

Form 2148 R3.0: Human Immunodeficiency Virus 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):	
<input type="checkbox"/>	Autologous
<input type="checkbox"/>	Allogeneic, unrelated
<input type="checkbox"/>	Allogeneic, related
<input type="checkbox"/>	Syngeneic (identical twin)
Product Type (check all that apply):	
<input type="checkbox"/>	Marrow
<input type="checkbox"/>	PBSC
<input type="checkbox"/>	Cord blood
<input type="checkbox"/>	Other product
Specify: _____	
Visit:	
<input type="checkbox"/>	100 day
<input type="checkbox"/>	6 months
<input type="checkbox"/>	1 year
<input type="checkbox"/>	2 years
<input type="checkbox"/>	> 2 years,
Specify: _____	
Antiviral Therapy for HIV	
Questions: 1 - 108	
1 Was the Human Immunodeficiency Virus (HIV) infection diagnosed post-HSCT?	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
2 Specify the date of diagnosis of HIV: ____-____-____	
3 Was antiviral therapy given for HIV since the date of the last report (or, if this is the first post-HSCT report, since diagnosis)?	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
Abacavir (Ziagen) Therapy (1)	
Questions: 4 - 9	
Abacavir (Ziagen) Therapy Given?	
4 Course given:	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
5 Date Started: ____-____-____	
6 Daily Dose: _____ mg	
7 Reason Anti-retroviral therapy started: _____	
Therapy paused for <1 week should not be considered as "Therapy Stopped".	
8 Therapy Stopped?	
<input type="checkbox"/>	yes
<input type="checkbox"/>	no
9 Date Stopped: ____-____-____	
Atazanavir (Reyataz) Therapy (1)	
Questions: 10 - 15	

Form 2148 R3.0: Human Immunodeficiency Virus Post-HSCT Data

Center:

CRID:

Atazanavir (Reyataz) Therapy Given?

10 Course given:

☐ yes ☐ no

11 Date Started: ____ - ____ - ____

12 Daily Dose: _____ mg

13 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

14 Therapy Stopped?

☐ yes ☐ no

15 Date Stopped: ____ - ____ - ____

Didanosine (ddl, Videx, Videx EC) Therapy (1)

Questions: 16 - 21

Didanosine (ddl, Videx, Videx EC) Therapy Given?

16 Course given:

☐ yes ☐ no

17 Date Started: ____ - ____ - ____

18 Daily Dose: _____ mg

19 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

20 Therapy Stopped?

☐ yes ☐ no

21 Date Stopped: ____ - ____ - ____

Efavirenz (Sustiva) Therapy (1)

Questions: 22 - 27

Efavirenz (Sustiva) Therapy Given?

22 Course given:

☐ yes ☐ no

23 Date Started: ____ - ____ - ____

24 Daily Dose: _____ mg

25 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

26 Therapy Stopped?

☐ yes ☐ no

27 Date Stopped: ____ - ____ - ____

Emtricitabi (Emtriva) Therapy (1)

Questions: 28 - 33

Emtricitabine (Emtriva) Therapy Given?

28 Course given:

☐ yes ☐ no

29 Date Started: ____ - ____ - ____

30 Daily Dose: _____ mg

31 Reason Anti-retroviral therapy started: _____

Form 2148 R3.0: Human Immunodeficiency Virus Post-HSCT Data

Center:

CRID:

Therapy paused for <1 week should not be considered as "Therapy Stopped".

32 Therapy Stopped?

☐ yes ☐ no

33 Date Stopped: ____ - ____ - ____

Fosamprenav (Lexiva) Therapy (1)

Questions: 34 - 39

Fosamprenavir (Lexiva) Therapy Given?

34 Course given:

☐ yes ☐ no

35 Date Started: ____ - ____ - ____

36 Daily Dose: _____ mg

37 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

38 Therapy Stopped?

☐ yes ☐ no

39 Date Stopped: ____ - ____ - ____

Idinavir (Crixivan) Therapy (1)

Questions: 40 - 45

Idinavir (Crixivan) Therapy Given?

40 Course given:

☐ yes ☐ no

41 Date Started: ____ - ____ - ____

42 Daily Dose: _____ mg

43 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

44 Therapy Stopped?

☐ yes ☐ no

45 Date Stopped: ____ - ____ - ____

Lamivudine (Epivir, Epzicom, 3TC) Therapy (1)

Questions: 46 - 51

Lamivudine (Epivir, Epzicom, 3TC) Therapy Given?

46 Course given:

☐ yes ☐ no

47 Date Started: ____ - ____ - ____

48 Daily Dose: _____ mg

49 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

50 Therapy Stopped?

☐ yes ☐ no

51 Date Stopped: ____ - ____ - ____

Lopinavir / Ritonavir (Kaletra) Therapy (1)

Questions: 52 - 57

Form 2148 R3.0: Human Immunodeficiency Virus Post-HSCT Data

Center:

CRID:

Lopinavir / Ritonavir (Kaletra) Therapy Given?

52 Course given:

☐ yes ☐ no

53 Date Started: ____ - ____ - ____

54 Daily Dose: _____ mg

55 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

56 Therapy Stopped?

☐ yes ☐ no

57 Date Stopped: ____ - ____ - ____

Nelfinavir (Viracept) Therapy (1)

Questions: 58 - 63

Nelfinavir (Viracept) Therapy Given?

58 Course given:

☐ yes ☐ no

59 Date Started: ____ - ____ - ____

60 Daily Dose: _____ mg

61 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

62 Therapy Stopped?

☐ yes ☐ no

63 Date Stopped: ____ - ____ - ____

Nevirapine (Viramune) Therapy (1)

Questions: 64 - 69

Nevirapine (Viramune) Therapy Given?

64 Course given:

☐ yes ☐ no

65 Date Started: ____ - ____ - ____

66 Daily Dose: _____ mg

67 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

68 Therapy Stopped?

☐ yes ☐ no

69 Date Stopped: ____ - ____ - ____

Ritonavir (Norvir) Therapy (1)

Questions: 70 - 75

Ritonavir (Norvir) Therapy Given?

70 Course given:

☐ yes ☐ no

71 Date Started: ____ - ____ - ____

72 Daily Dose: _____ mg

73 Reason Anti-retroviral therapy started: _____

Form 2148 R3.0: Human Immunodeficiency Virus Post-HSCT Data

Center:

CRID:

Therapy paused for <1 week should not be considered as "Therapy Stopped".

74 Therapy Stopped?

☐ yes ☐ no

75 Date Stopped: ____ - ____ - ____

Saquinavir (Fortovase, Invirase) Therapy (1)

Questions: 76 - 81

Saquinavir (Fortovase, Invirase) Therapy Given?

76 Course given:

☐ yes ☐ no

77 Date Started: ____ - ____ - ____

78 Daily Dose: _____ mg

79 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

80 Therapy Stopped?

☐ yes ☐ no

81 Date Stopped: ____ - ____ - ____

Stavudine (Zerit, Zerti XR, d4t) Therapy (1)

Questions: 82 - 87

Stavudine (Zerit, Zerti XR, d4t) Therapy Given?

82 Course given:

☐ yes ☐ no

83 Date Started: ____ - ____ - ____

84 Daily Dose: _____ mg

85 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

86 Therapy Stopped?

☐ yes ☐ no

87 Date Stopped: ____ - ____ - ____

Tenofovir (Truvada, Viread) Therapy (1)

Questions: 88 - 93

Tenofovir (Truvada, Viread) Therapy Given?

88 Course given:

☐ yes ☐ no

89 Date Started: ____ - ____ - ____

90 Daily Dose: _____ mg

91 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

92 Therapy Stopped?

☐ yes ☐ no

93 Date Stopped: ____ - ____ - ____

Zidovudine (Combivir, Retrovir, Trizivir, AZT) Therapy (1)

Questions: 94 - 99

Form 2148 R3.0: Human Immunodeficiency Virus Post-HSCT Data

Center:

CRID:

Zidovudine (Combivir, Retrovir, Trizivir, AZT) Therapy Given?

94 Course given:

☐ yes ☐ no

95 Date Started: ____ - ____ - ____

96 Daily Dose: _____ mg

97 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

98 Therapy Stopped?

☐ yes ☐ no

99 Date Stopped: ____ - ____ - ____

Other anti-retroviral therapy Therapy (1)

Questions: 100 - 106

Other anti-retroviral therapy Therapy Given?

100 Specify other antiviral therapy given: _____

101 Course given:

☐ yes ☐ no

102 Date Started: ____ - ____ - ____

103 Daily Dose: _____ mg

104 Reason Anti-retroviral therapy started: _____

Therapy paused for <1 week should not be considered as "Therapy Stopped".

105 Therapy Stopped?

☐ yes ☐ no

106 Date Stopped: ____ - ____ - ____

107 For 100-day follow-up only: Was the recipient diagnosed with HIV prior to the HSCT?

☐ yes ☐ no

108 Did the recipient cease all anti-retroviral therapy from the start of the preparative regimen through the first 30 days post-HSCT?

☐ yes ☐ no

Serological Evidence of HIV Exposure / Infection

Questions: 109 - 112

CD4 Cell Counts (1)

Questions: 109 - 110

Provide all documented CD4 cell counts obtained since the date of the last report:

109 Date: ____ - ____ - ____

110 CD4 counts: _____ Specify exponent: x10 _____

HIV Viral Load Levels (1)

Questions: 111 - 112

Provide all documented HIV viral load levels obtained since the date of the last report:

111 Date: ____ - ____ - ____

112 HIV viral load level: _____ unit of measure ☐ copies/mL ☐ log₁₀/mL

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____