

Pre-Transplant Essential Data: Disease Classification

CIBMTR Use Only	OMB No: 0915-0310 Expiration Date: 1/31/2020	
Sequence Number:	F *** ***	
Date Received:	Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0310. Public reporting burden for this collection of information is estimated to average 0.85 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857. Expiration date:	
CIBMTR Center Number:		
CIBMTR Research ID:		
Event date:		
HCT type: (check all that apply)		
	<u></u>	
⊟-Allogeneic, related		
Product type: (check all that apply)		
⊕ Bone marrow		
II PBSC		
☐-Single cord blood unit		
☐ Multiple cord blood units		
- Other product		
Specify:		

CIBMTR Center Number: CIBMTR Research ID:			
Prim	ary Disease for HCT		
1.	Date of diagnosis of primary disease for HCT:		
2.	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 85		
	\square Acute leukemia of ambiguous lineage and other myeloid neoplasms (80) - Go to question 146		
	☐ Chronic myelogenous leukemia (CML) (40) - Go to question 150		
	☐ 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 161		
	☐ Other leukemia (30) (includes CLL) - Go to question 255		
	☐ Hodgkin lymphoma (150) - Go to question 262		
	☐ Non-Hodgkin lymphoma (100) - Go to question 265		
	☐ Multiple myeloma / plasma cell disorder (PCD) (170) - Go to question 271		
	☐ Solid tumors (200) - Go to question 303		
	□ Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) - Go to question 305		
	☐ Inherited abnormalities of erythrocyte differentiation or function (310) - Go to question 307		
	☐ Disorders of the immune system (400) - Go to question 310		
	☐ Inherited abnormalities of platelets (500) - Go to question 313		
	☐ Inherited disorders of metabolism (520) - Go to question 315		
	☐ Histiocytic disorders (570) - Go to question 317		
	☐ Autoimmune diseases (600) - Go to question 319		
	☐ Other disease (900) - Go to question 327		
Acut	e 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)		
CIBM	☐ AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7) IR Form 2402 revision 24 (page 2 of 77) Draft 37/236/20176		

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CIBMTR Center	er Number: CIBMTR Research ID:	
	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) (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)) (2	284)
	AML with myelodysplasia – related changes (285)	
	Therapy related AML (t-AML) (9)	
AN	ML, 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) (29	1)
	Acute megakaryoblastic leukemia (292)	
	Acute basophilic leukemia (293)	
	☐ Acute panmyelosis with myelofibrosis (294)	
	☐ Myeloid sarcoma (295)	
	Myeloid leukemia associated with Down syndrome (299)	
<u>3.4.</u> Did A	AML transform from MDS or MPN?	
	Yes – Also complete MDS Disease Classification questions	
] No	
4.5 le the	ne disease (AML) therapy related?	
	Yes	
	1 No	
] Unknown	
L		
5.<u>6.</u>Did th	the recipient have a predisposing condition?	
	Yes - Go to question 7	
	No - Go to question 9 2 revision <u>2</u> 4 (page 3 of 77) Draft <u>3</u> 2/ <u>23</u> 6/201 <u>7</u> 6	

CIBMTR Center Number:	CIBMTR Research ID:
☐ Unknown - Go to question 9	
6-7. Specify condition:	
☐ Bloom syndrome - <i>Go to</i>	question 9
☐ Down syndrome - Go to	question 9
☐ Fanconi anemia - Go to	question 9
□ Neurofibromatosis type 1	Dyskeratosis congenita - Go to question 9
☐ Other condition - Go to	question 8
7.8. Specify other condition.	:

CIBMTR Center Number:	CIBMTR Research ID:			
Labs at diagnosis				
9. Were cytogenetics to	ested (karyotyping or FISH)? (at diagnosis)			
☐ Yes - Go to qu	uestion 10			
□ No - Go to qu	estion 20			
☐ Unknown - Go	to question 20			
10. Were cytog	enetics tested via FISH?			
	o to question 11			
No - Go	to question 15			
<u>11. Res</u>	sults of tests:			
	Abnormalities identified – Go to question 12			
	No abnormalities - Go to question 15			
Speci	ify cytogenetic abnormalities identified at diagnosis.			Commented [EL1]: 1.Add some additional instructions
				around how to answer these for patients that had a prior fanconi, and give examples.
<u>12.</u>	Specify number of distinct cytogenetic abnormalities	l		Commented [EL2]: 2.Same format as 2400 Q499
	□ One (1)		`\	4.Check to see what validations can be done.
	□ Two (2)			Commented [EL3]: 5.For FA patients, clonal abnormalities come and go. May have gotten several bone
	☐ Three (3)			marrow biopsies. Do we really want every abnormality
	☐ Four or more (4 or more)			detected to be reported here? 6.
40	0 7 1 17 7 1 1 1 1 1 1 1 1			7.For this question – we're looking to get abnormalities detected since the transformation to AML.
<u>13.</u>	Specify abnormalities (check all that apply)			With how it's worded, we may be capturing more than
	<u></u>			needed for patients with a previous fanconi.
	<u> </u>			
	<u>17</u>			
_	<u>□ -18</u>			
_	<u>□-X</u>			
_	<u>□-Y</u>			
_	<u>+4</u>			
	<u>□ +8</u>			
	□ +11			
_	□ +13			
	<u>□ +14</u>			
	<u>□ +21</u>			
	<u> +22</u>			
	□ t(3;3)			
OIDLITE E AMO	□ t(6:9)			
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<u>□ t(8;21)</u>		
□ 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 - Go to question 14		
14. Specify other abnormality:		
15. Were cyteogenetics tested via karyotyping?		
Yes − Go to question 16		
□ No - Go to question 20		
16. Results of tests:	/ aro	mmented [EL4]: 10.Add some additional instructions und how to answer these for patients that had a prior coni, and give examples.
☐ Abnormalities identified – Go to question 17	Co	mmented [EL5]: 11.Same format as 2400 Q499
No evaluable metaphases - Go to question 20	/ / 12. 13.	Check to see what validations can be done.
□ No abnormalities - Go to question 20	Co	mmented [EL6]: 14.For FA patients, clonal normalities come and go. May have gotten several bone
Specify cytogenetic abnormalities identified at diagnosis	/ / / ma	rrow biopsies. Do we really want every abnormality ected to be reported here?
17. Specify number of distinct cytogenetic abnormalities:	// 16.	For this question – we're looking to get abnormalities ected since the transformation to AML.
One (1)	18.	With how it's worded, we may be capturing more than ded for patients with a previous fanconi.
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CIBMTR Center Number: _	CIBMTR Research ID:
	☐ Two (2)
_	☐ Three (3)
	☐ Four or more (4 or more)
	18. Specify abnormalities: (check all that apply)
	<u> </u>
	<u> </u>
	<u></u>
	<u>+14</u>
	<u>□ +21</u>
	<u> </u>
	<u>t(3;3)</u>
	<u>t(6;9)</u>
	<u>□ t(8;21)</u>
	<u>□ t(9;11)</u>
	□ t(9;22)
	☐ t(15:17) and variants
	<u>□ t(16;16)</u>
	☐ 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

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CIBMTR Center Number:	CIBMTR Research ID:
	☐ 12p any abnormality
	☐ Other abnormality - Go to question 19
	19. Specify other abnormality:
20. Were tests for molecu	lar markers performed (e.g. PCR, NGS)? (at diagnosis)
☐ Yes – Go to quest	<u>ion</u> 21
□ No – Go to question	<u>on</u> 31
☐ Unknown – Go to d	question 31
Specify molecular m	arkers identified at diagnosis:
21. CEBPA	
□ Positive – G e	o to question 22
Negative - G	o to question 23
Not done - G	to to question 23
22. Specify	CEBPA mutation
Bialle	lic (homozygous)
Mono	allelic (heterozygous)
Unkn	<u>own</u>
23. FLT3 – D835 po	pint mutation
□ Positive	
Negative	
□ Not done	
24. FLT3 – ITD mut	ation
Positive □	auon
□ Negative	
□ Not done	
<u>25. IDH1</u>	
□ Positive	
□ Negative □ Not done	
INOL GOLLE	
26. IDH2	
Positive	
☐ Negative CIBMTR Form 2402 revision 24 (page 8 of 77) Draft <u>37/236</u> /201 <u>7</u> 6

CIBMTR Center N	umber: CIBMTR Research ID:
	□ Not done
<u>27.</u>	<u>KIT</u>
	□ Positive
	□ Negative
	□ Not done
<u>28.</u>	NPM1
	□ Positive
	□ Negative
	□ Not done
20	Other molecular marker
<u>23.</u>	□ Positive- Go to question 30
	□ Negative- Go to question 30
	□ Not done- Go to question 31
	<u> </u>
	30. Specify other molecular marker:
0	and associate marking 00 00 for multiple males also markets
Сору	and complete questions 29-30 for multiple molecular markers
Labs at last	evaluation prior to the start of the preparative regimen
31 Wor	e cytogenetics tested (karyotyping or FISH)? (at last evaluation)
·	es - Go to question 32
·	o - Go to question 42
·	Inknown - Go to question 42
	THINIOWIT CO to question 72
<u>32.</u>	Were cyteogenetics tested via FISH?
	☐ Yes – Go to question 33
	□ No - Go to question 37
	33. Results of tests:
	☐ Abnormalities identified – Go to question 34
	□ No abnormalities - <i>Go to question 37</i>
	Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:
	34. Specify number of distinct cytogenetic abnormalities:
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CIBMTR Center Number: _	CIBMTR Research ID:
	□ Two (2)
<u>-</u>	☐ Three (3)
	☐ Four or more (4 or more)
	35. Specify abnormalities (check all that apply)
	<u>+4</u>
	<u> +8</u>
	<u>+11</u>
	<u>+13</u>
	<u>□ +14</u>
	<u>□ +21</u>
	<u>□ +22</u>
	□ 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(46)
	□ inv(16)

☐ (11q23) any abnormality

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CIBMTR Center Number	er: CIBMTR Research ID:
	☐ 12p any abnormality
	☐ Other abnormality - Go to question 36
	36.Specify other abnormality:
<u>37. We</u>	ere cyteogenetics tested via karyotyping?
	Yes – Go to question 38
	No - Go to question 42
<u>38.</u>	Results of tests:
	☐ Abnormalities identified – Go to question 39
	☐ No evaluable metaphases - Go to question 42
	☐ No abnormalities - Go to question 42
	Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:
	39. Specify number of distinct cytogenetic abnormalities:
	One (1)
	□ Two (2)
	☐ Three (3)
	☐ Four or more (4 or more)
	40. Specify abnormalities (check all that apply)
	<u> </u>
	<u> </u>
	+4
	<u> +8</u>
	<u> </u>
	<u> +13</u>
	<u>□ +14</u>
	<u>□ +21</u>
	<u>□ +22</u>
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CIBMTR Center Number	er: CIBMTR Research ID:
	□ 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 - Go to question 41
	41.Specify other abnormality:
·	ts for molecular markers performed (e.g. PCR)? (at last evaluation)
	Go to question 43
	Go to question 55
⊔ Unkno	wn – Go to question 55
Specify r	nolecular markers identified at any time prior to the start of the preparative regimen:
43. CE	<u>BPA</u>
	Positive – Go to question 44
	Negative - Go to question 45
	Not done - Go to question 45
44	Specify CEBPA mutation
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CIBMTR Center Nu	ımber: CIBMTR Research ID:	
	☐ Biallelic (homozygous)	
	☐ Monoallelic (heterozygous)	
	□ Unknown	
<u>45.</u>	FLT3 – D835 point mutation	
	□ Positive	
	□ Negative	
	□ Not done	
<u>46.</u>	FLT3 – ITD mutation	
	□ Positive - Go to question 47	
	□ Negative - Go to question 49	
	□ Not done - Go to question 49	
	47. FLT3 – ITD allelic ratio	
	☐ Known - Go to question 48	
	☐ Unknown - Go to question 49	
	48. Specify FLT3 - ITD allelic ratio:	Commented [EL7]: 19.0.3-0.7
49.	IDH1	
	□ Positive	
	□ Negative	
	□ Not done	
<u>50.</u>	IDH2	
	□ Positive	
	□ Negative	
	□ Not done	
<u>51.</u>	<u>KIT</u>	
	Positive	
	□ Negative	
	□ Not done	
52.	NPM1	
<u> </u>	□ Positive	
	□ Negative	
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CIBMTR Center Number:	CIBMTR Research ID:
No	ot done
53. Other	molecular marker
Po	sitive- Go to question 54
Ne	egative- Go to question 54
No	ot done- Go to question 55
<u>54.</u>	Specify other molecular marker:
Сору	and complete questions 53-54 to report multiple other molecular markers
Labs between diag	nosis and last evaluation prior to the start of the preparative regimen
55. Were cytoge	enetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)
☐ Yes - Go	to question 56
□ No - Go i	to question 66
☐ Unknown	n - Go to question 66
<u>56. Were</u>	cytogenetics tested via FISH?
□ Ye	s – Go to question 57
□ No	o - Go to question 61
<u>57.</u>	Results of tests:
- <u></u>	☐ Abnormalities identified – Go to question 58
	☐ No abnormalities - Go to question 61
	Specify cytogenetic abnormalities identified between diagnosis and last evaluation:
	58. Specify number of distinct cytogenetic abnormalities:
	One (1)
	□ Two (2)
	Three (3)
	☐ Four or more (4 or more)
	59. Specify abnormalities (check all that apply)
	<u> </u>
	<u>-18</u>

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CIBMTR Center Number:	CIBMTR Research ID:
_	□ -Y
	□ +4
_	<u>+8</u>
_	<u> +11</u>
_	□ +1 <u>3</u>
	<u>□ +14</u>
	<u> </u>
	<u> </u>
	□ 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 - Go to question 60
	60. Specify other abnormality:
61. Were cy	teogenetics tested via karyotyping?
Yes -	Go to question 62
No - 0	Go to question 66
<u>62.</u> F	Results of tests:
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CIBMTR Center Number:	CIBMTR Research ID:
	☐ No evaluable metaphases - Go to question 66
	□ No abnormalities - Go to question 66
	Specify cytogenetic abnormalities identified between diagnosis and last evaluation:
	63. Specify number of distinct cytogenetic abnormalities:
	One (1) Two (2)
	□ Three (3)
	☐ Four or more (4 or more)
	Tour or more (For more)
	64. Specify abnormalities (check all that apply)
	<u> </u>
	<u> </u>
	<u> </u>
	X
	+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— —
CIBMTR Form 2402 revision <u>2</u> 4	□ del(16q) / 16q— (page 16 of 77) Draft <u>3</u> 7/ <u>23</u> 6/201 <u>7</u> 6

CIBMTR Center Number:	CIBMTR Research ID:
	☐ del(17q) / 17q-
	☐ del(20g) / 20g—
	☐ del(21q) / 21q—
	□ inv(3)
	□ inv(16)
	☐ (11g23) any abnormality
	☐ 12p any abnormality
	Other abnormality - Go to question 65
	65.Specify other abnormality:
66. Were tests for	or molecular markers performed (e.g. PCR)? (between diagnosis and last evaluation)
	to question 67
□ No – Go	to question 79
☐ Unknown	- Go to question 79
Specify mo	ecular markers identified between diagnosis and last evaluation:
67. CEBP	<u>A</u>
Pos	sitive – Go to question 68
Ne	gative - Go to question 69
No	t done - Go to question 69
68	Specify CEBPA mutation
	☐ Biallelic (homozygous)
	☐ Monoallelic (heterozygous)
	□ Unknown
	
69. FLT3	– D835 point mutation
Po:	<u>sitive</u>
Ne	<u>gative</u>
No	t done
70. FLT3	– ITD mutation
	sitive - Go to question 71
·	gative - Go to question 73
	t done - Go to question 73
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CIBMTR Center Number: CIBMTR Research ID:	
71. FLT3 – ITD allelic ratio	
☐ Known - Go to question 72	
☐ Unknown - Go to question 73	
72. Specify FLT3 - ITD allelic ratio:	Commented [EL8]: 20.0.3-0.7
<u>-2. Option, 1210 113 discretization 1 </u>	Commence (EEG). 20.0.0 0.17
73. IDH1	
Positive	
Negative	
Not done	
74 IDU2	
74. IDH2 □ Positive	
□ Negative	
Not done	
<u>75. KIT</u>	
Positive	
Negative	
Not done	
76. NPM1	
Positive	
Negative	
Not done	
77. Other molecular marker	
□ Positive- Go to question 78	
■ Negative- Go to question 78	
□ Not done- Go to question 79	
78. Specify other molecular marker:	
Copy and complete questions 77-78 to report multiple other molecular markers	
CNS Leukemia	
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e regimen /	
	Commented [EL9]: 21.Need to clarify that the
	negative lp. If not tested, need to mark UK, No
Were	
<u>.</u>	
\ 	
<u>.</u>	
	
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Result	
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Specify molecular markers identified at an	y time prior to the start of the preparative regimen:
47. CEBPA	
— □ -Negative	
─ □ Not done	
48. FLT3 – D835 point mutation	
— □ Negative	
Not done	
49. FLT3 – ITD mutation	
—— Negative	
- Not done	
50. IDH1	
□ -Negative	
- Not done	
51. IDH2	
□ -Negative	
- Not done	
52. KIT	
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— □ -Negative	
─☐ Not done	
53. NPM1	
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- Negative	
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54	ar marker	_ Otr
	3-Positive Go to question 56	
_	gative Go to question 56	
— □ Not	done Go to question 57	
55.	Specify other molecular marker:	
Status a	at transplantation <u>:</u>	
56. 80.		wh
Wa	as the disease status (based on hematologic <u>al</u> test results)?	
	☐ Primary induction failure – <i>Go to question 84</i>	
	□ 1st complete remission (no previous bone marrow or extramedullary relapse) (include CRi and CRp)-question 81	– Go
	□ 2nd complete remission − Go to question 81	
	□ ≥ 3rd complete remission – <i>Go to question 81</i>	
	☐ 1st relapse – Go to question 83	
	☐ 2nd relapse – Go to question 83	
	☐ ≥ 3rd relapse – Go to question 83	
	□ No treatment – Go to question 84	
ŧ	57.81. How many cycles of induction therapy were required to achieve 1st complete remission? (e CRinc CRi, CRp)?	<u>clude:</u>
	□ 1	
	□ 2	
	□ ≥3	
	58. Was the recipient in molecular remission?	
	3. —────────────────────────────────────	
	4.	
	5. Unknown	
	6. —────Not applicable	
	59-82. Was the recipient in remission by flow cytometry?	
	☐ Yes – Go to question 84	
	D. No. Co to supplies 04	
	□ No – Go to question 84	
	☐ Unknown – Go to question 84	

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60. Was the recipient in cytogenetic remission?			
7.			
8. — B No Go to question 63			
9. Unknown Go to question 63			
10. — — Not applicable – Go to question 63			
61.83. Date of most recent relapse:			
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62. 84.	Date		
assessed: Go to signature line	Date		
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Acute Lymphoblastic Leukemia (ALL)			
Acute Lymphoblastic Leukemia (ALL)			
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86.85. Specify ALL classification: B-lymphoblastic leukemia / lymphoma B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191)		Commented Doesn't need	
86.85. Specify ALL classification: B-lymphoblastic leukemia / lymphoma			
86.85. Specify ALL classification: B-lymphoblastic leukemia / lymphoma B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191)			
86.85_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)			
86-85. 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)			
86.85. 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)			
86.85_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)			
86.85. 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 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)			
86-85. 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)			
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86.85. 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)			
86.85. 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)			
86.85_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 Barly T-cell precursor lymphoblastic leukemia (provisional entity) (96)			

CIBMTR Center Number:	CIBMTR Research ID:
☐ Yes - Go to question	<u>n 66</u>
□ No - Go to question	68
☐ Unknown - Go to qu	estion 68
87. Specify condition:	
	nia - Go to question 68 Also complete CIBMTR Form 2028 — APL
	me - Go to question 68
	me - Go to question 68
	nia - Go to question 68 Also complete CIBMTR Form 2029 — FAN
Ditter condition	on - Go to question 67
87.88. Specify other	er condition:
88.89. Were tyrosine kinase in preparative regimen?	hibitors (i.e.imatinib mesylate) given for pre-HCT therapy at any time prior to start of the
☐ Yes	
□ No	
Laboratory studies at diagno	<u>sis:</u>
90. Were cytogenetics teste	ed (karyotyping or FISH)? (at diagnosis)
☐ Yes - Go to question	<u>n 70</u>
□ No - Go to question	<u>81</u>
Unknown - Go to qu	estion 81
91. Were cytogenetic	es tested via FISH? (at diagnosis)
☐ Yes - Go to q	uestion 71
□ No - Go to que :	stion 75
92. Results of to	ests: (at diagnosis)
Abnormali	ities identified - Go to question 72
□ No abnorr	malities - Go to question 75
Specify cyt	ogenetic abnormalities identified:
93. Speci	ify number of distinct cytogenetic abnormalities:
Or	<u>ne (1)</u>
<u>□ Tw</u>	<u>/o (2)</u>
<u>Th</u>	ree (3)
□ Fo	ur or more (4 or more)

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94. Specify abnormalities: (check all that apply) 7 -+4 +8	
+4	
+8	
<u> </u>	
<u> +21</u>	
t(1;19)	
t(2:8)	
t(4;11)	
t(8;14)	
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)	
Other abnormality – Go to question 74	
95. Specify other abnormality:	
96. Were cytogenetics tested via karyotyping? (at diagnosis)	
<u> </u>	
□ No - Go to question 80	
97. Results of tests: (at diagnosis)	
☐ Abnormalities identified - Go to question 77	
□ No evaluable metaphases - <i>Go to question 80</i>	
□ No abnormalities - Go to question 80	

CIBMTR Center Number:	CIBMTR Research ID:
	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)
-	<u> </u>
-	□ +4
-	<u> +8</u>
-	□ +17
-	□ +2 <u>1</u>
-	□ 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)
<u>-</u>	☐ Other abnormality – Go to question 79
	89.100. Specify other abnormality:

90. Were cytogenetics tested (karyotyping or FISH)?

CIBMTR Center Num	ber: CIBMTR Research ID:
—————————————————————————————————————	Go to question 95
———— □ Unk	nown Go to question 95
91 F	Results of tests:
	3-Abnormalities identified — Go to question 68
f	3-No evaluable metaphases - Go to question 95
	3 No abnormalities – Go to question 95
	Specify cytogenetic abnormalities identified at any time prior to the start of the preparative egimen:
ħ	Monosomy
	27
	——— □ Yes
	—— □ No
	Frisomy
9:	3. + 4
	——————————————————————————————————————
	—— □ No
9.	4. +8
	——————————————————————————————————————
	—— □ No
9(5. + 17
	——————————————————————————————————————
	—— □ No
96	3. +21
	——————————————————————————————————————
	—— □ No
	<u>Franslocation</u>
97	7. t(1;19)
	——————————————————————————————————————
	——— □ No

CIBMTR Center Number:	CIBMTR Research ID:
98. t(2;8)	
—————————————————————————————————————	
—————————————————————————————————————	
99. t(4;11)	
—————————————————————————————————————	
—————————————————————————————————————	
100. t(5;14)	
——————————————————————————————————————	
——————————————————————————————————————	
101. t(8;14)	
—————————————————————————————————————	
—————————————————————————————————————	
102. t(8;22)	
——————————————————————————————————————	
—————————————————————————————————————	
103. t(9;22)	
———— □ Yes	
—————————————————————————————————————	
104. t(10;14)	
——————————————————————————————————————	
—————————————————————————————————————	
105. t(11;14)	
——— □ Yes	
———— □ No	
106. t(12;21)	
———————Yes	
———— □ -No	
Deletion	
107. del(6a) / 6a-	

☐ Yes

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CIBMTR Center Number:	CIBMTR Research ID:
——— □ Ne	
108. del(9p) / 9p-	
	
—————————————————————————————————————	
109. del(12p) / 12ր	<u>→</u>
	
—————————————————————————————————————	
Addition	
110. add(14q)	
	
——— □ -No	
Other	
444 (44,022) 0,000	
111. (11q23) any ∂ ————————————————————————————————————	ionormainy
—————————————————————————————————————	
112. 9p any abnor	mality
———— □ Yes	
—————————————————————————————————————	
113. 12p any abno	ormality
—————————————————————————————————————	
—————————————————————————————————————	
114. Hyperdiploid	(> 50)
——— □ Yes	
—————————————————————————————————————	
115. Hypodiploid (<46}
——————————————————————————————————————	•
—————————————————————————————————————	
440 0. 1 20	distinct the second like
116. Complex - ≥3	distinct abnormalities

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——□ Yes

BMTR Center Number: CIBMTR Research ID:	
—————————————————————————————————————	
117. Other abnormality	
─────────────────────────────────────	
———⊞-No - Go to question 95	
118. Specify other abnormality:	
119. 101.	Were
tests for molecular markers performed (e.g. PCR)? (at diagnosis)	
☐ Yes – Go to question 96	
□ No – Go to question 100	
☐ Unknown – Go to question 100	
Specify molecular markers identified at diagnosisany time prior to the start of the prepara	ative regimen:
120. 102.	BCR /
ABL	
□ Positive	
☐ Negative	
☐ Not done	
121, 103.	TEL-
AML / AML1	
□ Positive	
☐ Negative	
☐ Not done	
122. 104.	Other
molecular marker	
☐ Positive – Go to question 99	
☐ Negative – Go to question 99	
☐ Not done – Go to question 100	
123. 105.	Specif
y other molecular marker:	
Copy and complete questions 98-99 for additional molecular markers	Commented [EL11]: 23.Max of 3
Laboratory studies at last evaluation prior to the start of the preparative regimen:	
400 W	
106. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation prior to the start of the preparation of the preparation of the start of t	arative regimen)

CIBMTR Center Nu	mber:	CIBMTR Research ID:				
□ Ye	s - Go to quest	<u>ion 86</u>				
□ No	□ No - Go to question 97					
Un	known - Go to c	question 97				
407		T. A. A. A. S. EIGUO				
<u>107. </u>	107. Were cytogenetics tested via FISH? □ Yes - Go to question 87					
		o question 91				
	□ NO - GO 10	question 91				
	108. Results	s of tests:				
	☐ Abn	normalities identified - Go to question 88				
	□ No a	abnormalities - Go to question 91				
		ytogenetic abnormalities identified at last evaluation prior to the start of the ve regimen:				
	<u>109.</u>	Specify number of distinct cytogenetic abnormalities:				
		□ One (1)				
		☐ Two (2)				
		☐ Three (3)				
		☐ Four or more (4 or more)				
	<u>110.</u>	Specify abnormalities: (check all that apply)				
		<u> </u>				
		<u>□</u> +4				
		<u>□+8</u>				
		□ +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_				
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CIBMTR Center Number: _	CIBMTR Research ID:	
	□ del(12p) / 12p-	
	add(14q)	
	(11q23) any abnormality	
	9p any abnormality	
	☐ 12p any abnormality	
	☐ Hyperdiploid (> 50)	
	☐ Hypodiploid (< 45)	
	☐ Other abnormality – Go to question 90	
	111. Specify other abnormality:	
112. Were	cytogenetics tested via karyotyping? (at last evaluation prior to the start of the preparative regimen)	
□ Y	es - Go to question 92	
N	o - Go to question 97	
113	Results of tests:	
<u>110. </u>	□ Abnormalities identified - <i>Go to question 93</i>	
	□ No evaluable metaphases - Go to question 97	Commented [EL12]: 24. Need to look at this for
	□ No abnormalities - Go to question 97	analysis.
	Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:	
	preparative regiment.	
	114. Specify number of distinct cytogenetic abnormalities:	
	One (1)	
	Two (2)	
	☐ Three (3)	
	☐ Four or more (4 or more)	
	115. Specify abnormalities: (check all that apply)	
	<u></u>	
	<u></u> +17	
	<u>+21</u>	
	<u> </u>	
	t(4;11)	
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CIBMTR Center Number:	CIBMTR Research ID:
	□ t(8;14)
	t(8:22)
	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)
	☐ Other abnormality – Go to question 95
	116. Specify other abnormality:
<u>117. Was c</u>	documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
_ □ Yes	<u> </u>
No	
118. Were tests for regimen)	molecular markers performed (e.g. PCR)? (at last evaluation prior to the start of the preparative
□ Yes – Go to	auestion 98
□ No – Go to o	
	Go to question 102
Specify molecu	ular markers identified at last evaluation prior to the start of the preparative regimen:
119. BCR / AB	
Positiv	
□ Negati	
Not do	
<u></u>	<u></u>
120. TEL-AML	<u>./ AML1</u>
□ Positiv	<u>ve</u>
□ Negati	<u>ive</u>
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CIBMTR Center Number: CIBMTR Research ID:	
□ Not done	
121. Other molecular marker	
☐ Positive – Go to question 102	
☐ Negative – Go to question 102	
□ Not done – Go to question 103	
122. Specify other molecular marker:	
Copy and complete questions 100-101 for additional molecular markers	Commented [EL13]: 25.Max of 3
Laboratory studies between diagnosis last evaluation prior to the start of the preparative regimen:	
123. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)	
☐ Yes - Go to question 103	
□ No - Go to question 114	
☐ Unknown - Go to question 114	
124. Were cytogenetics tested via FISH? (between diagnosis and the last evaluation)	
☐ Yes - Go to question 104	
□ No - Go to question 108	
125. Results of tests: (between diagnosis and the last evaluation)	
Abnormalities identified - <i>Go to question 105</i>	
□ No abnormalities - Go to question 108	
Specify cytogenetic abnormalities identified at diagnosis:	
126. Specify number of distinct cytogenetic abnormalities:	
One (1)	
□ Two (2)	
<u>Three (3)</u>	
☐ Four or more (4 or more)	
127. Specify abnormalities: (check all that apply)	
<u> </u>	
<u> </u>	
<u> +8</u>	
<u> +17</u>	
<u> +21</u>	
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CIBMTR Center Number:	CIBMTR Research ID:
	□ t(1;1 <u>9)</u>
	□ 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)
	☐ Other abnormality – Go to question 107
	128. Specify other abnormality:
120 Were	cytogenetics tested via karyotyping? (between diagnosis and the last evaluation)
·	res - Go to question 109
	o - Go to question 114
	<u> </u>
<u>130.</u>	Results of tests: (between diagnosis and the last evaluation)
-	☐ Abnormalities identified - Go to question 110
	☐ No evaluable metaphases - Go to question 114
	☐ No abnormalities - <i>Go to question 114</i>
	Specify cytogenetic abnormalities identified at diagnosis:
	131. Specify number of distinct cytogenetic abnormalities:
-	□ One (1)
	□ Two (2)
-	☐ Three (3)
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CIBMTR Center Number: _	CIBMTR Research ID:
	☐ Four or more (4 or more)
	132. Specify abnormalities: (check all that apply)
_	<u> </u>
_	□ + <u>4</u>
_	□ +8
_	□ +17
_	□ +21
_	□ t(1:19)
_	□ t(2;8)
_	□ t(4:11)
<u> </u>	□ t(5;14)
<u> </u>	□ t(8;14)
<u> </u>	□ 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)
_	☐ Other abnormality – Go to question 112
	133. Specify other abnormality:
<u>134. Was d</u>	ocumentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
□ Yes	<u>3</u>
No	
135. Were tests f	for molecular markers performed (e.g. PCR)? (between diagnosis and last evaluation prior to the
	oreparative regimen)
☐ Yes – Go	to question 115
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CIBMTR Center Number:	CIBMTR Research ID:	
□ No – Go to question	1 11 <u>9</u>	
☐ Unknown – Go to qu		
Specify molecular mar preparative regimen:	kers identified between diagnosis last evaluation prior to the start of the	
preparative regimen.		
136. BCR / ABL		
_□ Positive		
Negative		
Not done		
<u>137. TEL-AML / AML1</u>		
□ Positive		
 □ Negative		
□ Not done		
138. Other molecular r		
□ Positive – Go		
□ Negative – Go		
Not done − Go	to question 119	
139. Specify ot	her molecular marker:	
Copy and compl	ete questions 117-118 for additional molecular markers	Commented [EL14]: 26.Max of 3
1		
CMS Loukemia		
CNS Leukemia		
	ral nervous system leukemia at any time prior to the start of the preparative regimen?	
	ral nervous system leukemia at any time prior to the start of the preparative regimen?	
140. Did the recipient have cent	ral nervous system leukemia at any time prior to the start of the preparative regimen?	
140. Did the recipient have cent ☐ Yes	ral nervous system leukemia at any time prior to the start of the preparative regimen?	
140. Did the recipient have cent ☐ Yes ☐ No ☐ Unknown	ral nervous system leukemia at any time prior to the start of the preparative regimen?	
140. Did the recipient have cent Yes No Unknown Status at transplantation:		
140. Did the recipient have cent ☐ Yes ☐ No ☐ Unknown		
140. Did the recipient have cent Yes No Unknown Status at transplantation:		

124. 141.	١
was the disease status (based on hematological 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	
125. 142.	F
many cycles of induction therapy were required to achieve 1st complete remissionCR?	
□ 1	
□ 2	
□ ≥3	
426. Was the recipient in molecular remission?	
────────────────────────────────────	
—————No	
—————Unknown	
——————————————————————————————————————	
127. 143.	\
the recipient in remission by flow cytometry?	
☐ Yes	
□ No	
☐ Unknown	
□ Not applicable	
128. Was the recipient in cytogenetic remission?	
─────────────────────────────────────	
─────────────────────────────────────	
Unknown Go to question 106	
─────────────────────────────────────	
120. 144.	

IBMTR Center	Number:	CIBMTR	Research ID:	
130. 145.	Date assessed:			Go to signature line
	YYYY	MM	DD	
Acute Leuk	emias of Ambiguous Lineage and	d Other M	yeloid Neoplasms	
4 0				
•	cify acute leukemias of ambiguous I	•	,	
	Blastic plasmacytoid dendritic cel	•	•	tion 109
	Acute undifferentiated leukemia		•	.2); BCR-ABL1 (84) – Go to question 10
		,	,	rranged (85) – Go to question 109
		•		• , ,
		-		
	Other acute leukemia of ambiguor	-		
2.	Specify other acute leukemia of	f ambiguou	us lineage or myeloid	neoplasm:
Sta	atus at transplantation:			
3. Wha	at was the disease status (based or	n hematolo	ogical test results)?	
	Primary induction failure			
	1st complete remission (no previou	ıs marrow	or extramedullary re	lapse)
	2nd complete remission			
	≥ 3rd complete remission			
	1st relapse			
	2nd relapse			
	≥3rd relapse			
	No treatment			
4. Dat	e assessed:		Go to sig	nature line
	YYYY	MM	DD	

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CIBMTR C	Center Number: CIBMTR Research ID:	
Chron	nic Myelogenous Leukemia (CML)	
5.	Was therapy given prior to this HCT?	
0.	☐ Yes - Go to questions 112	
	□ No - Go to question 118	
	6. Combination chemotherapy	
	□ Yes	
	□ No	
	7. Hydroxyurea (Droxia, Hydrea)	
	□ Yes	
	□ No	
	8. Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	
	☐ Yes	
	□ No	
	9. Interferon-α (Intron, Roferon) (includes PEG)	
	□ Yes	
	□ No	
	10. Other therapy	
	☐ Yes - Go to question 117	
	☐ No - Go to question 118	
	11. Specify other therapy:	
12.	What was the disease status?	
	☐ Complete hematologic response (CHR) - <i>Go to questions</i> 119	
	☐ Chronic phase – Go to question 119	
	☐ Accelerated phase - Go to question 120 rm 2402 revision 24 (page 47 of 77) Draft 37/236/20176	

CIBMTR Cente	Number: CIBMTR Research ID:
	Blast phase - Go to question 120
13	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)
14. Nui	mber
	1st
	2nd
	3rd or higher
15. Dat	e assessed: — — - Go to signature line
io. Dai	YYYY MM DD
Myelodysp	lastic (MDS) / Myeloproliferative (MPN) Diseases
16. Wł	nat was the MDS / MPN subtype at diagnosis? – If transformed to AML, indicate AML as primary disease;
	nplete 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)
□ thr	Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic ombocythemia) (58)

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CIBMTR Ce	nter	Number: CIBMTR Research ID:				
		Polycythemia vera (PCV) (57)				
		Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia //M), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)				
		Myeloproliferative neoplasm (MPN), unclassifiable (60)				
		Chronic myelomonocytic leukemia (CMMoL) (54)				
	□ 167	Juvenile myelomonocytic leukemia (JMML/JCML) (no evidence of Ph¹ or BCR/ABL) (36) – <i>Go to question</i>				
		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)				
17.	Wa	is the disease (MDS/MPN) therapy related?				
		Yes				
		No				
		Unknown				
18.	Did	the recipient have a predisposing condition?				
	□ `	Yes – Go to question 125				
	□ 1	No – Go to question 127				
		Unknown – Go to question 127				
	19.	Specify condition:				
		☐ Aplastic anemia – Go to question 127				
		☐ Bloom syndrome – Go to question 127				
		□ Down syndrome – Go to question 127				
		☐ Fanconi anemia – – Go to question 127				
		☐ Other condition – Go to question 126				
		20. Specify other condition:				
Labo	rato	ry studies at diagnosis of MDS:				
21.	WB	oC .				
		Known				
		Unknown				
	22.	• □ x 10 ⁹ /L (x 10 ³ /mm ³)				

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CIBMTR C	enter Number:		CIBMTR Research ID:
			□ x 10 ⁶ /L
23.	Hemoglobin		
	☐ Known		
	□ Unknown		
	24	•	□ g/dL
			□ g/L
			□ mmol/L
	25. Was RBC trai	nsfused ≤ 30 da	lys before date of test?
	☐ Yes		
	□ No		
26.	Platelets		
	☐ Known		
	☐ Unknown		
	27.		_ 🗆 x 10 ⁹ /L (x 10 ³ /mm ³)
			□ x 10 ⁶ /L
	28. Were platelets	s transfused ≤ 7	days before date of test?
	☐ Yes		
	□ No		
29.	Neutrophils		
	☐ Known		
	☐ Unknown		
	30%		
31.	Blasts in bone marrow	W	
	☐ Known		
	☐ Unknown		
	32	%	
33.	Were cytogenetics te	sted (karyotypin	ng or FISH)?
	☐ Yes – Go to ques	tion 140	
	□ No – Go to ques	ition 167	

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CIBMTR Center	Number	: CIBMTR Research ID:
	Unknow	n – Go to question 167
34.	Resi	ults of tests:
	□А	bnormalities identified – <i>Go to question 141</i>
		No evaluable metaphases – Go to question 167
		No abnormalities – Go to question 167
	Specify	abnormalities identified at diagnosis:
	35.	Specify number of distinct cytogenetic abnormalities:
		☐ One (1)
		☐ Two (2)
		☐ Three (3)
		☐ Four or more (4 or more)
	Monos	оту
	36.	-5
		□Yes
		□No
	37.–	7
		□ Yes
		□ No
	38.–	13
		□ Yes
		□ No
	39	-20
		□ Yes
		□ No
	40	_Y
		☐ Yes
		□ No

Trisomy

CIBMTR Center Number:	CIBMTR Research ID:		
41. +8			
☐ Yes			
□ No			
42. +19			
☐ Yes			
□ No			
Translocation			
43. t(1;3)			
☐ Yes			
□ No			
44. t(2;11)			
☐ Yes			
□ No			
45. t(3;3)			
☐ Yes			
□ No			
46. t(3;21)			
☐ Yes			
□ No			
47. t(6;9)			
☐ Yes			
□ No			
48. t(11;16)			
☐ Yes			
□ No			
Deletion			
49. del(3q) / 3q-			
☐ Yes			
□ No			
50.del(5q) / 5q-			

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CIBMTR Center Number:	CIBMTR Research ID:		
☐ Yes –			
□ No			
54 dol/7e\\ / 7e			
51.del(7q) / 7q-			
☐ Yes			
□ No			
52.del(9q) / 9q-			
☐ Yes			
□ No			
53.del(11q) / 11q-			
☐ Yes			
□ No			
54.del(12p) / 12p-			
☐ Yes			
□ No			
55.del(13q) / 13q-			
☐ Yes			
□ No			
56. del(20q) / 20q-			
☐ Yes			
□ No			
Inversion			
57. inv(3)			
☐ Yes			
□ No			
Other			
58. i17q			
☐ Yes			
□ No			
59. Other abnormality			

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CIBMTR Center Number:			CIBMTR Research ID:
			☐ Yes – Go to question 166
			□ No – Go to question 167
			60. Specify other abnormality:
61.			pient progress or transform to a different MDS / MPN subtype between diagnosis and the start of the regimen?
		′es – G	Go to question 168
		10 – G	o to question 171
	62.	Spe	cify the MDS / MPN subtype after transformation:
			Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51) – Go to stion 169
		□F	Refractory anemia with ringed sideroblasts (RARS) (55) – Go to question 169
		□F	Refractory anemia with excess blasts-1 (RAEB-1) (61) – Go to question 169
			Refractory anemia with excess blasts-2 (RAEB-2) (62) – Go to question 169
			Refractory cytopenia with multilineage dysplasia (RCMD) (64) – Go to question 169
			Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68) – Go to stion 169
			Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66) – Go to question 169
			Myelodysplastic syndrome (MDS), unclassifiable (50) – Go to question 169
			Chronic neutrophilic leukemia (165) – <i>Go to question 169</i>
			Chronic eosinophilic leukemia, NOS (166) – Go to question 169
			Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic mbocythemia) (58) – <i>Go to question 169</i>
			Polycythemia vera (PCV) (57) – Go to question 169
		meta	Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid aplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167) to question 169
			Myeloproliferative neoplasm (MPN), unclassifiable (60) – Go to question 169
			Chronic myelomonocytic leukemia (CMMoL) (54) – <i>Go to question 169</i>
			Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69) – Go to question 169
		ПΤ	ransformed to AML (70) – Go to question 170
		63.	Specify the date of the most recent transformation: Go to question 171
		64.	Date of MDS diagnosis: Go to signature line

CIBN	ITR Ce	enter Nu	umber: CIBMTR Research ID:	CIBMTR Research ID:		
	Laboratory studies at last evaluation prior to		studies at last evaluation prior to the start of the preparative regimen:			
	65.	WBC				
		☐ Kno	own			
		□ Uni	known			
		66.	• 0 x 10 ⁹ /L (x 10 ³ /mm ³)			
			□ x 10 ⁶ /L			
	67.	Hemog	globin			
		☐ Kno	own			
		☐ Uni	ıknown			
		68.	• □ g/dL			
			□ g/L			
			□ mmol/L			
		69.	Was RBC transfused ≤ 30 days before date of test?			
			☐ Yes			
			□ No			
	70.	Platel	lets			
		☐ Kno	own			
		☐ Unl	ıknown			
		71.				
			□ x 10 ⁶ /L			
		72.	Were platelets transfused ≤ 7 days before date of test?			
			□Yes			
			□ No			
	73.	Neutro	rophils			
		☐ Kno	own			
		□ Uni	ıknown			
		74.	%			
	75.	Blasts	s in bone marrow			
		ПКп	nown			

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CIBMTR C	enter Number: CIBMTR Research ID:
	□ Unknown
	76%
77.	Were cytogenetics tested (karyotyping or FISH)?
	☐ Yes – Go to question 184
	□ No – Go to question 211
	☐ Unknown – Go to question 211
	78. Results of tests:
	☐ Abnormalities identified – <i>Go to question 185</i>
	☐ No evaluable metaphases – Go to question 211
	☐ No abnormalities – Go to question 211
	Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:
	79. Specify number of distinct cytogenetic abnormalities:
	☐ One (1)
	□ Two (2)
	☐ Three (3)
	☐ Four or more (4 or more)
	Monosomy
	80. –5
	□Yes
	□No
	81.–7
	☐ Yes
	□ No
	82.–13
	☐ Yes
	□ No
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CIBMTR Center Number:	CIBMTR Research ID:
☐ Yes	
□ No	
84. –Y	
04. −1 ☐ Yes	
□ No	
Trisomy	
85. +8	
☐ Yes	
□ No	
86. +19	
☐ Yes	
□ No	
Translocation	
87. t(1;3)	
☐ Yes	
□ No	
88. t(2;11)	
☐ Yes	
□ No	
89. t(3;3)	
☐ Yes	
□ No	
90. t(3;21)	
☐ Yes	
□ No	
91. t(6;9)	
☐ Yes	
□ No	
92. t(11;16)	
(, - ,	

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CIBMTR Center Number:	CIBMTR Research ID:		
☐ Yes			
□ No			
Deletion			
93. del(3q) / 3q-			
☐ Yes			
□ No			
94.del(5q) / 5q-			
☐ Yes			
□ No			
95.del(7q) / 7q-			
☐ Yes			
□ No			
96.del(9q) / 9q-			
☐ Yes			
□ No			
97.del(11q) / 11q-			
☐ Yes			
□ No			
98.del(12p) / 12p-			
☐ Yes			
□ No			
99.del(13q) / 13q-			
☐ Yes			
□ No			
100. del(20q) / 20q-			
☐ Yes			
□ No			
Inversion			
101. inv(3)			

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CIBMTR Center Numbe	r: CIBMTR Research ID:
	□ Yes
	□ No
0.11	
Oth	er
102	. i17q
	□ Yes
	□ No
103	. Other abnormality
	☐ Yes – Go to question 210
	□ No – Go to question 211
	104. Specify other abnormality:
	104. Openly dutor abnormality.
Status at transpla	ntation:
105. What was	the disease status?
< 5% ı untrans	ete remission (CR) – requires all of the following, maintained for \geq 4 weeks: * bone marrow evaluation: nyeloblasts with normal maturation of all cell lines * peripheral blood evaluation: hemoglobin \geq 11 g/dL sfused and without erythropoietin support; ANC \geq 1000/mm³ without myeloid growth factor support; is \geq 100 x 10 9 /L without thrombopoietic support; 0% blasts - Go to question 215
without hemog RBC ui HI-P – treatme treatme	plogic improvement (HI) — requires one measurement of the following, maintained for ≥ 8 weeks a ongoing cytotoxic therapy; specify which cell line was measured to determine HI response: * HI-E — lobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in lits transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks * for pre-treatment platelet count of > 20 x 10^9 /L, platelet absolute increase of ≥ 30×10^9 /L; for pre-treatment platelet count of < 20×10^9 /L, platelet absolute increase of ≥ 20×10^9 /L and ≥ 100% from pre-treatment level * HI-N — neutrophil count increase of ≥ 100% from pre-treatment level and an absolute the of ≥ 100% from pre-treatment level and an absolute the of ≥ 100% from pre-treatment level and an absolute the of ≥ 100% from pre-treatment level and 100% fr
	conse (NR) / stable disease (SD) – does not meet the criteria for at least HI, but no evidence of e progression - Go to question 215
absence from m	ssion from hematologic improvement (Prog from HI) – requires at least one of the following, in the se of another explanation (e.g., infection, bleeding, ongoing chemotherapy, etc.): * ≥ 50% reduction aximum response levels in granulocytes or platelets * reduction in hemoglobin by ≥ 1.5 g/dL usion dependence - Go to question 213
treatme granulo	e from complete remission (Rel from CR) – requires at least one of the following: * return to pre- ent bone marrow blast percentage * decrease of ≥ 50% from maximum response levels in poytes or platelets * transfusion dependence, or hemoglobin level ≥ 1.5 g/dL lower than prior to therapy to question 214
□ Not as:	sessed - Go to signature line
106. Spe	cify the cell line examined to determine HI status:

CIBMTR Center Nu	mber:		CIBMTR F	Research ID:		
	9.0, reduction	HI-E – hemoglobin increase of ≥ 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 - <i>Go to question 215</i>				
	pre-treatment	platelet count	ent platelet count of > 20 x 10 9 /L, platelet absolute increase of \geq 30 x 10 9 /L; for t count of < 20 x 10 9 /L, platelet absolute increase of \geq 20 x 10 9 /L and \geq 100% evel – Go to question 215			
	□□ HI-N – neutro 500/mm³ - Go			100% from pr	e-treatment level and an absolute increase of ≥	
107.	Date of progression	n:			Go to question 215	
		YYYY	MM	DD		
108.	Date of relapse:				Go to question 215	
	YYY		MM	DD		
109.	Date assessed: _			_	Go to signature line	
	_		MM			
Other Leukem	ia (OL)					
	,					
440		-1:6:4:				
	y the other leukemia nronic lymphocytic le			- Go to ques	stion 218	
		` '		•	ytic lymphoma (SLL) (71) - <i>Go to question 218</i>	
	airy cell leukemia (35	, ,			, ac 1,pca (e) ()	
	airy cell leukemia vai	•		on 221		
□ мо	onoclonal B-cell lym	ohocytosis (76	6) – Go to	signature lin	ne	
□ Pr	olymphocytic leuken	nia (PLL), NO	S (37) - Go	to question	218	
□ PL	.L, B-cell (73) - Go to	question 21	8			
□ PL	.L, T-cell (74) - Go to	question 21	8			
□ Ot	her leukemia, NOS	(30) - Go to q ı	estion 22	0		
☐ Other leukemia (39) - Go to question 217						
111.	Specify other leuke	mia:			– Go to question 220	
112.	Was any 17p abnor	mality detecte	ed?			
	☐ Yes – If disease	e classificatio	on is CLL,	go to quest	ion 219. If PLL, go to question 221.	
	□ No					

CIBMTR Center Nu	mber: CIBMTR Research ID:
113.	Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?
	☐ Yes – Go to question 226– Also complete NHL Disease Classification questions
	□ No – Go to question 221
Status	s at transplantation:
114. W	/hat was the disease status? (Atypical CML)
	Primary induction failure – Go to question 222
	1st complete remission (no previous bone marrow or extramedullary relapse) – Go to question 222
	2nd complete remission – Go to question 222
	≥ 3rd complete remission – Go to question 222
	1st relapse – Go to question 222
	2nd relapse – Go to question 222
	≥ 3rd relapse – Go to question 222
	No treatment - Go to signature line
115. W	/hat was the disease status? (CLL, PLL, Hairy cell leukemia)
	Complete remission (CR) – Go to question 222
	Partial remission (PR) – Go to question 222
	Stable disease (SD) – Go to question 222
	Progressive disease (Prog) – Go to question 222
	Untreated - Go to question 222
	Not assessed - Go to signature line
116. Date as	ssessed: Go to signature line
	YYYY MM DD
Hodgkin Lymp	homa
117 Speci	fv Hodakin lymphoma classification:
_	
_	·
117. Specif	fy Hodgkin lymphoma classification: dular lymphocyte predominant Hodgkin lymphoma (155) mphocyte-rich (151) dular sclerosis (152) xed cellularity (153) mphocyte depleted (154) sion 24 (page 61 of 77) Draft 37/236/20176

ITR Ce	nter Number: CIBMTR Research ID:
	☐ Hodgkin lymphoma, NOS (150)
	Status at transplantation:
118.	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.
	\square 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 st complete remission: no bone marrow or extramedullary relapse prior to transplant
	☐ CR2 - 2 nd complete remission
	☐ CR3+ - 3 rd or subsequent complete remission
	☐ REL1 unt - 1 st relapse – untreated; includes either bone marrow or extramedullary relapse
	☐ REL1 res - 1 st relapse – resistant: stable or progressive disease with treatment
	☐ REL1 sen - 1 st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)
	☐ REL1 unk - 1 st relapse – sensitivity unknown
	☐ REL2 unt - 2 nd relapse – untreated: includes either bone marrow or extramedullary relapse
	☐ REL2 res - 2 nd relapse – resistant: stable or progressive disease with treatment
	□ REL2 sen - 2 nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
	□ REL2 unk - 2 nd relapse – sensitivity unknown
	□ REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse
	☐ REL3+ res - 3 rd or subsequent relapse – resistant: stable or progressive disease with treatment
	☐ REL3+ sen - 3 rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
	☐ REL3+ unk - 3 rd relapse or greater – sensitivity unknown
119.	Date assessed: - Go to signature line
	YYYY MM DD
	YYYY MIM DD
Non-Ho	dgkin Lymphoma
120.	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)

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CIBMTR Center N	Number: CIBMTR Research ID:
	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 nphoma (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) – <i>Go to question 227</i>
121	. Specify other lymphoma:

122. Is the non-Hodgkin lymphoma histology reported at diagnosis a transformation from CLL? CIBMTR Form 2402 revision $\underline{24}$ (page 63 of 77) Draft $\underline{37/236/20176}$

CIBMTR Cer	nter N	Number: CIBMTR Research ID:
	□ ,	Yes – Go to question 230- Also complete CLL Disease Classification questions
		No - Go to question 229
	123	. 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
	Stat	cus at transplantation:
124.	Wh	at was the disease status?
		Disease untreated
		PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or gressive disease on treatment.
		PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial ission on treatment.
		PIF unk - Primary induction failure – sensitivity unknown
		CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant
		CR2 - 2 nd complete remission
		CR3+ - 3 rd or subsequent complete remission
		REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse
		REL1 res - 1 st relapse – resistant: stable or progressive disease with treatment
		REL1 sen - 1 st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)
		REL1 unk - 1st relapse – sensitivity unknown
		REL2 unt - 2 nd relapse – untreated: includes either bone marrow or extramedullary relapse
		REL2 res - 2 nd relapse – resistant: stable or progressive disease with treatment
		REL2 sen - 2 nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
		REL2 unk - 2 nd relapse – sensitivity unknown
		${\sf REL3+unt-3rd\ or\ subsequent\ relapse-untreated;\ includes\ either\ bone\ marrow\ or\ extramedullary\ relapse}$
		REL3+ res - 3 rd or subsequent relapse – resistant: stable or progressive disease with treatment
		REL3+ sen - 3 rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, sify as CR3+)
		REL3+ unk - 3 rd relapse or greater – sensitivity unknown
125.	Dat	e assessed: Go to signature line
		YYYY MM DD

CIBMT	TR Cei	nter Nu	mber: CIBMTR Research ID:
Mu	ultiple	Myelo	oma / Plasma Cell Disorder (PCD)
	126	Cnooi	furthe multiple mucleme/placeme cell disorder (DCD) algorifications
	120.		fy the multiple myeloma/plasma cell disorder (PCD) classification:
			ultiple myeloma-lgG (181) - Go to questions 234
		_	ultiple myeloma-lgA (182) - Go to questions 234
			ultiple myeloma-lgD (183) - Go to questions 234
			ultiple myeloma-lgE (184) - <i>Go to questions 234</i>
		_	ultiple myeloma-lgM (not Waldenstrom macroglobulinemia) (185) - <i>Go to questions 234</i>
			ultiple myeloma-light chain only (186) - <i>Go to questions 234</i>
			ultiple myeloma-non-secretory (187) - Go to questions 235
			asma cell leukemia (172) - Go to question 240
			olitary plasmacytoma (no evidence of myeloma) (175) - Go to question 240
			myloidosis (174) - Go to question 240
		_	steosclerotic myeloma / POEMS syndrome (176) - <i>Go to questions 240</i>
			ght chain deposition disease (177) - Go to questions 240
			ther plasma cell disorder (179) - Go to question 233
		127.	Specify other plasma cell disorder: Go to question 240
		128.	Light chain
			□ карра
			□ lambda
		129.	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) – <i>Go to questions 236</i>
			☐ Stage II (Fitting neither Stage I or Stage III) – Go to questions 236
			☐ 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) — <i>Go to questions</i> 236
			☐ Unknown – Go to questions 237
			130. 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)

CIBMTR Center I	Number:		CIBMTR Research I	D:
131	. Serum β	2-microglobulin:	•	□ μg/dL □ mg/L □ nmol/L
132	. Serum a	lbumin: •	□ g/dL □ g/L	
133	2 (β ₂ -	mic < 3.5, S. albumin ≥ 3 mic 3.5–< 5.5, S. albumi mic ≥ 5.5; S. albumin —)	n —)	
0	Yes – Go to	etics tested (karyotyping of o questions 241 question 262 Go to question 262	or FISH)?	
136	□ No e	of tests: ormalities identified – Go valuable metaphases – G bnormalities – Go to qu	Go to question 262	•
	Specify regimen		ies identified at an	y time prior to the start of the preparative
	Trisom	у		
		Yes No		
		Yes No		
		Yes No		
CIBMTR Form 2402 r	139. +9 evision <u>2</u> 4 (pag	ı e 66 of 77) Draft <u>37/23</u> 6/201 <u>7</u> 6	i.	

CIBMTR Center Number:	CIBMTR Research ID:
	□ Yes
	□ No
140	+11
140.	□ Yes
	□ No
141.	
	□ Yes □ No
	L NO
142.	+19
	□ Yes
	□ No
	Translocation
142	4(4.4.4)
143.	t(4;14)
	□ No
144.	t(6;14)
	□ Yes □ No
	L NO
145.	t(11;14)
	□ Yes
	□ No
146.	t(14;16)
	□ Yes
	□ No
147.	t(14;20)
	□ Yes
	□ No
Delet	tion
Delet	
148.	del (13)/13q-

CIBMTR Center Num	ber:	CIBMTR Research ID:
		Yes
		No
1	49. de	el (17)/17p-
		Yes
		No
C	Other	
1	50. Hy	yperdiploid (>50)
		Yes
		No
1	51. Hy	ypodiploid (<46)
		Yes
		No
1	52. Ar	ny abnormality at 1q
		Yes
		No
1	53. Ar	ny abnormality at 1p
		Yes
		No
1	54. Ot	ther abnormality
		Yes
		No
	15	55. Specify other abnormality:
Status	at trans	splantation:
156. What wa	as the d	disease status?
clonal c marrow κ/λ ratio analysis two con evidenc	ells in the biopsy by immedia. An absecutive e of pro	emplete remission (sCR) CR as defined, plus: normal free light chain ratio, and absence of the bone marrow by immunohistochemistry or immunofluorescence (confirmation with repeat bone not needed). (Presence and/or absence of clonal cells is based upon the κ/λ ratio. An abnormal nunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for normal ratio reflecting the presence of an abnormal clone is κ/λ of > 4:1 or < 1:2.) sCR requires a eassessments made at any time before the institution of any new therapy, and no known are or new bone lesions if radiographic studies were performed; radiographic studies are satisfy sCR requirements Go to question 263

CIBMTR Cent	r Number: CIB	/ITR Research ID:
;	ny soft tissue plasmacytomas, and < 5% p narrow biopsy not needed). CR requires to f any new therapy, and no known evidence	munofixation on serum and urine samples, and disappearance of asma cells in the bone marrow (confirmation with repeat bone o consecutive assessments made at any time before the institution of progressive or new bone lesions if radiographic studies were uired to satisfy CR requirements Go to question 263
	ut not on electrophoresis (negative SPEP onsecutive assessments made at any time	n and urine M-protein detectable by immunoelectrophoresis (IFE), & UPEP); < 5% plasma cells in bone marrow. nCR requires two before the initiation of any new therapy, and no known evidence of hic studies were performed; radiographic studies are not required to 263
	lectrophoresis, or ≥ 90% reduction in serul equires two consecutive assessments made	serum and urine M-protein detectable by immunofixation but not on a M-protein and urine M-protein level < 100 mg/24 hours. VGPR at any time before the institution of any new therapy, and no lesions if radiographic studies were performed; radiographic studies ats Go to question 263
:	90% or to < 200 mg/24 hours. If the seru bllowing criteria: • serum M-protein ≥ 1 g/dl hows involved level ≥ 10 mg/dL, provided ifference between involved and uninvolved erum and urine M-protein are unmeasurabeduction in plasma cells is required in place ercentage was ≥ 30%. In addition to the allasmacytomas is also required, if present a me before the institution of any new therage.	In in serum M-protein, and reduction in 24-hour urinary M-protein by and urine M-protein are unmeasurable (i.e., do not meet any of the . Urine M-protein \geq 200 mg/24 hours • serum free light chain assay erum free light chain ratio is abnormal), a \geq 50% decrease in the free light chain levels is required in place of the M-protein criteria. If e, and serum free light assay is also unmeasurable, a \geq 50% of M-protein, provided the baseline bone marrow plasma cell ove listed criteria, a \geq 50% reduction in the size of soft tissue t baseline. PR requires two consecutive assessments made at any y, and no known evidence of progressive or new bone lesions if raphic studies are not required to satisfy PR requirements Go to
	ssessments made at any time before the i	riteria for CR, VGPR, PR or PD. SD requires two consecutive stitution of any new therapy, and no known evidence of progressive were performed; radiographic studies are not required to satisfy SD
	erum M-component and/or (absolute incre icreases of ≥ 1 g/dL are sufficient to define omponent and/or (absolute increase ≥ 200 rotein levels: the difference between involv g/dL). Bone marrow plasma cell percenta is. 10% for other categories of relapse) def r definite increase in the size of any existir ypercalcemia (corrected serum calcium >	y one or more of the following: Increase of ≥ 25% from baseline in: se ≥ 0.5 g/dL) (for progressive disease, serum M-component relapse if the starting M-component is ≥ 5 g/dL). Urine M-mg/24 hours) for recipients without measurable serum and urine M-ed and uninvolved free light chain levels (absolute increase > 10 ge (absolute percentage ≥ 10%) (relapse from CR has a 5% cutoff nite development of new bone lesions or soft tissue plasmacytomas, g bone lesions or soft tissue plasmacytomas. Development of 1.5 mg/dL or 2.65 mmol) that can be attributed solely to the plasmansecutive assessments made at any time before classification as any new therapy - Go to question 263
1	I-protein by immunofixation or electrophor om CR has a 5% cutoff vs. 10% for other e.g., new plasmacytoma, lytic bone lesion,	quires one or more of the following: reappearance of serum or urine sis development of ≥ 5% plasma cells in the bone marrow (relapse ategories of relapse) appearance of any other sign of progression hypercalcemia) Rel requires two consecutive assessments made at d/or the institution of any new therapy. – Go to question 263
	1 Unknown - Go to signature line	
	Not applicable (Amyloidosis with no evic	ence of myeloma) – Go to signature line
	57. Date assessed:	Go to signature line

CIBMTR C	ente	er Number: CIBMTR Research ID:
		YYYY MM DD
Solid 7	Гum	nors
158.		ecify the solid tumor classification:
		. ,
		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)
	_	i diloredite (200)

☐ Hepatobiliary (207)

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CIBMTR Cente	er Number: CIBMTR Research ID:
	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 (270) – Go to question 265
	Solid tumor, not otherwise specified (200)
- 6	6. Specify other solid tumor: Go to signature line
Severe Ap	plastic Anemia
0	secify 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) – <i>Go to question 267</i>
	Other acquired cytoperiic syriatoriie (309) – Go to question 201
161	Specify other acquired cytopenic syndrome:
- (Go to signature line

Inherited Abnormalities of Erythrocyte Differentiation or Function

162. Specify the inherited abnormalities of erythrocyte differentiation or function classification: CIBMTR Form 2402 revision $\frac{24}{100}$ (page 71 of 77) Draft $\frac{37/236}{1000}$ /201 $\frac{76}{1000}$

CIBMTR C	enter Number:	CIBMTR Research ID:
	☐ Paroxysmal nocturnal hemoglobin	nuria (PNH) (56)
	☐ Shwachman-Diamond (305)	
	☐ Diamond-Blackfan anemia (pure i	red cell aplasia) (312)
	☐ Other constitutional anemia (319)	- Go to question 269
	☐ Fanconi anemia (311) (If the recip	ient 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 270
	163. Specify other constitutional an	emia:
	164. Specify other hemoglobinopati	hy:
	- Go to signature line	
Disord	lers of the Immune System	
Disord	lers of the Immune System	
	•	laccification:
Disord	Specify disorder of immune system of	
	Specify disorder of immune system o ☐ Adenosine deaminase (ADA) defi	ciency / severe combined immunodeficiency (SCID) (401)
	Specify disorder of immune system o ☐ Adenosine deaminase (ADA) defi ☐ Absence of T and B cells SCID (4	ciency / severe combined immunodeficiency (SCID) (401)
	Specify disorder of immune system of Adenosine deaminase (ADA) defi	ciency / severe combined immunodeficiency (SCID) (401)
	Specify disorder of immune system of Adenosine deaminase (ADA) defi	ciency / severe combined immunodeficiency (SCID) (401)
	Specify disorder of immune system of Adenosine deaminase (ADA) defi Absence of T and B cells SCID (4 Absence of T, normal B cell SCID Omenn syndrome (404) Reticular dysgenesis (405)	ciency / severe combined immunodeficiency (SCID) (401)
	Specify disorder of immune system of Adenosine deaminase (ADA) defit Absence of T and B cells SCID (4 Absence of T, normal B cell SCID Omenn syndrome (404) Reticular dysgenesis (405) Bare lymphocyte syndrome (406)	ciency / severe combined immunodeficiency (SCID) (401) 02) (403)
	Specify disorder of immune system of Adenosine deaminase (ADA) defit Absence of T and B cells SCID (4 Absence of T, normal B cell SCID Omenn syndrome (404) Reticular dysgenesis (405) Bare lymphocyte syndrome (406) Other SCID (419) – Go to questic	ciency / severe combined immunodeficiency (SCID) (401) 02) (403)
	Specify disorder of immune system of Adenosine deaminase (ADA) defit Absence of T and B cells SCID (4 Absence of T, normal B cell SCID (4 Omenn syndrome (404) Reticular dysgenesis (405) Bare lymphocyte syndrome (406) Other SCID (419) – Go to question SCID, not otherwise specified (419)	ciency / severe combined immunodeficiency (SCID) (401) 02) (403)
	Specify disorder of immune system of Adenosine deaminase (ADA) deficiency Absence of T and B cells SCID (4 Absence of T, normal B cell SCID (5 Omenn syndrome (404)) Reticular dysgenesis (405) Bare lymphocyte syndrome (406) Other SCID (419) – Go to questic (410) SCID, not otherwise specified (410) Ataxia telangiectasia (451)	ciency / severe combined immunodeficiency (SCID) (401) 02) (403)
	Specify disorder of immune system of Adenosine deaminase (ADA) defit Absence of T and B cells SCID (4 Absence of T, normal B cell SCID (4 Omenn syndrome (404) Reticular dysgenesis (405) Bare lymphocyte syndrome (406) Other SCID (419) – Go to questic SCID, not otherwise specified (416) Ataxia telangiectasia (451) HIV infection (452)	ciency / severe combined immunodeficiency (SCID) (401) 02) (403)
	Specify disorder of immune system of Adenosine deaminase (ADA) defit Absence of T and B cells SCID (4 Absence of T, normal B cell SCID (4 Omenn syndrome (404) Reticular dysgenesis (405) Bare lymphocyte syndrome (406) Other SCID (419) – Go to question SCID, not otherwise specified (410) Ataxia telangiectasia (451) HIV infection (452) DiGeorge anomaly (454)	ciency / severe combined immunodeficiency (SCID) (401) 02) 0 (403) 0 (403)
	Specify disorder of immune system of Adenosine deaminase (ADA) defit Absence of T and B cells SCID (4 Absence of T, normal B cell SCID (4 Omenn syndrome (404) Reticular dysgenesis (405) Bare lymphocyte syndrome (406) Other SCID (419) – Go to questic SCID, not otherwise specified (416) Ataxia telangiectasia (451) HIV infection (452) DiGeorge anomaly (454) Common variable immunodeficier	ciency / severe combined immunodeficiency (SCID) (401) 02) 0 (403) 0 (403) 0 (407)
	Specify disorder of immune system of Adenosine deaminase (ADA) deficiencies, Absence of T and B cells SCID (4 Absence of T, normal B cell SCID (4 Omenn syndrome (404)) Reticular dysgenesis (405) Bare lymphocyte syndrome (406) Other SCID (419) – Go to questic SCID, not otherwise specified (416) Ataxia telangiectasia (451) HIV infection (452) DiGeorge anomaly (454) Common variable immunodeficiencies,	ciency / severe combined immunodeficiency (SCID) (401) (403) on 272 (0) ncy (457) including GP180, CD-18, LFA and WBC adhesion deficiencies (459)
	Specify disorder of immune system of Adenosine deaminase (ADA) defit Absence of T and B cells SCID (4 Absence of T, normal B cell SCID (4 Omenn syndrome (404) Reticular dysgenesis (405) Bare lymphocyte syndrome (406) Other SCID (419) – Go to questic SCID, not otherwise specified (416) Ataxia telangiectasia (451) HIV infection (452) DiGeorge anomaly (454) Common variable immunodeficier	ciency / severe combined immunodeficiency (SCID) (401) (403) (403) (407) (a) (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c

CIBMTR Center Number: CIBMTR Research ID:				
☐ Cartilage-hair hypoplasia (462)				
☐ CD40 ligand deficiency (464)				
☐ Other immunodeficiencies (479) – Go to question 273				
☐ 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)				
166. Specify other SCID:				
167. Specify other immunodeficiency:				
- Go to signature line				
Inherited Abnormalities of Platelets				
168. Specify inherited abnormalities of platelets classification:				
☐ Congenital amegakaryocytosis / congenital thrombocytopenia (501)				
☐ Glanzmann thrombasthenia (502)				
☐ Other inherited platelet abnormality (509) — Go to question 275				
169. Specify other inherited platelet abnormality:				
- Go to signature line				
Inherited Disorders of Metabolism				
170. Specify inherited disorders of metabolism classification:				
□ Osteopetrosis (malignant infantile osteopetrosis) (521)				
Leukodystrophies				
☐ Metachromatic leukodystrophy (MLD) (542)				
☐ Adrenoleukodystrophy (ALD) (543)				
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	—
☐ 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 277	
☐ Inherited metabolic disorder, not otherwise specified (520)	
171. Specify other inherited metabolic disorder:	
- Go to signature line	
Histiocytic disorders	

172. Specify histiocytic disorder classification:

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CIBMTR C	enter Number:	CIBMTR Research ID:				
	☐ Hemophagocytic	lymphohistiocytosis (HLH) (571)				
	☐ Langerhans cell h	☐ Langerhans cell histiocytosis (histiocytosis-X) (572)				
	☐ Hemophagocytosis (reactive or viral associated) (573)					
	☐ Malignant histiocy	rtosis (574)				
	☐ Other histiocytic of	Other histiocytic disorder (579) – Go to question 279				
	☐ Histiocytic disorde	er, not otherwise specified (570)				
	173. Specify other	er histiocytic disorder:				
	- Go to signature lin	е				
Autoir	nmune Diseases					
174.	Specify autoimmune	disease classification:				
	Arthritis					
	☐ Rheumatoid arthr	itis (603)				
	☐ Psoriatic arthritis / psoriasis (604)					
	☐ Juvenile idiopathic arthritis (JIA): systemic (Stills disease) (640)					
	☐ Juvenile idiopathic arthritis (JIA): oligoarticular (641)					
	☐ Juvenile idiopathi	☐ Juvenile idiopathic arthritis (JIA): polyarticular (642)				
	☐ Juvenile idiopathic arthritis (JIA): other (643) <i>Go to question 282</i>					
	☐ Other arthritis (633) – Go to question 281					
	Multiple sclerosis					
	☐ Multiple sclerosis	(602)				
	Connective tissue d	iseases				
	☐ Systemic sclerosi	s (scleroderma) (607)				
	☐ Systemic lupus er	rythematosis (SLE) (605)				
	□ Sjögren syndrome (608)					
	☐ Polymyositis / der	matomyositis (606)				
	☐ Antiphospholipid	syndrome (614)				
	☐ Other connective	tissue disease (634) – Go to question 283				
	Vasculitis					
	☐ Wegener granulo	matosis (610)				
	☐ Classical polyarte	ritis nodosa (631)				
	☐ Microscopic polya	urteritis nodosa (632)				
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CIBMTR Center Nu	mber: CIBMTR Research ID:				
☐ Chu	urg-Strauss (635)				
☐ Gia	nt cell arteritis (636)				
☐ Tak	ayasu (637)				
☐ Beh	☐ Behcet syndrome (638)				
□ Ove	☐ Overlap necrotizing arteritis (639)				
☐ Oth	Other vasculitis (611) – Go to question 284				
Other n	eurological autoimmune diseases				
☐ Mya	asthenia gravis (601)				
☐ Oth	er autoimmune neurological disorder (644) – Go to question 285				
Hemato	ological autoimmune diseases				
☐ Idio	pathic thrombocytopenic purpura (ITP) (645)				
☐ Her	☐ Hemolytic anemia (646)				
☐ Eva	n syndrome (647)				
☐ Oth	er autoimmune cytopenia (648) – Go to question 286				
Bowel diseases					
☐ Crohn's disease (649)					
☐ Ulce	erative colitis (650)				
☐ Oth	er autoimmune bowel disorder (651) – Go to question 287				
175.	Specify other arthritis:				
176.	Specify other juvenile idiopathic arthritis (JIA):				
177.	Specify other connective tissue disease:				
178.	Specify other vasculitis:				
179.	Specify other autoimmune neurological disorder:				
180.	Specify other autoimmune cytopenia:				
181.	Specify other autoimmune bowel disorder:				

- Go to signature line

Other Disease

CIBMTR Center Number:	CIBMTR Research ID:
182. Specify other disease:	
First Name:	
Last Name	
Last Name:	
E-mail address:	
Date:	
VVVV MM DD	