

# **Infectious Disease Markers**

Registry Use Only	Ī
Sequence Number:	
Date Received:	

OMB No: 0915-0310 Expiration Date: 08/31/2025

Public Burden Statement: The purpose of this data collection system is to provide technical assistance and share expertise with health care organizations, health care providers and health care networks interested in implementing telehealth technology. The resource centers serve as focal points for advancing the effective use of telehealth technologies in their respective communities and regions. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0310 and it is valid until 08/31/2025. Public reporting burden for this collection of information is estimated to average 0.56 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

CIBMTR Center Number:
CIBMTR Research ID:
Event date:
YYYY MM DD
HCT type (check only one)
Allogeneic, unrelated
Allogeneic, related
Product type (check all that apply)
□ Bone marrow
□ Single cord blood unit
□ Other product
Specify:
Product Identifiers:
Registry donor ID:
Non-NMDP cord blood unit ID:
Global Registration Identifier for Donors (GRID):
ISBT DIN:

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IBMTR Center Number:	CIBMTR Center Number:		
egistry or UCB Bank ID:			
onor DOB:	Donor DOB:		
YYYY MM DD	YYYY		
onor Age: Months (use only if less than 1 year old)			
□ Years	C		
onor Sex:  Male  Female			

CIBMTR Recipient ID: \_\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Donor / Cord Blood Unit Identification** 

This form must be completed for all non-NMDP allogeneic or syngeneic donors, or non-NMDP cord blood units.

- 1. Who is being tested for IDMs?
  - Donor IDM (marrow or PBSC)
  - Maternal IDM (cord blood)
  - □ Cord blood unit IDM

Infectious Disease Marker (report final test results)

### Hepatitis B Virus (HBV)

- HBsAg: (hepatitis B surface antigen)
   □ Reactive Go to question 3
  - □ Non-reactive *Go to question 3*
  - □ Not done Go to question 4
- 3. Date sample collected: \_ MM YYYY DD 4. Anti HBc: (hepatitis B core antibody) □ Reactive – Go to question 5 Non-reactive - Go to question 5 □ Not done – Go to question 6 5. Date sample collected: \_ YYYY MM DD FDA licensed NAAT testing for HBV: 6. Positive – Go to questions 7 □ Negative – Go to question 7 □ Not done – Go to question 8 7. Date sample collected: \_\_\_\_ YYYY MM DD Hepatitis C Virus (HCV)

Anti-HCV: (hepatitis C antibody)

8.

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CIBN	/TR	Center Number:	CIBN	ITR Rec	ipient ID:	 	 
		Reactive – Go to question 9					
		Non-reactive – Go to question 9					
		Not done – Go to question 10					
	9.	Date sample collected:			 		
10.	FD □	A licensed NAAT testing for HCV: Positive <i>Go to questions 11</i>					
		Negative Go to question 11					
		Not done Go to question 12					
	11.	. Date sample collected:		 MM	 DD		
Hum	an li	mmunodeficiency Virus (HIV)					
12.		V-1 p24 antigen: Reactive – <b>Go to question 13</b>					
		Non-reactive – Go to question 13					
		Not done – Go to question 14					
		Not reported – Go to question 14					
	13.	. Date sample collected:			 		
14.	FD □	A licensed NAAT testing for HIV-1: Positive – <b>Go to questions 15</b>					
		Negative – Go to question 15					
		Not done - Go to question 16					
		15. Date sample collected:		 MM			
16.		ti-HIV 1 and anti-HIV 2*: (antibodies to Hur required. This testing may be performed Reactive – <i>Go to question 17</i>			-	-	
		Non-reactive – Go to question 17					
		Not done – <b>Go to question 18</b>					
		Not reported – Go to question 18					

# Chagas

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CIBN	/TR Center Number:	CIBMTR Recipient ID: _			
18.	Chagas testing <ul> <li>Positive – Go to question 19</li> </ul>				
	Negative – Go to question 19				
	□ Not done – <i>Go to question 20</i>				
	19. Date sample collected:	MMDD			
Herp	es simplex virus (HSV)				
20.	Anti-HSV (Herpes simplex virus antibody) □ Positive – <i>Go to question 21</i>				
	Negative – Go to question 21				
	□ Not done – <i>Go to question 22</i>				
	21. Date sample collected:				
Epst	ein–Barr virus (EBV)				
22.	Anti-EBV (Epstein–Barr virus antibody)				
	□ Negative – Go to question 23				
	□ Inconclusive – Go to question 23				
	□ Not done – <i>Go to question 24</i>				
	23. Date sample collected:				

\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

# Varicella zoster virus (VZV)

- 24. Anti-VZV (Varicella zoster virus antibody) □ Positive – *Go to question 25* 
  - □ Negative Go to question 25
  - □ Not done *Go to question 26*

## **Other Infectious Disease Marker**

- 26. Other infectious disease marker, specify:
  - □ Yes Go to question 27
  - □ No Go to signature line

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CIBMTR Center Number:		CIBMTR Recipient ID:					
27.	Date sample collected:			DD			
28.	Specify test and method:						
29.	Specify test results:						
Сору	y questions 27–29 to report multiple other	r infectious	disease	e markers			
First	t Name:						
Last	t Name:						
E-ma	ail address:						
Date	e:						
	YYYY MM DD						