

MCC Use Only

Date Recd.: \_\_\_\_\_

COBLT Recipient ID:

COBLT Name Code:

Center Code:

Assessment Period:    1  Day 42 Post-CBT    2  Day 100 Post-CBT    3  Secondary Graft Failure

1. Did the patient engraft as evidenced by an ANC > 500/mm<sup>3</sup> on 3 consecutive days?

- 1  Yes→
- 2  No
- 3  Previously reported

2. Record ANC values and dates:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /mm <sup>3</sup> .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	M	D	Y	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /mm <sup>3</sup> .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	M	D	Y	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /mm <sup>3</sup> .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	M	D	Y	

Continue with question 3

3. Did the patient have severe neutropenia (ANC < 500/mm<sup>3</sup>) without subsequent improvement?

- 1  Yes→

4. Record % of marrow cellularity .....    %

1  Cellularity not quantified, but less than 25%

- 2  No

5. Date marrow obtained .....

M                      D                      Y

6. Record chimerism assay data for marrow and/or blood.

	Date	Primary Method <i>Use codes below.</i>	
<b>Marrow</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	If Other, specify: _____
	M                      D                      Y		

Marrow chimerism not done

<b>Blood</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	If Other, specify: _____
	M                      D                      Y		

Blood chimerism not done

**Assay Results**

- 1  All host cells
  - 2  All donor cells
  - 3  Host and donor →   %donor
- 
- 1  All host cells
  - 2  All donor cells
  - 3  Host and donor →   %donor

Primary method codes:	1 - Standard cytogenetics 2 - Fluorescent in situ hybridization (FISH) 3 - Restriction fragment-length polymorphisms (RFLP)	4 - Polymerase chain reaction (PCR) 5 - HLA serotyping 9 - Other
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7. Did the patient receive stem cell re-infusion due to inadequate hematopoietic function?

- 1  Yes→

8. Record date of infusion .....

- 2  No

Comments: \_\_\_\_\_

_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	Date	Study ID