Welcome to BMT InfoNet’s CAR T Therapy community. We are gathering information to learn more about those who had or are considering CAR T Therapy. This information will help us understand more about you and what your needs are so that we can best meet them. Please complete the form or call our office at 888-597-7674.

**CAR T Therapy Patient/Survivor/Family/Friend**

First Name

Last Name

Email - Home

Birth Year

Year

Relationship to Patient

- None -

Please select the disease from the drop down

- None -

**CAR T-cell therapy**

Did the Patient have CAR T Therapy

- None -

Date of CAR-T

Month

Year
<table>
<thead>
<tr>
<th>Year</th>
</tr>
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</table>

Patient Age at time of CAR-T

<table>
<thead>
<tr>
<th>CAR-T Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>- None -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAR-T Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>- None -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Type of CAR-T Therapy</th>
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</table>

Center where CAR-T was done

Health Issues after CAR-T
- Cytokine release syndrome
- Neurological problems
- Low White Blood Cell count
- Low red blood cell count (anemia)
- Other health issues after CAR-T

Please describe health after CAR T Therapy

Submit

Contact Us

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1548 Old Skokie Road Highland Park, IL 60035

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Toll-free: 888-597-7674
help@bmtinfonet.org

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