Registry Use O	nly					
Sequence Num	ber:					
Date Received:			_			
	YYYY	MM	DD			
CIBMTR Center	r Number:					
CIBMTR Research ID:						
Event data:						
Event date:	YYYY		 DD			

CIBM	HRC	enter	Number: CIBMTR Research ID:
befo	re init	iation	Centers that are members of the NMDP network, research blood samples should be collected of preparative regimen and sent to the NMDP Research Sample Repository. See Transplant of Operations for instructions.
Clini	cal St	atus o	of Recipient Prior to the Preparative Regimen (Conditioning)
1.	Doe	s the r	recipient have a history of smoking or using chewing tobacco?
		Yes -	- Go to question 2
			Go to question 4
		Unkr	nown – Go to question 4
	2.	Sele	ect (check all that apply)
			Chewing tobacco (including naswar and paan)
			Cigarettes
			Cigars / pipe
			E-cigarettes
			Marijuana
	3.	Has	the recipient smoked cigarettes within the past year?
			Yes
			No
			Unknown
Orga	n Fur	nction	Prior to the Preparative Regimen (Conditioning)
			oratory values recorded for recipient's organ function (testing done within 30 days prior to the earative regimen)
4.	AS ⁻	T (SG	OT)
		Know	n – Go to question 5
		Unkn	own – Go to question 7
	5.		• □ U/L
CIBM7 Copyri	「R Fornight © 2	n 2000 r 2017 NM	□ μkat/L evision 6 (page 1 of 79). Form released October, 2020. Last updated October, 2020. IDP and The Medical College of Wisconsin, Inc. All rights reserved.

CIBM	ITR C	enter Number: CIBMTR Research ID:
	6.	Upper limit of normal for your institution: ● ●
7.	ALT	(SGPT)
		Known – Go to question 8
		Unknown – <i>Go to question 10</i>
	8.	• □ U/L
		□ μkat/ L
	9.	Upper limit of normal for your institution: ● ●
10.	FΕ\	/1
		Known – Go to question 11
		Unknown – Go to question 12
	11.	%
12.	DLC	CO (corrected)
		Known – Go to question 13
		Unknown – Go to question 14
	13.	
14.	Tota	al serum bilirubin
		Known – Go to question 15
		Unknown – <i>Go to question 17</i>
	15.	• b mg/dL
		□ μmol/L
	16.	Upper limit of normal for your institution: ●
17.	LDF	1
		Known – Go to question 18
		Unknown – Go to question 20
		n 2000 revision 6 (page 1 of 79). Form released October, 2020. Last updated October, 2020. 2017 NMDP and The Medical College of Wisconsin, Inc. All rights reserved.

CIBMTR Center Number:	CIBMTR Research ID:
18•	□ U/L _
	□ μkat/L
19. Upper limit of normal for your insti	tution:
,	
20. Serum creatinine	
☐ Known – Go to question 21	
☐ Unknown – Go to question 23	
21 • □ mg	g/dL
□ mr	nol/L
□ µп	nol/L
22. Upper limit of normal for your insti	tution:
22. Oppor mint of normal for your mon	<u> </u>
Hematologic Findings Prior to the Preparati	ve Regimen (Conditioning)
Provide last laboratory values recorded just	t prior to preparative regimen:
23. Date CBC tested:	_
YYYY MM	
04 1470	
24. WBC	
☐ Known – Go to question 25	
☐ Unknown – Go to question 26	
25 •	□ x 10 ⁹ /L (x 10 ³ /mm ³)
	□ x 10 ⁶ /L
26. Neutrophils	
☐ Known – Go to question 27	
☐ Unknown – Go to question 28	
27 %	

CIBMTR Center Number:		enter Number: CIBMTR Research ID:
28.	Lym	phocytes
		Known – Go to question 29
		Unknown – Go to question 30
	29.	%
30.	Hen	noglobin
		Known – Go to question 31
		Unknown – Go to question 32
	31.	• □ g/dL
		□ g/L
		□ mmol/L
32.	Hen	natocrit
		Known – Go to question 33
		Unknown – Go to question 34
	33.	%
34.	Wer	e RBCs transfused ≤ 30 days before date of test?
		Yes
		No
Infec	tion	
35.		the recipient have a history of clinically significant fungal infection (documented or suspected) in the 6 other start of the preparative regimen?
		Yes – Go to question 36
		No – Go to question 38
	36.	Organism
		□ 211 Aspergillus flavus
		□ 212 Aspergillus fumigatus
		□ 213 Aspergillus niger

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CIB	MTR C	enter l	Number: CIBMTR Research ID:
			215 Aspergillus terreus
			214 Aspergillus ustus
			210 Aspergillus, NOS
			270 Blastomyces (dermatitidis)
			201 Candida albicans
			208 Candida non-albicans
			222 Cryptococcus gattii
			221 Cryptococcus neoformans
			230 Fusarium (all species)
			261 Histoplasma (capsulatum)
			241 Mucorales (all species)
			242 Rhizopus (all species)
			272 Scedosporium (all species)
			240 Zygomycetes, NOS
			503 Suspected fungal infection
	37.	Date	e of diagnosis:
	57.	Date	YYYY MM DD
Cop	y que	stions	36– 37 and complete for each infection
Test	ting fo	r evid	ence of prior viral exposure / infection
38.			exposure / infection (check all that apply)
			/1 antibody
			EBV (Epstein-Barr virus antibody)
		•	titis B surface antibody
			HBc (hepatitis B core antibody) – For hepatitis tests that have a reactive result, also complete HEF 2047.
			Ag (hepatitis B surface antigen) – For hepatitis tests that have a reactive result, also complete HEF 2047.
		Нера	titis B — NAAT – For hepatitis tests that have a reactive result, also complete HEP form 2047.
			HCV(hepatitis C antibody) – For hepatitis tests that have a reactive result, also complete HEP 2047.

Hepatitis C - NAAT- For hepatitis tests that have a reactive result, also complete HEP form 2047.

CIBMTR Center Number: CIBMTR Research ID:	
HIV antibody— For HIV tests that have a positive result, also complete HIV form 2048.	
 □ HIV - NAAT – For HIV tests that have a positive result, also complete HIV form 2048. □ Toxoplasmosis antibody 	
□ Toxoplasmosis antibody □ Not done	
□ Not applicable (all viral testing negative)	
La Not applicable (all vital testing flegative)	
Pre-HCT Preparative Regimen (Conditioning)	
39. Was a pre-HCT preparative regimen given?	
☐ Yes – Go to question 40	
□ No – Go to question 86	
40. Specify protocol intent (check only one)	
☐ All agents given as outpatient	
☐ Some, but not all, agents given as inpatient	
☐ All agents given as inpatient	
41. Was irradiation performed as part of the pre-HCT preparative regimen?	
□ Yes – <i>Go to question 42</i>	
□ No – Go to question 58	
42. What was the radiation field?	
☐ Total body – Go to question 54	
☐ Total body by intensity modulated radiation therapy (IMRT) Go to question 43	
☐ Total lymphoid or nodal regions <i>Go to question 54</i>	
☐ Thoracoabdominal region <i>Go to question 54</i>	
43. Average organ doses (complete only if organ has been contoured and planned as an	
avoidance organ)	
☐ Known – Go to question 44	
☐ Unknown – Go to question 54	
44. Heart	
☐ Known – <i>Go to question 45</i>	
□ Unknown – <i>Go to question 46</i>	

CIBMTR Center Number:		CIBMTR Research ID:	
	45.	Heart: B Gy	
		□ cGy	
46.	Intes	tine (small and large combined)	
40.		Known – <i>Go to question 47</i>	
		Unknown – Go to question 48	
	47.	Intestine (small and large combined):	🗖 Gy
	77.	micoune (smail and large combined)	: □ cGy
40	IZ: -I	on (sink to a state to a south in a st)	
48.		eys (right and left combined)	
		Known – Go to question 49	
		Unknown – <i>Go to question 50</i>	
	49.	Kidneys (right and left combined):	🗆 Gy
			□ cGy
50.	Lung	(right and left combined)	
		Known – Go to question 51	
		Unknown – Go to question 52	
	51.	Lung (right and left combined):	_
		3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (_ □ cGy
52.	Thyro		
		Known – Go to question 53	
		Unknown – <i>Go to question 54</i>	
	53.	Thyroid: Gy	
		□ cGy	
54. Total dos	e: <i>(dose</i>	e per fraction x total number of fractions)	🗆 Gy
			□ cGy
55. Date start	ted:		

CIBMTR Center Number:	CIBMTR Research ID:
56. Wa	as the radiation fractionated?
	Yes – Go to question 57
	No – Go to question 58
_	7
57.	Total number of fractions:
58. Was addition	nal radiation given to other sites within 21 days of the HCT?
□ Yes – G	Go to question 59
□ No – G o	o to question 76
Specify rad	liation field:
59. CN	S
	Yes – Go to question 60
	No – Go to question 62
60.	Total dose: Gy
	□ cGy
61	Data started
01.	Date started:
62. Go	nadal
	Yes – Go to question 63
	No – Go to question 65
63.	Total dose: Gy
	□ cGy
0.4	Data stanta di
04.	Date started:
	55
65. Spl	lenic
	Yes – Go to question 66
	No – Go to question 68

CIBMTR Center Number:	CIBMTR Research ID:
66.	Total dose: Gy
	□ cGy
67	Date started:
07.	YYYY MM DD
68. Site	e of residual tumor
	Yes – Go to question 69
_	No – Go to question 72
69.	Total dose: Gy
	□ cGy
70.	Date started:
	YYYY MM DD
71.	Specify site:
72. Oth	ner site
	Yes – Go to question 73
	No – Go to question 76
73.	Total dose:
	□ cGy
74.	Date started:
	YYYY MM DD
75.	Specify other site:
Indicate the total dose o	iven for the preparative regimen:
76. Drug	
□ Bendan	nustine

□ Busulfan

CIBMTR Center N	lumber: CIBMTR Research ID:
-	Out with the
	Carboplatin
	Carmustine (BCNU)
	CCNU (Lomustine)
	Clofarabine (Clolar)
	Cyclophosphamide (Cytoxan)
	Cytarabine (Ara-C)
	Etoposide (VP-16, VePesid)
	Fludarabine
	Gemcitabine
	Ibritumomab tiuxetan (Zevalin)
	Ifosfamide
	Melphalan (L-Pam)
	Methylprednisolone (Solu-Medrol)
	Pentostatin
	Propylene glycol-free melphalan (Evomela)
	Rituximab (Rituxan)
	Thiotepa
	Tositumomab (Bexxar)
	Treosulfan
	Other drug -go to question 77
77	7. Specify other drug:
78	P. Total daga:
76	3. Total dose: □ mg
79	9. Date started:
	YYYY MM DD
0.0) Desire weight
80	• • ===
	□ kilograms
81	I. Was the exposure of busulfan measured?
	☐ Yes – Go to question 82

□ No – Go to question 83

CIBMTR Center Number:			er:	CIBMTR Research ID:				
			32. Overall exposu	ure: D AUC (mg x h/L)				
				□ AUC (µmol x min/L)				
				□CSS (ng/mL)				
		83.	Was the busulfan o	s the busulfan dose adjusted based on pharmacokinetics?				
			☐ Yes – Go to q	uestion 84				
			□ No – Go to qu	uestion 85				
			34. Specify how do	ose was modified				
			□ Increas	sed				
			□ Decrea	ased				
		85.	Specify administrat	tion (busulfan only)				
			□ Oral					
			□ IV					
			□ Both					
Сору а	nd co	omplete	uestions 76-85 to	report more than one drug				
Additio	nal E	rugs Gi	en in the Peri-tran	nsplant Period				
96 A	1.0	ALS, ATO	ATC					
60. A			to question 87					
			to question 94					
_	•	110 – 00	o question 34					
8	7.	Total do	e:	mg				
8	8.	Absolute	lymphocyte count ((prior to first dose)				
		□ Kı	own – Go to quest	tion 89				
		□ Ui	known – Go to que	estion 90				
		89.		D x10 ⁹ /L (x10 ³ /mm ³)				
				□ x10 ⁶ /L				

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CIBM	TR Ce	enter Number: CIBMTR Research ID:	
	90.	Date first dose	
	30.	☐ Known – Go to question 91	
		☐ Unknown – Go to question 92	
		91. Date first dose:	
		YYYY MM DD	
	92.	Date last dose	
		☐ Known – Go to question 93	
		☐ Unknown – Go to question 94	
		93. Date last dose:	
		1111 WIIWI DD	
94.	Alem	tuzumab (Campath)	
		Yes – Go to question 95	
		No – Go to question 100	
	95.	Total dose: □ mg	
	96.	Date first dose	
		☐ Known – Go to question 97	
		□ Unknown – Go to question 98	
		97. Date first dose:	
		YYYY MM DD	
	98.	Date last dose	
		☐ Known – Go to question 99	
		☐ Unknown – Go to question 100	
		00 Data last dags.	
		99. Date last dose:	
100.		e clinically significant donor specific anti-HLA antibodies detected?	
		Yes – Go to question 101	
CIRMT		No- Go to question 104 2000 revision 6 (page 1 of 79). Form released October, 2020. Last updated October, 2020.	
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CIBMTR Cente	er Number: CIBMTR Research ID:						
□ Not	done – Go to question 104						
101. W	as the recipient on a desensitization protocol?						
	Yes- Go to question 102						
□ No- Go to question 104							
	102. Method of desensitization (check all that apply)						
	□ Bortezomib (Velcade)						
	□ Daratumumab						
	□ IVIG						
	☐ Mycophenolate mofetil (CellCept, Myfortic)						
	□ Plasmapheresis						
	□ Rituximab (Rituxan)						
	☐ Tacrolimus (Astagraft XL, Prograf, Protopic)						
	☐ Other method– Go to question 103						
	103. Specify other method:						
Socioeconom	ic Information						
	cipient an adult (18 years of age or older) or emancipated minor?						
	s – Go to question 105						
□ No	– Go to question 106						
105. Sp	pecify the recipient's marital status						
	Single, never married						
	Married or living with a partner						
] Separated						
] Divorced						
Г] Widowed						
	1 Unknown						

106. Specify the category which best describes the recipient's current occupation (If the recipient is not currently employed, check the box which best describes his/her last job)

CIBMTR Center Number:			Number: CIBMTR Research ID:				
			ssional, technical, or related occupation (e.g., teacher/professor, nurse/physician, lawyer, engineer) – o question 108				
		Mana 108	nger, administrator, or proprietor (e.g., sales manager, real estate agent, postmaster) – Go to question				
		Clerio	cal or related occupation (e.g., secretary, clerk, mail carrier) - Go to question 108				
		Sales occupation (e.g., sales associate, demonstrator, agent, broker) – Go to question 108					
		Servi	Service occupation (e.g., police officer, cook, hairdresser) – Go to question 108				
			d craft or related occupation (e.g., carpenter, repair technician, telephone line worker) – Go to tion 108				
			oment / vehicle operator or related occupation (e.g., driver, railroad brakeman, sewer worker) – Go to tion 108				
		Labo	rer (e.g., helper, longshoreman, warehouse worker) – Go to question 108				
		Farm	er (e.g., owner, manager, operator, tenant) – Go to question 108				
		Mem	ber of the military – <i>Go to question 108</i>				
		Home	emaker – <i>Go to question 108</i>				
		Stude	ent – Go to question 108				
		Unde	r school age – Go to question 109				
		Not p	reviously employed – <i>Go to question 108</i>				
		Unkn	own – Go to question 108				
		Othe	r – Go to question 107				
	107.	Spe	cify other occupation:				
	108.	Wha	at is the recipient's most recent work status? (within the last year)				
			Full time				
			Part time, by choice and not due to illness				
			Part time, due to illness				
			Unemployed, by choice and not due to illness				
			Unemployed, due to illness				
			Medical disability				
			Retired				
			Unknown				
109.	Wha	at is th	e highest educational grade the recipient completed?				
		No pr	rimary education / under school age: no schooling (U.S. equivalent: less than 1st grade education)				

CIBM	TR C	enter l	Number: CIBMTR Research ID:			
			than primary or elementary education: some formal schooling, but less than a complete primary or entary education (U.S. equivalent: more than 1 st grade education, but less than 6 th grade education)			
			ary or elementary education: beginning at age 5–7 and continuing for about 4–6 years <i>(U.S. equivalent with 1st grade and ends with 6th grade)</i>			
			r secondary education: beginning at about age 11–12 and continuing for about 2–3 years <i>(U.S. alent: starts with 7th grade and typically ends with 9th grade)</i>			
			r secondary education: beginning at about age 15–16 and continuing for about 3 years <i>(U.S. valent: starts with 10th grade and ends with 12th grade)</i>			
			secondary, non-tertiary education: programs lasting 6 months–2 years (U.S. equivalent: vocational ams of study)			
		(U.S. degree focus	ary education, Type A: programs that provide education that is largely theoretical, lasting 3–4 years equivalent: includes university programs that last 4 years and lead to the award of a bachelor's ee, and university programs that lead to a master's degree) Tertiary education, Type B: programs that on practical, technical or occupational skills with a minimum duration of 2 years of full-time enrollment equivalent: programs typically offered at community colleges that lead to an associate's degree)			
			nced research qualification: programs that lead to the award of an advanced post-graduate degree, as a Ph.D. (U.S. equivalent: programs devoted to advanced study and original research)			
		Unkn	own			
110.	ls th	ie recij	pient currently in school, or was enrolled prior to illness?			
		Yes				
		No				
		Unkn	own			
111.	Is the recipient covered by health insurance?					
		Yes -	Go to question 112			
		No –	Go to question 115			
	Specify type of health insurance:					
	112.	Spe	cify type of health insurance <i>(check all that apply)</i>			
			Private health insurance			
			National Health Insurance (Government-sponsored, non-U.S.)			
			Medicare (Government-sponsored, U.S., includes Medicare Advantage plans)			
			Medigap (Must have Medicare coverage)			
			Medicaid (Government-sponsored, U.S.)			

CIBMTR Ce	nter N	umber: CIBMTR Research ID:
		Children's Health Insurance Program (CHIP)
		Military related health care (TRICARE (CHAMPUS) / VA health care / CHAMP-VA)
		ndian Health Service
		State-sponsored health plan
		Other government program – <i>Go to question 113</i>
		Other health insurance coverage – <i>Go to question 114</i>
	11	3. Specify other government program:
	11	4. Specify other health insurance:
		recipient's combined household gross annual income (Include earnings by all family members living shold, before taxes.) (For U.S. residents only)
□ ι	Less th	nan \$20,000
	\$20,00	0–\$39,999
	\$40,00	0–\$59,999
	\$60,00	0–\$79,999
	\$80,00	0–\$99,999
	\$100,0	00 and over
□ F	Recipie	ent declines to provide this information
	Unknov	wn
116.	Numb	er of people living in the household:
117.	Numb	er of people living in the household under the age of 18: