CMS Registration

CIBMTR®
A RESEARCH COLLABORATION BETWEEN THE MEDICAL COLLEGE OF WISCONSIN AND NMDP

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Event date: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

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

Registration and Confirmation

1. The recipient should be enrolled on the following study

   ☐ CMS Innovation Center's Cell and Gene Therapy (CGT) Access Model for Sickle Cell Disease (SCD) – ***Go to question 4***

   ☐ Multiple myeloma (17-CMS-MM) – ***Go to question 2***

   ☐ Myelofibrosis (16-CMS-MF) – ***Go to question 2***

   ☐ Sickle cell disease (17-CMS-SCD) – ***Go to question 2***

2. Has the recipient signed an IRB / Ethics Committee-approved consent form for participation in the study?

   ☐ Yes *(recipient consented)* – ***Go to question 3***

   ☐ No *(recipient declined)* – ***Go to question 4***

3. Date form was signed: __ __ __ __ - __ __ - __ __
   YYYY MM DD

4. Does the recipient have Medicare coverage?

   ☐ Yes

   ☐ No

5. Does the recipient have Medicaid coverage?

   ☐ Yes – ***Go to question 6***

   ☐ No – ***Go to end of form***

Copy and complete questions 6-8 to report more than one Medicaid ID

6. Medicaid issuing state / territory

☐ Alabama	☐ Maryland	☐ South Carolina
☐ Alaska	☐ Massachusetts	☐ South Dakota
☐ Arizona	☐ Michigan	☐ Tennessee
☐ Arkansas	☐ Minnesota	☐ Texas
☐ California	☐ Mississippi	☐ Utah
☐ Colorado	☐ Missouri	☐ Vermont
☐ Connecticut	☐ Montana	☐ Virginia
☐ Delaware	☐ Nebraska	☐ Washington
☐ District of Columbia	☐ Nevada	☐ West Virginia
☐ Florida	☐ New Hampshire	☐ Wisconsin

- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ Wyoming
- ☐ American Samoa
- ☐ Guam
- ☐ Northern Mariana Islands
- ☐ Puerto Rico
- ☐ United States Minor Outlying Islands
- ☐ United States Virgin Islands

7. State Medicaid Beneficiary ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

8. Medicaid ID date issued: __ __ __ __ - __ __ - __ __
   YYYY MM DD

Copy and complete questions 6-8 to report more than one Medicaid ID