



4. Type of Graft: GRAFT\_TYPE
- HLA Matched Sibling Bone Marrow (1)
  - HLA Matched Sibling Umbilical Cord Blood (2)
  - Matched Unrelated Donor (3)\*
  - Matched Unrelated Umbilical Cord Blood (4)\*
  - Haplo-Identical Parent\* (5)\*

- \*a. For non-sibling donor, please indicate degree of matching: MATCHING\_DEGREE
- 6/6 (1)
  - 8/8 (2)
  - 5/6 or 5-6-7/8 (3)

**PART III: TRANSPLANT COMPLICATIONS**

1. What is the patient's current status with respect to their transplant? Answer all that apply.

A. Death Date DEATH\_DT

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

B. Graft Rejection Date GRAFTREJ\_DT

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

C. Stable Mixed Chimerism STABLE\_DT

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

D. Cured of Sickle Cell Disease Date CURED\_DT

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

E. Other OTHER (1)

i. If other, please specify: OTHER\_SP

\_\_\_\_\_

ii. Date: OTHER\_DT

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

ID Number	Visit	Seq									
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**PART IV: COORDINATOR**

1. Checked for completeness and accuracy:

A. Certification number:        \_\_\_ \_\_\_ - \_\_\_ \_\_\_        **CERT\_NO**

B. Signature: \_\_\_\_\_ **CERT\_SIG**

C. General Comments: \_\_\_\_\_ **GEN\_CMNT**  
\_\_\_\_\_  
\_\_\_\_\_

ID Number				Visit			Seq		
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