

## **Indication for CIBMTR Data Reporting**

Registry Use Only	
Sequence Number:	
Date Received:	
CIBMTR Center Number:	
CIBMTR Research ID:	

CIBN	ITR Center Number: CIBMTR Research ID:
Indic	ation
1.	Specify the indication for CIBMTR data reporting  ☐ Infusion – <i>Go to question 3</i> ☐ Marrow toxic injury – <i>Go to question 2</i> ☐ Non-cellular therapy (e.g. chemotherapy, immunotherapy, etc.) – <i>Go to question 13</i> 2. Date of marrow toxic injury:
	YYYY MM DD
Infus	ion
3.	Does the product(s) infused contain CD34+ cells with the intent to establish / restore hematopoiesis?  Yes – Go to question 4 (e.g., HCT, gene therapy, or CD34+ Boost)  No – Go to question 6 (e.g., cellular therapy)  4. What was the primary indication for this infusion?  Graft failure – Complete a Pre-TED Form 2400 for allogeneic HCT – Go to question 6  Poor graft function / insufficient donor chimerism – Complete a Pre-TED Form 2400 for allogeneic HCT – Go to question 6  Persistent / recurrent primary disease – Complete a Pre-TED Form 2400 – Go to question 6  Planned subsequent HCT, per protocol – Complete a Pre-TED Form 2400 – Go to question 6  New malignancy (including PTLD and EBV lymphoma) – Complete a Pre-TED Form 2400 – Go to question 6  Other – Complete a Pre-TED Form 2400 – Go to question 5  5. Specify other indication:
6.	Are any of the products associated with this infusion genetically modified?  Yes – Go to question 7  No – Go to question 8  Was genetic modification performed to repair or correct a genetic defect?  Yes – Complete a Pre-TED Form 2400  No
8.	Was the infusion a donor lymphocyte infusion (DLI)?  ☐ Yes – Complete a Donor Lymphocyte Infusion Form 2199 – Go to question 9  ☐ No – Go to question 10

CIBM	MTR 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 – <i>Go to question 11</i>	
	11. Has this donor already provided cells for this recipient for a prior infusion?	
	□ Yes	
	□ No	
12.	Date of infusion:	
Non-	n-Cellular Therapy	
13.	Specify the disease / study for which non-cellular therapy was given	
10.	□ BMT CTN – Go to question 15	
	□ MDS – Go to question 15	
	☐ Multiple myeloma – <i>Go to question 15</i>	
	☐ Myelofibrosis – <i>Go to question 15</i>	
	☐ Sickle cell disease – <i>Go to question 15</i>	
	☐ Other disease / study – <b>Go to question 14</b>	
	14. Specify other disease / study:	
15.	Enrollment date: (date of consent into study)	