



RE-ADMISSION FORM

MCC Use Only
Date Recd.:

COBLT Recipient ID:
COBLT Name Code:
Center Code:
Date of Re-admission:
M D Y

1. Date of Discharge
M D Y

2. Patient status at discharge 1 Alive 2 Dead
If 2-Dead, complete NMDP 190 - Recipient Death Information Form.

3. Record **one** primary reason for hospitalization and indicate other contributing reasons.

- GVHD 1 Primary 2 Contributing 3 Non-contributing
- Relapse 1 Primary 2 Contributing 3 Non-contributing
- Graft Failure 1 Primary 2 Contributing 3 Non-contributing
- Infection 1 Primary 2 Contributing 3 Non-contributing
- Fever 1 Primary 2 Contributing 3 Non-contributing
- Other 1 Primary 2 Contributing 3 Non-contributing

Specify: _____

4. Record the number of days on a ventilator during this hospitalization period

Comments: _____

Signature

Date

Study ID