Recipient Baseline Data

Registry Use Only
Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___
CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Event date: __  __  __  __ / __  __ / __  __
             YYYY        MM        DD
For Transplant Centers that are members of the NMDP network, research blood samples should be collected before initiation of preparative regimen and sent to the NMDP Research Sample Repository. See Transplant Center Manual of Operations for instructions.

**Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)**

1. Does the recipient have a history of smoking or using chewing tobacco?
   - Yes
   - No
   - Unknown

2. Select *(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
### Organ Function Prior to the Preparative Regimen (Conditioning)

Provide last laboratory values recorded for recipient’s organ function (testing done within 30 days prior to the start of the preparative regimen)

<table>
<thead>
<tr>
<th>Test</th>
<th>Known</th>
<th>Unknown</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>AST (SGOT)</td>
<td>☐</td>
<td>☐</td>
<td>U/L</td>
</tr>
<tr>
<td>ALT (SGPT)</td>
<td>☐</td>
<td>☐</td>
<td>U/L</td>
</tr>
<tr>
<td>FEV1</td>
<td>☐</td>
<td>☐</td>
<td>%</td>
</tr>
<tr>
<td>DLCO (corrected)</td>
<td>☐</td>
<td>☐</td>
<td>%</td>
</tr>
<tr>
<td>Total serum bilirubin</td>
<td>☐</td>
<td>☐</td>
<td>mg/dL</td>
</tr>
<tr>
<td>LDH</td>
<td>☐</td>
<td>☐</td>
<td>U/L</td>
</tr>
<tr>
<td>Serum creatinine</td>
<td>☐</td>
<td>☐</td>
<td>mg/dL</td>
</tr>
</tbody>
</table>

5. _____ ____ • ____ U/L  μkat/L
6. Upper limit of normal for your institution: _____ ____ • ____

8. _____ ____ • ____ U/L  μkat/L
9. Upper limit of normal for your institution: _____ ____ • ____

11. _____ ____ %

13. _____ ____ %

15. _____ ____ • ____ mg/dL  μmol/L
16. Upper limit of normal for your institution: _____ ____ • ____

18. _____ _____ ____ • ____ U/L  μkat/L
19. Upper limit of normal for your institution: _____ _____ ____ • ____

21. _____ ____ • ____ mg/dL  mmol/L  μmol/L
22. Upper limit of normal for your institution: _____ ____ • ____
### Hematologic Findings Prior to the Preparative Regimen (Conditioning)

Provide last laboratory values recorded just prior to preparative regimen:

23. Date CBC tested: __ __ ___ / MM DD YYYY

24. WBC
   - □ Known
   - □ Unknown
   - 25. __ ___ ___ ___ ___ • __ □ x 10^9/L (x 10^3/mm^3) □ x 10^6/L

26. Neutrophils
   - □ Known
   - □ Unknown
   - 27. __ __ %

28. Lymphocytes
   - □ Known
   - □ Unknown
   - 29. __ __ %

30. Hemoglobin
   - □ Known
   - □ Unknown
   - 31. __ ___ ___ ___ • __ □ g/dL □ g/L □ mmol/L

32. Hematocrit
   - □ Known
   - □ Unknown
   - 33. __ __ %

34. Were RBCs transfused ≤ 30 days before date of test? □ Yes □ No
35. Did the recipient have a history of clinically significant fungal infection (documented or suspected) in the 6 months prior to the start of the preparative regimen?

- [ ] Yes
- [ ] No

36. Organism

- [ ] 211 Aspergillus flavus
- [ ] 212 Aspergillus fumigatus
- [ ] 213 Aspergillus niger
- [ ] 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 of diagnosis: __ __ __ __ / __ __ / __ __ YYYY / MM / DD

*Copy questions 36-37 and complete for each infection*

Testing for evidence of prior viral exposure / infection

38. Prior viral exposure / infection *(check all that apply)*

- [ ] HTLV1 antibody
- [ ] Anti-EBV (Epstein-Barr virus antibody)
- [ ] Hepatitis B surface antibody
- [ ] Anti HBe (hepatitis B core antibody) - For hepatitis tests that have a reactive result, also complete HEP form 2047.
- [ ] HBsAg (hepatitis B surface antigen) - For hepatitis tests that have a reactive result, also complete HEP form 2047.
- [ ] Hepatitis B — NAAT - For hepatitis tests that have a reactive result, also complete HEP form 2047.
- [ ] Anti-HCV (hepatitis C antibody) - For hepatitis tests that have a reactive result, also complete HEP form 2047.
- [ ] Hepatitis C – NAAT- For hepatitis tests that have a reactive result, also complete HEP form 2047.
- [ ] 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
- [ ] Not done
- [ ] Not applicable (all viral testing negative)
### Pre-HCT Preparative Regimen (Conditioning)

39. **Was a pre-HCT preparative regimen given?**
   - [ ] Yes
   - [ ] No

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
   - [ ] No

42. **What was the radiation field?**
   - [ ] Total body
   - [ ] Total body by intensity modulated radiation therapy (IMRT)
   - [ ] Total lymphoid or nodal regions
   - [ ] Thoracoabdominal region

43. **Average organ doses (complete only if organ has been contoured and planned as an avoidance organ)**
   - [ ] Known
   - [ ] Unknown

44. **Heart**
   - [ ] Known
   - [ ] Unknown

45. **Heart:**
   - [ ] Gy
   - [ ] cGy

46. **Intestine (small and large combined)**
   - [ ] Known
   - [ ] Unknown

47. **Intestine (small and large combined):**
   - [ ] Gy
   - [ ] cGy
54. Total dose: \((dose\ per\ fraction \times total\ number\ of\ fractions)\) ___ ___ ___ ___ • ___ ☐ Gy ☐ cGy

55. Date started: __ __ __ __ / __ __ / __ __ YYYY MM DD

56. Was the radiation fractionated?
☐ Yes ☐ No

57. Total number of fractions: ___ ___
58. Was additional radiation given to other sites within 21 days of the HCT?

☐ Yes  ☐ No

Specify radiation field:

59. CNS

☐ Yes  ☐ No

60. Total dose: ___ ___ ___ • ___  ☐ Gy  ☐ cGy
61. Date started: __ ___ / __ / __  YYYY / MM / DD

62. Gonadal

☐ Yes  ☐ No

63. Total dose: ___ ___ ___ • ___  ☐ Gy  ☐ cGy
64. Date started: __ ___ / __ / __  YYYY / MM / DD

65. Splenic

☐ Yes  ☐ No

66. Total dose: ___ ___ ___ • ___  ☐ Gy  ☐ cGy
67. Date started: __ ___ / __ / __  YYYY / MM / DD

68. Site of residual tumor

☐ Yes  ☐ No

69. Total dose: ___ ___ ___ • ___  ☐ Gy  ☐ cGy
70. Date started: __ ___ / __ / __  YYYY / MM / DD
71. Specify site: ______________________________________

72. Other site

☐ Yes  ☐ No

73. Total dose: ___ ___ ___ • ___  ☐ Gy  ☐ cGy
74. Date started: __ ___ / __ / __  YYYY / MM / DD
75. Specify other site: __________________________________
Indicate the total dose given for the preparative regimen:

76. Drug
   ☐ Bendamustine
   ☐ Busulfan
   ☐ Carboplatin
   ☐ Carmustine (BCNU)
   ☐ CCNU (Lomustine)
   ☐ Clofarabine (Clolar)
   ☐ Cyclophosphamide (Cytoxan)
   ☐ Cytarabine (Ara-C)
   ☐ Etoposide (VP-16, VePesid)
   ☐ Fludarabine
   ☐ Gemcitabine
   ☐ Ibrutinomab tiuxetan (Zevalin)
   ☐ Ifosfamide
   ☐ Melphalan (L-Pam)
   ☐ Methylprednisolone (Solu-Medrol)
   ☐ Pentostatin
   ☐ Propylene glycol-free melphalan (Evomela)
   ☐ Rituximab (Rituxan)
   ☐ Thiotepa
   ☐ Tositumomab (Bexxar)
   ☐ Treosulfan
   ☐ Other drug

77. Specify other drug: ____________________________

78. Total dose: _______ _______ • ___ mg

79. Date started: ______/____/____

80. Dosing weight: _____ ☐ pounds ☐ kilograms

81. Was the exposure of busulfan measured?
   ☐ Yes ☐ No

82. Overall exposure: ☐ __ __ __
   ☐ AUC (mg x h/L)
   ☐ AUC (µmol x min/L)
   ☐ CSS (ng/mL)

83. Was the busulfan dose adjusted based on pharmacokinetics?
   ☐ Yes ☐ No

84. Specify how dose was modified
   ☐ Increased ☐ Decreased

85. Specify administration (busulfan only)
   ☐ Oral ☐ IV ☐ Both

Copy and complete questions 76-85 to report more than one drug...
## Additional Drugs Given in the Peri-transplant Period

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALG, ALS, ATG, ATS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

87. Total dose: ___ ___ ___ ___ mg

88. **Absolute lymphocyte count (prior to first dose)**

- Known: 89. ___ ___ ___ ___ mg/L (x10^3/mm^3)
- Unknown: 89. ___ ___ ___ ___ mg/L

90. Date first dose

- Known: 91. __ __ __ __ / __ __ / __ __
- Unknown: 91. __ __ __ __ / __ __ / __ __

92. Date last dose

- Known: 93. __ __ __ __ / __ __ / __ __
- Unknown: 93. __ __ __ __ / __ __ / __ __

94. Alemtuzumab (Campath)

- Yes
- No

95. Total dose: ___ ___ ___ ___ . * ___ mg

96. Date first dose

- Known: 97. __ __ __ __ / __ __ / __ __
- Unknown: 97. __ __ __ __ / __ __ / __ __

98. Date last dose

- Known: 99. __ __ __ __ / __ __ / __ __
- Unknown: 99. __ __ __ __ / __ __ / __ __

100. Were clinically significant donor specific anti-HLA antibodies detected?

- Yes
- No
- Not Done

101. Was the recipient on a desensitization protocol?

- Yes
- No

102. **Method of desensitization (check all that apply)**

- Bortezomib (Velcade)
- Daratumumab
- IVIG
- Mycophenolate mofetil (CellCept, Myfortic)
- Plasmapheresis
- Rituximab (Rituxan)
- Tacrolimus (Astagraf XL, Prograf, Protopic)
- Other method

103. Specify other method: ____________________
104. Is the recipient an adult (18 years of age or older) or emancipated minor?

☐ Yes
☐ No

105. Specify the recipient’s marital status

☐ Single, never married
☐ Married or living with a partner
☐ Separated
☐ Divorced
☐ Widowed
☐ 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.)

☐ Professional, technical, or related occupation (e.g., teacher/professor, nurse/physician, lawyer, engineer) - Go to question 108
☐ Manager, administrator, or proprietor (e.g., sales manager, real estate agent, postmaster) - Go to question 108
☐ Clerical 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
☐ Service occupation (e.g., police officer, cook, hairdresser) - Go to question 108
☐ Skilled craft or related occupation (e.g., carpenter, repair technician, telephone line worker) - Go to question 108
☐ Equipment / vehicle operator or related occupation (e.g., driver, railroad brakeman, sewer worker) - Go to question 108
☐ Laborer (e.g., helper, longshoreman, warehouse worker) - Go to question 108
☐ Farmer (e.g., owner, manager, operator, tenant) - Go to question 108
☐ Member of the military - Go to question 108
☐ Homemaker - Go to question 108
☐ Student - Go to question 108
☐ Under school age - Go to question 109
☐ Not previously employed - Go to question 108
☐ Unknown - Go to question 108
☐ Other - Go to question 107

107. Specify other occupation: ________________________________________________________________

108. What 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. What is the highest educational grade the recipient completed?

☐ No primary education / under school age: no schooling (U.S. equivalent: less than 1st grade education)

☐ Less than primary or elementary education: some formal schooling, but less than a complete primary or elementary education (U.S. equivalent: more than 1st grade education, but less than 6th grade education)

☐ Primary or elementary education: beginning at age 5–7 and continuing for about 4–6 years (U.S. equivalent: starts with 1st grade and ends with 6th grade)

☐ Lower secondary education: beginning at about age 11–12 and continuing for about 2–3 years (U.S. equivalent: starts with 7th grade and typically ends with 9th grade)

☐ Upper secondary education: beginning at about age 15–16 and continuing for about 3 years (U.S. equivalent: starts with 10th grade and ends with 12th grade)

☐ Post-secondary, non-tertiary education: programs lasting 6 months–2 years (U.S. equivalent: vocational programs of study)

☐ Tertiary education, Type A: programs that provide education that is largely theoretical, lasting 3–4 years (U.S. equivalent: includes university programs that last 4 years and lead to the award of a bachelor’s degree, and university programs that lead to a master’s degree) Tertiary education, Type B: programs that focus on practical, technical or occupational skills with a minimum duration of 2 years of full-time enrollment (U.S. equivalent: programs typically offered at community colleges that lead to an associate’s degree)

☐ Advanced research qualification: programs that lead to the award of an advanced post-graduate degree, such as a Ph.D. (U.S. equivalent: programs devoted to advanced study and original research)

☐ Unknown

110. Is the recipient currently in school, or was enrolled prior to illness?

☐ Yes  ☐ No  ☐ Unknown

111. Is the recipient covered by health insurance?

☐ Yes  ☐ No

Specify type of health insurance:

112. Specify type of health insurance (check all that apply)

☐ 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.)

☐ Children’s Health Insurance Program (CHIP)

☐ Military related health care TRICARE (CHAMPUS) / VA health care / CHAMP-VA

☐ Indian Health Service

☐ State-sponsored health plan

☐ Other government program - Go to question 113

☐ Other health insurance coverage - Go to question 114

113. Specify other government program: ______________________#

114. Specify other health insurance: ______________________#

115. Specify the recipient’s combined household gross annual income (Include earnings by all family members living in the household, before taxes.) (For U.S. residents only)

☐ Less than $20,000

☐ $20,000–$39,999

☐ $40,000–$59,999

☐ $60,000–$79,999

☐ $80,000–$99,999

☐ $100,000 and over

☐ Recipient declines to provide this information

☐ Unknown
116. Number of people living in the household: ___

117. Number of people living in the household under the age of 18: ___

First Name (person completing form): ________________________________

Last Name:_____________________________________________________

E-mail address:_________________________________________________

Date: __  __  __  __ / __  __ / __  __

YYYY          MM        DD