

**Severe Chronic Neutropenia  
International Registry**

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

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

## Hematopoietic Stem Cell Transplantation

*Please attach all pertinent pathology and laboratory reports.*

### Person Completing Form:

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

Year

### Source of:

- Stem Cells  BM  PBSC  Cordblood  
Graft  Syngeneic  Allogenic  Autologous  
Donor  HLA-Identical Sibling  
Which Sibling? \_\_\_\_\_  
 Matched Unrelated Donor  
Other (specify) \_\_\_\_\_

### Marrow Ablative Therapy:

- TBI  Yes  No  
Dose \_\_\_\_\_  
Cyclophosphamide  Yes  No  
Dose \_\_\_\_\_  
Busulfan  Yes  No  
Dose \_\_\_\_\_  
Other (name) \_\_\_\_\_  
Dose \_\_\_\_\_  
Reduced Intensity Conditioning  Yes  No  
Dose \_\_\_\_\_

### Reason For HSCT:

- Neutropenia  
 No cytokine therapy available.  
 Non-responder to G-CSF or other cytokine.  
(brand name/dose) \_\_\_\_\_  
 Leukemia  MDS  Monosomy 7  
 Other (specify) \_\_\_\_\_  
\_\_\_\_\_

### Complications:

- None  
 Acute GvHD Diagnosis Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
Grade  I  II  III  IV  
Localization  Skin  Liver  Intestines/Gut  
 Severe Infections \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
\_\_\_\_\_

### HSCT Outcome:

- Bone Marrow  
 Engrafted Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
Chimerism (% donor cells) Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
 Rejected Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
Patient Status  
 Released Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
 Still Hospitalized Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
 Deceased Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year  
Cause \_\_\_\_\_

### Bone Marrow Function:

- Date of Last Transfusion  
Erythrocytes \_\_\_\_\_  
Frequency (e.g. once/wk) \_\_\_\_\_  
Platelets \_\_\_\_\_  
Frequency (e.g. once/wk) \_\_\_\_\_  
Cytokines (e.g. G-CSF) still required?  
 No  
 Yes (specify) \_\_\_\_\_  
\_\_\_\_\_

Please add comments to the back of this page or attach an extra page if this side of the page does not provide sufficient space.