Infusion Canceled or Delayed

Registry Use Only
Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___
CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

1. Specify the reason(s) for the infusion cancellation or delay (check all that apply)
   - Disease relapse / progression – Go to First Name
   - Donor not available – Go to First Name
   - Failure to mobilize / inability to collect adequate number of hematopoietic stem cells – Go to First Name
   - Patient died – Go to First Name
   - Patient has an infection – Go to First Name
   - Patient sent to hospice or receiving palliative care only – Go to First Name
   - Patient’s organ function declined – Go to First Name
   - Other reason – Go to question 2
   - No reason given – Go to First Name

2. Specify other reason: ______________

First Name: _____________________________________________________________________________________
Last Name: _____________________________________________________________________________________
E-mail address: _________________________________________________________________________________
Date: ___ ___ ___ ___ — ___ ___ — ___ ___
   YYYY       MM       DD

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