therapeutic infliximab (anti-TNF-α, Remicade) stopped?

in yes in no

192 Date therapeutic infliximab (anti-TNF-α, Remicade) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

in date estimated

in Date unknown

# Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center:

CRID:

**193** Was muromonab (anti-CD3, OKT3) given as therapy?

☐ yes ☐ no

**194** Was therapeutic muromonab (anti-CD3, OKT3) stopped?

☐ yes ☐ no

**195** Date therapeutic muromonab (anti-CD3, OKT3) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ date estimated

☐ Date unknown

**196** Was rituximab (anti-CD20, Rituxan, Mab Thera) given as therapy?

☐ yes ☐ no

**197** Was therapeutic rituximab (anti-CD20, Rituxan, Mab Thera) stopped?

☐ yes ☐ no

**198** Date therapeutic rituximab (anti-CD20, Rituxan, Mab Thera) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ date estimated

☐ Date unknown

**199** Was any other monoclonal antibody given as therapy?

☐ yes ☐ no

**200** Was therapeutic other monoclonal antibody stopped?

☐ yes ☐ no

**201** Date therapeutic other monoclonal antibody stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ date estimated

☐ Date unknown

**202** Specify other monoclonal antibody: \_\_\_\_\_

**203** Was lenalidomide (Revlimid) given as therapy?

☐ yes ☐ no

**204** Was therapeutic lenalidomide (Revlimid) stopped?

☐ yes ☐ no

**205** Date therapeutic lenalidomide (Revlimid) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ date estimated

☐ Date unknown

**206** Was mycophenolate mofetil (MMF, Cellcept) given as therapy?

☐ yes ☐ no

**207** Was therapeutic mycophenolate mofetil (MMF, Cellcept) stopped?

☐ yes ☐ no

**208** Date therapeutic mycophenolate mofetil (MMF, Cellcept) stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ date estimated

☐ Date unknown

**209** Was photopheresis / extracorporeal phototherapy (ECP) given as therapy?

☐ yes ☐ no

**210** Was therapeutic photopheresis / extracorporeal phototherapy (ECP) stopped?

☐ yes ☐ no

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

211 Date therapeutic photopheresis / extracorporeal phototherapy (ECP) stopped: - - - - - - - - - -

date estimated

Date unknown

212 Was sirolimus (Rapamune) given as therapy?

yes no

213 Was therapeutic sirolimus (Rapamune) stopped?

yes no

214 Date therapeutic sirolimus (Rapamune) stopped: - - - - - - - - - -

date estimated

Date unknown

215 Was tacrolimus (FK506, Prograf) given as therapy?

yes no

216 Was therapeutic tacrolimus (FK506, Prograf) stopped?

yes no

217 Date therapeutic tacrolimus (FK506, Prograf) stopped: - - - - - - - - - -

date estimated

Date unknown

218 Was thalidomide (Thalomid) given as therapy?

yes no

219 Was therapeutic thalidomide (Thalomid) stopped?

yes no

220 Date therapeutic thalidomide (Thalomid) stopped: - - - - - - - - - -

date estimated

Date unknown

221 Were other immunosuppressive drugs given as therapy?

yes no

222 Was the other therapeutic immunosuppressive drug stopped?

yes no

223 Date other therapeutic immunosuppressive drug stopped: - - - - - - - - - -

date estimated

Date unknown

224 Specify other immunosuppressive drug:

225 Did the recipient receive any other significant treatment(s) for CGD (since the date of the last report)?

yes no

226 Specify other treatment(s):

Status of Hematologic Engraftment

Questions: 227 - 232

227 What is the current status of T-cell engraftment?

predominantly or completely donor (>= 80% donor chimerism)

Mixed chimerism

only host T-cells detected (< 5% donor)

Unknown

228 Most recent date T-cell engraftment was assessed: - - - - - - - - - - Date of most recent T-cell engraftment assessment unknown

Form 2155 R2.0: Chronic Granulomatous Disease (CGD) Post-HSCT Data

Center: CRID:

229 What is the current status of B-cell engraftment?

- ☐ predominantly or completely donor (>= 80% donor chimerism)
- ☐ Mixed chimerism
- ☐ only host B-cells detected (< 5% donor)
- ☐ Unknown

230 Most recent date B-cell engraftment was assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ☐ Date of most recent B-cell engraftment assessment unknown

231 What is the current status of myeloid engraftment?

- ☐ predominantly or completely donor (>= 80% donor chimerism)
- ☐ Mixed chimerism
- ☐ only host myeloid cells detected (< 5% donor)
- ☐ Unknown

232 Most recent date myeloid engraftment was assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ☐ Date of most recent myeloid engraftment assessment unknown

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

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_