Form 2135 R2.0: Congenital Amegakaryocytic Thrombocytopenia Post-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: _____

Visit:

100 day 6 months 1 year 2 years > 2 years,

Specify: _____

Post-HSCT Congenital Amegakaryocytic Thrombocytopenia

Questions: 1 - 43

1 What was the date of the last platelet transfusion since the date of the last report? __ __ __ __ - __ __- __ __

2 What was the date of the last red blood cell transfusion since the date of the last report? __ __ __ __ - __ __- __ __

3 Was the bone marrow examined since the date of the last report?

yes no

4 Specify the most recent date the bone marrow was examined: __ __ __ __ - __ __- __ __

5 What was the cellularity of the bone marrow?

Decreased Normal Increased

6 What was the megakaryocyte level in the bone marrow?

Decreased Absent

7 Were myelodysplastic features present?

yes no

8 Specify the level of blasts in the marrow: _____ %

9 Is a copy of the bone marrow report attached?

yes no

10 Was a bone marrow karyotype examination performed since the date of the last report?

yes no Unknown

11 Were any karyotype abnormalities identified?

yes no

Specify the abnormalities identified:

12 -5

yes no

13 -7

yes no

14 -17

yes no

15 -18

yes no

16 -20

yes no

17 -X

yes no

18 -Y

yes no

19 +4

yes no

20 +8

yes no

21 +11

yes no

22 +13

yes no

23 +14

yes no

24 +21

yes no

25 +22

yes no

26 del(5q) / 5q-

yes no

27 del(7q) / 7q-

yes no

28 del(9q) / 9q-

yes no

29 del(11q) / 11q-

yes no

30 del(17q) / 17q-

yes no

31 del(20q) / 20q-

yes no

32 inv(3)

yes no

33 inv(16)

yes no

34 t(3;3)

yes no

35 t(6;9)

yes no

36 t(8;21)

yes no

37 t(15;17) and variants

yes no

38 (11q23) balanced abnormality

yes no

39 12p any abnormality

yes no

40 complex (≥ 3 distinct abnormalities)

yes no

41 other abnormality

yes no

42 Specify: _____

43 Is a copy of the cytogenetic report attached?

yes no

First Name: _____ Last Name: _____

Phone: _____ Fax: _____

E-mail address: _____