



SEARCH UPDATE FORM

MCC Use Only
Date Recd.:

COBLT Recipient ID:

COBLT Name Code:

Center Code:

Date of Submission:

M D Y

1. Planned course of action for the search:
- 1 Continue COBLT search following the 6-month automatic search period → *Sign and fax form.*
 - 2 Cancel COBLT search → *Complete Question 2, then sign and fax form.*
 - 3 Update recipient HLA typing → *Complete Question 3, then sign and fax form.*

2. Provide one primary reason for search cancellation and indicate other contributing reasons:

	Primary	Contributing	Non-Contributing
a. The patient did not meet the eligibility criteria of the transplant center.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. The patient did not have adequate insurance coverage.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. The patient responded to alternative therapy; therefore, a cord blood transplant was not indicated.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Specify therapy: _____			
d. The patient received a transplant from another source.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Specify source:			
1 <input type="checkbox"/> Related donor marrow transplant			
2 <input type="checkbox"/> Autologous marrow transplant			
3 <input type="checkbox"/> Unrelated donor marrow transplant			
4 <input type="checkbox"/> Cord blood transplant from a non-COBLT bank			
e. The patient's condition deteriorated so as to preclude a cord blood transplant.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. The patient died.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. The patient/patient's family decided not to proceed with a cord blood transplant.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Other reason, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

COBLT Name Code:

COBLT SEARCH UPDATE FORM (Continued)

Recipient ID:

3. Provide updated recipient HLA typing data:

HLA-A

Typing Method: 1 Serology 2 DNA Technology Antigens/alleles provided: 1 One 2 Two

1st: 1 / 2 / 3 / 4
5 / 6 / 7 / 8

2nd: 1 / 2 / 3 / 4
5 / 6 / 7 / 8

HLA-B

Typing Method: 1 Serology 2 DNA Technology Antigens/alleles provided: 1 One 2 Two

1st: 1 / 2 / 3 / 4
5 / 6 / 7 / 8

2nd: 1 / 2 / 3 / 4
5 / 6 / 7 / 8

HLA-DRB1

Typing Method: 1 Serology 2 DNA Technology Antigens/alleles provided: 1 One 2 Two

1st: 1 / 2 / 3 / 4
5 / 6 / 7 / 8

2nd: 1 / 2 / 3 / 4
5 / 6 / 7 / 8

Comments: _____

Signature

Date

Study ID