**CIBMTR Use Only**

**OMB Placeholder**

OMB No:

Expiration Date:

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Sequence Number:

Date Received:

**Center Identification**

CIBMTR Center Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

EBMT Code (CIC): \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Hospital:

Unit: (check only one)

 Adult

 Pediatric

**Recipient Identification**

CIBMTR Research ID (CRID): \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Recipient Data

Date of birth: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Sex:

 Male

 Female

Ethnicity:

 Hispanic or Latino

 Not Hispanic or Latino

 Not applicable (not a resident of the USA)

 Unknown

Race:

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Not reported

Unknown

**Copy question 4 to report more than one race.**

Zip or postal code for place of recipient’s residence (USA recipients only): \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Is the recipient participating in a clinical trial?

 Yes - ***Go to question 7***

 No – ***Go to question 11***

Study Sponsor:

 BMT-CTN – ***Go to question 9***

 RCI-BMT – ***Go to question 9***

 USIDNET – ***Go to question 10***

 COG – ***Go to question 10***

 Other sponsor – ***Go to question 8***

Specify other sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***- Go to question 10***

Study ID Number: \_\_\_\_\_\_\_

Subject ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copy questions 7-10 to report participation in more than one study.**

Hematopoietic Cellular Transplant (HCT)

Date of this HCT: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Was this the first HCT for this recipient?

 Yes – Go to question 13

 No – Go to question 15

Is a subsequent HCT planned as part of the overall treatment protocol (not as a reaction to post-HCT disease assessment)? **(For autologous HCTs only)**

 Yes – Go to question 14

 No – Go to question 29

Specify subsequent HCT planned:

 Autologous – Go to question 29

 Allogeneic – Go to question 29

Specify the number of prior HCTs: \_\_\_ \_\_\_

Specify the HSC source(s) for all prior HCTs:

Autologous

 Yes

 No

Allogeneic, unrelated

 Yes

 No

Allogeneic, related

 Yes

 No

Syngeneic

 Yes

 No

Date of the last HCT (just before current HCT): \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Was the last HCT performed at a different institution?

 Yes – Go to question 22

 No – Go to question 23

**Specify the institution that performed the last HCT:**

Name:

City:

State:

Country:

What was the HSC source for the last HCT?

 Autologous

 Allogeneic, unrelated donor

 Allogeneic, related donor

Reason for current HCT:

 No hematopoietic recovery – Go to question 29

 Partial hematopoietic recovery – Go to question 29

 Graft failure / rejection after achieving initial hematopoietic recovery – Go to question 25

 Persistent primary disease – Go to question 29

 Recurrent primary disease – Go to question 26

 Planned second HCT, per protocol – Go to question 29

 New malignancy (including PTLD and EBV lymphoma) – Go to question 27

 Stable, mixed chimerism – Go to question 29

 Declining chimerism – Go to question 29

 Other – Go to question 28

Date of graft failure / rejection: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ – Go to question 29

YYYY MM DD

Date of relapse: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ – Go to question 29

YYYY MM DD

Date of secondary malignancy: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ – Go to question 29

YYYY MM DD

Specify other reason:

Donor Information

Multiple donors?

 Yes – Go to question 30

 No - ***Go to question 31***

Specify number of donors: \_\_\_ \_\_\_

***To report more than one donor, copy questions 31- 63 and complete for each donor.***

Specify donor:

 Autologous - Go to question 46

 Autologous cord blood unit - Go to question 35

 NMDP unrelated cord blood unit - Go to question 32

 NMDP unrelated donor - Go to question 33

 Related donor - Go to question 40

 Related cord blood unit - Go to question 35

 Non-NMDP unrelated donor - Go to question 34

 Non-NMDP unrelated cord blood unit - Go to question 35

NMDP cord blood unit ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ – Go to question 46

NMDP donor ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ Go to question 46

Non-NMDP unrelated donor ID: (not applicable for related donors)

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ - ***Go to question 38***

Non-NMDP cord blood unit ID: (include related and autologous CBUs)

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Is the CBU ID also the ISBT DIN number?

 Yes – ***Go to question 38***

 No – ***Go to question 37***

Specify the ISBT DIN number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registry or UCB Bank ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ ***- If ‘Other registry’ go to 39, otherwise*** ***go to question 41***

Specify other Registry or UCB Bank: - ***Go to question 41***

Specify the related donor type:

 Syngeneic (monozygotic twin)

 HLA-identical sibling (may include non-monozygotic twin)

 HLA-matched other relative

 HLA-mismatched relative

Date of birth: (donor / infant)

 Known – ***Go to question 42***

 Unknown ***– Go to question 43***

Date of birth: (donor / infant) \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - ***Go to question 45***

YYYY MM DD

Age: (donor / infant)

 Known – ***Go to question 44***

 Unknown – ***Go to question 45***

Age: (donor / infant) \_\_\_ \_\_\_  Months (use only if less than 1 year old)

 Years

Sex: (donor / infant)

 Male

 Female

**Specify product type:**

Bone marrow:

 Yes

 No

PBSC:

 Yes

 No

Single cord blood unit:

 Yes

 No

Other product:

 Yes – ***Go to question 50***

 No – ***Go to question 51***

Specify other product type:

**A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if applicable), even if the collections are performed on different days.**

Specify number of products infused from this donor: \_\_\_ \_\_\_

Specify the number of these products intended to achieve hematopoietic engraftment: \_\_\_ \_\_\_

**Questions 53 – 60 are for autologous HCT recipients only. If other than autologous skip to question 61**

Did the recipient have more than one mobilization event to acquire cells for HCT?

 Yes – ***Go to question 54***

 No ***– Go to question 55***

Specify the total number of mobilization events performed for this HCT (regardless of the number of collections or which collections were used for this HCT): \_\_\_

**Specify all agents used in the mobilization events reported above:**

G-CSF

 Yes

 No

GM-CSF

 Yes

 No

Pegylated G-CSF

 Yes

 No

Plerixafor (Mozobil)

 Yes

 No

Other CXCR4 inhibitor

 Yes

 No

Combined with chemotherapy:

 Yes

 No

Was this donor used for any prior HCTs?

 Yes

 No

Donor CMV-antibodies (IgG or Total) **(Allogeneic HCTs only)**

 Reactive

 Non-reactive

 Not done

 Not applicable (cord blood unit)

Was plerixafor (Mozobil) given at any time prior to the preparative regimen? **(Related HCTs only)**

 Yes

 No

 Unknown

Consent

Has the recipient signed an IRB-approved consent form for submitting research data to the NMDP / CIBMTR?

 Yes (patient consented) – ***Go to question 65***

 No (patient declined) – ***Go to question 66***

 Not approached – ***Go to question 66***

Date form was signed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Did the recipient give permission to be directly contacted for future research?

 Yes (patient provided permission) – ***Go to question 67***

 No (patient declined) – ***Go to question 68***

 Not approached - ***Go to question 68***

Date form was signed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Has the recipient signed an IRB-approved consent form to donate research blood samples to the NMDP / CIBMTR?

 Yes (patient consented) – ***Go to question 69***

 No (patient declined) - ***Go to question 70***

 Not approached - ***Go to question 70***

 Not applicable (center not participating) - ***Go to question 70***

Date form was signed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Has the donor signed an IRB-approved consent form to donate research blood samples to the NMDP / CIBMTR?  **(Allogeneic donors only)**

 Yes (donor consented) – ***Go to question 71***

 No (donor declined) - ***Go to question 72***

 Not approached - ***Go to question 72***

 Not applicable (center not participating) - ***Go to question 72***

Date form was signed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Product Processing / Manipulation

Was the product manipulated prior to infusion?

 Yes - Go to questions 73

 No - Go to question 91

Specify portion manipulated:

 Entire product

 Portion of product

Specify all methods used to manipulate the product:

Washed

 Yes

 No

Diluted

 Yes

 No

Buffy coat enriched (buffy coat preparation)

 Yes

 No

B-cell reduced

 Yes

 No

CD8 reduced

 Yes

 No

Plasma reduced (removal)

 Yes

 No

RBC reduced

 Yes

 No

Cultured (ex-vivo expansion)

 Yes

 No

Genetic manipulation (gene transfer / transduction)

 Yes

 No

PUVA treated

 Yes

 No

CD34 enriched (CD34+ selection)

 Yes

 No

CD133 enriched

 Yes

 No

Monocyte enriched

 Yes

 No

Mononuclear cells enriched

 Yes

 No

T-cell depletion

 Yes

 No

Other cell manipulation

 Yes - Go to question 90

 No - Go to question 91

Specify other cell manipulation:

Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

What scale was used to determine the recipient’s functional status?

 Karnofsky (recipient age ≥ 16 years) ***– Go to question 92***

 Lansky (recipient age < 16 years) ***– Go to question 93***

**Performance score prior to the preparative regimen:**

Karnofsky Scale (recipient age ≥ 16 years):

 100 Normal; no complaints; no evidence of disease - ***Go to question 94***

 90 Able to carry on normal activity - ***Go to question 94***

 80 Normal activity with effort - ***Go to question 94***

 70 Cares for self; unable to carry on normal activity or to do active work - ***Go to question 94***

 60 Requires occasional assistance but is able to care for most needs - ***Go to question 94***

 50 Requires considerable assistance and frequent medical care - ***Go to question 94***

 40 Disabled; requires special care and assistance - ***Go to question 94***

 30 Severely disabled; hospitalization indicated, although death not imminent - ***Go to question 94***

 20 Very sick; hospitalization necessary - ***Go to question 94***

 10 Moribund; fatal process progressing rapidly - ***Go to question 94***

Lansky Scale (recipient age < 16 years):

 100 Fully active

 90 Minor restriction in physically strenuous play

 80 Restricted in strenuous play, tires more easily, otherwise active

 70 Both greater restrictions of, and less time spent in, active play

 60 Ambulatory up to 50% of time, limited active play with assistance / supervision

 50 Considerable assistance required for any active play; fully able to engage in quiet play

 40 Able to initiate quiet activities

 30 Needs considerable assistance for quiet activity

 20 Limited to very passive activity initiated by others (e.g., TV)

 10 Completely disabled, not even passive play

Recipient CMV-antibodies (IgG or Total) :

 Reactive

 Non-reactive

 Not done

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 diseases or organ impairment at time of patient assessment prior to preparative regimen? *Source: Blood, 2005 Oct 15;106(8):2912-2919*

 Yes - Go to questions 98

 No - Go to question 135

Arrhythmia **— For example, any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment**

 Yes

 No

 Unknown

Cardiac **— Any history of coronary artery disease (one or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction ≤ 50% on the most recent test**

 Yes

 No

 Unknown

Cerebrovascular disease **— Any history of transient ischemic attack, subarachnoid hemorrhage or cerebrovascular accident**

 Yes

 No

 Unknown

Diabetes **— Requiring treatment with insulin or oral hypoglycemics in the last 4 weeks but not diet alone**

 Yes

 No

 Unknown

Heart valve disease **— Except asymptomatic mitral valve prolapse**

 Yes

 No

 Unknown

Hepatic, mild **— Chronic hepatitis, bilirubin > upper limit of normal to 1.5 × upper limit of normal, or AST/ALT > upper limit of normal to 2.5 × upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection**

 Yes

 No

 Unknown

Hepatic, moderate / severe **— Liver cirrhosis, bilirubin > 1.5 × upper limit of normal, or AST/ALT > 2.5 × upper limit of normal**

 Yes

 No

 Unknown

Infection **— For example, documented infection, fever of unknown origin, or pulmonary nodules requiring continuation of antimicrobial treatment after day 0**

 Yes

 No

 Unknown

Inflammatory bowel disease **— Any history of Crohn’s disease or ulcerative colitis requiring treatment**

 Yes

 No

 Unknown

Obesity **— Patients with a body mass index > 35 kg/m2 at time of transplant**

 Yes

 No

 Unknown

Peptic ulcer **— Any history of peptic ulcer confirmed by endoscopy and requiring treatment**

 Yes

 No

 Unknown

Psychiatric disturbance **— For example, depression, anxiety, bipolar disorder or schizophrenia requiring psychiatric consult or treatment in the last 4 weeks**

 Yes

 No

 Unknown

Pulmonary, moderate **— Corrected diffusion capacity of carbon monoxide and/or FEV1 66-80% or dyspnea on slight activity at transplant**

 Yes

 No

 Unknown

Pulmonary, severe **— Corrected diffusion capacity of carbon monoxide and/or FEV1 ≤ 65% or dyspnea at rest or requiring oxygen at transplant**

 Yes

 No

 Unknown

Renal, moderate / severe **— Serum creatinine > 2 mg/dL or > 177 μmol/L or on dialysis at transplant, OR prior renal transplantation**

 Yes

 No

 Unknown

Rheumatologic **— For example, any history of systemic lupus erythmatosis, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica requiring treatment (do NOT include degenerative joint disease, osteoarthritis)**

 Yes

 No

 Unknown

Solid tumor, prior **— Treated at any time point in the patient’s past history, excluding non-melanoma skin cancer, leukemia, lymphoma or multiple myeloma**

 Yes – ***Go to question 115***

 No – ***Go to question 133***

 Unknown – ***Go to question 133***

Breast cancer

 Yes ***– Go to question 116***

 No ***– Go to question 117***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Central nervous system (CNS) malignancy (glioblastoma, astrocytoma)

 Yes ***– Go to question 118***

 No ***– Go to question 119***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine)

 Yes ***– Go to question 120***

 No ***– Go to question 121***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix)

 Yes ***– Go to question 122***

 No ***– Go to question 123***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Lung cancer

 Yes ***– Go to question 124***

 No ***– Go to question 125***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Melanoma

 Yes ***– Go to question 126***

 No ***– Go to question 127***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Oropharyngeal cancer (tongue, buccal mucosa)

 Yes ***– Go to question 128***

 No ***– Go to question 129***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Sarcoma

 Yes ***– Go to question 130***

 No ***– Go to question 131***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Thyroid cancer

 Yes ***– Go to question 132***

 No ***– Go to question 133***

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Other co-morbid condition

 Yes – ***Go to question 134***

 No – ***Go to question 135***

 Unknown – ***Go to question 135***

Specify other co-morbid condition:

Was there a history of malignancy (hematologic or non-melanoma skin cancer) other than the primary disease for which this HCT is being performed?

 Yes – Go to question 136

 No – Go to question 156

Specify which malignancy(ies) occurred:

Acute myeloid leukemia (AML / ANLL)

 Yes – Go to question 137

 No – Go to question 138

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Other leukemia, including ALL

 Yes – Go to questions 139

 No – Go to question 141

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Specify leukemia:

Clonal cytogenetic abnormality without leukemia or MDS

 Yes – Go to question 142

 No – Go to question 143

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Hodgkin disease

 Yes – Go to question 144

 No – Go to question 145

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Lymphoma or lymphoproliferative disease

 Yes – Go to questions 146

 No – Go to question 148

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Was the tumor EBV positive?

 Yes

 No

Other skin malignancy (basal cell, squamous)

 Yes – Go to questions 149

 No – Go to question 151

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Specify other skin malignancy:

Myelodysplasia (MDS) / myeloproliferative (MPN) disorder

 Yes – Go to question 152

 No – Go to question 153

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Other prior malignancy

 Yes – Go to questions 154

 No – Go to question 155

Year of diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Specify other prior malignancy:

Pre-HCT Preparative Regimen (Conditioning)

Height at initiation of pre-HCT preparative regimen: \_\_\_ \_\_\_ \_\_\_  inches

 centimeters

Actual weight at initiation of pre-HCT preparative regimen: \_\_\_ \_\_\_ \_\_\_  pounds

 kilograms

Was a pre-HCT preparative regimen prescribed?

 Yes – Go to questions 159

 No – Go to question 317

Classify the recipient’s prescribed preparative regimen:

 Myeloablative

 Non-myeloablative (NST)

 Reduced intensity (RIC)

Date pre-HCT preparative regimen began (irradiation or drugs): \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

**(Use earliest date from questions 164 radiation, or 169 – 316 chemotherapy)**

Was irradiation planned as part of the pre-HCT preparative regimen?

 Yes – Go to question 162

 No – Go to question 169

What was the prescribed radiation field?

 Total body

 Total body by tomotherapy

 Total lymphoid or nodal regions

 Thoracoabdominal region

Total prescribed dose: (dose per fraction x total number of fractions) \_\_\_ \_\_\_ \_\_\_ \_\_\_  Gy

 cGy

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Was the radiation fractionated?

 Yes – Go to questions 166

 No – Go to question 169

Prescribed dose per fraction: \_\_\_ \_\_\_ \_\_\_  Gy

 cGy

Number of days: *(include “rest” days)* \_\_\_

Total number of fractions: \_\_\_ \_\_\_

**Indicate the total prescribed cumulative dose for the preparative regimen:**

ALG, ALS, ATG, ATS

 Yes – Go to questions 170

 No – Go to question 174

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_ mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify source:

 ATGAM (horse) – Go to question 174

 ATG – Fresenius (rabbit) – Go to question 174

 Thymoglobulin (rabbit) – Go to question 174

 Other – Go to question 173

Specify other source:

Anthracycline

 Yes – Go to question 175

 No – Go to question 191

Daunorubicin

 Yes – Go to questions 176

 No – Go to question 178

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Doxorubicin (Adriamycin)

 Yes – Go to questions 179

 No – Go to question 181

Total prescribed dose: \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Idarubicin

 Yes – Go to questions 182

 No – Go to question 184

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Rubidazone

 Yes – Go to questions 185

 No – Go to question 187

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Other anthracycline

 Yes – Go to questions 188

 No – Go to question 191

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify other anthracycline:

Bleomycin (BLM, Blenoxane)

 Yes – Go to questions 192

 No – Go to question 194

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Busulfan (Myleran)

 Yes – Go to questions 195

 No – Go to question 198

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

 Target total AUC (µmol x min/L)

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify administration:

 Oral

 IV

 Both

Carboplatin

 Yes – Go to questions 199

 No – Go to question 203

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Were pharmacokinetics performed to determine preparative regimen drug dosing?

 Yes – Go to question 202

 No – Go to question 203

Specify the target AUC: \_\_\_ \_\_\_ \_\_\_mg/mL/minute

Cisplatin (Platinol, CDDP)

 Yes – Go to questions 204

 No – Go to question 206

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Cladribine (2-CdA, Leustatin)

 Yes – Go to questions 207

 No – Go to question 209

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Corticosteroids (excluding anti-nausea medication)

 Yes – Go to question 210

 No – Go to question 223

Methylprednisolone (Solu-Medrol)

 Yes – Go to questions 211

 No – Go to question 213

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Prednisone

 Yes – Go to questions 214

 No – Go to question 216

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Dexamethasone

 Yes – Go to questions 217

 No – Go to question 219

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Other corticosteroid

 Yes – Go to questions 220

 No – Go to question 223

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify other corticosteroid:

Cyclophosphamide (Cytoxan)

 Yes – Go to questions 224

 No – Go to question 226

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Cytarabine (Ara-C)

 Yes – Go to questions 227

 No – Go to question 229

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Etoposide (VP-16, VePesid)

 Yes – Go to questions 230

 No – Go to question 232

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Fludarabine

 Yes – Go to questions 233

 No – Go to question 235

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Ifosfamide

 Yes – Go to questions 236

 No – Go to question 238

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Intrathecal therapy (chemotherapy)

 Yes – Go to question 239

 No – Go to question 252

Intrathecal cytarabine (IT Ara-C)

 Yes – Go to questions 240

 No – Go to question 242

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Intrathecal methotrexate (IT MTX)

 Yes – Go to questions 243

 No – Go to question 245

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Intrathecal thiotepa

 Yes – Go to questions 246

 No – Go to question 248

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Other intrathecal drug

 Yes – Go to questions 249

 No – Go to question 252

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify other intrathecal drug:

Melphalan (L-Pam)

 Yes – Go to questions 253

 No – Go to question 256

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify administration:

 Oral

 IV

 Both

Mitoxantrone (Novantrone)

 Yes – Go to questions 257

 No – Go to question 259

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Monoclonal antibody

 Yes – Go to question 260

 No – Go to question 280

Radio labeled mAb

 Yes – Go to questions 251

 No – Go to question 267

Total prescribed dose of radioactive component: \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_  mCi

 MBq

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify radio labeled mAb:

Tositumomab (Bexxar)

 Yes

 No

Ibritumomab tiuxetan (Zevalin)

 Yes

 No

Other radio labeled mAb

 Yes – Go to question 266

 No – Go to question 267

Specify other radio labeled mAb:

Alemtuzumab (Campath)

 Yes – Go to questions 268

 No – Go to question 270

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Rituximab (Rituxan, anti CD20)

 Yes – Go to questions 271

 No – Go to question 273

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Gemtuzumab (Mylotarg, anti CD33)

 Yes – Go to questions 274

 No – Go to question 276

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Other mAb

 Yes – Go to questions 277

 No – Go to question 280

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify other mAb:

Nitrosourea

 Yes – Go to question 281

 No – Go to question 291

Carmustine (BCNU)

 Yes – Go to questions 282

 No – Go to question 284

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

CCNU (Lomustine)

 Yes – Go to questions 285

 No – Go to question 287

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Other nitrosourea

 Yes – Go to questions 288

 No – Go to question 291

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify other nitrosourea:

Paclitaxel (Taxol, Xyotax)

 Yes – Go to questions 292

 No – Go to question 294

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Teniposide (VM26)

 Yes – Go to questions 295

 No – Go to question 297

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Thiotepa

 Yes – Go to questions 298

 No – Go to question 300

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Treosulfan

 Yes – Go to questions 301

 No – Go to question 303

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Tyrosine kinase inhibitors

 Yes – Go to questions 304

 No – Go to question 313

Dasatinib (Sprycel)

 Yes – Go to questions 305

 No – Go to question 307

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Imatinib mesylate (STI571, Gleevec)

 Yes – Go to questions 308

 No – Go to question 310

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Nilotinib

 Yes – Go to questions 311

 No – Go to question 313

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Other drug

 Yes – Go to questions 314

 No – Go to question 317

Total prescribed dose \_\_\_ \_\_\_ \_\_\_ \_\_\_  mg/m2

 mg/kg

Date started: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD

Specify other drug:

GVHD Prophylaxis

This section is to be completed for allogeneic HCTs only; autologous HCTs continue with question 344.

Was **GVHD** prophylaxis planned / given?

 Yes - Go to questions 318

 No - Go to question 344

Specify:

ALG, ALS, ATG, ATS

 Yes – Go to question 319

 No – Go to question 322

Total dose: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ mg/kg

Specify source:

 ATGAM (horse) – ***Go to question*** 322

 ATG – Fresenius (rabbit) – ***Go to question*** 3212

 Thymoglobulin (rabbit) – ***Go to question*** 322

 Other – ***Go to question*** 321

Specify other source:

Corticosteroids (systemic)

 Yes

 No

Cyclosporine (CSA, Neoral, Sandimmune)

 Yes

 No

Cyclophosphamide (Cytoxan)

 Yes

 No

Extra-corporeal photopheresis (ECP)

 Yes

 No

FK 506 (Tacrolimus, Prograf)

 Yes

 No

In vivo monoclonal antibody

 Yes – Go to question 328

 No – Go to question 335

Specify in vivo monoclonal antibody:

Alemtuzumab (Campath)

 Yes

 No

Anti CD 25 (Zenapax, Daclizumab, AntiTAC)

 Yes – Go to question 330

 No – Go to question 331

Specify:

Etanercept (Enbrel)

 Yes

 No

Infliximab (Remicade)

 Yes

 No

Other in vivo monoclonal antibody

 Yes – Go to question 334

 No – Go to question 335

Specify antibody:

In vivo immunotoxin

 Yes – Go to question 336

 No – Go to question 337

Specify immunotoxin:

Methotrexate (MTX) (Amethopterin)

 Yes

 No

Mycophenolate mofetil (MMF) (CellCept)

 Yes

 No

Sirolimus (Rapamycin, Rapamune)

 Yes

 No

Blinded randomized trial

 Yes – Go to question 341

 No – Go to question 342

Specify trial agent:

Other agent

 Yes – Go to question 343

 No – Go to question 344

Specify other agent:

Other Toxicity Modifying Regimen

Optional for non-U.S. Centers

Was KGF (palifermin, Kepivance) started or is there a plan to use it?

 Yes

 No

 Masked trial

Post-HCT Disease Therapy Planned as of Day 0

Is this HCT part of a planned multiple (sequential) graft / HCT protocol?

 Yes

 No

Is additional post-HCT therapy planned?

 Yes - Go to questions 347

 No - Go to ***First Name***

Questions 347 – 357 are optional for non-U.S. centers

Bortezomib (Velcade)

 Yes

 No

Cellular therapy (e.g. DCI, DLI)

 Yes

 No

Dexamethasone

 Yes

 No

Intrathecal therapy (chemotherapy)

 Yes

 No

Tyrosine kinase inhibitor (e.g. imatinib mesylate)

 Yes

 No

Lenalidomide (Revlimid)

 Yes

 No

Local radiotherapy

 Yes

 No

Rituximab (Rituxan, MabThera)

 Yes

 No

Thalidomide (Thalomid)

 Yes

 No

Other therapy

 Yes – ***Go to question 357***

 No – ***Go to First Name***

Specify other therapy:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:

E-mail address:

Date: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

YYYY MM DD