

**Severe Chronic Neutropenia  
International Registry**

1107 NE 45th Street, Suite 345, Seattle, WA 98105  
Phone 206-543-9749 Fax 206-543-3668

Patient's Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Patient's ID #: \_\_\_\_\_  
Month / Day / Year

**Hematopoietic Stem Cell Transplantation**

*Please attach all pertinent pathology and laboratory reports.*

Follow-up Period from

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

to

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

**Person Completing Form:**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of BMT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year Month / Day / Year

**Patient Status:**

- Alive
- Deceased

Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Cause of Death \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hematopoietic Stem Cell Transplant Outcome:**

Engrafted Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Chimerism Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

- Type Donor – 100% Donor
- Type Recipient – 100% Recipient
- Mixed: \_\_\_\_\_% Donor / \_\_\_\_\_% Recipient

Rejected Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

**Complications Reported Post-HSCT:**

- None
- Acute GvHD Diagnosis Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
Grade  I  II  III  IV  
Localization  Skin  Liver  Intestines/Gut

- Chronic GvHD Diagnosis Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
Grade  I  II  III  IV  
Localization  Skin  Mouth  Liver  Lungs  
 Eyes  Joints/Fascia  GI Tract  
 Genitalia

Severe Infections \_\_\_\_\_  
\_\_\_\_\_

Other (specify) \_\_\_\_\_  
\_\_\_\_\_

**Bone Marrow Function:**

Date of Last Transfusion

Erythrocytes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Frequency/wk \_\_\_\_\_

Platelets \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Frequency/wk \_\_\_\_\_

Cytokines (eg: G-CSF) still required?

- No
- Yes (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Address, Telephone (for further questions):