

Recipient Initials: |_|_|_|_|

Donor Initials: |_|_|_|_|

Recipient Study #: |_|_|_|_|_|

Donor Study #: |_|_|_|_|_|

Section 2: CONFIRMATION OF ELIGIBILITY (continued):

2.6 Disease stage (circle one only):

Early Stage Disease

Late Stage Disease

2.7 Conditioning regimen (circle one only):

Busulfan & Cyclophosphamide

Cyclophosphamide & TBI

Other: _____

I verify that this patient meets the eligibility criteria for the CBMTG 0601 study.

Investigator's Signature

Investigator's Printed Name

Date

2.8 Original planned date of transplant:

|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|
DD MMM YYYY

2.9 Reason for delay: _____

2.10 Re-confirm planned date of transplant:

|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|
DD MMM YYYY

2.11 If the recipient and/or donor do **NOT** meet the inclusion and exclusion criteria, circle all the reasons below that are applicable:

Transplant cancelled due to recipient disease progression or relapse

Conditioning regimen changed to non-myeloablative

Other: _____

2.12 Response from Project Management Office (circle one only):

Proceed on study according to randomization (Recipient and donor are enrolled)

Do not proceed on study – Proceed according to standard institutional practice

Signature of Project Manager (or delegate): _____ Date: _____