# Form 2047 R3.0: Hepatitis Serology Pre-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):**

- Autologous
- Allogeneic, unrelated
- Allogeneic, related
- Syngeneic (identical twin)

**Product type (check all that apply):**

- Marrow
- PBSC
- Cord blood
- Other product

Specify: _____

## Serological Evidence of Prior Hepatitis Exposure / Infection - Recipient

**Questions: 1 - 6**

**1** Specify and/or confirm previous Hepatitis B surface antigen (HBsAg) testing performed and reported on the Form 2000- Recipient Baseline Data:

Positive Negative Inconclusive Not tested

### Pre-HSCT recipient Hepatitis B (1)

**Questions: 2 - 3**

**Provide all documented hepatitis B viral load levels obtained within 3 months prior to the preparative regimen. If no values were obtained in the 3 months prior to the preparative regimen, provide and date the most recent values obtained prior to the preparative regimen.**

**2** Date: __ __ __ __ - __ __- __ __

**3** Hepatitis B viral load level: _____ log IU IU/mL copies/mL pg/mL

### Pre-HSCT recipient Hepatitis C (1)

**Questions: 4 - 5**

**4** Date: __ __ __ __ - __ __- __ __

**5** Hepatitis C viral load: _____ log IU IU/mL

**6** Were any liver biopsies performed for cytology and/or pathology prior to HSCT?

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

no

## History of Antiviral Therapy for Hepatitis - Recipient

**Questions: 7 - 26**

**7** Did the recipient receive therapy for hepatitis prior to HSCT?

yes no

### Lamivudine Therapy (1)

**Questions: 8 - 13**

**Lamivudine therapy given?**

**8** Course given:

yes no

**9** Date Started: __ __ __ __ - __ __- __ __

**10** Daily Dose: _____ mg

**11** Reason Started: _____

**12** Therapy Stopped?

yes no

**13** Date Stopped: __ __ __ __ - __ __- __ __

## Interferon Therapy (1) — Questions: 14 - 19

**Interferon therapy given?**

**14** Course given:

yes no

**15** Date Started: __ __ __ __ - __ __- __ __

**16** Daily Dose: _____ mg

**17** Reason Started: _____

**18** Therapy Stopped?

yes no

**19** Date Stopped: __ __ __ __ - __ __- __ __

## Other Antiviral Therapy (1) — Questions: 20 - 26

**20** Course given:

yes no

**21** Specify other antiviral therapy given: _____

**22** Date Started: __ __ __ __ - __ __- __ __

**23** Daily Dose: _____ mg

**24** Reason Started: _____

**25** Therapy Stopped?

yes no

**26** Date Stopped: __ __ __ __ - __ __- __ __

## Serological Evidence of Prior Hepatitis Exposure / Infection - Donor — Questions: 27 - 34

**27** Hepatitis B core antibody (HBcAb)

Positive Negative Inconclusive Not tested confirm prior result

**28** Hepatitis B surface antigen (HBsAg)

Positive Negative Inconclusive Not tested confirm prior result

**29** Hepatitis B e antigen (HBeAg)

Positive Negative Inconclusive Not tested

**30** Hepatitis C antibody (HCAb)

Positive Negative Inconclusive Not tested confirm prior result

## Hepatitis B Viral Load Level (1) — Questions: 31 - 32

**31** Date: __ __ __ __ - __ __- __ __

**32** Hepatitis B viral load level: _____ log IU IU/mL copies/mL pg/mL

## Hepatitis C Viral Load Level (1) — Questions: 33 - 34

**33** Date: __ __ __ __ - __ __- __ __

**34** Hepatitis C viral load: _____ log IU IU/mL

## History of Antiviral Therapy for Hepatitis - Donor — Questions: 35 - 54

**35** Did the donor receive therapy for hepatitis prior to the stem cell harvest?

yes no

**36** Lamivudine therapy given?

yes no

**37** Date Started: __ __ __ __ - __ __- __ __

**38** Currently receiving?

yes no

**39** Therapy Stopped?

yes no

**40** Date Stopped: __ __ __ __ - __ __- __ __

**41** Reason Stopped: _____

**42** Intreferon therapy given?

yes no

**43** Date Started: __ __ __ __ - __ __- __ __

**44** Currently receiving?

yes no

**45** Therapy Stopped?

yes no

**46** Date Stopped: __ __ __ __ - __ __- __ __

**47** Reason Stopped: _____

**48** Other antiviral therapy given?

yes no

**49** Specify other therapy: _____

**50** Date Started: __ __ __ __ - __ __- __ __

**51** Currently Receiving?

yes no

**52** Therapy Stopped?

yes no

**53** Date Stopped: __ __ __ __ - __ __- __ __

**54** Reason Stopped: _____

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____