



# HEMATOPOIESIS ASSESSMENT FORM - RED CELL

MCC Use Only  
Date Recd.:

COBLT Recipient ID:   
COBLT Name Code:   
Center Code:

Assessment Period: 1  Day 100 Post-CBT 2  6 Mo. Post-CBT 3  12 Mo. Post-CBT

1. Did the patient engraft as evidenced by an absolute reticulocyte count  $\geq 30,000/\text{mm}^3$  for 2 consecutive measurements?

- 1  Yes →
- 2  No
- 3  Previously reported

2. Record absolute reticulocyte count values and dates:

/mm<sup>3</sup> .....

M                      D                      Y

/mm<sup>3</sup> .....

M                      D                      Y

*continue with question #3*

3. Date of most recent red cell transfusion .....

M                      D                      Y

4. Date cyclosporine ended .....

M                      D                      Y

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Study ID