Form 2301 R2.0: Amnesty Plan 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
- multiple cord blood units infused
- Other product

Specify: _____

Follow-up visit (years after transplant): _____

Granulopoiesis / Neutrophil Recovery

Questions: 1 - 10

*** To report dates in this section, use the first of 3 consecutive laboratory values obtained on different days.**

1 Did the recipient acheive an initial hematopoietic recovery (ANC >= 500/mm^3 for three consecutive lab values obtained on different days) since the date of the last report? *(check only one)*

- Yes
- No, recipient's initial hematopoietic recovery was recorded on a previous report
- No, ANC >= 500/mm^3 was not achieved* and there was no evidence of recurrent disease in the bone marrow
- No, ANC >= 500/mm^3 was not achieved * and there was documented persistent disease in the bone marrow post-HSCT
- No, recipient's ANC never dropped below 500/mm^3 at any time after the start of the preparative regimen

2 Date ANC >= 500/mm^3 (first of 3 lab values): * __ __ __ __ - __ __- __ __

3 Following the initial hematopoietic recovery (ANC >= 500/mm^3 for three consecutive lab values obtained on different days), did the recipient experience a subsequent decline in ANC to <500/mm^3 for >= 3 days since the date of the last report?

- yes
- no

4 Date of decline in ANC to < 500/mm^3 for ≥ 3 days (first of 3 days that the ANC declined):
(if multiple declines in ANC occurred during the reporting period, report the date of the first decline.)
__ __ __ __ - __ __- __ __

Actual CBC on first day of decline:

5 WBC: _____

- x 10^9/L (x 10^3/mm^3)
- x 10^6/L

6 Neutrophils: _____ %

7 Did recipient recover and maintain ANC >= 500/mm^3 following the decline?
(if multiple declines in ANC occurred during the reporting period, report recovery status on the date of contact.)

yes no

8 Date of ANC recovery: __ __ __ __ - __ __- __ __ Date of ANC recovery unknown

CBC on first day of recovery:

9 WBC: _____ x 10^9/L (x 10^3/mm^3)

x 10^6/L

10 Neutrophils: _____ %

Megakaryopoiesis / Platelet Recovery

Questions: 11 - 14

*** This section relates to initial platelet recovery. All dates reflect no transfusions in the previous 7 days. To report dates in this section, use the first of 3 consecutive laboratory values obtained on different days.**

11 Was an initial platelet count >= 20 x 10^9/L achieved since the date of the last report?

Yes

No

platelet count never dropped below 20 x 10^9/L

>=20x10^9/L was achieved and reported previously

12 Date platelets >= 20 x 10^9/L: __ __ __ __ - __ __- __ __ date estimated Date unknown

13 Was an initial platelet count >= 50 x 10^9/L achieved since the date of the last report?

Yes

No

platelet count never dropped below 50 x 10^9/L

>=50x10^9/L was achieved and reported previously

14 Date platelets >= 50 x 10^9/L: * __ __ __ __ - __ __- __ __ date estimated Date unknown

Chimerism Studies

Questions: 15 - 37

15 *Allogeneic HSCTs only:* Were chimerism studies performed since the date of the last report?

yes no

16 Are chimerism laboratory reports attached to this form?

yes no

17 Were infusions from more than one donor given?

yes no

18 Specify donor gender:

male female

Single Chimerism Studies (1)

Questions: 19 - 26

19 Date __ __ __ __ - __ __- __ __

20 Method _____

21 Cell type _____

22 Total cells examined _____

23 Number of donor cells _____

24 Number of host cells _____

25 Percent donor cells, quantitative _____ Presence of donor cells was detected by non-quantitative method

26 Percent host cells, quantitative _____ Presence of host cells was detected by non-quantitative method

Multiple Donor Chimerism Studies (1) — Questions: 27 - 37

27 NMDP Adult donor NMDP Cord Blood Unit Non-NMDP Donor

28 NMDP donor ID: _____

NMDP cord blood unit ID: _____

Donor date of birth: __ __ __ __ - __ __- __ __

29 Donor gender:

male female

30 Date __ __ __ __ - __ __- __ __

31 Method _____

32 Cell type _____

33 Total cells examined _____

34 Number of donor cells _____

35 Number of host cells _____

36 Percent donor cells, quantitative _____ Presence of donor cells was detected by non-quantitative method

37 Percent host cells, quantitative _____ Presence of host cells was detected by non-quantitative method

First Name: _____

Last Name: _____

Phone: _____

Fax: _____

E-mail address: _____