



Recipient Eligibility

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: _____ - _____ - _____

YYYY

MM

DD

Mogamulizumab

1. Was the recipient treated with Mogamulizumab, alone or in combination, within one year PRIOR to allogeneic transplant?

Yes – **Go to question 2**

No – **Go to question 3**

2. Was Mogamulizumab administered in the last line of therapy prior to transplant?

Yes

No

Cellular Therapy Studies

3. Was the product given off label?

Yes

No

4. Total number of lines of therapy received (*between diagnosis and infusion*)

1 line

2 lines

3 lines

4+ lines