



Infectious Disease Markers

OMB No: 0915-0310
Expiration Date: 09/30/2028

Registry Use Only

Sequence Number: _____

Date Received: _____

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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): _____

Registry or UCB Bank ID: _____

CIBMTR Center Number: ____

CIBMTR Recipient 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**
 - ☐ Inconclusive – **Go to question 3**
 - ☐ Not done – **Go to question 4**

3. Date sample for HBsAg collected: _____

YYYY MM DD

4. Anti HBc (hepatitis B core antibody)
- ☐ Reactive – **Go to question 5**
 - ☐ Non-reactive – **Go to question 5**
 - ☐ Inconclusive – **Go to question 5**
 - ☐ Not done – **Go to question 6**

5. Date sample for Anti HBc collected: _____

YYYY MM DD

6. FDA licensed NAAT testing for HBV
- ☐ Positive – **Go to questions 7**
 - ☐ Negative – **Go to question 7**
 - ☐ Inconclusive – **Go to question 7**
 - ☐ Not done – **Go to question 8**

7. Date sample for NAAT testing for HBV collected: _____

YYYY MM DD

CIBMTR Recipient ID:

8. Anti-HCV (hepatitis C antibody)

- ☐ Reactive – **Go to question 9**
- ☐ Non-reactive – **Go to question 9**
- ☐ Inconclusive – **Go to question 9**
- ☐ Not done – **Go to question 10**

10. FDA licensed NAAT testing for HCV

- ☐ Positive – **Go to questions 11**
- ☐ Negative – **Go to question 11**
- ☐ Inconclusive – **Go to question 11**
- ☐ Not done – **Go to question 12**

12. HIV-1 p24 antigen

- ☐ Reactive – ***Go to question 13***
- ☐ Non-reactive – ***Go to question 13***
- ☐ Inconclusive – ***Go to question 13***
- ☐ Not done – ***Go to question 14***
- ☐ Not reported – ***Go to question 14***

14. FDA licensed NAAT testing for HIV-1

- ☐ Positive – ***Go to questions 15***
- ☐ Negative – ***Go to question 15***
- ☐ Inconclusive – ***Go to question 15***
- ☐ Not done - ***Go to question 16***
- ☐ Not reported - ***Go to question 16***

CIBMTR Center Number:

CIBMTR Recipient ID:

16. Anti-HIV 1 and anti-HIV 2* (antibodies to Human Immunodeficiency Viruses) ***Testing for both HIV antibodies must be performed in order to report results in this question. If only one antibody is tested, report “not done.”**
- ☐ Reactive – **Go to question 17**
 - ☐ Non-reactive – **Go to question 17**
 - ☐ Inconclusive – **Go to question 17**
 - ☐ Not done – **Go to question 18**
 - ☐ Not reported – **Go to question 18**

17. Date sample for Anti-HIV 1 and anti-HIV 2 collected: _____
 YYYY MM DD

Chagas

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

19. Date sample for Chagas collected: _____ — _____ — _____
 YYY Y MM DD

Herpes Simplex Virus (HSV)

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

CIBMTR Recipient ID: _____

24. Anti-VZV (Varicella zoster virus antibody)

25. Date sample for Anti-VZV collected: _____
 YYYY MM DD

26. Other positive infectious disease marker, specify

- Copy questions 27–28 to report multiple other infectious disease markers**

28. Specify test and method: _____

CIBMTR Form 2004 R6 (page 6 of 6). Form Released 24 October 2025. Last Updated 24 October 2025.
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