



Indication for CIBMTR Data Reporting

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

DRAFT

CIBMTR Center Number: _____ CIBMTR Research ID: _____

9. Number of DLIs in this reporting period: ___

10. Specify donor

- Autologous – **Go to question 12**
- Allogeneic, related – **Go to question 11**
- Allogeneic, unrelated – **Go to question 11**

11. Has this donor already provided cells for this recipient for a prior infusion?

- Yes
- No

12. Date of infusion: _____ - _____ - _____
 YYYY MM DD

Non-Cellular Therapy

13. Specify the disease / study for which non-cellular therapy was given

- BMT CTN – **Go to question 15**
- MDS – **Go to question 15**
- Multiple myeloma – **Go to question 15**
- Myelofibrosis – **Go to question 15**
- Sickle cell disease – **Go to question 15**
- Other disease / study – **Go to question 14**

14. Specify other disease / study: _____

15. Enrollment date: *(date of consent into study)* _____ - _____ - _____
 YYYY MM DD