

Form 2555 R1.0: CMS - MF Myelofibrosis Eligibility Form

Center:

CRID:

Key Fields

Sequence Number: _____

Date Received: ____ - ____ - ____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____ - ____ - ____

Inclusion Criteria

Questions: 1 - 4

1 Did the recipient have an eligible diagnosis?

- ☐ Primary myelofibrosis
- ☐ Post-polycythemia vera myelofibrosis
- ☐ Post-essential thrombocythemia myelofibrosis

2 Has the recipient ever had Int-2 or high-risk disease as determined by the DIPSS?

- ☐ Yes ☐ No

3 Date assessed: ____ - ____ - ____

4 Specify Donor:

- ☐ 6/6 HLA-matched related (not monozygotic twin)
- ☐ 8/8 HLA-A, -B, -C, -DRB1 unrelated
- ☐ Haploidentical

Exclusion Criteria

Questions: 5 - 7

5 Is the planned product an umbilical cord blood unit(s)?

- ☐ Yes ☐ No

6 Is the planned donor a mismatched unrelated donor?

- ☐ Yes ☐ No

7 Did the recipient have an overlap syndrome?

- ☐ Yes ☐ No

First Name: _____ Last Name: _____

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