

# Form 2900 R4.0: Recipient Death Data

Center:

CRID:

## Key Fields

Sequence Number: \_\_\_\_\_

Date Received: \_\_\_\_-\_\_\_\_-\_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_\_\_-\_\_\_\_-\_\_\_\_

## Recipient Death

Questions: 1 - 5

1 Date of death: \_\_\_\_-\_\_\_\_-\_\_\_\_ ☐ Date estimated

2 Was cause of death confirmed by autopsy?

☐ Yes ☐ Autopsy pending ☐ No ☐ Unknown

3 Was documentation submitted to the CIBMTR? (autopsy report)

☐ Yes ☐ No

4 Primary cause of death \_\_\_\_\_

5 Specify: \_\_\_\_\_

## Contributing Cause of Death

Questions: 6 - 7

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## 6 Contributing cause of death (check all that apply)

- ☐ Recurrence / persistence / progression of disease for which the HCT or cellular therapy was performed
- ☐ Acute GVHD
- ☐ Chronic GVHD
- ☐ Graft rejection or failure
- ☐ Cytokine release syndrome
- ☐ Infection, organism not identified
- ☐ Bacterial infection
- ☐ Fungal infection
- ☐ Viral infection
- ☐ Protozoal infection
- ☐ Other infection
- ☐ Idiopathic pneumonia syndrome (IPS)
- ☐ Pneumonitis due to Cytomegalovirus (CMV)
- ☐ Pneumonitis due to other virus
- ☐ Other pulmonary syndrome (excluding pulmonary hemorrhage)
- ☐ Diffuse alveolar damage (without hemorrhage)
- ☐ Acute respiratory distress syndrome (ARDS) (other than IPS)
- ☐ Liver failure (not VOD)
- ☐ Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)
- ☐ Cardiac failure
- ☐ Pulmonary failure
- ☐ Central nervous system (CNS) failure
- ☐ Renal failure
- ☐ Gastrointestinal (GI) failure (not liver)
- ☐ Multiple organ failure
- ☐ Other organ failure
- ☐ New malignancy (post-HCT or post-cellular therapy)
- ☐ Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than the malignancy for which the HCT or cellular therapy was performed)
- ☐ Pulmonary hemorrhage
- ☐ Diffuse alveolar hemorrhage (DAH)
- ☐ Intracranial hemorrhage
- ☐ Gastrointestinal hemorrhage
- ☐ Hemorrhagic cystitis
- ☐ Other hemorrhage
- ☐ Thromboembolic
- ☐ Disseminated intravascular coagulation (DIC)
- ☐ Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS))
- ☐ Other vascular
- ☐ Accidental death
- ☐ Suicide
- ☐ Other cause

## 7 Specify: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_