Infectious Disease Markers

Registry Use Only
Sequence Number: 

Date Received: 

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 
☐ PBSC 
☐ 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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<table>
<thead>
<tr>
<th>Registry or UCB Bank ID: __ __ __</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor DOB: __ __ __ - __ __- __</td>
</tr>
<tr>
<td>YYYY     MM    DD</td>
</tr>
<tr>
<td>Donor Age: __ __    ☐ Months (use only if less than 1 year old)</td>
</tr>
<tr>
<td>☐ Years</td>
</tr>
<tr>
<td>Donor Sex: ☐ Male ☐ Female</td>
</tr>
</tbody>
</table>
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)

2. 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: __ __ __ __ __ — __ __ __
      YYYY MM 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

6. FDA licensed NAAT testing for HBV:
   - □ 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)

8. Anti-HCV: (hepatitis C antibody)
□ Reactive – Go to question 9
□ Non-reactive – Go to question 9
□ Not done – Go to question 10

9. Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ __________
   YYYY MM DD

10. FDA licensed NAAT testing for HCV:
□ Positive Go to questions 11
□ Negative Go to question 11
□ Not done Go to question 12

11. Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ __________
    YYYY MM DD

Human Immunodeficiency Virus (HIV)

12. HIV-1 p24 antigen:
□ Reactive – Go to question 13
□ Non-reactive – Go to question 13
□ Not done – Go to question 14
□ Not reported – Go to question 14

13. Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ __________
    YYYY MM DD

14. FDA licensed NAAT testing for HIV-1:
□ Positive – Go to questions 15
□ Negative – Go to question 15
□ Not done - Go to question 16

15. Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ __________
    YYYY MM DD

16. Anti-HIV 1 and anti-HIV 2*: (antibodies to Human Immunodeficiency Viruses) *Testing for both HIV antibodies is required. This testing may be performed as separate tests or done using a combined assay.
□ Reactive – Go to question 17
□ Non-reactive – Go to question 17
□ Not done – Go to question 18
□ Not reported – Go to question 18

17. Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ __________
    YYYY MM DD

Chagas
18. Chagas testing
- Positive – Go to question 19
- Negative – Go to question 19
- Not done – Go to question 20

19. Date sample collected: __ __ __ __ __ __ - __ __ __ __

Herpes simplex virus (HSV)

20. Anti-HSV (Herpes simplex virus antibody)
- Positive – Go to question 21
- Negative – Go to question 21
- Not done – Go to question 22

21. Date sample collected: __ __ __ __ __ __ - __ __ __ __

Epstein–Barr virus (EBV)

22. Anti-EBV (Epstein–Barr virus antibody)
- Positive – Go to question 23
- Negative – Go to question 23
- Inconclusive – Go to question 23
- Not done – Go to question 24

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

25. Date sample collected: __ __ __ __ __ __ - __ __ __ __

Other Infectious Disease Marker

26. Other infectious disease marker, specify:
- Yes – Go to question 27
- No – Go to signature line
27. Date sample collected: ________—______—______ YYYY MM DD

28. Specify test and method: __________________________________________

29. Specify test results: ____________________________________________

Copy questions 27–29 to report multiple other infectious disease markers

First Name: __________________________________________________________

Last Name: __________________________________________________________

E-mail address: ______________________________________________________

Date: ________ ______ ______ ______ —______—______ YYYY MM DD