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Sequence Number:

Date Received:

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

CIBMTR Research ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Event date: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_

HCT type: *(check all that apply)*

 Autologous

 Allogeneic, unrelated

 Allogeneic, related

Product type: *(check all that apply)*

 Bone marrow

 PBSC

 Single cord blood unit

 Multiple cord blood units

 Other product

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Disease for HCT

Date of diagnosis of primary disease for HCT: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

What was the primary disease for which the HCT was performed?

  Acute myelogenous leukemia (AML or ANLL) (10) ***- Go to question 3***

  Acute lymphoblastic leukemia (ALL) (20) ***- Go to question 64***

  Acute leukemia of ambiguous lineage and other myeloid neoplasms (80) ***- Go to question 107***

  Chronic myelogenous leukemia (CML) (40) ***- Go to question 112***

  Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (Please classify all preleukemias)
(If recipient has transformed to AML, indicate AML as the primary disease) ***- Go to question 123***

  Other leukemia (30) (includes CLL) ***- Go to question 217***

  Hodgkin lymphoma (150) ***- Go to question 224***

  Non-Hodgkin lymphoma (100) ***- Go to question 227***

  Multiple myeloma / plasma cell disorder (PCD) (170) ***- Go to question 233***

  Solid tumors (200) ***- Go to question 265***

  Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) ***- Go to question 267***

  Inherited abnormalities of erythrocyte differentiation or function (310) ***- Go to question 269***

  Disorders of the immune system (400) ***- Go to question 272***

  Inherited abnormalities of platelets (500) ***- Go to question 275***

  Inherited disorders of metabolism (520) ***- Go to question 277***

  Histiocytic disorders (570) ***- Go to question 279***

  Autoimmune diseases (600) ***- Go to question 281***

  Other disease (900) ***- Go to question 289***

Acute Myelogenous Leukemia (AML)

Specify the AML classification:

**AML with recurrent genetic abnormalities**

  AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5)

  AML with t(6;9) (p23;q34.1); DEK-NUP214 (6)

  AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7)

  AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8)

  AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281)

  AML with inv(16)(p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282)

  APL with PML-RARA (283)

 AML with BCR-ABL1 (provisional entity)

 AML with mutated NPM1

 AML with biallelic mutations of CEBPA

 AML with mutated RUNX1 (provisional entity)

  AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284)

  AML with myelodysplasia – related changes (285)

  Therapy related AML (t-AML) (9)

 **AML, not otherwise specified**

  AML, not otherwise specified (280)

  AML, minimally differentiated (286)

  AML without maturation (287)

  AML with maturation (288)

  Acute myelomonocytic leukemia (289)

  Acute monoblastic / acute monocytic leukemia (290)

  Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291)

  Acute megakaryoblastic leukemia (292)

  Acute basophilic leukemia (293)

  Acute panmyelosis with myelofibrosis (294)

 Myeloid sarcoma (295)

Myeloid leukemia associated with Down syndrome

Did AML transform from MDS or MPN?

  Yes – **Also complete MDS** Disease Classification questions

  No

Is the disease (AML) therapy related?

  Yes

  No

  Unknown

Did the recipient have a predisposing condition?

  Yes - Go to question 7

  No - Go to question 9

  Unknown - Go to question 9

Specify condition:

  Bloom syndrome - Go to question 9

  Down syndrome - Go to question 9

  Fanconi anemia - Go to question 9

  Neurofibromatosis type 1 - Go to question 9

  Other condition - Go to question 8

Specify other condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were cytogenetics tested (karyotyping or FISH)?

  Yes - Go to question 10

  No - Go to question 47

  Unknown - Go to question 47

Results of tests:

  Abnormalities identified – Go to question 11

  No evaluable metaphases - Go to question 47

  No abnormalities - Go to question 47

Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:

Monosomy

–5

 Yes

 No

–7

 Yes

 No

–17

 Yes

 No

–18

 Yes

 No

–X

 Yes

 No

–Y

 Yes

 No

 Trisomy

+4

 Yes

 No

+8

 Yes

 No

+11

 Yes

 No

+13

 Yes

 No

+14

 Yes

 No

+21

 Yes

 No

+22

 Yes

 No

 Translocation

t(3;3)

 Yes

 No

t(6;9)

 Yes

 No

t(8;21)

 Yes

 No

t(9;11)

 Yes

 No

t(9;22)

 Yes

 No

t(15;17) and variants

 Yes

 No

t(16;16)

 Yes

 No

 Deletion

del(3q) / 3q–

 Yes

 No

del(5q) / 5q–

 Yes

 No

del(7q) / 7q–

 Yes

 No

del(9q) / 9q–

 Yes

 No

del(11q) / 11q–

 Yes

 No

del(16q) / 16q–

 Yes

 No

del(17q) / 17q–

 Yes

 No

del(20q) / 20q–

 Yes

 No

del(21q) / 21q–

 Yes

 No

 Inversion

inv(3)

 Yes

 No

inv(16)

 Yes

 No

Other

 (11q23) any abnormality

 Yes

 No

12p any abnormality

 Yes

 No

Complex - ≥ 3 distinct abnormalities

 Yes

 No

Other abnormality

 Yes - Go to question 46

 No - Go to question 47

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were tests for molecular markers performed (e.g. PCR)?

  Yes ***– Go to question 48***

  No ***– Go to question 57***

  Unknown ***– Go to question 57***

Specify molecular markers identified at any time prior to the start of the preparative regimen:

CEBPA

  Positive

  Negative

  Not done

FLT3 – D835 point mutation

  Positive

  Negative

  Not done

FLT3 – ITD mutation

  Positive

  Negative

  Not done

IDH1

  Positive

  Negative

  Not done

IDH2

  Positive

  Negative

  Not done

KIT

  Positive

  Negative

  Not done

NPM1

  Positive

  Negative

  Not done

Other molecular marker

  Positive- Go to question 56

  Negative- Go to question 56

  Not done- Go to question 57

Specify other molecular marker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status at transplantation**

What was the disease status (based on hematologic test results)?

 Primary induction failure – ***Go to question 63***

  1st complete remission (no previous bone marrow or extramedullary relapse) – ***Go to question 58***

  2nd complete remission – ***Go to question 58***

  ≥ 3rd complete remission – ***Go to question 58***

  1st relapse – ***Go to question 62***

  2nd relapse – ***Go to question 62***

  ≥ 3rd relapse – ***Go to question 62***

  No treatment – ***Go to question 63***

How many cycles of induction therapy were required to achieve CR?

 1

 2

 ≥ 3

Was the recipient in molecular remission?

 Yes

 No

 Unknown

 Not applicable

Was the recipient in remission by flow cytometry?

 Yes

 No

 Unknown

 Not applicable

Was the recipient in cytogenetic remission?

 Yes – ***Go to question 63***

 No – ***Go to question 63***

 Unknown – ***Go to question 63***

 Not applicable– ***Go to question 63***

Date of most recent relapse: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Acute Lymphoblastic Leukemia (ALL)

Specify ALL classification:

**B-lymphoblastic leukemia / lymphoma**

 B-lymphoblastic leukemia/lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192)

  B-lymphoblastic leukemia/lymphoma with t(v;11q23.3); KMT2A rearranged (193)

  B-lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1 (194)

  B-lymphoblastic leukemia/lymphoma with t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195)

  B-lymphoblastic leukemia/lymphoma with t(5;14) (q31.1;q32.3); IL3-IGH (81)

  B-lymphoblastic leukemia/lymphoma with Hyperdiploidy (51-65 chromosomes) (82)

  B-lymphoblastic leukemia/lymphoma with Hypodiploidy (<45 chromosomes) (83)

  B-lymphoblastic leukemia/lymphoma with (B-cell ALL, NOS) (191)

  B-lymphoblastic leukemia/lymphoma, BCR-ABL1-like (provisional entity)

  B-lymphoblastic leukemia/lymphoma, with iAMP21 (provisional entity)

 **T-cell lymphoblastic leukemia / lymphoma**

  Early T-cell precursor lymphoblastic leukemia (provisional entity) (#)

 Natural killer (NK)- cell lymphoblastic leukemia/lymphoma (provisional entity) (#)

Were tyrosine kinase inhibitors (i.e.imatinib mesylate) given for pre-HCT therapy at any time prior to start of the preparative regimen?

  Yes

  No

Were cytogenetics tested (karyotyping or FISH)?

  Yes - Go to question 67

  No - Go to question 95

  Unknown - Go to question 95

Results of tests:

  Abnormalities identified – Go to question 68

  No evaluable metaphases - Go to question 95

  No abnormalities - Go to question 95

 Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen.

Monosomy

–7

  Yes

  No

 **Trisomy**

+4

  Yes

  No

+8

  Yes

  No

+17

  Yes

  No

+21

  Yes

  No

 **Translocation**

t(1;19)

  Yes

  No

t(2;8)

  Yes

  No

t(4;11)

  Yes

  No

t(5;14)

  Yes

  No

t(8;14)

  Yes

  No

t(8;22)

  Yes

  No

t(9;22)

  Yes

  No

t(10;14)

  Yes

  No

t(11;14)

  Yes

  No

t(12;21)

  Yes

  No

 **Deletion**

del(6q) / 6q–

  Yes

  No

del(9p) / 9p–

  Yes

  No

del(12p) / 12p–

  Yes

  No

 **Addition**

add(14q)

  Yes

  No

 **Other**

(11q23) any abnormality

  Yes

  No

9p any abnormality

  Yes

  No

12p any abnormality

  Yes

  No

Hyperdiploid (> 50)

  Yes

  No

Hypodiploid (< 46)

  Yes

  No

Complex - ≥3 distinct abnormalities

  Yes

  No

Other abnormality

  Yes - Go to question 94

  No - Go to question 95

Specify other abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were tests for molecular markers performed (e.g. PCR)?

  Yes ***– Go to question 96***

  No ***– Go to question 100***

  Unknown ***– Go to question 100***

**Specify molecular markers identified at any time prior to the start of the preparative regimen:**

BCR / ABL

  Positive

  Negative

  Not done

TEL-AML / AML1

  Positive

  Negative

  Not done

Other molecular marker

  Positive ***– Go to question 99***

  Negative ***– Go to question 99***

  Not done ***– Go to question 100***

Specify other molecular marker:

**Status at Transplantation:**

What was the disease status (based on hematologic test results)?

 Primary induction failure – ***Go to question 106***

  1st complete remission (no previous marrow or extramedullary relapse) – ***Go to question 101***

  2nd complete remission – ***Go to question 101***

  ≥ 3rd complete remission – ***Go to question 101***

  1st relapse – ***Go to question 105***

  2nd relapse – ***Go to question 105***

  ≥ 3rd relapse – ***Go to question 105***

  No treatment – ***Go to question 106***

How many cycles of induction therapy were required to achieve CR?

 1

 2

 ≥ 3

Was the recipient in molecular remission?

 Yes

 No

 Unknown

 Not applicable

Was the recipient in remission by flow cytometry?

 Yes

 No

 Unknown

 Not applicable

Was the recipient in cytogenetic remission?

 Yes – ***Go to question 106***

 No – ***Go to question 106***

 Unknown – ***Go to question 106***

 Not applicable – ***Go to question 106***

Date of most recent relapse: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_

 YYYY MM DD

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms

Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification:

 Acute leukemia of ambiguous lineage - Go to question 108

Blastic plasmacytoid dendritic cell neoplasm – ***Go to question 110***

Specify acute leukemias of ambiguous lineage classification:

  Acute undifferentiated leukemia (31)

 Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1

 Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged

 Mixed phenotype acute leukemia, B/myeloid, NOS

 Mixed phenotype acute leukemia, T/myeloid, NOS

  Other acute leukemia of ambiguous lineage (#) - Go to question 109

Specify other acute leukemia:

**Status at Transplantation**:

What was the disease status (based on hematologic test results)?

  Primary induction failure

  1st complete remission (no previous marrow or extramedullary relapse)

  2nd complete remission

  ≥ 3rd complete remission

  1st relapse

  2nd relapse

  ≥3rd relapse

  No treatment

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Chronic Myelogenous Leukemia (CML)

Was therapy given prior to this HCT?

  Yes - Go to questions 113

  No - Go to question 119

Combination chemotherapy

  Yes

  No

Hydroxyurea (Droxia, Hydrea)

  Yes

  No

Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)

  Yes

  No

Interferon-α (Intron, Roferon) (includes PEG)

  Yes

  No

Other therapy

  Yes - Go to question 118

  No - Go to question 119

Specify other therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the disease status?

 Complete hematologic response (CHR) - Go to questions 120

 Chronic phase – Go to question 120

 Accelerated phase - Go to question 121

 Blast crisis - Go to question 121

Specify level of response

  No cytogenetic response (No CyR)

  Minimal cytogenetic response

  Minor cytogenetic response

  Partial cytogenetic response (PCyR)

  Major cytogenetic response (MCyR)

  Complete cytogenetic response (CCyR)

  Major molecular remission (MMR)

  Complete molecular remission (CMR)

Number

  1st

  2nd

  3rd or higher

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

**Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases**

What was the MDS / MPN subtype at diagnosis? – If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions

  Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51)

  Refractory anemia with ringed sideroblasts (RARS) (55)

  Refractory anemia with excess blasts-1 (RAEB-1) (61)

  Refractory anemia with excess blasts-2 (RAEB-2) (62)

  Refractory cytopenia with multilineage dysplasia (RCMD) (64)

  Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68)

  Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66)

  Myelodysplastic syndrome (MDS), unclassifiable (50)

  Chronic neutrophilic leukemia (165)

  Chronic eosinophilic leukemia, NOS (166)

  Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58)

  Polycythemia vera (PCV) (57)

  Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)

  Myeloproliferative neoplasm (MPN), unclassifiable (60)

  Chronic myelomonocytic leukemia (CMMoL) (54)

  Juvenile myelomonocytic leukemia (JMML/JCML) (no evidence of Ph1 or BCR/ABL) (36) – ***Go to question 168***

  Atypical chronic myeloid leukemia, Ph-/bcr/abl- {CML, NOS} (45) - Go to question 222

  Atypical chronic myeloid leukemia, Ph-/bcr unknown {CML, NOS} (46) - Go to question 222

  Atypical chronic myeloid leukemia, Ph unknown/bcr- {CML, NOS} (48) - Go to question 222

  Atypical chronic myeloid leukemia, Ph unknown/bcr unknown {CML, NOS} (49) - Go to question 222

  Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69)

Was the disease (MDS/MPN) therapy related?

  Yes

  No

  Unknown

Did the recipient have a predisposing condition?

  Yes *–* ***Go to question 126***

  No *–* ***Go to question 128***

  Unknown *–* ***Go to question 128***

Specify condition:

  Aplastic anemia – *Go to question 128*

  Bloom syndrome – *Go to question 128*

  Down syndrome – *Go to question 128*

  Fanconi anemia – – *Go to question 128*

  Other condition – **G*o to question 127***

Specify other condition:

 **Laboratory Studies at Diagnosis of MDS**

WBC

  Known

  Unknown

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_  x 109/L (x 103/mm3)

  x 106/L

Hemoglobin

  Known

  Unknown

\_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_  g/dL

  g/L

  mmol/L

Was RBC transfused ≤ 30 days before date of test?

  Yes

  No

Platelets

  Known

 Unknown

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  x 109/L (x 103/mm3)

  x 106/L

Were platelets transfused ≤ 7 days before date of test?

  Yes

  No

Neutrophils

  Known

  Unknown

 \_\_\_ \_\_\_%

Blasts in bone marrow

 Known

  Unknown

\_\_\_ \_\_\_ \_\_\_ %

Were cytogenetics tested (karyotyping or FISH)?

  Yes – ***Go to question 141***

  No – ***Go to question 168***

  Unknown – ***Go to question 168***

Results of tests:

  Abnormalities identified – ***Go to question 142***

  No evaluable metaphases – ***Go to question 168***

  No abnormalities – ***Go to question 168***

 Specify abnormalities identified at diagnosis:

Specify number of distinct cytogenetic abnormalities:

  One (1)

  Two (2)

  Three (3)

  Four or more (4 or more)

 Monosomy

 –5

  Yes

  No

–7

  Yes

  No

–13

  Yes

  No

–20

  Yes

  No

–Y

  Yes

  No

 Trisomy

+8

  Yes

  No

+19

  Yes

  No

 Translocation

t(1;3)

  Yes

  No

t(2;11)

  Yes

  No

t(3;3)

  Yes

  No

t(3;21)

  Yes

  No

t(6;9)

  Yes

  No

t(11;16)

  Yes

  No

 Deletion

del(3q) / 3q-

  Yes

  No

del(5q) / 5q-

  Yes –

  No

del(7q) / 7q-

  Yes

  No

del(9q) / 9q-

  Yes

  No

del(11q) / 11q-

  Yes

  No

del(12p) / 12p-

  Yes

  No

del(13q) / 13q-

  Yes

  No

del(20q) / 20q-

  Yes

  No

 **Inversion**

inv(3)

  Yes

  No

 Other

i17q

  Yes

  No

Other abnormality

  Yes – ***Go to question 167***

  No – ***Go to question 168***

Specify other abnormality:

Did the recipient progress or transform to a different MDS / MPN subtype between diagnosis and the start of the preparative regimen?

  Yes – **G*o to question 169***

  No – **G*o to question 172***

Specify the MDS / MPN subtype after transformation:

  Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51) **– *Go to question 170***

  Refractory anemia with ringed sideroblasts (RARS) (55) **– *Go to question 170***

  Refractory anemia with excess blasts-1 (RAEB-1) (61) **– *Go to question 170***

  Refractory anemia with excess blasts-2 (RAEB-2) (62) **– *Go to question 170***

  Refractory cytopenia with multilineage dysplasia (RCMD) (64) **– *Go to question 170***

  Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68) **– *Go to question 170***

  Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66) **– *Go to question 170***

  Myelodysplastic syndrome (MDS), unclassifiable (50) **– *Go to question 170***

  Chronic neutrophilic leukemia (165) **– *Go to question 170***

  Chronic eosinophilic leukemia, NOS (166) **– *Go to question 170***

  Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58) **– *Go to question 170***

  Polycythemia vera (PCV) (57) **– *Go to question 170***

  Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167) **– *Go to question 170***

  Myeloproliferative neoplasm (MPN), unclassifiable (60) **– *Go to question 170***

  Chronic myelomonocytic leukemia (CMMoL) (54) **– *Go to question 170***

  Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69) **– *Go to question 170***

  Transformed to AML (70) **– *Go to question 171***

Specify the date of the most recent transformation:\_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - ***Go to question 172***

Date of MDS diagnosis: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ **– *Go to signature line***

 Laboratory studies at last evaluation prior to the start of the preparative regimen:

WBC

  Known

  Unknown

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_  x 109/L (x 103/mm3)

  x 106/L

Hemoglobin

  Known

  Unknown

\_\_\_ \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_  g/dL

  g/L

  mmol/L

Was RBC transfused ≤ 30 days before date of test?

  Yes

  No

Platelets

  Known

 Unknown

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  x 109/L (x 103/mm3)

  x 106/L

Were platelets transfused ≤ 7 days before date of test?

  Yes

  No

Neutrophils

  Known

  Unknown

 \_\_\_ \_\_\_%

Blasts in bone marrow

 Known

  Unknown

\_\_\_ \_\_\_ \_\_\_ %

Were cytogenetics tested (karyotyping or FISH)?

  Yes – ***Go to question 185***

  No – ***Go to question 212***

  Unknown – ***Go to question 212***

Results of tests:

  Abnormalities identified – ***Go to question 186***

  No evaluable metaphases – G***o to question 212***

  No abnormalities – G***o to question 212***

Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:

Specify number of distinct cytogenetic abnormalities:

  One (1)

  Two (2)

  Three (3)

  Four or more (4 or more)

 Monosomy

–5

  Yes

  No

–7

  Yes

  No

–13

  Yes

  No

–20

  Yes

  No

–Y

  Yes

  No

 Trisomy

+8

  Yes

  No

+19

  Yes

  No

 Translocation

t(1;3)

  Yes

  No

t(2;11)

  Yes

  No

t(3;3)

  Yes

  No

t(3;21)

  Yes

  No

t(6;9)

  Yes

  No

t(11;16)

  Yes

  No

 Deletion

del(3q) / 3q-

  Yes

  No

del(5q) / 5q-

  Yes

  No

del(7q) / 7q-

  Yes

  No

del(9q) / 9q-

  Yes

  No

del(11q) / 11q-

  Yes

  No

del(12p) / 12p-

  Yes

  No

del(13q) / 13q-

  Yes

  No

del(20q) / 20q-

  Yes

  No

 **Inversion**

inv(3)

  Yes

  No

 Other

i17q

  Yes

  No

Other abnormality

  Yes – ***Go to question 211***

  No – ***Go to question 212***

Specify other abnormality:

**Status at Transplantation**

What was the disease status?

  Complete remission (CR) – requires all of the following, maintained for ≥ 4 weeks: \* bone marrow evaluation: < 5% myeloblasts with normal maturation of all cell lines \* peripheral blood evaluation: hemoglobin ≥ 11 g/dL untransfused and without erythropoietin support; ANC ≥ 1000 / mm 3 without myeloid growth factor support; platlets ≥ 100 x 109/L without thrombopoietic support; 0% blasts - **G*o to question 216***

  Hematologic improvement (HI) *–* requires one measurement of the following, maintained for ≥ 8 weeks withoutongoing cytotoxic therapy; specify which cell line was measured to determine HI response:\* HI-E – hemoglobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks \* HI-P – for pre-treatment platelet count of > 20 x 109/L, platelet absolute increase of ≥ 30 x 109/L; for pre-treatment platelet count of < 20 x 109/L, platelet absolute increase of ≥ 20 x 109/L and ≥ 100% from pre-treatment level \* HI-N – neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500 / mm3 - ***Go to question 213***

  No response (NR) / stable disease (SD) – does not meet the criteria for at least HI, but no evidence of disease progression - **G*o to question 216***

  Progression from hematologic improvement (Prog from HI) – requires at least one of the following, in the absence of another explanation (e.g., infection, bleeding, ongoing chemotherapy, etc.): \* ≥ 50% reduction from maximum response levels in granulocytes or platelets \* reduction in hemoglobin by ≥ 1.5 g/dL \*transfusion dependence - **G*o to question 214***

  Relapse from complete remission (Rel from CR) – requires at least one of the following: \* return to pre-treatment bone marrow blast percentage \* decrease of ≥ 50% from maximum response levels in granulocytes or platelets \* transfusion dependence, or hemoglobin level ≥ 1.5 g/dL lower than prior to therapy - **G*o to question 215***

  Not assessed - Go to signature line

Specify the cell line examined to determine HI status:

  HI-E – hemoglobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks - ***Go to question 216***

  HI-P ***–*** for pre-treatment platelet count of > 20 x 109/L, platelet absolute increase of ≥ 30 x 109L; for pre-treatment platelet count of < 20 x 109L, platelet absolute increase of ≥ 20 x 109L and ≥ 100% from pre-treatment level – ***Go to question 216***

  HI-N ***–*** neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500 / mm3 - ***Go to question 216***

Date of progression: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to question 216

 YYYY MM DD

Date of relapse: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to question 216

 YYYY MM DD

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_- Go to signature line

 YYYY MM DD

Other Leukemia (OL)

Specify the other leukemia classification:

  Chronic lymphocytic leukemia (CLL), NOS (34) - Go to question 219

  Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71) - Go to question 219

  Hairy cell leukemia (35) - Go to question 221

 Hairy cell leukemia variant (75) - Go to question 221

 Monoclonal B-cell lymphocytosis (76) – ***Go to signature line***

  Prolymphocytic leukemia (PLL), NOS (37) - Go to question 219

  PLL, B-cell (73) - Go to question 219

  PLL, T-cell (74) - Go to question 219

  Other leukemia, NOS (30) - Go to question 220

  Other leukemia (39) - Go to question 218

Specify other leukemia: – ***Go to question 220***

Was any 17p abnormality detected?

  Yes – ***If disease classification is CLL, go to question 220. If PLL, go to question 221.***

  No

Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?

  Yes – ***Go to question 227*– Also complete NHL Disease Classification questions**

  No – ***Go to question 222***

 **Status at transplantation:**

What was the disease status? (Atypical CML)

  Primary induction failure – ***Go to question 223***

  1st complete remission (no previous bone marrow or extramedullary relapse) – ***Go to question 223***

  2nd complete remission – ***Go to question 223***

  ≥ 3rd complete remission – ***Go to question 223***

  1st relapse – ***Go to question 223***

  2nd relapse – ***Go to question 223***

  ≥ 3rd relapse – ***Go to question 223***

  No treatment – Go to signature line

What was the disease status? (CLL, PLL, Hairy cell leukemia)

  Complete remission (CR)

  Partial remission (PR)

  Stable disease (SD)

  Progressive disease (Prog)

  Untreated

  Not assessed - Go to signature line

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Hodgkin Lymphoma

Specify Hodgkin lymphoma classification:

  Nodular lymphocyte predominant Hodgkin lymphoma (155)

  Lymphocyte-rich (151)

  Nodular sclerosis (152)

  Mixed cellularity (153)

  Lymphocyte depleted (154)

  Hodgkin lymphoma, NOS (150)

**Status at transplantation:**

What was the disease status?

Disease untreated

PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.

 PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.

PIF unk - Primary induction failure – sensitivity unknown

CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant

CR2 - 2nd complete remission

CR3+ - 3rd or subsequent complete remission

REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse

REL1 res - 1st relapse – resistant: stable or progressive disease with treatment

REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)

REL1 unk - 1st relapse – sensitivity unknown

REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse

REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment

REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)

REL2 unk - 2nd relapse – sensitivity unknown

REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse

REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment

REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)

REL3+ unk - 3rd relapse or greater – sensitivity unknown

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Non-Hodgkin Lymphoma

Specify Non-Hodgkin lymphoma classification:

Splenic marginal zone B-cell lymphoma (124)

Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)

Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)

Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)

Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)

Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)

Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)

Follicular (grade unknown) (164)

Mantle cell lymphoma (115)

Intravascular large B-cell lymphoma (136)

Primary mediastinal (thymic) large B-cell lymphoma (125)

Primary effusion lymphoma (138)

Diffuse, large B-cell lymphoma — NOS (107)

Burkitt lymphoma (111)

B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and Burkitt lymphoma (140)

 B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin Lymphoma (149)

 T-cell / histiocytic rich large B-cell lymphoma (120)

Primary diffuse large B-cell lymphoma of the CNS (118)

Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma (173)

Other B-cell lymphoma (129) *– Go to question 228*

Extranodal NK / T-cell lymphoma, nasal type (137)

Enteropathy-type T-cell lymphoma (133)

Hepatosplenic T-cell lymphoma (145)

Subcutaneous panniculitis-like T-cell lymphoma (146)

Mycosis fungoides (141)

 Sezary syndrome (142)

Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)

Peripheral T-cell lymphoma (PTCL), NOS (130)

Angioimmunoblastic T-cell lymphoma (131)

Anaplastic large-cell lymphoma (ALCL), ALK positive (143)

 Anaplastic large-cell lymphoma (ALCL), ALK negative (144)

T-cell large granular lymphocytic leukemia (126)

Aggressive NK-cell leukemia (27)

Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)

  Other T-cell / NK-cell lymphoma (139) – *Go to question 228*

Specify other lymphoma:

Is the non-Hodgkin lymphoma histology reported at diagnosis a transformation from CLL?

  Yes – ***Go to question 231-* Also complete CLL Disease Classification questions**

  No - ***Go to question 230***

Is the non-Hodgkin lymphoma histology reported a transformation from, or was it diagnosed at the same time as another lymphoma (not CLL)?

  Yes

  No

 **Status at Transplantation**

What was the disease status?

Disease untreated

PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.

 PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.

PIF unk - Primary induction failure – sensitivity unknown

CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant

CR2 - 2nd complete remission

CR3+ - 3rd or subsequent complete remission

REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse

REL1 res - 1st relapse – resistant: stable or progressive disease with treatment

REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)

REL1 unk - 1st relapse – sensitivity unknown

REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse

REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment

REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)

REL2 unk - 2nd relapse – sensitivity unknown

REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse

REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment

REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)

REL3+ unk - 3rd relapse or greater – sensitivity unknown

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Multiple Myeloma / Plasma Cell Disorder (PCD)

Specify the multiple myeloma/plasma cell disorder (PCD) classification:

  Multiple myeloma-lgG (181) - Go to questions 235

  Multiple myeloma-lgA (182) - Go to questions 235

  Multiple myeloma-lgD (183) - Go to questions 235

  Multiple myeloma-lgE (184) - Go to questions 235

  Multiple myeloma-lgM (not Waldenstrom macroglobulinemia) (185) - Go to questions 235

  Multiple myeloma-light chain only (186) - Go to questions 235

  Multiple myeloma-non-secretory (187) - Go to questions 236

  Plasma cell leukemia (172) - Go to question 241

  Solitary plasmacytoma (no evidence of myeloma) (175) - Go to question 241

  Amyloidosis (174) - Go to question 241

  Osteosclerotic myeloma / POEMS syndrome (176) - Go to questions 241

  Light chain deposition disease (177) - Go to questions 241

  Other plasma cell disorder (179) - Go to question 234

Specify other plasma cell disorder: - ***Go to question*** 241

Light chain

  kappa

  lambda

What was the Durie-Salmon staging (at diagnosis)?

 🞎 Stage I (All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG < 5g/dL, IgA < 3g/dL; urine light chain M-component on electrophoresis <4g/24h) – Go to questions 237

 🞎 Stage II (Fitting neither Stage I or Stage III) – Go to questions 237

 🞎 Stage III (One of more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones protein >12g/24h) – Go to questions 237

  Unknown – Go to questions 238

What was the Durie-Salmon sub classification (at diagnosis)?

  A - relatively normal renal function (serum creatinine < 2.0 mg/dL)

  B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)

I.S.S.:

Serum β2-microglobulin: \_\_\_ \_\_\_ \_\_\_ ● \_\_\_ \_\_\_ \_\_\_  μg/dL

  mg/L

  nmol/L

Serum albumin: \_\_\_ \_\_\_ ● \_\_\_  g/dL

  g/L

Stage

  1 (β2-mic < 3.5, S. albumin > 3.5)

  2 (β2-mic 3.5–< 5.5, S. albumin —)

  3 (β2-mic ≥ 5.5; S. albumin —)

Were cytogenetics tested (karyotyping or FISH)?

 Yes – ***Go to questions 242***

 No – ***Go to question 263***

 Unknown – ***Go to question 263***

Results of tests:

 Abnormalities identified – ***Go to question 243***

 No evaluable metaphases – ***Go to question 263***

 No abnormalities – ***Go to question 263***

Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:

 Trisomy

+3

 Yes

 No

+5

 Yes

 No

+7

 Yes

 No

+9

 Yes

 No

+11

 Yes

 No

+15

 Yes

 No

+19

 Yes

 No

**Translocation**

t(4;14)

 Yes

 No

 t(6;14)

 Yes

 No

t(11;14)

 Yes

 No

t(14;16)

 Yes

 No

t(14;20)

 Yes

 No

 **Deletion**

del 13/13q-

 Yes

 No

del 17/17p-

 Yes

 No

 **Other**

Hyperdiploid (>50)

 Yes

 No

Hypodiploid (<46)

 Yes

 No

Any abnormality at 1q

 Yes

 No

Any abnormality at 1p

 Yes

 No

Other abnormality

 Yes

 No

Specify other abnormality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status at transplantation:**

What was the disease status?

 Stringent complete remission (sCR). - CR as defined, plus: normal free light chain ratio, and absence of clonal cells in the bone marrow by immunohistochemistry or immunofluorescence (confirmation with repeat bone marrow biopsy not needed). (Presence and/or absence of clonal cells is based upon the κ/λ ratio. An abnormal κ/λ ratio by immunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting the presence of an abnormal clone is κ/λ of > 4:1 or < 1:2.) sCR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy sCR requirements.

  Complete remission (CR) — negative immunofixation on serum and urine samples, and disappearance of any soft tissue plasmacytomas, and ≤ 5% plasma cells in the bone marrow (confirmation with repeat bone marrow biopsy not needed). CR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy CR requirements.

  Near complete remission (nCR) — serum & urine M-protein detectable by immunoelectrophoresis (IFE), but not on electrophoresis (negative SPEP & UPEP); ≤ 5% plasma cells in bone marrow. nCR requires two consecutive assessments made at any time before the initiation of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy nCR requirements.

 Very good partial remission (VGPR ) — serum and urine M-protein detectable by immunofixation but not on electrophoresis, or ≥ 90% reduction in serum M-protein and urine M-protein level < 100 mg/24 hours. VGPR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy VGPR requirements.

 Partial remission (PR) — ≥ 50% reduction in serum M-protein, and reduction in 24-hour urinary M-protein by ≥ 90% or to < 200 mg/24 hours. If the serum and urine M-protein are unmeasurable (i.e., do not meet any of the following criteria: • serum M-protein ≥ 1 g/dL. Urine M-protein ≥ 200 mg/24 hours • serum free light chain assay shows involved level ≥ 10 mg/dL, provided serum free light chain ratio is abnormal), a ≥ 50% decrease in the difference between involved and uninvolved free light chain levels is required in place of the M-protein criteria. If serum and urine M-protein are unmeasurable, and serum free light assay is also unmeasurable, a ≥ 50% reduction in plasma cells is required in place of M-protein, provided the baseline bone marrow plasma cell percentage was ≥ 30%. In addition to the above listed criteria, a ≥ 50% reduction in the size of soft tissue plasmacytomas is also required, if present at baseline. PR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy PR requirements.

 Stable disease (SD) — not meeting the criteria for CR, VGPR, PR or PD. SD requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy SD requirements.

 Progressive disease (PD) — requires any one or more of the following: Increase of ≥ 25% from baseline in: serum M-component and/or (absolute increase ≥ 0.5 g/dL) (for progressive disease, serum M-component increases of ≥ 1 g/dL are sufficient to define relapse if the starting M-component is ≥ 5 g/dL). Urine M-component and/or (absolute increase ≥ 200 mg.24 hours) for recipients without measurable serum and urine M-protein levels: the difference between involved and uninvolved free light chain levels (absolute increase > 10 mg/dL). Bone marrow plasma cell percentage (absolute percentage ≥ 10%) (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) definite development of new bone lesions or soft tissue plasmacytomas, or definite increase in the size of any existing bone lesions or soft tissue plasmacytomas. Development of hypercalcemia (corrected serum calcium > 11.5 mg/dL or 2.65 mmol) that can be attributed solely to the plasma cell proliferative disorder PD requires two consecutive assessments made at any time before classification as disease progression, and/or the institution of any new therapy

 Relapse from CR (Rel) (untreated) — requires one or more of the following: reappearance of serum or urine M-protein by immunofixation or electrophoresis development of ≥ 5% plasma cells in the bone marrow (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) appearance of any other sign of progression (e.g., new plasmacytoma, lytic bone lesion, hypercalcemia) Rel requires two consecutive assessments made at any time before classification as relapse, and/or the institution of any new therapy.

  Unknown

  Not applicable (Amyloidosis with no evidence of myeloma)

Date assessed: \_\_\_ \_\_\_ \_\_\_ \_\_\_ — \_\_\_ \_\_\_ — \_\_\_ \_\_\_ - Go to signature line

 YYYY MM DD

Solid Tumors

Specify the solid tumor classification:

Breast cancer (250)

Lung, small cell (202)

 Lung, non-small cell (203)

 Lung, not otherwise specified (230)

 Germ cell tumor, extragonadal (225)

 Testicular (210)

 Ovarian (epithelial) (214)

 Bone sarcoma (excluding Ewing family tumors) (273)

 Ewing family tumors of bone (including PNET) (275)

 Ewing family tumors, extraosseous (including PNET) (276)

 Fibrosarcoma (244)

 Hemangiosarcoma (246)

 Leiomyosarcoma (242)

 Liposarcoma (243)

 Lymphangio sarcoma (247)

 Neurogenic sarcoma (248)

 Rhabdomyosarcoma (232)

 Synovial sarcoma (245)

 Soft tissue sarcoma (excluding Ewing family tumors) (274)

 Central nervous system tumor, including CNS PNET (220)

 Medulloblastoma (226)

 Neuroblastoma (222)

 Head / neck (201)

 Mediastinal neoplasm (204)

 Colorectal (228)

 Gastric (229)

 Pancreatic (206)

 Hepatobiliary (207)

 Prostate (209)

 External genitalia (211)

 Cervical (212)

 Uterine (213)

 Vaginal (215)

 Melanoma (219)

 Wilm tumor (221)

 Retinoblastoma (223)

 Thymoma (231)

 Renal cell (208)

 Other solid tumor (269) ***– Go to question 266***

 Solid tumor, not otherwise specified (200)

Specify other solid tumor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Go to signature line

Severe Aplastic Anemia

Specify the severe aplastic anemia classification:

  Acquired severe aplastic anemia, not otherwise specified (301)

  Acquired SAA secondary to hepatitis (302)

  Acquired SAA secondary to toxin / other drug (303)

  Acquired amegakaryocytosis (not congenital) (304)

  Acquired pure red cell aplasia (not congenital) (306)

  Dyskeratosis congenita (307)

  Other acquired cytopenic syndrome (309) ***– Go to question 268***

Specify other acquired cytopenic syndrome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inherited Abnormalities of Erythrocyte Differentiation or Function

Specify the inherited abnormalities of erythrocyte differentiation or function classification:

  Paroxysmal nocturnal hemoglobinuria (PNH) (56)

  Shwachman-Diamond (305)

  Diamond-Blackfan anemia (pure red cell aplasia) (312)

  Other constitutional anemia (319) ***– Go to question 270***

  Fanconi anemia (311) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease).

  Sickle thalassemia (355)

  Sickle cell disease (356)

  Beta thalassemia major (357)

  Other hemoglobinopathy (359) ***– Go to question 271***

Specify other constitutional anemia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other hemoglobinopathy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Disorders of the Immune System

Specify disorder of immune system classification:

  Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401)

  Absence of T and B cells SCID (402)

  Absence of T, normal B cell SCID (403)

  Omenn syndrome (404)

  Reticular dysgenesis (405)

  Bare lymphocyte syndrome (406)

  Other SCID (419) – ***Go to question 273***

  SCID, not otherwise specified (410)

  Ataxia telangiectasia (451)

  HIV infection (452)

  DiGeorge anomaly (454)

  Common variable immunodeficiency (457)

  Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459)

  Kostmann agranulocytosis (congenital neutropenia) (460)

  Neutrophil actin deficiency (461)

  Cartilage-hair hypoplasia (462)

  CD40 ligand deficiency (464)

  Other immunodeficiencies (479) ***– Go to question 274***

  Immune deficiency, not otherwise specified (400)

  Chediak-Higashi syndrome (456)

 Griscelli syndrome type 2 (465)

  Hermansky-Pudlak syndrome type 2 (466)

  Chronic granulomatous disease (455)

  Wiskott-Aldrich syndrome (453)

  X-linked lymphoproliferative syndrome (458)

Specify other SCID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other immunodeficiency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inherited Abnormalities of Platelets

Specify inherited abnormalities of platelets classification:

  Congenital amegakaryocytosis / congenital thrombocytopenia (501)

  Glanzmann thrombasthenia (502)

  Other inherited platelet abnormality (509) – ***Go to question 276***

Specify other inherited platelet abnormality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inherited Disorders of Metabolism

Specify inherited disorders of metabolism classification:

  Osteopetrosis (malignant infantile osteopetrosis) (521)

Leukodystrophies

  Metachromatic leukodystrophy (MLD) (542)

  Adrenoleukodystrophy (ALD) (543)

  Krabbe disease (globoid leukodystrophy) (544)

  Lesch-Nyhan (HGPRT deficiency) (522)

  Neuronal ceroid lipofuscinosis (Batten disease) (523)

Mucopolysaccharidoses

  Hurler syndrome (IH) (531)

  Scheie syndrome (IS) (532)

  Hunter syndrome (II) (533)

  Sanfilippo (III) (534)

  Morquio (IV) (535)

  Maroteaux-Lamy (VI) (536)

  β-glucuronidase deficiency (VII) (537)

  Mucopolysaccharidosis (V) (538)

  Mucopolysaccharidosis, not otherwise specified (530)

Mucolipidoses

  Gaucher disease (541)

  Niemann-Pick disease (545)

  I-cell disease (546)

  Wolman disease (547)

  Glucose storage disease (548)

  Mucolipidoses, not otherwise specified (540)

Polysaccharide hydrolase abnormalities

  Aspartyl glucosaminidase (561)

  Fucosidosis (562)

  Mannosidosis (563)

  Polysaccharide hydrolase abnormality, not otherwise specified (560)

  Other inherited metabolic disorder (529) – ***Go to question 278***

  Inherited metabolic disorder, not otherwise specified (520)

Specify other inherited metabolic disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Histiocytic disorders

Specify histiocytic disorder classification:

 Hemophagocytic lymphohistiocytosis (HLH) (571)

 Langerhans cell histiocytosis (histiocytosis-X) (572)

 Hemophagocytosis (reactive or viral associated) (573)

 Malignant histiocytosis (574)

 Other histiocytic disorder (579) – ***Go to question 280***

 Histiocytic disorder, not otherwise specified (570)

Specify other histiocytic disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Autoimmune Diseases

Specify autoimmune disease classification:

**Arthritis**

 Rheumatoid arthritis (603)

 Psoriatic arthritis / psoriasis (604)

 Juvenile idiopathic arthritis (JIA): systemic (Stills disease) (640)

 Juvenile idiopathic arthritis (JIA): oligoarticular (641)

 Juvenile idiopathic arthritis (JIA): polyarticular (642)

 Juvenile idiopathic arthritis (JIA): other (643) ***Go to question 282***

 Other arthritis (633) – ***Go to question*** ***283***

**Multiple sclerosis**

 Multiple sclerosis (602)

**Connective tissue diseases**

 Systemic sclerosis (scleroderma) (607)

 Systemic lupus erythematosis (SLE) (605)

 Sjögren syndrome (608)

 Polymyositis / dermatomyositis (606)

 Antiphospholipid syndrome (614)

 Other connective tissue disease (634) – ***Go to question*** ***284***

**Vasculitis**

 Wegener granulomatosis (610)

 Classical polyarteritis nodosa (631)

 Microscopic polyarteritis nodosa (632)

 Churg-Strauss (635)

 Giant cell arteritis (636)

 Takayasu (637)

 Behcet syndrome (638)

 Overlap necrotizing arteritis (639)

 Other vasculitis (611) – ***Go to question*** ***285***

**Other neurological autoimmune diseases**

 Myasthenia gravis (601)

 Other autoimmune neurological disorder (644) – ***Go to question*** ***286***

**Hematological autoimmune diseases**

 Idiopathic thrombocytopenic purpura (ITP) (645)

 Hemolytic anemia (646)

 Evan syndrome (647)

 Other autoimmune cytopenia (648) – ***Go to question*** ***287***

**Bowel diseases**

 Crohn’s disease (649)

 Ulcerative colitis (650)

 Other autoimmune bowel disorder (651) – ***Go to question*** ***288***

Specify other arthritis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other juvenile idiopathic arthritis (JIA):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other connective tissue disease:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other vasculitis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other autoimmune neurological disorder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other autoimmune cytopenia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify other autoimmune bowel disorder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other Disease

Specify other disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Last Name:

 E-mail address:

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

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