



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