

Form 2149 R1.0: Respiratory Virus Post-Infusion Form

Center:

CRID:

Key Fields

Sequence Number: _____

Date Received: ____ - ____ - ____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____ - ____ - ____

Visit

☐ Initial ☐ Follow-up

Infection Diagnosis

Questions: 1 - 10

1 Date of infection diagnosis: ____ - ____ - ____

For questions 2 - 6, report all positive testing used to determine the diagnosis of the respiratory viral infection. Testing should be obtained between 7 days prior to 14 days after the diagnosis.

2 Specify positive diagnostic tests used to determine the diagnosis of the respiratory viral infection (*check all that apply*)

- ☐ Nasal swab / wash
- ☐ Lung fluid from bronchoalveolar lavage (BAL)
- ☐ Histopathology findings of viral cytopathic changes (*biopsy*)
- ☐ Culture
- ☐ Other

3 Specify: _____

4 Were there any positive radiographic findings supporting the infection diagnosis? (*e.g., x-ray, CT, or MRI*)

☐ Yes ☐ No ☐ Unknown

5 Specify imaging sites (*check all that apply*)

- ☐ Chest
- ☐ Sinus
- ☐ Other imaging site

6 Specify other imaging site: _____

For questions 7 - 10, if an "Initial" form submission, report data between 7 days prior to 14 days after the date of diagnosis.

If a "Follow-up" form submission, report data since the date of "Initial" evaluation until date of resolution of the viral infection.

7 Did the recipient require supplemental oxygen? (*nasal cannula, face mask, ventilator, etc.*)

☐ Yes ☐ No

8 Did the recipient receive endotracheal intubation or mechanical ventilation?

☐ Yes ☐ No

9 Date intubated: ____ - ____ - ____ ☐ Date estimated

10 Did the recipient receive corticosteroids? (*systemic oral or intravenous*)

☐ yes ☐ no

Hematologic Findings

Questions: 11 - 24

For an "Initial" form submission, provide values closest to the date of diagnosis (\pm 7 days).

For a "Follow-up" form submission, provide values closest to the time of viral infection resolution.

11 Date of complete blood count: ____ - ____ - ____

12 WBC

☐ Known ☐ Unknown

13 _____ ☐ $\times 10^9/L$ ($\times 10^3/mm^3$)
☐ $\times 10^6/L$

14 Neutrophils

☐ Known ☐ Unknown

15 _____ %

16 Monocytes

☐ Known ☐ Unknown

17 _____ %

18 Lymphocytes

☐ Known ☐ Unknown

19 _____ %

20 Platelets

☐ Known ☐ Unknown

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21 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

Questions 22 - 24 will be disabled if this is the "Follow-up" form submission.

22 IgG

☐ Known ☐ Unknown

23 _____ ☐ mg/dL ☐ g/dL ☐ g/L

24 Date sample collected: ____ - ____ - ____

Therapy

Questions: 25 - 41

For an "Initial" form submission, specify all medications given between 7 days prior to 14 days after the date of diagnosis.

For a "Follow-up" form submission, specify all medications given since the date of "Initial" evaluation until the resolution of the viral infection.

25 Did the recipient receive any therapy?

☐ yes ☐ no

26 Antiviral drugs

☐ Yes ☐ No

Antiviral Drugs (1)

Questions: 27 - 31

27 Specify antiviral drugs

☐ Amantadine (Symmetrel) ☐ Oseltamivir (Tamiflu) ☐ Palivizumab (Synagis) ☐ Peramivir (Rapivab)
☐ Ribavirin (Rebetol, Copegus, Virazole, Ribasphere) (oral or intravenous) ☐ Rimantadine (Flumadine) ☐ Zanamivir (Relenza) ☐ Other antiviral drug

28 Specify other antiviral drug: _____

29 Date started: ____ - ____ - ____ ☐ Date estimated

30 Was the antiviral drug stopped since last evaluation?

☐ Yes ☐ No

31 Date stopped: ____ - ____ - ____ ☐ Date estimated

32 IVIG (polyclonal IV gammaglobulin)

☐ yes ☐ no

33 Was therapy started more than 7 days prior to the date of infection diagnosis?

☐ Yes ☐ No

34 Date started: ____ - ____ - ____ ☐ Date estimated

35 Other therapy

☐ yes ☐ no

Other Therapy (1)

Questions: 36 - 39

36 Specify other therapy: _____

37 Date started: ____ - ____ - ____ ☐ Date estimated

38 Was the therapy stopped since last evaluation?

☐ Yes ☐ No

39 Date stopped: ____ - ____ - ____ ☐ Date estimated

40 What was the status of the infection?

(if the status is captured as "Ongoing" or "Improved," an additional Respiratory Virus Post-Infusion Form (2149) will come due. The "Follow-up" form should be completed once the viral infection has resolved.)

☐ Death ☐ Ongoing ☐ Improved ☐ Resolved ☐ Unknown

41 Date of evaluation: ____ - ____ - ____ ☐ Date estimated

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____