

Form 5001 R1.0: RITN Follow-Up Form

Center: CRID:

Key Fields

Sequence Number: _____
Date Received: ____-____-____
CIBMTR Center Number: _____
CIBMTR Research ID: _____
Event date: ____-____-____
Visit
☐ 100 day ☐ 6 months ☐ 1 year ☐ 2 years ☐ > 2 years
Specify: _____

Vital Status

Questions: 1 - 9

1 Date of actual contact with the patient to determine the medical status for this follow-up report: ____-____-____
2 Specify the patient's survival status at the date of last contact
☐ Alive ☐ Dead
3 Primary cause of death _____
4 Specify: _____
Specify the patient's functional status at last contact:
5 What scale was used to determine the patient's functional status?
☐ Karnofsky ☐ Lansky
6 Karnofsky scale (patient age ≥ 16 years) _____
7 Lansky scale (patient age < 16 years) _____
8 Has the patient become pregnant since the date of last report? (Female only)
☐ Yes ☐ No ☐ Unknown
9 Has the patient fathered any children since the date of last report? (i.e. contributed to any pregnancies) (Male only)
☐ Yes ☐ No ☐ Unknown

Organ Function

Questions: 10 - 39

Provide the most recent value for each lab tested since the date of last report:
10 AST (SGOT)
☐ Known ☐ Unknown
11 _____ ☐ U/L ☐ µkat/L
12 Date sample collected: ____-____-____
13 Upper limit of normal for your institution: _____ ☐ U/L ☐ µkat/L
14 ALT (SGPT)
☐ Known ☐ Unknown
15 _____ ☐ U/L ☐ µkat/L
16 Date sample collected: ____-____-____
17 Upper limit of normal for your institution: _____ ☐ U/L ☐ µkat/L
18 Total serum bilirubin
☐ Known ☐ Unknown
19 _____ ☐ mg/dL ☐ µmol/L
20 Date sample collected: ____-____-____
21 Upper limit of normal for your institution: _____ ☐ mg/dL ☐ µmol/L
22 Serum creatinine
☐ Known ☐ Unknown
23 _____ ☐ mg/dL ☐ mmol/L ☐ µmol/L
24 Date sample collected: ____-____-____
25 Upper limit of normal for your institution: _____ ☐ mg/dL ☐ mmol/L ☐ µmol/L
26 Serum albumin
☐ Known ☐ Unknown
27 _____ ☐ g/dL ☐ g/L
28 Date sample collected: ____-____-____
29 Upper limit of normal for your institution: _____ ☐ g/dL ☐ g/L
30 Amylase
☐ Known ☐ Unknown
31 _____ U/L

Form 5001 R1.0: RITN Follow-Up Form

Center:

CRID:

32 International normalized ratio (INR)
(INR)

☐ Known ☐ Unknown

33

34 Partial thromboplastin time (PTT)

☐ Known ☐ Unknown

35 _____ seconds

36 Reticulocytes
(uncorrected)

☐ Known ☐ Unknown

37 _____ x 10⁹/L

38 Was a bone marrow examination performed?

☐ yes ☐ no ☐ Unknown

39 Date sample collected: ____ - ____ - ____

Complete Blood Count

Questions: 40 - 56

40 Was a complete blood count done since the date of last report?

☐ Yes ☐ No

Report the most recent complete blood count:

41 Date sample collected: ____ - ____ - ____

42 WBC

☐ Known ☐ Unknown

43 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

44 Was G-CSF given ≤ 7 days before date of test?

☐ Yes ☐ No

45 Neutrophils

☐ Known ☐ Unknown

46 _____ %

47 Lymphocytes

☐ Known ☐ Unknown

48 _____ %

49 Hemoglobin

☐ Known ☐ Unknown

50 _____ ☐ g/dL ☐ g/L ☐ mmol/L

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

☐ yes ☐ no

52 Hematocrit

☐ Known ☐ Unknown

53 _____ %

54 Platelets

☐ Known ☐ Unknown

55 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

56 Were platelets transfused ≤ 7 days before date of test?

☐ Yes ☐ No

Lymphocyte Analyses

Questions: 57 - 70

57 Were lymphocyte analyses performed?

☐ yes ☐ no

Report the most recent lab values:

58 Date sample collected: ____ - ____ - ____

59 CD3 (T cells)

☐ Known ☐ Unknown

60 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

61 CD4 (T helper cells)

☐ Known ☐ Unknown

Form 5001 R1.0: RITN Follow-Up Form

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62 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

63 CD8 (cytotoxic T cells)
☐ Known ☐ Unknown

64 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

65 CD19
☐ Known ☐ Unknown

66 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

67 CD20 (B lymphocyte cells)
☐ Known ☐ Unknown

68 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

69 CD56 (natural killer (NK) cells)
☐ Known ☐ Unknown

70 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

Organ Impairment / Disorders

Questions: 71 - 167

Other Organ Impairment/Disorder

71 Has the patient developed any clinically significant organ impairment or disorder since the date of the last report?

☐ Yes ☐ No

Specify impairment/disorder:

Renal

72 Chronic kidney disease / renal impairment (persistent decrease in glomerular filtration rate to < 60 ml/min/1.73m²)

☐ Yes ☐ No

73 Date of diagnosis: ____ - ____ - ____

Report highest values measured in this reporting period:

74 Serum creatinine
 (peak in reporting period)
☐ Known ☐ Unknown

75 _____ ☐ mg/dL ☐ mmol/L ☐ μmol/L

76 Date sample collected: ____ - ____ - ____

77 Glomerular filtration rate
 (GFR) (calculated) (peak in reporting period)
☐ Known ☐ Unknown

78 _____ mL/min/1.73²

79 Date sample collected: ____ - ____ - ____

80 Was a renal biopsy performed?
☐ Yes ☐ No ☐ Unknown

Report the lowest values measured in this reporting period:

81 Serum creatinine
 (lowest in reporting period)
☐ Known ☐ Unknown

82 _____ ☐ mg/dL ☐ mmol/L ☐ μmol/L

83 Date sample collected: ____ - ____ - ____

84 Glomerular filtration rate
 (GFR) (calculated) (peak in reporting period)
☐ Known ☐ Unknown

85 _____ mL/min/1.73²

86 Date sample collected: ____ - ____ - ____

87 Hemorrhagic cystitis/hematuria
☐ Yes ☐ No

88 Date of diagnosis: ____ - ____ - ____

89 Renal failure requiring dialysis
☐ Yes ☐ No

90 Date dialysis started: ____ - ____ - ____

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Cardiac

91 Arrhythmia

(atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmia)

☐ Yes ☐ No

92 Date of diagnosis: ____ - ____ - ____

93 Congestive heart failure / Cardiomyopathy

(EF < 40%)

☐ Yes ☐ No

94 Date of diagnosis: ____ - ____ - ____

95 Specify ejection fraction: _____ %

96 Hypertension requiring therapy

☐ Yes ☐ No

97 Date of diagnosis: ____ - ____ - ____

98 Myocardial infarction / Unstable angina

☐ Yes ☐ No

99 Date of diagnosis: ____ - ____ - ____

100 Pericarditis

☐ Yes ☐ No

101 Date of diagnosis: ____ - ____ - ____

Vascular

102 Deep vein thrombosis (DVT) / Pulmonary embolism (PE)

☐ Yes ☐ No

103 Date of diagnosis: ____ - ____ - ____

104 Was the DVT catheter related?

☐ Yes ☐ No

105 Thrombotic microangiopathy

(TMA)

☐ Yes ☐ No

106 Date of diagnosis: ____ - ____ - ____

Central nervous system

107 CNS hemorrhage

☐ Yes ☐ No

108 Date of diagnosis: ____ - ____ - ____

109 Encephalopathy

(non-infectious)

☐ Yes ☐ No

110 Date of diagnosis: ____ - ____ - ____

111 Neuropathy

☐ Yes ☐ No

112 Date of diagnosis: ____ - ____ - ____

113 Seizures

☐ yes ☐ no

114 Date of diagnosis: ____ - ____ - ____

115 Stroke

☐ Yes ☐ No

116 Date of diagnosis: ____ - ____ - ____

117 Transient ischemic attack

(TIA)

☐ Yes ☐ No

118 Date of diagnosis: ____ - ____ - ____

Endocrine

119 Diabetes / hyperglycemia (requiring chronic treatment)

☐ Yes ☐ No

120 Date of diagnosis: ____ - ____ - ____

121 Growth hormone deficiency / growth disturbance

☐ Yes ☐ No

122 Date of diagnosis: ____ - ____ - ____

123 Hypothyroidism (requiring replacement therapy)

☐ Yes ☐ No

124 Date of diagnosis: ____ - ____ - ____

125 Pancreatitis

☐ Yes ☐ No

126 Date of diagnosis: ____ - ____ - ____

Form 5001 R1.0: RITN Follow-Up Form

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Gastrointestinal

127 Diarrhea requiring therapy (requiring chronic treatment)

☐ Yes ☐ No

128 Date of diagnosis: ____ - ____ - ____

129 Gastrointestinal (GI) bleeding

☐ Yes ☐ No

130 Date of diagnosis: ____ - ____ - ____

Genitourinary

131 Gonadal dysfunction / infertility requiring hormone replacement (testosterone or estrogen)

☐ Yes ☐ No

132 Date of diagnosis: ____ - ____ - ____

Liver Toxicity

133 Cirrhosis

☐ Yes ☐ No

134 Date of diagnosis: ____ - ____ - ____

135 VOD

☐ Yes ☐ No

136 Date of diagnosis: ____ - ____ - ____

137 Other non-infectious liver toxicity

☐ Yes ☐ No

138 Date of diagnosis: ____ - ____ - ____

Musculoskeletal

139 Avascular necrosis

☐ Yes ☐ No

140 Date of diagnosis: ____ - ____ - ____

141 Osteoporosis

☐ Yes ☐ No

142 Date of diagnosis: ____ - ____ - ____

Psychiatric

143 Depression requiring therapy

☐ Yes ☐ No

144 Date of diagnosis: ____ - ____ - ____

145 Anxiety requiring therapy

☐ Yes ☐ No

146 Date of diagnosis: ____ - ____ - ____

147 Post-traumatic stress disorder (PTSD) requiring therapy

☐ Yes ☐ No

148 Date of diagnosis: ____ - ____ - ____

Pulmonary

149 Bronchiolitis obliterans

☐ Yes ☐ No

150 Date of diagnosis: ____ - ____ - ____

151 Cryptogenic organizing pneumonia
(COP/BOOP)

☐ Yes ☐ No

152 Date of diagnosis: ____ - ____ - ____

153 Fibrosis

☐ Yes ☐ No

154 Date of diagnosis: ____ - ____ - ____

155 Interstitial pneumonitis (IPn) / ARDS

☐ Yes ☐ No

156 Date of diagnosis: ____ - ____ - ____

157 Pulmonary or diffuse alveolar hemorrhage

☐ Yes ☐ No

158 Date of diagnosis: ____ - ____ - ____

Skin

159 Strictures (related to exposure)

☐ Yes ☐ No

160 Date of diagnosis: ____ - ____ - ____

161 Wounds requiring surgery (related to exposure)

☐ Yes ☐ No

162 Date of diagnosis: ____ - ____ - ____

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Center:

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Other

163 Cataracts

☐ Yes ☐ No

164 Date of diagnosis: ____ - ____ - ____

165 Other impairment or disorder

☐ Yes ☐ No

166 Date of diagnosis: ____ - ____ - ____

167 Specify other impairment / disorder: _____

New Malignancy

Questions: 168 - 212

168 Did a new malignancy, myelodysplastic, or myeloproliferative disorder appear since the date of last report?

☐ Yes ☐ No

Specify which new disease(s) occurred:

169 Acute myeloid leukemia (AML / ANLL)

☐ yes ☐ no

170 Date of diagnosis: ____ - ____ - ____

171 Other leukemia, including ALL

☐ yes ☐ no

172 Date of diagnosis: ____ - ____ - ____

173 Specify other leukemia: _____

174 Breast cancer

☐ yes ☐ no

175 Date of diagnosis: ____ - ____ - ____

176 Central nervous system (CNS) malignancy

(e.g. glioblastoma, astrocytoma)

☐ Yes ☐ No

177 Date of diagnosis: ____ - ____ - ____

178 Clonal cytogenetic abnormality without leukemia or MDS

☐ Yes ☐ No

179 Date of diagnosis: ____ - ____ - ____

180 Gastrointestinal malignancy

(e.g. colon, rectum, stomach, pancreas, intestine)

☐ Yes ☐ No

181 Date of diagnosis: ____ - ____ - ____

182 Genitourinary malignancy

(e.g. kidney, bladder, ovary, testicle, genitalia, uterus, cervix)

☐ Yes ☐ No

183 Date of diagnosis: ____ - ____ - ____

184 Lung cancer

☐ yes ☐ no

185 Date of diagnosis: ____ - ____ - ____

186 Hodgkin disease

☐ yes ☐ no

187 Date of diagnosis: ____ - ____ - ____

188 Lymphoma or lymphoproliferative disease

☐ Yes ☐ No

189 Date of diagnosis: ____ - ____ - ____

190 Was the tumor EBV positive?

☐ yes ☐ no

191 Melanoma

☐ Yes ☐ No

192 Date of diagnosis: ____ - ____ - ____

193 Basal cell skin malignancy

☐ Yes ☐ No

194 Date of diagnosis: ____ - ____ - ____

195 Squamous cell skin malignancy

☐ Yes ☐ No

196 Date of diagnosis: ____ - ____ - ____

197 Myelodysplastic syndrome (MDS)

☐ yes ☐ no

198 Date of diagnosis: ____ - ____ - ____

199 Myeloproliferative neoplasm (MPN)

☐ yes ☐ no

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200 Date of diagnosis: ____ - ____ - ____

201 Myelodysplasia / myeloproliferative neoplasm

☐ Yes ☐ No

202 Date of diagnosis: ____ - ____ - ____

203 Oropharyngeal cancer (e.g. tongue, buccal mucosa)

☐ Yes ☐ No

204 Date of diagnosis: ____ - ____ - ____

205 Sarcoma

☐ Yes ☐ No

206 Date of diagnosis: ____ - ____ - ____

207 Thyroid cancer

☐ yes ☐ no

208 Date of diagnosis: ____ - ____ - ____

209 Other new malignancy

☐ yes ☐ no

210 Date of diagnosis: ____ - ____ - ____

211 Specify other new malignancy: _____

212 Was documentation submitted to the CIBMTR? (e.g. pathology/autopsy report or other documentation)

☐ Yes ☐ No

Infection

Questions: 213 - 219

213 Did the patient develop a clinically significant infection since the date of last report?

☐ Yes ☐ No

Infection (1)

Questions: 214 - 219

Report each infection organism, site and date of diagnosis:

214 Organism: _____

215 Specify other organism: _____

Do not report fever in the absence of infection. Report the most specific site of infection.

216 Site: _____

217 Site: _____

218 Site: _____

219 Date of diagnosis: ____ - ____ - ____

Therapy

Questions: 220 - 258

Specify therapy given for exposure or complications from exposure, since the date of last report:

220 Was therapy given since the date of last report?

☐ yes ☐ no

Specify therapy given:

221 Systemic antibacterial antibiotics

☐ Yes ☐ No ☐ Unknown

222 Non-absorbable oral antibiotics

☐ Yes ☐ No ☐ Unknown

223 Systemic antifungal drugs

☐ Yes ☐ No ☐ Unknown

224 Amphotericin

(Fungizone) (*non-lipid formulation*)

☐ Yes ☐ No

225 Amphotericin

(e.g. Abelcet, AmBisome, Amphotec) (*lipid formulation*)

☐ Yes ☐ No

226 Caspofungin

☐ Yes ☐ No

227 Fluconazole

☐ Yes ☐ No

228 Isavuconazole

☐ Yes ☐ No

229 Itraconazole

☐ Yes ☐ No

Form 5001 R1.0: RITN Follow-Up Form

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230 Micafungin

☐ Yes ☐ No

231 Posaconazole

☐ Yes ☐ No

232 Ravuconazole

☐ Yes ☐ No

233 Voriconazole

☐ Yes ☐ No

234 Other systemic antifungal drug

☐ Yes ☐ No

235 Specify other systemic antifungal drug: _____

236 Antiviral drugs

☐ Yes ☐ No ☐ Unknown

237 Acyclovir

☐ yes ☐ no

238 Foscarnet

☐ Yes ☐ No

239 Ganciclovir (DHPG)

☐ yes ☐ no

240 Valganciclovir
(Valcyte)

☐ Yes ☐ No

241 Valacyclovir

☐ Yes ☐ No

242 Other antiviral drug

☐ Yes ☐ No

243 Specify other antiviral drug: _____

244 Growth factors

☐ Yes ☐ No ☐ Unknown

245 G-CSF

☐ yes ☐ no

246 GM-CSF

☐ yes ☐ no

247 Pegylated G-CSF

☐ yes ☐ no

248 TBO-filgrastim

☐ Yes ☐ No

249 Other growth factor

☐ yes ☐ no

250 Specify other growth factor: _____

251 Corticosteroids

☐ yes ☐ no

252 Erythropoietin

☐ yes ☐ no

253 RBC transfusion

☐ Yes ☐ No

254 Platelet transfusion

☐ Yes ☐ No

255 HCT

☐ Yes ☐ No

256 Cellular therapy

☐ yes ☐ no

257 Other therapy

☐ yes ☐ no

258 Specify other therapy: _____

First Name: _____ Last Name: _____

E-mail address: _____ Date: ____ - ____ - ____