

OMB No: 0915-  
Expiration Date:

## Public Burden Statement

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# Pre-Transplant Essential Data



**CENTER IDENTIFICATION**

CIBMTR Center # \_\_\_\_\_ EBMT Code (CIC) \_\_\_\_\_  
 Hospital: \_\_\_\_\_  
 Unit (circle)\*: **A H O P** Other, specify: \_\_\_\_\_  
 \* Abbreviations, see pg 2

Contact person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of this Report: \_\_\_\_-\_\_\_\_-\_\_\_\_  changed  
 Y Y Y Y M M D D

**CIBMTR USE ONLY**

Report Form due?  Yes  No  Reg only  
 Date Received: \_\_\_\_\_ DE: \_\_\_\_\_

**RECIPIENT IDENTIFICATION**

Universal recipient ID#: \_\_\_\_\_  
 ID assigned by:  CIBMTR  EBMT  Other  
 Study ID #: \_\_\_\_\_  
 BMT-CTN  NMDP  RCi-BMT  SCTOD  
 Consented for Research:  Yes  No  
 Gender:  Male  Female  
 Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Y Y Y Y M M D D

Optional for non-US centers:

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
 Race (check all that apply):  White  Black/African American  Asian  
 American Indian/Alaska Native  
 Native Hawaiian/Other Pacific Islander

**DISEASE CLASSIFICATION**

Complete and attach **only** the relevant Disease Classification Sheet with date and status at transplantation:  
 Date of diagnosis of primary disease for HSCT:  
 \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Y Y Y Y M M D D

**HEMATOPOIETIC STEM CELL TRANSPLANT (HSCT)**

Date of this HSCT: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Y Y Y Y M M D D

Chronological number of this HSCT: \_\_\_\_\_  
 If >1, most recent previous HSCT:  
 Date: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Y Y Y Y M M D D

Type:  Auto  Allo

Institution where previous HSCT was performed if different from current:  
 Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Cell source** for this HSCT (check all that apply):  
 BM  PBSC  UCB  Other: \_\_\_\_\_

Allo HSCT (for multiple donors check all that apply):  
**donor gender:**  Male  Female

**Donor Type:**

Autologous (self)  Multiple donors (skip HLA match only)

Allogeneic:

Syngeneic (monozygotic twin)  
 HLA-identical sibling (may include non-monozygotic twin)  
 HLA-matched other relative  
 HLA-mismatched relative

Degree of mismatch:  1 HLA antigen mismatch  
 ≥ 2 HLA antigen mismatch (full Haploidentical)

Unrelated donor (complete # of mismatches on HLA lines)

Registry, specify: \_\_\_\_\_ Other, specify or UCB Bank: \_\_\_\_\_

A B C DRB1 DQB1 DPB1  
 \_\_\_\_\_  
 \_\_\_\_\_ Antigenic (2 digits)  
 \_\_\_\_\_ Allelic (4 digits)  
 \_\_\_\_\_  
 0=matched; 1=one mismatch; 2=2 mismatches; ND=not done

**HSCT (continued)**

Was there **Ex vivo Graft Manipulation** other than for RBC removal or volume reduction?  Yes  No  
 (Check all that apply) Optional for non-U.S. Centers

T-cell depletion  
 Tumor purging  
 Other negative selection, specify: \_\_\_\_\_  
 CD34 selection  
 ex vivo expansion  
 Other, specify: \_\_\_\_\_

**Performance Score pre-Preparative Regimen:**  Karnofsky  Lansky  
 10  20  30  40  50  60  70  80  90  100

**CMV-antibodies** (IgG or Total) (Multiple donors: report any positive CMV test as reactive)  
 reactive non-reactive unknown not done  
 Recipient:      
 Donor (allo only):

**PREPARATIVE REGIMEN**

Was a preparative regimen given?  Yes  No – skip to page 2  
 What was the total prescribed cumulative dose for the preparative regimen (per the protocol)?

	RAD unit	Total Prescribed Dose
	cGy	Gy mg/m <sup>2</sup> mg/kg
<input type="checkbox"/> TBI	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> TLI, TNI, TAI	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> ALG, ALS, ATG, ATS (before d0)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Horse <input type="checkbox"/> Rabbit <input type="checkbox"/> Other, specify: _____		
<input type="checkbox"/> anthracycline		
<input type="checkbox"/> daunorubicin	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> doxorubicin	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> idarubicin	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> bleomycin	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> busulfan	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> Both		
<input type="checkbox"/> carboplatin	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> carmustine (BCNU)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> cisplatin	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> corticosteroids	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> cyclophosphamide	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> cytarabine (Ara-C)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> etoposide (VP-16)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> fludarabine	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> ifosfamide	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> imatinib mesylate (Gleevec, Glivec)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> lomustine (CCNU)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> melphalan (L-PAM)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> mitoxantrone	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> monoclonal antibody (MAb)		
<input type="checkbox"/> Campath	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Rituximab (Rituxan, anti-CD20)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Gemtuzumab (Mylotarg, anti-CD33)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other MAb	_____	<input type="checkbox"/> <input type="checkbox"/>
specify: _____		
<input type="checkbox"/> paclitaxel (Taxol, Xyotax)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> tenoposide (VM26)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> thiotepa	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> other, specify:	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> radiolabeled MAb	_____ units	<input type="checkbox"/> mCi <input type="checkbox"/> mBq
<input type="checkbox"/> Tositumomab (Bexxar)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Ibritumomab (Zevalin)	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other rMab	_____	<input type="checkbox"/> <input type="checkbox"/>
specify: _____		

CIBMTR Center #:

CIBMTR Recipient ID#:

**This section is optional for non-U.S. Centers**  
**COMORBID CONDITIONS**

Is there a history of mechanical ventilation?  Yes  No

Is there a history of proven invasive fungal infection?  Yes  No

Were there **clinically significant** co-existing disease or organ impairment at time of patient assessment prior to preparative regimen?

Yes  No 'Allo' continue with **Box A** below, 'auto' continue with **Box B** below

Yes	No	NotDone	Comorbidity	Definitions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmia	Atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac	Coronary artery disease §, congestive heart failure, myocardial infarction, or EF ≤ 50%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebrovascular disease	Transient ischemic attack or cerebrovascular accident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Requiring treatment with insulin or oral hypoglycemics but not diet alone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart valve disease	Except mitral valve prolapse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatic, mild	Chronic hepatitis, bilirubin > ULN to 1.5 x ULN, or AST/ALT > ULN to 2.5 x ULN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatic, moderate/severe	Liver cirrhosis, bilirubin > 1.5 x ULN, or AST/ALT > 2.5 x ULN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infection	Requiring continuation of antimicrobial treatment after day 0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inflammatory bowel disease	Crohn's disease or ulcerative colitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obesity	Patients with a body mass index > 35 kg/m <sup>2</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peptic ulcer	Requiring treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric disturbance	Depression or anxiety requiring psychiatric consult or treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary, moderate	DLco and/or FEV <sub>1</sub> 66-80% or dyspnea on slight activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary, severe	DLco and/or FEV <sub>1</sub> ≤ 65% or dyspnea at rest or requiring oxygen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal, moderate/severe	Serum creatinine > 2 mg/dL or >177 μmol/L, on dialysis, or prior renal transplantation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatologic	SLE, RA, polymyositis, mixed CTD, or polymyalgia rheumatica
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solid tumor, prior	Treated at any time point in the patient's past history, excluding nonmelanoma skin cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Specify: _____

§ One or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft.

EF indicates ejection fraction; ULN, upper limit of normal; SLE, systemic lupus erythematosis; RA, rheumatoid arthritis; CTD, connective tissue disease; DLco, diffusion capacity of carbon monoxide.

Source: Blood, 2005 Oct 15;106(8):2912-2919

**Box A GVHD PROPHYLAXIS (ALLO ONLY)**

Was GVHD prophylaxis planned/given?  Yes  No  
(Check all that apply)

- ALG, ALS, ATG, ATS (after d0)
- Corticosteroids
- Cyclosporine (CSA)
- ECP (extra-corporeal photopheresis)
- FK 506 (Tacrolimus, Prograf)
- Methotrexate (MTX)
- in vivo monoclonal antibody (MAB)
  - Anti CD25 (Zenapax, Daclizumab, AntiTAC)
  - Campath
  - Etanercept (Enbrel)
  - Infliximab (Remicade)
  - Other, specify: \_\_\_\_\_

- Mycophenolate (MMF, Cellcept)
- Sirolimus (Rapamycin, Rapamune)
- Other drug, specify: \_\_\_\_\_

**\* Abbreviations**

YYYY = 4 digit year  
MM = 2 digit month  
DD = 2 digit day

AHOP = Adult, Hematology, Oncology or Pediatric Unit  
ALLO = Allogeneic  
ANC = Absolute Neutrophil Count  
AUTO = Autologous  
BM = Bone Marrow  
BMT-CTN = Blood & Marrow Transplant Clinical Trials Network  
CIBMTR = Center for International Blood & Marrow Transplant Research  
CIC = Center Identification Code  
CMV = Cytomegalovirus  
CR = Complete Remission

DCI = Donor Cellular Infusion  
DLI = Donor Lymphocyte Infusion  
EBMT = European Group for Blood & Marrow Transplantation  
EBV = Epstein Barr Virus  
FACT = Foundation for the Accreditation of Cellular Therapy  
FGF = Fibroblast Growth Factor  
FISH = Fluorescent In-situ Hybridization  
GVHD = Graft versus Host Disease  
HSCT = Hematopoietic Stem Cell Transplant  
KGF = Keratinocyte Growth Factor  
NMDP = National Marrow Donor Program  
NOS = Not Otherwise Specified  
NST = Non-myeloablative Stem Cell Transplant

PBSC = Peripheral Blood Stem Cells  
PTLD = Posttransplant lymphoproliferative disorder  
RBC = Red Blood Cell  
RCI-BMT = Resource for Clinical Investigations in Blood & Marrow Transplant  
RIC = Reduced Intensity Conditioning  
SCTOD = Stem Cell Therapeutic Outcomes Database  
TBI, TLI, TNT = Total (Body, Lymphoid, Nodal) Irradiation  
U = Unclassifiable  
UCB = Umbilical Cord Blood  
Unit = Adult, Hematology, Oncology, Pediatric (AHOP)  
VOD = Veno-occlusive disease

**Box B POST-HSCT DISEASE THERAPY PLANNED AS OF DAY 0**

Is this HSCT part of a **planned multiple** (sequential) graft/HSCT protocol?  Yes  No

Is additional **post-HSCT therapy** planned?  
 Yes  No

(Check all that apply) Optional for non-U.S. centers

- bortezomib (Velcade)
- Cellular therapy (e.g. DCI, DLI)
- Intrathecal Chemotherapy
- imatinib mesylate (Gleevec, Glivec)
- lenalidomide (Revlimid)
- Local radiotherapy
- rituximab (Rituxan, Mabthera)
- thalidomide (Thalomid)
- Other, specify: \_\_\_\_\_

**OTHER TOXICITY MODIFYING REGIMEN**

Optional for non-U.S. Centers

Was KGF (palifermin, Kevivance) started or is there a plan to use it?  
 Yes  No  Masked trial

Was FGF (velofermin) started or is there a plan to use it?  
 Yes  No  Masked trial

CIBMTR Center #:

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**ACUTE LEUKEMIAS**

**Select most specific W.H.O. classification:**

**Acute Myelogenous Leukemia (AML)**

AML with recurrent genetic abnormalities

- AML with t(8;21)(q22;q22), (AML1/ETO) (281)
- AML with abnormal BM eosinophils and inv(16)(p13q22) or t(16;16)(p13;q22), (CBFβ/MYH11) (282)
- APL with t(15;17)(q22;q12), (PML/RARα) and variants/{M3} (283)
- AML with 11q23 (MLL) abnormalities (284)
- AML with multilineage dysplasia (285)

AML, not otherwise categorized/{NOS}

- AML, minimally differentiated/{M0} (286)
- AML without maturation/{M1} (287)
- AML with maturation/{M2} (288)
- Acute Myelomonocytic Leukemia/{M4} (289)
- Acute Monoblastic/Acute Monocytic Leukemia/{M5} (290)
- Acute Erythroid Leukemia (erythroid/myeloid and pure erythroleukemia)/{M6} (291)
- Acute Megakaryoblastic Leukemia/{M7} (292)
- Acute Basophilic Leukemia (293)
- Acute Panmyelosis with Myelofibrosis (294)
- Myeloid Sarcoma (295)
- AML, NOS (280)

**Acute Lymphoblastic Leukemia (ALL)**

- Precursor B-cell ALL {L1/L2} (191)
- If known, indicate subtype:
  - t(9;22)(q34;q11); BCR/ABL+ (192)
  - t(v;11q23); MLL rearranged (193)
  - t(1;19)(q23;p13) E2A/PBX1 (194)
  - t(12;21)(p12;q22) ETV/CBF-α (195)
- Precursor T-cell ALL (196)
- ALL, NOS (190)

**Acute Leukemias of ambiguous lineage**

- Acute undifferentiated leukemia (31)
- Biphenotypic, bilineage or hybrid leukemia (32)
- Acute mast cell leukemia (33)
- Other acute leukemia, (89) specify: \_\_\_\_\_

Did AML transform from MDS or MPS?  Yes  No

Complete entire MDS Section on Disease Classification page 4 and entire AML Section

Was AML therapy related?  Yes  No  Unknown

AML, therapy related (check all that apply)

- Alkylating agent/radiation-related
- Topoisomerase II inhibitor-related
- Unknown

Was imatinib mesylate given for pretransplant therapy anytime prior to start of prep regimen?  Yes  No  Unknown

**Status at Transplantation:**

- Never treated
- Primary Induction Failure (PIF)

Complete Remission (CR) \_\_\_\_\_ Number  1st  2nd  3rd or higher

Relapse \_\_\_\_\_

**For hematologic CR**

- | Y                        | N                        | Unk                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Cytogenetic remission  
Molecular remission

CIBMTR Center #:

CIBMTR Recipient ID#:

**CHRONIC MYELOGENOUS LEUKEMIA (CML)**

**Philadelphia chromosome+, Ph+, t(9;22)(q34;q11), or variant OR bcr/abl+**

Did recipient receive treatment prior to this HSCT?  Yes  No

(check all that apply) **Mandatory for CIBMTR Research Teams:**

- |   |  |
|---|--|
| <input type="checkbox"/> Ph+/bcr+ (41)        | <input type="checkbox"/> Combination chemotherapy            |
| <input type="checkbox"/> Ph+/bcr- (42)        | <input type="checkbox"/> Dasatinib (Sprycel)                 |
| <input type="checkbox"/> Ph+/bcr unknown (43) | <input type="checkbox"/> Hydroxyurea (HU)                    |
| <input type="checkbox"/> Ph-/bcr+ (44)        | <input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec) |
| <input type="checkbox"/> Ph unknown/bcr+ (47) | <input type="checkbox"/> Interferon                          |
|   | <input type="checkbox"/> Nilotinib (Tasigna)                 |
|   | <input type="checkbox"/> Other, specify: _____               |

**Status at Transplantation:**

- |  |  |                                |                                   |                             |   |
|--|--|--------------------------------|-----------------------------------|-----------------------------|---|
| Phase                                      | Number   | For Chronic Phase and CR Only: |                                   |                             |   |
| <input type="checkbox"/> Hematologic CR    | <input type="checkbox"/> 1 <sup>st</sup>           | Cytogenetic remission:         | <input type="checkbox"/> Complete | <input type="checkbox"/> No | <input type="checkbox"/> Cytogenetics unknown |
| <input type="checkbox"/> Chronic phase     | <input type="checkbox"/> 2 <sup>nd</sup>           | Molecular remission (bcr/abl): | <input type="checkbox"/> Yes      | <input type="checkbox"/> No | <input type="checkbox"/> bcr/abl unknown      |
| <input type="checkbox"/> Accelerated phase | <input type="checkbox"/> 3 <sup>rd</sup> or higher |                                |                                   |                             |   |
| <input type="checkbox"/> Blast crisis      |  |                                |                                   |                             |   |

CR=complete remission

**MYELODYSPLASTIC OR MYELOPROLIFERATIVE DISEASES**

**Classification:**

WHO: Myelodysplastic Syndromes (MDS)

WHO: Chronic Myeloproliferative Diseases {MPS}

At diagnosis At transplantation

At diagnosis At transplantation

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> RA (51)                        |
| <input type="checkbox"/> | <input type="checkbox"/> RARS (55)                      |
| <input type="checkbox"/> | <input type="checkbox"/> RAEB-1 (61)                    |
| <input type="checkbox"/> | <input type="checkbox"/> RAEB-2 (62)                    |
| <input type="checkbox"/> | <input type="checkbox"/> RCMD (64)                      |
| <input type="checkbox"/> | <input type="checkbox"/> RCMD/RS (65)                   |
| <input type="checkbox"/> | <input type="checkbox"/> 5q-syndrome (66)               |
| <input type="checkbox"/> | <input type="checkbox"/> AML                            |
| <input type="checkbox"/> | <input type="checkbox"/> MDS Unclassifiable/ {NOS} (50) |

**If transformed  
to AML, also  
complete Disease  
Classification  
page 3**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Chronic Neutrophilic Leukemia (165)   |
| <input type="checkbox"/> | <input type="checkbox"/> Chronic Eosinophilic Leukemia (hypereosinophilic syndrome) (166)  |
| <input type="checkbox"/> | <input type="checkbox"/> Chronic Idiopathic myelofibrosis (with extra-medullary hematopoiesis) {Myelofibrosis with myeloid metaplasia} {Acute myelofibrosis or myelosclerosis} (167) |
| <input type="checkbox"/> | <input type="checkbox"/> Chronic Myeloproliferative Disease, unclassifiable {MPS, NOS} (60)  |
| <input type="checkbox"/> | <input type="checkbox"/> Essential thrombocythemia (ET) (58)   |
| <input type="checkbox"/> | <input type="checkbox"/> Polycythemia vera (PCV) (57)  |

Date of MDS Dx: \_\_\_\_-\_\_\_\_-\_\_\_\_  
                          YY YY           MM   DD

Was Janus kinase 2 (jak2) gene mutation positive?  
 Yes  No  Not Done

**Other**

At diagnosis At transplantation

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Chronic myelomonocytic leukemia (CMML, CMML) (54)         |
| <input type="checkbox"/> | <input type="checkbox"/> Juvenile myelomonocytic leukemia (JMML, JCML, JCMML) (36) |

**MDS, therapy related (check all that apply)**

- |                          |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Alkylating agent/radiation-related |
| <input type="checkbox"/> | Topoisomerase II inhibitor-related |
| <input type="checkbox"/> | Unknown                            |

Was MDS/MPS therapy related?  Yes  No  Unknown

**MDS/MPS/CMML**

**Status at Transplantation:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Supportive care or treatment without chemotherapy |
| <input type="checkbox"/> | Treated with chemotherapy                         |

Relapse after CR

- |                          |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | CR                     |
| <input type="checkbox"/> | Improvement, but no CR |
| <input type="checkbox"/> | NR – no response       |
| <input type="checkbox"/> | Prog/worse             |

Number:  1st  
 2nd  
 3rd or higher

**JMML**

**Status at Transplantation:**

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | CCR – Continued Complete Response |
| <input type="checkbox"/> | CR – Complete Response            |
| <input type="checkbox"/> | PR – Partial Response             |
| <input type="checkbox"/> | MR – Minimal Response             |
| <input type="checkbox"/> | SD – Stable Disease               |
| <input type="checkbox"/> | PD – Progressive Disease          |
| <input type="checkbox"/> | Not assessed                      |

CIBMTR Center #:

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**Classification:**

Atypical chronic myeloid leukemia {CML, NOS}

- Ph-/bcr/abl- (45)
- Ph-/bcr unknown (46)
- Ph unknown/bcr- (48)
- Ph unknown/bcr unknown (49)

**Status at Transplantation:**

- Never treated
- Complete Remission (CR)
- nodular Partial Remission (nPR)
- Partial Remission (PR)
- No Response/Stable (NR/SD)
- Progression
- Relapse (untreated)

**OTHER LEUKEMIAS**

- Chronic Lymphocytic Leukemia (CLL), NOS (34)
- Chronic Lymphocytic Leukemia (CLL), B-cell/  
Small Lymphocytic Lymphoma (SLL) (71)
- CLL, T-cell (72)
- Hairy Cell Leukemia (35)
- Prolymphocytic Leukemia (PLL), NOS (37)
  - PLL, B-cell (73)
  - PLL, T-cell (74)
- Other leukemia (39),  
specify: \_\_\_\_\_
- Other leukemia, NOS (30)

**LYMPHOMAS**

**Classification:**

Hodgkin Lymphoma

- Nodular lymphocyte predominant Hodgkin lymphoma (155)
- Lymphocyte-rich (151)
- Nodular sclerosis (152)
- Mixed cellularity (153)
- Lymphoma depleted (154)
- Hodgkin lymphoma, NOS (150)

- Grade I (102)
- Grade II (103)
- Grade III (104)
- Unknown (164)

Non-Hodgkin's Lymphoma

B-cell Neoplasms

- Burkitt's lymphoma/Burkitt cell leukemia {ALL L3} (111)
  - High-grade B-cell lymphoma, Burkitt-like (provisional entity) (135)
- Diffuse large B-cell lymphoma (107)
  - If known, indicate subtype:
    - Intravascular large B-cell lymphoma (136)
    - Mediastinal large B cell lymphoma (125)
    - Primary effusion lymphoma (138)
- Extranodal marginal zone B-cell lymphoma of MALT type (122)
- Follicular lymphoma (includes variants)
- Lymphoplasmacytic lymphoma (121)
- Mantle cell lymphoma (115)
- Nodal marginal zone B-cell lymphoma (+/- monocytoïd B cells) (123)
- Primary CNS lymphoma (118)
- Splenic marginal zone B-cell lymphoma (124)
- Waldenstrom macroglobulinemia (173)
- Other B-cell lymphoma (129),  
specify: \_\_\_\_\_

T-cell and NK-cell Neoplasms

- Adult T-cell lymphoma/leukemia (HTLV1+) (134)
- Aggressive NK-cell leukemia (27)
- Anaplastic large-cell lymphoma, T/null cell, primary cutaneous type (147)
- Anaplastic large-cell lymphoma, T/null cell, primary systemic type (148)
- Angioimmunoblastic T-cell lymphoma (AILD) (131)
- Enteropathy-type T-cell lymphoma (133)
- Extranodal NK/T-cell lymphoma, nasal type (137)
- Hepatosplenic gamma-delta T-cell lymphoma (145)
- Mycosis fungoides (141)
- Peripheral T-cell lymphoma {NOS} (130)
- Subcutaneous panniculitis-like T-cell lymphoma (146)
- Sezary syndrome (142)
- Large T-cell granular lymphocytic leukemia (126)
- Other T/NK cell lymphoma (139),  
specify: \_\_\_\_\_

**Status at Transplantation:**

- Never treated
- Primary refractory (less than PR to initial therapy)/PIF res
- Partial response (PR) —  Without prior CR  with prior CR
- CR confirmed \_\_\_\_\_
- CR unconfirmed (CRU)\* \_\_\_\_\_
- Rel \_\_\_\_\_

- Number
- 1st
  - 2nd
  - 3rd or higher

Sensitivity to Chemotherapy:

- Sensitive
- Resistant
- Untreated
- Unknown

\* CRU – complete response with persistent scan abnormalities of unknown significance

CIBMTR Center #:

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**PLASMA CELL DISORDERS**

**Classification:**

- Multiple myeloma-IgG (181) \_\_\_\_\_
- Multiple myeloma-IgA (182) \_\_\_\_\_
- Multiple myeloma-IgD (183) \_\_\_\_\_
- Multiple myeloma-IgE (184) \_\_\_\_\_
- Multiple myeloma-IgM (not Waldenstrom macroglobulinemia) (185) \_\_\_\_\_
- Multiple myeloma-light chain only (186) \_\_\_\_\_
- Multiple myeloma-non-secretory (187) \_\_\_\_\_
- Plasma cell leukemia (172)
- Solitary plasmacytoma (no evidence of myeloma) (175)
- Primary Amyloidosis (174)
- Other Plasma Cell Disorder (179), specify: \_\_\_\_\_

**Status at Transplantation:**

- Never treated
- Complete Remission (CR) \_\_\_\_\_
- Stringent Complete Remission (sCR) \_\_\_\_\_
- Very Good Partial Response (VGPR) \_\_\_\_\_
- Partial Response (PR) \_\_\_\_\_
- Stable Disease (SD)
- Progression \_\_\_\_\_
- Relapse from CR (untreated) \_\_\_\_\_

Number

1st

2nd

3rd or higher

Light Chain

- Kappa
- Lambda

STAGE AT DIAGNOSIS

Salmon & Durie:

- 1 and  A
- 2  B
- 3

**OR**

I.S.S.:

Serum  $\beta_2$ -microglobulin:

.    1   $\mu$ g/dL 2  mg/L 3  nmol/L

Serum albumin:

.   1  g/dl 2  g/l

Stage	$\beta_2$ -mic	S. albumin
<input type="checkbox"/> 1	<3.5	>3.5
<input type="checkbox"/> 2	<3.5 3.5-<5.5	<3.5 —
<input type="checkbox"/> 3	$\geq$ 5.5	—

**BREAST CANCER**

**Classification:**

Breast Cancer

- Inflammatory (251)
- Non-inflammatory (252)

Stage at Diagnosis

- 0
- I
- II
- III

Metastases

- No distant metastases
- Metastatic

**Status at Transplantation:**

- Adjuvant (Stage II, III only)
- Never treated
- Primary refractory
- Complete remission (CR)
  - CR confirmed \_\_\_\_\_
  - CR unconfirmed (CRU) \_\_\_\_\_
- 1st partial response (PR1)
- Relapse \_\_\_\_\_
  - Local
  - Metastatic

Number

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup> or higher

Sensitivity to Chemotherapy

- Sensitive
- Resistant
- Untreated
- Unknown

\* CRU – complete response with persistent scan abnormalities of unknown significance

**“OTHER” DISEASE**

**Specify** (900): \_\_\_\_\_

*Before using this category, check with transplant physician whether diagnosis can be classified among options on Disease Classification Pages 3-10.*

For any "other" disease: Is a pathology report attached to this form?

- Yes
- No

Alternative HCT:

- Cardiac regeneration
- Neurologic regeneration
- Tolerance Induction Pre-solid Organ Transplant
- Other, specify: \_\_\_\_\_

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**OTHER MALIGNANCIES**

**Classification:**

- |  |  |
|--|--|
| <input type="checkbox"/> Bone sarcoma (excluding Ewing family tumors) (273)      | <input type="checkbox"/> Ovary (214)                             |
| <input type="checkbox"/> Central nervous system tumors (include CNS PNET) (220)  | <input type="checkbox"/> Pancreas (206)                          |
| <input type="checkbox"/> Colorectal (228)  | <input type="checkbox"/> Prostate (209)                          |
| <input type="checkbox"/> Ewing family tumors extra-osseous (includes PNET) (276) | <input type="checkbox"/> Renal cell (208)                        |
| <input type="checkbox"/> Ewing family tumors of bone (includes PNET) (275)       | <input type="checkbox"/> Retinoblastoma (223)                    |
| <input type="checkbox"/> Germ cell tumor, extragonadal only (225)                | <input type="checkbox"/> Rhabdomyosarcoma (232)                  |
| <input type="checkbox"/> Hepatobiliary (207)                                     | <input type="checkbox"/> Soft tissue sarcoma (274)               |
| <input type="checkbox"/> Lung cancer, non-small cell (203)                       | <input type="checkbox"/> Testicular (210)                        |
| <input type="checkbox"/> Lung cancer, small cell (202)                           | <input type="checkbox"/> Thymoma (231)                           |
| <input type="checkbox"/> Medulloblastoma (226)                                   | <input type="checkbox"/> Wilm tumor (221)                        |
| <input type="checkbox"/> Melanoma (219)  | <input type="checkbox"/> Other solid tumor (269), specify: _____ |
| <input type="checkbox"/> Neuroblastoma (222)                                     |  |

**Response Evaluation Criteria in Solid Tumors (RECIST) was used for this status evaluation:**  Yes  No

- 1 Complete response (CR) – Disappearance of all target lesions for a period of at least one month
- 2 Complete response with persistent imaging abnormalities of unknown significance (CRU)
- 3 Partial response (PR) – At least **30% decrease** in the sum of the longest diameter of measured lesions (target lesions) taking as reference the baseline sum of longest diameters
- 4 Stable disease (NR/SD) – Neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD taking as reference the smallest sum of the longest diameters since the treatment started
- 5 Progressive disease (PD) – At least a 20% increase in the sum of the longest diameter of measured lesions (target lesions), taking as reference the smallest sum of the longest diameters recorded since the treatment started of the appearance of one or more new lesions

**Status at Transplantation:**

- Adjuvant
- Never treated
- CR
- CRU  Without prior CR
- PR  with prior CR
- NR/SD
- PD
- Relapse (untreated)

- Number**  
(complete for CR, CRU or relapse)
- 1<sup>st</sup>
- 2<sup>nd</sup>
- 3<sup>rd</sup> or higher

- Sensitivity to Chemotherapy**  
(complete only for relapse)
- Sensitive (PR)
- Resistant (SD, PD)
- Untreated
- Unknown

**ANEMIA/HEMOGLOBINOPATHY**

**Classification:**

- |   |   |
|---|---|
| <input type="checkbox"/> Acquired Severe Aplastic Anemia (SAA), NOS (301)             | <input type="checkbox"/> Diamond-Blackfan anemia (congenital PRCA) (312)      |
| <input type="checkbox"/> Acquired SAA, secondary to hepatitis (302)                   | <input type="checkbox"/> Schwachmann-Diamond (305)                            |
| <input type="checkbox"/> Acquired SAA, secondary to toxin/other drug (303)            | <input type="checkbox"/> Other constitutional anemia (319),<br>specify: _____ |
| <input type="checkbox"/> Acquired Amegakaryocytosis (not congenital) (304)            | <input type="checkbox"/> Sickle cell disease (356)                            |
| <input type="checkbox"/> Acquired Pure Red Cell Aplasia (PRCA) (not congenital) (306) | <input type="checkbox"/> Sickle thalassemia (355)                             |
| <input type="checkbox"/> Other acquired cytopenic syndrome (309),<br>specify: _____   | <input type="checkbox"/> Thalassemia NOS (350)                                |
| <input type="checkbox"/> Paroxysmal nocturnal hemoglobinuria (PNH) (56)               | <input type="checkbox"/> Other hemoglobinopathy (359),<br>specify: _____      |
| <input type="checkbox"/> Fanconi anemia (311)   |   |

**PLATELET DISORDERS**

**Classification:**

- Congenital amegakaryocytosis/congenital thrombocytopenia (501)
- Glanzmann thrombasthenia (502)
- Other inherited platelet abnormalities (509), specify: \_\_\_\_\_

**HISTIOCYTIC DISORDERS**

**Classification:**

- Histiocytic disorders, NOS (570)
- Familial erythro/hemophagocytic lymphohistiocytosis (FELH) (571)
- Langerhans Cell Histiocytosis (Histiocytosis-X) (572)
- Hemophagocytosis (reactive or viral associated) (573)
- Malignant histiocytosis (574)
- Other histiocytic disorder (579), specify: \_\_\_\_\_

CR=complete remission



CIBMTR Center #:

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**INHERITED DISORDERS OF METABOLISM/OSTEOPETROSIS**

**Classification:**

- |  |  |
|--|--|
| <input type="checkbox"/> Adrenoleukodystrophy (ALD) (543)              | <input type="checkbox"/> Morquio (IV) (535)  |
| <input type="checkbox"/> Aspartyl glucosaminuria (561)                 | <input type="checkbox"/> Mucopolidoses, NOS (540)  |
| <input type="checkbox"/> B-glucuronidase deficiency (VII) (537)        | <input type="checkbox"/> Mucopolysaccharidosis (V) (538)                                 |
| <input type="checkbox"/> Fucosidosis (562)                             | <input type="checkbox"/> Mucopolysaccharidosis, NOS (530)                                |
| <input type="checkbox"/> Gaucher disease (541)                         | <input type="checkbox"/> Neimann-Pick disease (545)                                      |
| <input type="checkbox"/> Glucose storage disease (548)                 | <input type="checkbox"/> Neuronal ceroid – lipofuscinosis (Batten disease) (523)         |
| <input type="checkbox"/> Hunter syndrome (II) (533)                    | <input type="checkbox"/> Osteopetrosis (malignant infantile osteopetrosis) (521)         |
| <input type="checkbox"/> Hurler syndrome (IH) (531)                    | <input type="checkbox"/> Polysaccharide hydrolase abnormalities, NOS (560)               |
| <input type="checkbox"/> I-cell disease (546)                          | <input type="checkbox"/> Sanfilippo (III) (534)  |
| <input type="checkbox"/> Krabbe disease (globoid leukodystrophy) (544) | <input type="checkbox"/> Scheie syndrome (IS) (532)                                      |
| <input type="checkbox"/> Lesch-Nyhan (HGPRT deficiency) (522)          | <input type="checkbox"/> Wolman disease (547)  |
| <input type="checkbox"/> Mannosidosis (563)                            | <input type="checkbox"/> Other inherited disorder of metabolism (529),<br>specify: _____ |
| <input type="checkbox"/> Maroteaux-Lamy (VI) (536)                     | <input type="checkbox"/> Inherited Disorders of Metabolism, NOS (520)                    |
| <input type="checkbox"/> Metachromatic leukodystrophy (MLD) (542)      |  |

**IMMUNE DEFICIENCIES**

**Classification:**

- Ataxia telangiectasia (451)
- Bare lymphocyte syndrome (406)
- DiGeorge anomaly (454)
- CD 40 Ligand deficiency (464)
- Cartilage hair hypoplasia (462)
- Chediak-Higashi syndrome (456)
- Chronic granulomatous disease (455)
- Common variable immunodeficiency (457)
- HIV infection (452)
- Immune Deficiencies, NOS (400)
- Leukocyte adhesion deficiencies (459)
- Kostmann syndrome-congenital neutropenia (460)
- Neutrophil actin deficiency (461)
- Omenn syndrome (404)
- Reticular dysgenesis (405)
- SCID, ADA deficiency severe combined immune deficiency (401)
- SCID, Absence of T and B cells (402)
- SCID, Absence of T, normal B cell (403)
- SCID, NOS (410)
- SCID other (419), specify: \_\_\_\_\_
- Wiskott Aldrich syndrome (453)
- X-linked lymphoproliferative syndrome (458)
- Other immune deficiency (479), specify: \_\_\_\_\_

CIBMTR Center #:

CIBMTR Recipient ID#:

**AUTOIMMUNE DISORDERS**

Classification	Involved Organs/Clinical Problem(s) (Check all that apply)	Primary Reason(s) for Transplant	Miscellaneous Labs @ Original Diagnosis
<b>Connective Tissue Disease</b>		<b>Yes No</b>	<b>Antibodies:</b> normal elevated not done
<input type="checkbox"/> Systemic sclerosis (607)	<input type="checkbox"/> diffuse cutaneous <input type="checkbox"/> limited cutaneous <input type="checkbox"/> lung parenchyma <input type="checkbox"/> pulmonary hypertension <input type="checkbox"/> systemic hypertension <input type="checkbox"/> renal (biopsy type: _____) <input type="checkbox"/> esophagus <input type="checkbox"/> other GI Tract <input type="checkbox"/> Raynaud <input type="checkbox"/> CREST <input type="checkbox"/> other, specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Scl 70 positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ACA positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ANA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Systemic lupus erythematosus SLE (605)	<input type="checkbox"/> renal (biopsy type: _____) <input type="checkbox"/> CNS (type: _____) <input type="checkbox"/> PNS (type: _____) <input type="checkbox"/> lung <input type="checkbox"/> serositis <input type="checkbox"/> arthritis <input type="checkbox"/> skin (type: _____) <input type="checkbox"/> hematological (type: _____) <input type="checkbox"/> vasculitis (type: _____) <input type="checkbox"/> other, specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ANA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ds DNA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> total complement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> specify: _____
<input type="checkbox"/> Sjögren syndrome (608)	<input type="checkbox"/> SICCA <input type="checkbox"/> exocrine gland swelling <input type="checkbox"/> other organ lymphocytic infiltration <input type="checkbox"/> lymphoma, paraproteinemia <input type="checkbox"/> vasculitis <input type="checkbox"/> other, specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Polymyositis-dermatomyositis (606)	<input type="checkbox"/> proximal weakness <input type="checkbox"/> generalized weakness (including bulbar) <input type="checkbox"/> pulmonary fibrosis <input type="checkbox"/> vasculitis (type: _____) <input type="checkbox"/> malignancy (type: _____) <input type="checkbox"/> other, specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CPK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> typical biopsy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> typical EMG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> typical rash (DM) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Antiphospholipid syndrome (614)	<input type="checkbox"/> thrombosis (type: _____) <input type="checkbox"/> CNS (type: _____) <input type="checkbox"/> abortion <input type="checkbox"/> skin (livedo, vasculitis) <input type="checkbox"/> hematological (type: _____) <input type="checkbox"/> other, specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	anticardiolipin IgG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anticardiolipin IgM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> lab lupus inhibitor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> lupus anticoagulant <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other connective tissue disease, specify (634): _____		<input type="checkbox"/> <input type="checkbox"/>	

<b>Vasculitis</b>		<b>Yes No</b>	<b>Antibodies:</b> normal elevated not done
<input type="checkbox"/> Wegener granulomatosis (610)	<input type="checkbox"/> upper respiratory tract <input type="checkbox"/> pulmonary <input type="checkbox"/> renal (biopsy type: _____) <input type="checkbox"/> skin <input type="checkbox"/> other, specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	c-ANCA positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti Pr3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti MPO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c-ANCA IFA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> p-ANCA IFA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Polyarteritis nodosa	<input type="checkbox"/> renal (type: _____) <input type="checkbox"/> mononeuritis multiplex <input type="checkbox"/> pulmonary hemorrhage <input type="checkbox"/> skin <input type="checkbox"/> GI Tract <input type="checkbox"/> other, specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	p-ANCA positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c-ANCA positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hepatitis serology <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Classical (631)			
<input type="checkbox"/> Microscopic (632)			

**NOTE:** Transplant Essential Data should be submitted at time of mobilization for all patients with autoimmune disease



# Pre-Transplant Essential Data Disease Classification Sheet

CIBMTR Center #: CIBMTR Recipient ID#: 

## AUTOIMMUNE DISORDERS

Classification	Involved Organs/Clinical Problem(s) <i>(Check all that apply)</i>	Primary Reason(s) for Transplant	Miscellaneous Labs <i>(Check all that apply)</i>
----------------	--	----------------------------------	---

### Other vasculitis

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Churg-Strauss (635)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Giant cell arteritis (636)             | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Takayasu (637)                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Behçet's Syndrome (638)                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> overlap necrotizing arteritis (639)    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> other vasculitis, specify (611): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

### Arthritis

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Rheumatoid arthritis (603)                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> destructive arthritis  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> necrotizing vasculitis   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> eye (type: _____)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> pulmonary  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> extra-articular (specify: _____)                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> other, specify: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Psoriatic arthritis/psoriasis (604)                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> destructive arthritis  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> psoriasis  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> other, specify: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Juvenile idiopathic arthritis: systemic (Stills disease) (640) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Juvenile idiopathic arthritis: Oligoarticular (641)            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Juvenile idiopathic arthritis: Polyarticular (642)             | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Juvenile idiopathic arthritis: Other, specify (643): _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other, arthritis, specify (633): _____                         | <input type="checkbox"/> | <input type="checkbox"/> |

### Multiple sclerosis

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Multiple sclerosis (MS) (602) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> primary progressive           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> secondary progressive         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> relapsing/remitting           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> other specify: _____          | <input type="checkbox"/> | <input type="checkbox"/> |

### Other Neurological Autoimmune Disease

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Myasthenia gravis (601)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other autoimmune neurological disorder, specify (644): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

### Hematological Autoimmune Disease

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Idiopathic thrombocytopenic purpura (ITP) (645)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hemolytic anemia (646)                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Evan syndrome (647)                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> other autoimmune cytopenia, specify (648): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

### Bowel Disease

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Crohn's disease (649)                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ulcerative colitis (650)                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other autoimmune bowel disorder, specify (651): _____ | <input type="checkbox"/> | <input type="checkbox"/> |