



## Disease Classification

<b>CIBMTR Use Only</b> Sequence Number:  Date Received:
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CIBMTR Center Number: _____ CIBMTR Research ID: _____ Event date: __ __ / __ __ / __ __ YYYY   MM   DD
-----------------------------------------------------------------------------------------------------------------

**Primary Disease for HCT / Cellular Therapy**

1. Date of diagnosis of primary disease for HCT / cellular therapy: \_\_\_ / \_\_\_ / \_\_\_  
 YYY Y MM DD
2. What was the primary disease for which the HCT / cellular therapy was performed?
- Acute myelogenous leukemia (AML or ANLL) (10) - **Go to question 3**
  - Acute lymphoblastic leukemia (ALL) (20) - **Go to question 88**
  - Acute leukemia of ambiguous lineage and other myeloid neoplasms (80) - **Go to question 150**
  - Chronic myelogenous leukemia (CML) (40) - **Go to question 154**
  - Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (Please classify all pre-leukemias) (If recipient has transformed to AML, indicate AML as the primary disease) - **Go to question 165**
  - Other leukemia (30) (includes CLL) - **Go to question 261**
  - Hodgkin lymphoma (150) - **Go to question 266**
  - Non-Hodgkin lymphoma (100) - **Go to question 269**
  - Multiple myeloma / plasma cell disorder (PCD) (170) - **Go to question 275**
  - Solid tumors (200) - **Go to question 307**
  - Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) - **Go to question 309**
  - Inherited abnormalities of erythrocyte differentiation or function (310) - **Go to question 311**
  - Disorders of the immune system (400) - **Go to question 314**
  - Inherited abnormalities of platelets (500) - **Go to question 317**
  - Inherited disorders of metabolism (520) - **Go to question 319**
  - Histiocytic disorders (570) - **Go to question 321**
  - Autoimmune diseases (600) - **Go to question 323**
  - Other disease (900) - **Go to question 331**

**Acute Myelogenous Leukemia (AML)**

3. 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;q22) or t(16;16)(p13.1; q22); CBFβ-MYH11 (282)
- APL with PML-RARA (283)
- AML with BCR-ABL1 (provisional entity) (3)
- AML with mutated NPM1 (4)
- AML with biallelic mutations of CEBPA (297)
- AML with mutated RUNX1 (provisional entity) (298)
- 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 (299)

4. Did AML transform from MDS or MPN?  Yes – **Also complete MDS Disease Classification questions**  No
5. Is the disease (AML) therapy related?  Yes  No  Unknown
6. Did the recipient have a predisposing condition?

- Yes →
- No
- Unknown

7. Specify condition:

- Bloom syndrome
- Down syndrome
- Fanconi anemia – **Also complete CIBMTR Form 2029**
- Dyskeratosis congenita
- Other condition →

8. Specify other condition: \_\_\_\_\_

**Labs at diagnosis**

9. Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)

- Yes →
- No
- Unknown

10. Were cytogenetics tested via FISH?

Yes →

No

11. Results of tests:

- Abnormalities identified →
- No abnormalities

**Specify cytogenetic abnormalities identified at diagnosis:**

12. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

13. Specify abnormalities (check all that apply)

- 5
- 7

- 17
- 18
- X
- Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)
- t(8;21)
- t(9;11)
- t(9;22)
- t(15;17) and variants
- t(16;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality →

14. Specify other abnormality:  
\_\_\_\_\_

15. Were cytogenetics tested via karyotyping?

- Yes →  
 No

16. Results of tests:

- Abnormalities identified  
 No evaluable metaphases  
 No abnormalities

**Specify cytogenetic abnormalities identified at diagnosis:**

17. Specify number of distinct cytogenetic abnormalities:

- One (1)  
 Two (2)  
 Three (3)  
 Four or more (4 or more)

18. Specify abnormalities: (check all that apply)

- 5  
 -7  
 -17  
 -18  
 -X  
 -Y  
 +4  
 +8  
 +11  
 +13  
 +14  
 +21  
 +22  
 t(3;3)  
 t(6;9)  
 t(8;21)  
 t(9;11)  
 t(9;22)  
 t(15;17) and variants  
 t(16;16)  
 del(3q) / 3q-  
 del(5q) / 5q-  
 del(7q) / 7q-  
 del(9q) / 9q-  
 del(11q) / 11q-  
 del(16q) / 16q-  
 del(17q) / 17q-  
 del(20q) / 20q-  
 del(21q) / 21q-

inv(3)  
 inv(16)  
 (11q23) any abnormality  
 12p any abnormality  
 Other abnormality →

19. Specify other abnormality:  
 \_\_\_\_\_

20. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)  Yes  No

21. Were tests for molecular markers performed (e.g. PCR, NGS)? (at diagnosis)

- Yes →
- No
- Unknown

**Specify molecular markers identified at diagnosis:**

22. CEBPA

Positive →

Negative

Not done

23. Specify CEBPA mutation  
 Biallelic (homozygous)  
 Monoallelic (heterozygous)  
 Unknown

24. FLT3 – D835 point mutation  Positive  Negative  Not done

25. FLT3 – ITD mutation

Positive →

Negative

Not done

26. FLT3 – ITD allelic ratio  
 Known →

27. Specify FLT3 - ITD allelic ratio:  
 \_\_\_\_ . \_\_\_\_

Unknown

28. IDH1  Positive  Negative  Not done

29. IDH2  Positive  Negative  Not done

30. KIT  Positive  Negative  Not done

31. NPM1  Positive  Negative  Not done

32. Other molecular marker

Positive →

Negative →

Not done

33. Specify other molecular marker: \_\_\_\_\_

**Copy and complete questions 32-33 for multiple molecular markers.**

**Labs between diagnosis and last evaluation:**

34. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

- Yes →
- No
- Unknown

35. Were cytogenetics tested via FISH?

- Yes →
- No

36. Results of tests:

- Abnormalities identified →
- No abnormalities

**Specify cytogenetic abnormalities identified between diagnosis and last evaluation:**

37. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

38. Specify abnormalities (check all that apply)

- 5
- 7
- 17
- 18
- X
- Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)
- t(8;21)
- t(9;11)
- t(9;22)
- t(15;17) and variants
- t(16;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-

- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality →

39. Specify other abnormality:  
\_\_\_\_\_

40. Were cytogenetics tested via karyotyping?

- Yes →
- No

41. Results of tests:

- Abnormalities identified →
- No evaluable metaphases
- No abnormalities

**Specify cytogenetic abnormalities identified between diagnosis and last evaluation:**

42. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

43. Specify abnormalities (check all that apply)

- 5
- 7
- 17
- 18
- X
- Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)



	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;"></td><td style="width: 50%; border: 1px solid black; padding: 10px;"><ul style="list-style-type: none"><li><input type="checkbox"/> t(8;21)</li><li><input type="checkbox"/> t(9;11)</li><li><input type="checkbox"/> t(9;22)</li><li><input type="checkbox"/> t(15;17) and variants</li><li><input type="checkbox"/> t(16;16)</li><li><input type="checkbox"/> del(3q) / 3q-</li><li><input type="checkbox"/> del(5q) / 5q-</li><li><input type="checkbox"/> del(7q) / 7q-</li><li><input type="checkbox"/> del(9q) / 9q-</li><li><input type="checkbox"/> del(11q) / 11q-</li><li><input type="checkbox"/> del(16q) / 16q-</li><li><input type="checkbox"/> del(17q) / 17q-</li><li><input type="checkbox"/> del(20q) / 20q-</li><li><input type="checkbox"/> del(21q) / 21q-</li><li><input type="checkbox"/> inv(3)</li><li><input type="checkbox"/> inv(16)</li><li><input type="checkbox"/> (11q23) any abnormality</li><li><input type="checkbox"/> 12p any abnormality</li><li><input type="checkbox"/> Other abnormality →</li></ul></td></tr></table>		<ul style="list-style-type: none"><li><input type="checkbox"/> t(8;21)</li><li><input type="checkbox"/> t(9;11)</li><li><input type="checkbox"/> t(9;22)</li><li><input type="checkbox"/> t(15;17) and variants</li><li><input type="checkbox"/> t(16;16)</li><li><input type="checkbox"/> del(3q) / 3q-</li><li><input type="checkbox"/> del(5q) / 5q-</li><li><input type="checkbox"/> del(7q) / 7q-</li><li><input type="checkbox"/> del(9q) / 9q-</li><li><input type="checkbox"/> del(11q) / 11q-</li><li><input type="checkbox"/> del(16q) / 16q-</li><li><input type="checkbox"/> del(17q) / 17q-</li><li><input type="checkbox"/> del(20q) / 20q-</li><li><input type="checkbox"/> del(21q) / 21q-</li><li><input type="checkbox"/> inv(3)</li><li><input type="checkbox"/> inv(16)</li><li><input type="checkbox"/> (11q23) any abnormality</li><li><input type="checkbox"/> 12p any abnormality</li><li><input type="checkbox"/> Other abnormality →</li></ul>
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	<p>44. Specify other abnormality: _____</p>		

45. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)  Yes  No

46. Were tests for molecular markers performed (e.g. PCR, NGS)? (between diagnosis and last evaluation)

Yes →  
 No  
 Unknown

<b>Specify molecular markers identified between diagnosis and last evaluation:</b>	
47. CEBPA	
<input type="checkbox"/> Positive → <input type="checkbox"/> Negative <input type="checkbox"/> Not done	48. Specify CEBPA mutation <input type="checkbox"/> Biallelic (homozygous) <input type="checkbox"/> Monoallelic (heterozygous) <input type="checkbox"/> Unknown
49. FLT3 – D835 point mutation	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done
50. FLT3 – ITD mutation	
<input type="checkbox"/> Positive → <input type="checkbox"/> Negative <input type="checkbox"/> Not done	51. FLT3 – ITD allelic ratio <input type="checkbox"/> Known → <input type="checkbox"/> Unknown
	52. Specify FLT3 - ITD allelic ratio: ____ • ____
53. IDH1	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done
54. IDH2	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done

55. KIT	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not done
56. NPM1	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not done
57. Other molecular marker			
<input type="checkbox"/> Positive	→		
<input type="checkbox"/> Negative	→		
<input type="checkbox"/> Not done			

58. Specify other molecular marker: \_\_\_\_\_

**Copy and complete questions 57-58 to report multiple other molecular markers.**

**Labs at last evaluation:**

59. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)

- Yes →
- No
- Unknown

60. Were cytogenetics tested via FISH?

- Yes →
- No

61. Results of tests:

- Abnormalities identified →
- No abnormalities

**Specify cytogenetic abnormalities identified at last evaluation:**

62. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

63. Specify abnormalities (check all that apply)

- 5
- 7
- 17
- 18
- X
- Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)
- t(8;21)
- t(9;11)
- t(9;22)

- t(15;17) and variants
- t(16;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality →

64. Specify other abnormality:  
\_\_\_\_\_

65. Were cytogenetics tested via karyotyping?

- Yes →
- No

66. Results of tests:

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

**Specify cytogenetic abnormalities identified at last evaluation:**

67. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

68. Specify abnormalities (check all that apply)

- 5
- 7
- 17
- 18
- X
- Y
- +4

- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)
- t(8;21)
- t(9;11)
- t(9;22)
- t(15;17) and variants
- t(16;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality →

69. Specify other abnormality:  
\_\_\_\_\_

70. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)  Yes  No

71. Were tests for molecular markers performed (e.g. PCR, NGS)? (at last evaluation)

- Yes →
- No
- Unknown

**Specify molecular markers identified at last evaluation:**

72. CEBPA

- Positive →
- Negative
- Not done

73. Specify CEBPA mutation

- Biallelic (homozygous)
- Monoallelic (heterozygous)
- Unknown

74. FLT3 – D835 point mutation

- Positive
- Negative
- Not done

75. FLT3 – ITD mutation

- Positive →
- Negative
- Not done

76. FLT3 – ITD allelic ratio

- Known →
- Unknown

77. Specify FLT3 - ITD allelic ratio:  
 \_\_\_\_ • \_\_\_\_

78. IDH1

- Positive
- Negative
- Not done

79. IDH2

- Positive
- Negative
- Not done

80. KIT

- Positive
- Negative
- Not done

81. NPM1

- Positive
- Negative
- Not done

82. Other molecular marker

- Positive →
- Negative →
- Not done

83. Specify other molecular marker: \_\_\_\_\_

**Copy and complete questions 82-83 to report multiple other molecular markers.**

**CNS Leukemia**

84. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?

- Yes
- No
- Unknown

**Status at transplantation:**

85. What was the disease status (based on hematological test results)?

- Primary induction failure - **Go to question 89**
- 1st complete remission (no previous bone marrow or extramedullary relapse) (include CRi) - **Go to question 86** →
- 2nd complete remission - **Go to question 86** →
- ≥ 3rd complete remission - **Go to question 86** →
- 1st relapse - **Go to question 88** →
- 2nd relapse - **Go to question 88** →
- ≥ 3rd relapse - **Go to question 88** →
- No treatment - **Go to question 89**

86. How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi)

- 1
- 2
- ≥ 3

87. Was the recipient in remission by flow cytometry?

- Yes
- No
- Unknown
- Not applicable

88. Date of most recent relapse: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 YYYY MM DD

89. Date assessed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - **Go to signature line**  
 YYYY MM DD

**Acute Lymphoblastic Leukemia (ALL)**

90. Specify ALL classification:

**B-lymphoblastic leukemia / lymphoma**

- B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191)
- 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, BCR-ABL1-like (provisional entity) (94)
- B-lymphoblastic leukemia / lymphoma, with iAMP21 (provisional entity) (95)

**T-cell lymphoblastic leukemia / lymphoma**

- Early T-cell precursor lymphoblastic leukemia (provisional entity) (96)
- Natural killer (NK)- cell lymphoblastic leukemia / lymphoma (provisional entity) (97)

91. Did the recipient have a predisposing condition?

- Yes →
- No
- Unknown

92. Specify condition:

- Aplastic anemia – **Also complete CIBMTR Form 2028 — APL**
- Bloom syndrome
- Down syndrome
- Fanconi anemia – **Also complete CIBMTR Form 2029 — FAN**
- Other condition →

93. Specify other condition: \_\_\_\_\_

94. Were tyrosine kinase inhibitors given for therapy at any time prior to start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)

- Yes     No

**Laboratory studies at diagnosis:**95. Were cytogenetics tested (karyotyping or FISH)? **(at diagnosis)**

- Yes →
- No
- Unknown

96. Were cytogenetics tested via FISH? (at diagnosis)

- Yes →
- No

97. Results of tests: (at diagnosis)

- Abnormalities identified →
- No abnormalities

**Specify cytogenetic abnormalities identified:**

98. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

99. Specify abnormalities: (check all that apply)

- 7
- +4
- +8
- +17
- +21
- t(1;19)
- t(2;8)
- t(4;11)
- t(5;14)
- t(8;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)
- del(6q) / 6q-
- del(9p) / 9p-
- del(12p) / 12p-
- add(14q)
- (11q23) any abnormality
- 9p any abnormality
- 12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 45)
- iAMP21
- Other abnormality →

100. Specify other abnormality:  
\_\_\_\_\_

101. Were cytogenetics tested via karyotyping? (at diagnosis)

- Yes →
- No

102. Results of tests: (at diagnosis)

- Abnormalities identified →
- No evaluable metaphases
- No abnormalities

**Specify cytogenetic abnormalities identified:**

103. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

104. Specify abnormalities: (check all that apply)

- 7
- +4
- +8
- +17
- +21
- t(1;19)
- t(2;8)
- t(4;11)
- t(5;14)
- t(8;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)
- del(6q) / 6q-
- del(9p) / 9p-
- del(12p) / 12p-
- add(14q)
- (11q23) any abnormality
- 9p any abnormality
- 12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 45)
- iAMP21
- Other abnormality →

105. Specify other abnormality:  
\_\_\_\_\_

106. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

- Yes     No

107. Were tests for molecular markers performed (e.g. PCR, NGS)? (at diagnosis)

- Yes →  
 No  
 Unknown

**Specify molecular markers identified at diagnosis:**

108. BCR / ABL  Positive     Negative     Not done
109. TEL-AML / AML1  Positive     Negative     Not done
110. Other molecular marker  
 Positive →  
 Negative →  
 Not done

111. Specify other molecular marker: \_\_\_\_\_

**Copy and complete questions 110-111 for additional molecular markers**



**Laboratory studies between diagnosis and last evaluation:**

112. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

- Yes →
- No
- Unknown

113. Were cytogenetics tested via FISH? (between diagnosis and the last evaluation)

- Yes →
- No

114. Results of tests: (between diagnosis and the last evaluation)

- Abnormalities identified →
- No abnormalities

**Specify cytogenetic abnormalities identified:**

115. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

116. Specify abnormalities: (check all that apply)

- 7
- +4
- +8
- +17
- +21
- t(1;19)
- t(2;8)
- t(4;11)
- t(5;14)
- t(8;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)
- del(6q) / 6q-
- del(9p) / 9p-
- del(12p) / 12p-
- add(14q)
- (11q23) any abnormality
- 9p any abnormality
- 12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 45)
- iAMP21
- Other abnormality →

117. Specify other abnormality:

\_\_\_\_\_

118. Were cytogenetics tested via karyotyping? (between diagnosis and the last evaluation)

- Yes →  
 No

119. Results of tests: (between diagnosis and the last evaluation)

- Abnormalities identified →  
 No evaluable metaphases  
 No abnormalities

**Specify cytogenetic abnormalities identified:**

120. Specify number of distinct cytogenetic abnormalities:

- One (1)  
 Two (2)  
 Three (3)  
 Four or more (4 or more)

121. Specify abnormalities: (check all that apply)

- 7  
 +4  
 +8  
 +17  
 +21  
 t(1;19)  
 t(2;8)  
 t(4;11)  
 t(5;14)  
 t(8;14)  
 t(8;22)  
 t(9;22)  
 t(10;14)  
 t(11;14)  
 t(12;21)  
 del(6q) / 6q-  
 del(9p) / 9p-  
 del(12p) / 12p-  
 add(14q)  
 (11q23) any abnormality  
 9p any abnormality  
 12p any abnormality  
 Hyperdiploid (> 50)  
 Hypodiploid (< 45)  
 iAMP21  
 Other abnormality →

122. Specify other abnormality:  
 \_\_\_\_\_

123. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

- Yes  No

124. Were tests for molecular markers performed (e.g. PCR, NGS)? (between diagnosis and last evaluation)

- Yes →
- No
- Unknown

**Specify molecular markers identified between diagnosis and last evaluation:**

125. BCR / ABL  Positive  Negative  Not done

126. TEL-AML1 / AML1  Positive  Negative  Not done

127. Other molecular marker

- Positive →
- Negative →
- Not done

128. Specify other molecular marker: \_\_\_\_\_

**Copy and complete questions 127-128 for additional molecular markers**

**Laboratory studies at last evaluation:**

129. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)

- Yes →
- No
- Unknown

130. Were cytogenetics tested via FISH?

- Yes →
- No

131. Results of tests:

- Abnormalities identified →
- No abnormalities

**Specify cytogenetic abnormalities identified at last evaluation:**

132. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

133. Specify abnormalities: (check all that apply)

- 7
- +4
- +8
- +17
- +21
- t(1;19)
- t(2;8)
- t(4;11)
- t(5;14)
- t(8;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)
- del(6q) / 6q-
- del(9p) / 9p-

- del(12p) / 12p-
- add(14q)
- (11q23) any abnormality
- 9p any abnormality
- 12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 45)
- iAMP21
- Other abnormality →

134. Specify other abnormality:  
\_\_\_\_\_

135. Were cytogenetics tested via karyotyping? (at last evaluation)

- Yes →
- No

136. Results of tests:

- Abnormalities identified →
- No evaluable metaphases
- No abnormalities

**Specify cytogenetic abnormalities identified at last evaluation:**

137. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

138. Specify abnormalities: (check all that apply)

- 7
- +4
- +8
- +17
- +21
- t(1;19)
- t(2;8)
- t(4;11)
- t(5;14)
- t(8;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)

del(6q) / 6q-

del(9p) / 9p-

del(12p) / 12p-

add(14q)

(11q23) any abnormality

9p any abnormality

12p any abnormality

Hyperdiploid (> 50)

Hypodiploid (< 45)

iAMP21

Other abnormality → 139. Specify other abnormality:  
\_\_\_\_\_

140. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

Yes     No

141. Were tests for molecular markers performed (e.g. PCR, NGS)? (at last evaluation)

- Yes →
- No
- Unknown

**Specify molecular markers identified at last evaluation:**

142. BCR / ABL  Positive     Negative     Not done

143. TEL-AML / AML1  Positive     Negative     Not done

144. Other molecular marker

Positive → 145. Specify other molecular marker: \_\_\_\_\_

Negative →

Not done

**Copy and complete questions 144-145 for additional molecular markers**

**CNS Leukemia**

146. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?

- Yes     No     Unknown

**Status at transplantation:**

147. What was the disease status (based on hematological test results)?

- Primary induction failure - **Go to question 151**
- 1st complete remission (no previous marrow or extramedullary relapse) (include CRi) - **Go to question 148**
- 2nd complete remission - **Go to question 148**
- ≥ 3rd complete remission - **Go to question 148**
- 1st relapse - **Go to question 150**
- 2nd relapse - **Go to question 150**
- ≥ 3rd relapse - **Go to question 150**
- No treatment - **Go to question 151**

148. How many cycles of induction therapy were required to achieve 1st complete remission (includes CRi)?

1     2     ≥ 3

149. Was the recipient in remission by flow cytometry?

Yes     No     Unknown     Not applicable

150. Date of most recent relapse: \_\_\_ / \_\_\_ / \_\_\_  
                                YYYY        MM        DD

151. Date assessed: \_\_\_ / \_\_\_ / \_\_\_ - **Go to signature line**  
                                YYYY        MM        DD

**Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms**

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

- Blastic plasmacytoid dendritic cell neoplasm (296)
- Acute undifferentiated leukemia (31)
- Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1 (84)
- Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged (85)
- Mixed phenotype acute leukemia, B/myeloid, NOS (86)
- Mixed phenotype acute leukemia, T/myeloid, NOS (87)
- Other acute leukemia of ambiguous lineage or myeloid neoplasm (88) →

153. Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:

\_\_\_\_\_

**Status at transplantation:**

154. What was the disease status (based on hematological test results)?

- Primary induction failure
- 1st complete remission (no previous bone marrow or extramedullary relapse)
- 2nd complete remission
- ≥ 3rd complete remission
- 1st relapse
- 2nd relapse
- ≥ 3rd relapse
- No treatment

155. Date assessed: \_\_\_ / \_\_\_ / \_\_\_ - **Go to signature line**  
 YYYY MM DD

**Chronic Myelogenous Leukemia (CML)**

156. Was therapy given prior to this HCT?

- Yes →  
 No

- |                                                                               |                              |                             |
|-------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 157. Combination chemotherapy                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 158. Hydroxyurea (Droxia, Hydrea)                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 159. Tyrosine kinase inhibitor (e.g. imatinib mesylate, dasatinib, nilotinib) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 160. Interferon-α (Intron, Roferon) (includes PEG)                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 161. Other therapy                                                            |                              |                             |

- Yes →  
 No

162. Specify other therapy: \_\_\_\_\_

163. What was the disease status?

- Complete hematologic response (CHR) →  
 Chronic phase →

164. Specify level of response

- No cytogenetic response (No CyR)  
 Minimal cytogenetic response  
 Minor cytogenetic response  
 Partial cytogenetic response (PCyR)  
 Complete cytogenetic response (CCyR)  
 Major molecular remission (MMR)  
 Complete molecular remission (CMR)

- Accelerated phase →  
 Blast phase →

165. Number  1st  2nd  3rd or higher

166. Date assessed: \_\_\_/\_\_\_/\_\_\_ - **Go to signature line**  
 YYYY MM DD

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

167. 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 (CMML) (54)
- Juvenile myelomonocytic leukemia (JMML / JCML) (no evidence of Ph<sup>1</sup> or BCR / ABL) (36) - **Go to question 167**
- Atypical chronic myeloid leukemia, Ph- / bcr / abl- {CML, NOS} (45) - **Go to question 220**
- Atypical chronic myeloid leukemia, Ph- / bcr unknown {CML, NOS} (46) - **Go to question 220**
- Atypical chronic myeloid leukemia, Ph unknown / bcr- {CML, NOS} (48) - **Go to question 220**
- Atypical chronic myeloid leukemia, Ph unknown / bcr unknown {CML, NOS} (49) - **Go to question 220**
- Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69)

168. Was the disease (MDS / MPN) therapy related?  Yes  No  Unknown

169. Did the recipient have a predisposing condition?

- Yes →
- No
- Unknown

170. Specify condition

- Aplastic anemia
- Bloom syndrome
- Down syndrome
- Fanconi anemia
- Other condition →

171. Specify other condition:: \_\_\_\_\_

**Laboratory Studies at Diagnosis of MDS:**

172. WBC

- Known →
- Unknown

173. \_\_\_\_\_ • \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  x 10<sup>6</sup>/L

174. Hemoglobin

- Known →
- Unknown

175. \_\_\_\_\_ • \_\_\_\_\_  g/dL  g/L  mmol/L

176. Was RBC transfused ≤ 30 days before date of test?  Yes  No



177. Platelets  
 Known →  
 Unknown

178. \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  x 10<sup>6</sup>/L

179. Were platelets transfused ≤ 7 days before date of test?  Yes  No

180. Neutrophils  
 Known →  
 Unknown

181. \_\_\_\_\_%

182. Blasts in bone marrow  
 Known →  
 Unknown

183. \_\_\_\_\_%

184. Were cytogenetics tested (karyotyping or FISH)?  
 Yes →  
 No  
 Unknown

185. Results of tests:  
 Abnormalities identified  
 No evaluable metaphases  
 No abnormalities

**Specify abnormalities identified at diagnosis:**

186. Specify number of distinct cytogenetic abnormalities:  
 One (1)  
 Two (2)  
 Three (3)  
 Four or more (4 or more)

**Monosomy**

187. -5  Yes  No  
 188. -7  Yes  No  
 189. -13  Yes  No  
 190. -20  Yes  No  
 191. -Y  Yes  No

**Trisomy**

192. +8  Yes  No  
 193. +19  Yes  No

**Translocation**

194. t(1;3)  Yes  No  
 195. t(2;11)  Yes  No  
 196. t(3;3)  Yes  No  
 197. t(3;21)  Yes  No  
 198. t(6;9)  Yes  No  
 199. t(11;16)  Yes  No

**Deletion**

200. del(3q) / 3q-  Yes  No  
 201. del(5q) / 5q-  Yes  No

202. del(7q) / 7q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
203. del(9q) / 9q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
204. del(11q) / 11q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
205. del(12p) / 12p-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
206. del(13q) / 13q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
207. del(20q) / 20q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Inversion</b>		
208. inv(3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other</b>		
209. i17q	<input type="checkbox"/> Yes	<input type="checkbox"/> No
210. Other abnormality	<input type="checkbox"/> Yes → <input type="checkbox"/> No	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           211. Specify other abnormality: _____         </div>		

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

- Yes →
- No

**213. Specify the MDS / MPN subtype after transformation:**

- Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51) - **Go to question 214**
- Refractory anemia with ringed sideroblasts (RARS) (55) - **Go to question 214**
- Refractory anemia with excess blasts-1 (RAEB-1) (61) - **Go to question 214**
- Refractory anemia with excess blasts-2 (RAEB-2) (62) - **Go to question 214**
- Refractory cytopenia with multilineage dysplasia (RCMD) (64) - **Go to question 214**
- Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68) - **Go to question 214**
- Myelodysplastic syndrome with isolated del(5q) (5q- syndrome) (66) - **Go to question 214**
- Myelodysplastic syndrome (MDS), unclassifiable (50) - **Go to question 214**
- Chronic neutrophilic leukemia (165) - **Go to question 214**
- Chronic eosinophilic leukemia, NOS (166) - **Go to question 214**
- Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58) - **Go to question 214**
- Polycythemia vera (PCV) (57) - **Go to question 214**
- Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis / sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167) - **Go to question 214**
- Myeloproliferative neoplasm (MPN), unclassifiable (60) - **Go to question 214**
- Chronic myelomonocytic leukemia (CMML) (54) - **Go to question 214**
- Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69) - **Go to question 214**
- Transformed to AML (70) - **Go to question 215**

214. Specify the date of the most recent transformation:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ - **Go to question 216**  
 YYYYY      MM      DD

215. Date of MDS diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - **Go to signature line**  
 YYYYY      MM      DD

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

216. WBC

- Known →
- Unknown

217. \_\_\_\_\_ • \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  x 10<sup>6</sup>/L

218. Hemoglobin

- Known →
- Unknown

219. \_\_\_\_\_ • \_\_\_\_\_  g/dL  g/L  mmol/L  
 220. Was RBC transfused ≤ 30 days before date of test?  Yes  No

221. Platelets

- Known →
- Unknown

222. \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  x 10<sup>6</sup>/L  
 223. Were platelets transfused ≤ 7 days before date of test?  Yes  No

224. Neutrophils

- Known →
- Unknown

225. \_\_\_\_\_%

226. Blasts in bone marrow

- Known →
- Unknown

227. \_\_\_\_\_%

228. Were cytogenetics tested (karyotyping or FISH)?

- Yes →
- No
- Unknown

229. Results of tests:

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

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

230. Specify number of distinct cytogenetic abnormalities:

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

**Monosomy**

231. -5  Yes  No

232. -7  Yes  No

233. -13  Yes  No

234. -20  Yes  No

235. -Y  Yes  No

**Trisomy**

236. +8  Yes  No

237. +19	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Translocation</b>		
238. t(1;3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
239. t(2;11)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
240. t(3;3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
241. t(3;21)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
242. t(6;9)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
243. t(11;16)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Deletion</b>		
244. del(3q) / 3q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
245. del(5q) / 5q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
246. del(7q) / 7q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
247. del(9q) / 9q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
248. del(11q) / 11q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
249. del(12p) / 12p-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
250. del(13q) / 13q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
251. del(20q) / 20q-	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Inversion</b>		
252. inv(3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other</b>		
253. i17q	<input type="checkbox"/> Yes	<input type="checkbox"/> No
254. Other abnormality	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes →	255. Specify other abnormality: _____	
<input type="checkbox"/> No		

**Status at Transplantation:**

256. What was the disease status?

- Complete remission (CR) – requires all of the following, maintained for  $\geq 4$  weeks: \* bone marrow evaluation:  $< 5\%$  myeloblasts with normal maturation of all cell lines \* peripheral blood evaluation: hemoglobin  $\geq 11$  g/dL untransfused and without erythropoietin support; ANC  $\geq 1000/\text{mm}^3$  without myeloid growth factor support; platelets  $\geq 100 \times 10^9/\text{L}$  without thrombopoietic support; 0% blasts - Go to question 260
- Hematologic improvement (HI) – requires one measurement of the following, maintained for  $\geq 8$  weeks without ongoing cytotoxic therapy; specify which cell line was measured to determine HI response: \* HI-E – hemoglobin increase of  $\geq 1.5$  g/dL untransfused; for RBC transfusions performed for Hgb  $\leq 9.0$ , reduction in RBC units transfused in 8 weeks by  $\geq 4$  units compared to the pre-treatment transfusion number in 8 weeks \* HI-P – for pre-treatment platelet count of  $> 20 \times 10^9/\text{L}$ , platelet absolute increase of  $\geq 30 \times 10^9/\text{L}$ ; for pre-treatment platelet count of  $< 20 \times 10^9/\text{L}$ , platelet absolute increase of  $\geq 20 \times 10^9/\text{L}$  and  $\geq 100\%$  from pre-treatment level \* HI-N – neutrophil count increase of  $\geq 100\%$  from pre-treatment level and an absolute increase of  $\geq 500/\text{mm}^3$  - Go to question 257
- No response (NR)/stable disease (SD) – does not meet the criteria for at least HI, but no evidence of disease progression - Go to question 260
- 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.): \*  $\geq 50\%$  reduction from maximum response levels in granulocytes or platelets \* reduction in hemoglobin by  $\geq 1.5$  g/dL \*transfusion dependence - Go to question 258
- Relapse from complete remission (Rel from CR) – requires at least one of the following: \* return to pre-treatment bone marrow blast percentage \* decrease of  $\geq 50\%$  from maximum response levels in granulocytes or platelets \* transfusion dependence, or hemoglobin level  $\geq 1.5$  g/dL lower than prior to therapy - Go to question 259
- Not assessed - Go to signature line

257. Specify the cell line examined to determine HI status

- HI-E – hemoglobin increase of  $\geq 1.5$  g/dL untransfused; for RBC transfusions performed for Hgb  $\leq 9.0$ , reduction in RBC units transfused in 8 weeks by  $\geq 4$  units compared to the pre-treatment transfusion number in 8 weeks - *Go to question 215*
- HI-P – for pre-treatment platelet count of  $> 20 \times 10^9/L$ , platelet absolute increase of  $\geq 30 \times 10^9/L$ ; for pre-treatment platelet count of  $< 20 \times 10^9/L$ , platelet absolute increase of  $\geq 20 \times 10^9/L$  and  $\geq 100\%$  from pre-treatment level - *Go to question 215*
- HI-N – neutrophil count increase of  $\geq 100\%$  from pre-treatment level and an absolute increase of  $\geq 500/mm^3$  - *Go to question 215*

258. Date of progression: \_\_\_\_/\_\_\_\_/\_\_\_\_ - *Go to question 260*  
                                  YYYY          MM          DD

259. Date of relapse: \_\_\_\_/\_\_\_\_/\_\_\_\_ - *Go to question 260*  
                                  YYYY          MM          DD

260. Date assessed: \_\_\_\_/\_\_\_\_/\_\_\_\_ - *Go to signature line*  
                                  YYYY          MM          DD

**Other Leukemia (OL)**

261. Specify the other leukemia classification:

- Chronic lymphocytic leukemia (CLL), NOS (34) - **Go to question 263**
- Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71) - **Go to question 263**
- Hairy cell leukemia (35) - **Go to question 266**
- Hairy cell leukemia variant (75) - **Go to question 266**
- Monoclonal B-cell lymphocytosis (76) - **Go to signature line**
- Polymphocytic leukemia (PLL), NOS (37) - **Go to question 263**
- PLL, B-cell (73) - **Go to question 263**
- PLL, T-cell (74) - **Go to question 263**
- Other leukemia, NOS (30) - **Go to question 265**
- Other leukemia (39) - **Go to question 262**

262. Specify other leukemia: \_\_\_\_\_ - **Go to question 265**

263. Was any 17p abnormality detected?

- Yes - **If disease classification is CLL, go to question 264. If PLL, go to question 266.**
- No

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

- Yes - **Go to question 271 – Also complete NHL Disease Classification questions**
- No - **Go to question 266**

**Status at transplantation:**

265. What was the disease status? (Atypical CML)

- Primary induction failure - **Go to question 267**
- 1<sup>st</sup> complete remission (no previous bone marrow or extramedullary relapse) - **Go to question 267**
- 2<sup>nd</sup> complete remission - **Go to question 267**
- ≥ 3<sup>rd</sup> complete remission - **Go to question 267**
- 1<sup>st</sup> relapse - **Go to question 267**
- 2<sup>nd</sup> relapse - **Go to question 267**
- ≥ 3<sup>rd</sup> relapse - **Go to question 267**
- No treatment - **Go to signature line**

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

- Complete remission (CR) - **Go to question 267**
- Partial remission (PR) - **Go to question 267**
- Stable disease (SD) - **Go to question 267**
- Progressive disease (Prog) - **Go to question 267**
- Untreated - **Go to question 267**
- Not assessed - **Go to signature line**

267. Date assessed: \_\_\_/\_\_\_/\_\_\_ - **Go to signature line**  
 YYYY MM DD

**Hodgkin Lymphoma****268. 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:****269. 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 - 1<sup>st</sup> complete remission: no bone marrow or extramedullary relapse prior to transplant
- CR2 - 2<sup>nd</sup> complete remission
- CR3+ - 3<sup>rd</sup> or subsequent complete remission
- REL1 unt - 1<sup>st</sup> relapse – untreated; includes either bone marrow or extramedullary relapse
- REL1 res - 1<sup>st</sup> relapse – resistant: stable or progressive disease with treatment
- REL1 sen - 1<sup>st</sup> relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)
- REL1 unk - 1<sup>st</sup> relapse – sensitivity unknown
- REL2 unt - 2<sup>nd</sup> relapse – untreated: includes either bone marrow or extramedullary relapse
- REL2 res - 2<sup>nd</sup> relapse – resistant: stable or progressive disease with treatment
- REL2 sen - 2<sup>nd</sup> relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
- REL2 unk - 2<sup>nd</sup> relapse – sensitivity unknown
- REL3+ unt - 3<sup>rd</sup> or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse
- REL3+ res - 3<sup>rd</sup> or subsequent relapse – resistant: stable or progressive disease with treatment
- REL3+ sen - 3<sup>rd</sup> or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
- REL3+ unk - 3<sup>rd</sup> relapse or greater – sensitivity unknown

**270. Date assessed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - Go to signature line**

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**Non-Hodgkin Lymphoma****271. 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 ( $\pm$  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 227**
- 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)  $\longrightarrow$

272. Specify other lymphoma: \_\_\_\_\_

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

- Yes - **Go to question 275 – Also complete CLL Disease Classification questions**
- No  $\longrightarrow$

274. 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:****275. 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

276. Date assessed: \_\_\_ / \_\_\_ / \_\_\_ - **Go to signature line**  
                           YYYY      MM      DD

**Multiple Myeloma / Plasma Cell Disorder (PCD)**

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

- Multiple myeloma-IgG (181) - **Go to questions 279**
- Multiple myeloma-IgA (182) - **Go to questions 279**
- Multiple myeloma-IgD (183) - **Go to questions 279**
- Multiple myeloma-IgE (184) - **Go to questions 279**
- Multiple myeloma-IgM (not Waldenstrom macroglobulinemia) (185) - **Go to questions 279**
- Multiple myeloma-light chain only (186) - **Go to questions 279**
- Multiple myeloma-non-secretory (187) - **Go to questions 280**
- Plasma cell leukemia (172) - **Go to question 285**
- Solitary plasmacytoma (no evidence of myeloma) (175) - **Go to question 285**
- Amyloidosis (174) - **Go to question 285**
- Osteosclerotic myeloma / POEMS syndrome (176) - **Go to question 285**
- Light chain deposition disease (177) - **Go to question 285**
- Other plasma cell disorder (179) - **Go to question 278**

278. Specify other plasma cell disorder: \_\_\_\_\_  
- **Go to question 285**279. Light chain  kappa  lambda

280. 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 281**
- Stage II (Fitting neither Stage I or Stage III) - **Go to questions 281**
- 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 281**
- Unknown - **Go to questions 282**

281. 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.:**282. Serum  $\beta_2$ -microglobulin: \_\_\_\_\_ • \_\_\_\_\_   $\mu\text{g/dL}$   mg/L  nmol/L283. Serum albumin: \_\_\_\_\_ • \_\_\_\_\_  g/dL  g/L

284. Stage

- 1 ( $\beta_2$ -mic < 3.5, S. albumin > 3.5)
- 2 (Not fitting stage 1 or 3)
- 3 ( $\beta_2$ -mic ≥ 5.5; S. albumin -)

285. Were cytogenetics tested (karyotyping or FISH)?

- Yes →
- No
- Unknown

286. Results of tests:

- Abnormalities identified →
- No evaluable metaphases
- No abnormalities

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

**Trisomy**

- 287. +3  Yes  No
- 288. +5  Yes  No
- 289. +7  Yes  No
- 290. +9  Yes  No
- 291. +11  Yes  No
- 292. +15  Yes  No
- 293. +19  Yes  No

**Translocation**

- 294. t(4;14)  Yes  No
- 295. t(6;14)  Yes  No
- 296. t(11;14)  Yes  No
- 297. t(14;16)  Yes  No
- 298. t(14;20)  Yes  No

**Deletion**

- 299. del(13q) / 13q-  Yes  No
- 300. del 17 / 17p-  Yes  No

**Other**

- 301. Hyperdiploid (>50)  Yes  No
- 302. Hypodiploid (<46)  Yes  No
- 303. Any abnormality at 1q  Yes  No
- 304. Any abnormality at 1p  Yes  No
- 305. Other abnormality

- Yes →
- No

306. Specify other abnormality: \_\_\_\_\_

**Status at transplantation:**

307. 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  $\kappa/\lambda$  ratio. An abnormal  $\kappa/\lambda$  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  $\kappa/\lambda$  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. - Go to questions 308**
- 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. - Go to questions 308**
- Near complete remission (nCR) – **serum and 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. - Go to questions 308**
- Very good partial remission (VGPR) – **serum and urine M-protein detectable by immunofixation but not on electrophoresis, or  $\geq 90\%$  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. - Go to questions 308**
- Partial remission (PR) –  **$\geq 50\%$  reduction in serum M-protein, and reduction in 24-hour urinary M-protein by  $\geq 90\%$  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  $\geq 1$  g/dL. Urine M-protein  $\geq 200$  mg/24 hours • serum free light chain assay shows involved level  $\geq 10$  mg/dL, provided serum free light chain ratio is abnormal), a  $\geq 50\%$  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  $\geq 50\%$  reduction in plasma cells is required in place of M-protein, provided the baseline bone marrow plasma cell percentage was  $\geq 30\%$ . In addition to the above listed criteria, a  $\geq 50\%$  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. - Go to questions 308**
- 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. - Go to questions 308**
- Progressive disease (PD) – **requires any one or more of the following: Increase of  $\geq 25\%$  from baseline in: serum M-component and/or (absolute increase  $\geq 0.5$  g/dL) (for progressive disease, serum M-component increases of  $\geq 1$  g/dL are sufficient to define relapse if the starting M-component is  $\geq 5$  g/dL). Urine M-component and/or (absolute increase  $\geq 200$  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  $\geq 10\%$ ) (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. - Go to questions 308**
- 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  $\geq 5\%$  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. - Go to questions 308**
- Unknown - **signature line**
- Not applicable – **(Amyloidosis with no evidence of myeloma) - Go to signature line**

308. Date assessed: \_\_\_ / \_\_\_ / \_\_\_ - **Go to signature line**  
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**Solid Tumors**

309. 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, extrasosseous (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) →  
 Solid tumor, not otherwise specified (200)

310. Specify other solid tumor: \_\_\_\_\_

**- Go to signature line**

**Severe Aplastic Anemia**

311. 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 signature line**

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

**Inherited Abnormalities of Erythrocyte Differentiation or Function**

313. 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) →
- 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) →

314. Specify other constitutional anemia: \_\_\_\_\_

315. Specify other hemoglobinopathy: \_\_\_\_\_

**- Go to signature line**

### Disorders of the Immune System

#### 316. 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) →
- 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) →
- 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)

317. Specify other SCID: \_\_\_\_\_

318. Specify other immunodeficiency: \_\_\_\_\_

**- Go to signature line**



**Inherited Abnormalities of Platelets**

319. Specify inherited abnormalities of platelets classification

- Congenital amegakaryocytosis / congenital thrombocytopenia (501)
- Glanzmann thrombasthenia (502)
- Other inherited platelet abnormality (509) →

**- Go to signature line**

320. Specify other inherited platelet abnormality: _____
----------------------------------------------------------

**Inherited Disorders of Metabolism**

321. 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)  
  $\beta$ -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)  $\longrightarrow$   
 Inherited metabolic disorder, not otherwise specified (520)

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

**- Go to signature line**

**Histiocytic disorders**

323. 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) →
- Histiocytic disorder, not otherwise specified (570)

324. Specify other histiocytic disorder: \_\_\_\_\_

**- Go to signature line**

**Autoimmune Diseases**

## 325. 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) →
- Other arthritis (633) →

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

327. Specify other arthritis: \_\_\_\_\_

**Multiple sclerosis**

- Multiple sclerosis (602)

**Connective tissue diseases**

- Systemic sclerosis (scleroderma) (607)
- Systemic lupus erythematosus (SLE) (605)
- Sjögren syndrome (608)
- Polymyositis/dermatomyositis (606)
- Antiphospholipid syndrome (614)
- Other connective tissue disease (634) →

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

**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) →

329. Specify other vasculitis: \_\_\_\_\_

**Other neurological autoimmune diseases**

- Myasthenia gravis (601)
- Other autoimmune neurological disorder (644) →

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

**Hematological autoimmune diseases**

- Idiopathic thrombocytopenic purpura (ITP) (645)
- Hemolytic anemia (646)
- Evan syndrome (647)
- Other autoimmune cytopenia (648) →

331. Specify other autoimmune cytopenia: \_\_\_\_\_

**Bowel diseases**

- Crohn's disease (649)
- Ulcerative colitis (650)
- Other autoimmune bowel disorder (651) →

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

**- Go to signature line**

**Other Disease**

333. Specify other disease: \_\_\_\_\_

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

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
      YYYY   MM   DD