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: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
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
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: __ __ __ __ – __ __ __ __

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: __ __ __ __ – __ __ __ __

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: __ __ __ __ – __ __ __ __

Hepatitis C Virus (HCV)

8. Anti-HCV: (hepatitis C antibody)
9. Date sample collected: ___ ___ ___ ___ — ___ ___ — ___ ___ YYYYY 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: ___ ___ ___ ___ — ___ ___ — ___ ___ YYYYY MM DD

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: ___ ___ ___ ___ — ___ ___ — ___ ___ YYYYY 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: ___ ___ ___ ___ — ___ ___ — ___ ___ YYYYY 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: ___ ___ ___ ___ — ___ ___ — ___ ___ YYYYY MM DD

Chagas

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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
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