



Infectious Disease Markers

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

Registry Use Only

Sequence Number: _____

Date Received: _____

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
- PBSC
- Single cord blood unit
- Other product

Specify: _____

Product Identifiers:

Registry donor ID: _____

Non-NM DP cord blood unit ID: _____

Global Registration Identifier for Donors (GRID): _____

ISBT DIN: _____

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Registry or UCB Bank ID: _____

Donor DOB: _____ - _____ - _____

YYYY MM DD

Donor Age: ____ Months (use only if less than 1 year old)

Years

Donor Sex: Male Female

CIBMTR Center Number: _____

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)

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)

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

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

19. Date sample collected: _____

YYYY MM DD

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: _____

YYYY MM DD

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: _____

YYYY MM DD

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: _____

YYYY MM DD

Other Infectious Disease Marker

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

