

## **Disease Classification**

Registry Use Only	OMB No: 0915-0310 Expiration Date: 10/31/2022
Sequence Number:  Date Received:	Public Burden Statement: The purpose of the data collection is to fulfill the legislative mandate to establish and maintain a standardized database of allogeneic marrow and cord blood transplants performed in the United States or using a donor from the United States. The data collected also meets the C.W. Bill Young Cell Transplantation Program requirements to provide relevant scientific information not containing individually identifiable information available to the public in the form of summaries and data sets. 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 information collection is 0915-0310 and it is valid until 10/31/2022. This information collection is voluntary under The Stem Cell Therapeutic and Research Reauthorization Act of 2010, Public Law 111−264 (the Act) and the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 114-104. Public reporting burden for this collection of information is estimated to average 0.43 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.
CIBMTR Center Number:	
CIBMTR Research ID:	
YYYY MM D	- D
Primary Disease for HCT / Cellular Therapy	
,	
Date of diagnosis of primary disease for HCT  YYYY  YYYY	/ cellular therapy:
Date of diagnosis of primary disease for HCT	MM DD
Date of diagnosis of primary disease for HCT  YYYY  YYYY  The state of the sta	MM DD  HCT / cellular therapy was performed?
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the I</li> </ol>	MM DD  HCT / cellular therapy was performed?  NLL) (10) - Go to question 3.
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the I Acute myelogenous leukemia (AML or AI Acute lymphoblastic leukemia (ALL) (20)</li> </ol>	MM DD  HCT / cellular therapy was performed?  NLL) (10) - Go to question 3.
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the I Acute myelogenous leukemia (AML or AI Acute lymphoblastic leukemia (ALL) (20)</li> <li>Acute leukemia of ambiguous lineage and Chronic myelogenous leukemia (CML) (4</li> </ol>	HCT / cellular therapy was performed? NLL) (10) - Go to question 3 Go to question 96. d other myeloid neoplasms (80) - Go to question 164. 0) - Go to question 168.
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the I Acute myelogenous leukemia (AML or AI Acute lymphoblastic leukemia (ALL) (20)</li> <li>Acute leukemia of ambiguous lineage and Chronic myelogenous leukemia (CML) (4</li> </ol>	MM DD  HCT / cellular therapy was performed?  NLL) (10) - Go to question 3.  - Go to question 96.  d other myeloid neoplasms (80) - Go to question 164.
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the III Acute myelogenous leukemia (AML or AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</li></ol>	HCT / cellular therapy was performed? NLL) (10) - Go to question 3 Go to question 96. d other myeloid neoplasms (80) - Go to question 164. 0) - Go to question 168.
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the I Acute myelogenous leukemia (AML or AI Acute lymphoblastic leukemia (ALL) (20)</li> <li>Acute leukemia of ambiguous lineage and Chronic myelogenous leukemia (CML) (4</li> <li>Myelodysplastic Syndrome (MDS) (50) (I disease) - Go to question 179.</li> <li>Myeloproliferative Neoplasms (MPN) (146 disease) - Go to question 260.</li> </ol>	HCT / cellular therapy was performed?  NLL) (10) - Go to question 3.  - Go to question 96.  d other myeloid neoplasms (80) - Go to question 164.  0) - Go to question 168.  If recipient has transformed to AML, indicate AML as the primary  50) (If recipient has transformed to AML, indicate AML as the primary
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the ID Acute myelogenous leukemia (AML or AID Acute lymphoblastic leukemia (ALL) (20)</li> <li>Acute leukemia of ambiguous lineage and Chronic myelogenous leukemia (CML) (4</li> <li>Myelodysplastic Syndrome (MDS) (50) (ID Myelogenous leukemia (MDS) (50) (ID Myeloproliferative Neoplasms (MPN) (146) disease) - Go to question 260.</li> <li>Other leukemia (30) (includes CLL) - Go id</li> </ol>	HCT / cellular therapy was performed? NLL) (10) - Go to question 3 Go to question 96. d other myeloid neoplasms (80) - Go to question 164. 0) - Go to question 168. f recipient has transformed to AML, indicate AML as the primary (50) (If recipient has transformed to AML, indicate AML as the primary) (50) question 373.
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the I Acute myelogenous leukemia (AML or AI Acute lymphoblastic leukemia (ALL) (20)</li> <li>Acute leukemia of ambiguous lineage and Chronic myelogenous leukemia (CML) (4</li> <li>Myelodysplastic Syndrome (MDS) (50) (I disease) - Go to question 179.</li> <li>Myeloproliferative Neoplasms (MPN) (146 disease) - Go to question 260.</li> </ol>	HCT / cellular therapy was performed? NLL) (10) - Go to question 3 Go to question 96. d other myeloid neoplasms (80) - Go to question 164. 0) - Go to question 168. f recipient has transformed to AML, indicate AML as the primary (50) (If recipient has transformed to AML, indicate AML as the primary (50) question 373. (50) (10) 100 100 100 100 100 100 100 100 100
<ol> <li>Date of diagnosis of primary disease for HCT YYYY</li> <li>What was the primary disease for which the I Acute myelogenous leukemia (AML or AI Acute lymphoblastic leukemia (ALL) (20)</li> <li>Acute leukemia of ambiguous lineage and Chronic myelogenous leukemia (CML) (4</li> <li>Myelodysplastic Syndrome (MDS) (50) (I disease) - Go to question 179.</li> <li>Myeloproliferative Neoplasms (MPN) (146 disease) - Go to question 260.</li> <li>Other leukemia (30) (includes CLL) - Go to question 1 Hodgkin lymphoma (150) - Go to question 2</li> </ol>	HCT / cellular therapy was performed? NLL) (10) - Go to question 3 Go to question 96. d other myeloid neoplasms (80) - Go to question 164. 0) - Go to question 168. f recipient has transformed to AML, indicate AML as the primary 50) (If recipient has transformed to AML, indicate AML as the primary to question 373. In 380. Lestion 380.

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CIBMTR C	enter	Number: CIBMTR Recipient ID:				
		e aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary se) - Go to question 448.				
	Inherited abnormalities of erythrocyte differentiation or function (310) - Go to question 450.					
	Disord	lers of the immune system (400) - Go to question 484.				
	Inherit	red abnormalities of platelets (500) - Go to question 492.				
	Inherit	red disorders of metabolism (520) - Go to question 494.				
	Histio	cytic disorders (570) - Go to question 497.				
	Autoin	nmune diseases (600) - Go to question 502.				
	Tolera	ance induction associated with solid organ transplant (910) - Go to question 506.				
	Reces	ssive dystrophic epidermolysis bullosa (920) – <b>Go to First Name</b>				
	Other	disease (900) - Go to question 508.				
Acute Mye	logen	ous Leukemia (AML)				
3.	Spec	ify the AML classification:				
AMI		recurrent genetic abnormalities AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5)				
		AML with t(6;9) (p23;q34.1); DEK-NUP214 (6)				
		AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7)				
		AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8)				
		AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281)				
		AML with inv(16)(p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282)				
		APL with PML-RARA (283)				
		AML with BCR-ABL1 (provisional entity) (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		otherwise specified AML, not otherwise specified (280)				
		AML, minimally differentiated (286)				
		AML without maturation (287)				
		AML with maturation (288)				
		Acute myelomonocytic leukemia (289)				

CIBMTR (	Cente	r Number: CIBMTR Recipient ID:
		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 th	ne disease (AML) therapy related?
		Yes
		No
		Unknown
6.	Did	the recipient have a predisposing condition?
		Yes - Go to question 7.
		No - Go to question 9.
		Unknown - Go to question 9.
	7.	Specify condition:
		☐ Bloom syndrome - Go to question 9.
		□ Down syndrome - Go to question 9.
		☐ Fanconi anemia - Also complete CIBMTR Form 2029 - Go to question 9.
		☐ Dyskeratosis congenita - <b>Go to question 9.</b>
		☐ Other condition - Go to question 8.
		8. Specify other condition:
Labs at d	iagno	osis
9.	We	re cytogenetics tested (karyotyping or FISH)? (at diagnosis)
		Yes - Go to question 10.
		No - Go to question 23.
		Unknown - Go to question 23.

10. Were cytogenetics tested via FISH? rrm 2402 V5 (page 3 – 89) Draft 1/15/2020

CIBMTR Center Number:		: CIBMTR Recipient ID:
		Yes – Go to question 11.
		No - Go to question 16.
		·
11.	Result	s of tests:
		Abnormalities identified – <i>Go to question 12.</i>
		No abnormalities - <i>Go to question 16.</i>
		Specify cytogenetic abnormalities identified at diagnosis:
	12.	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
	13.	Specify number of distinct cytogenetic abnormalities:
		□ One (1)
		□ Two (2)
		☐ Three (3)
		☐ Four or more (4 or more)
	14.	Specify abnormalities (check all that apply)
		□ -5
		□ -7
		□ -17
		□ -18
		□ -X
		□ -Y
		□ +4
		□ +8
		□ +11
		□ +13
		□ +14 □
		□ +21 □ +23
		□ +22 □ +(2-2)
		$\Box  t(3;3)$
		□ t(6;9) □ t(8;21)
		□ t(9;11)
		□ t(9;22)
		$\Box$ t(15;17) and variants

CIBMTR Center Number	:	CIBMTR Recipient ID:
		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 15.
	15.	Specify other abnormality:
16. Were	cytoge	enetics tested via karyotyping?
	Yes -	- Go to question 17.
	No -	Go to question 22.
17	Doo	ulto of tooto:
17.	Res	ults of tests:
		Abnormalities identified – <i>Go to question 18.</i> No evaluable metaphases - <i>Go to question 22.</i>
		No abnormalities - <b>Go to question 22</b> .
	Ц	No abnormantes - Go to question 22.
	Spec	cify cytogenetic abnormalities identified at diagnosis:
	18.	International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
	19.	Specify number of distinct cytogenetic abnormalities:
		□ One (1)
		□ Two (2)
		☐ Three (3)
		☐ Four or more (4 or more)
	20.	Specify abnormalities: (check all that apply)

CIBMTR Center Number:	CIBMTR Recipient ID:
	-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 - <b>Go to question 21.</b>
	,

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

21.

CIBMTR C	enter	Number	: CIBMTR Recipient ID:
22. Was do		Was c	documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
			Yes
			No
23.	Were	e tests fo	or molecular markers performed (e.g. PCR, NGS)? (at diagnosis)
		Yes – C	Go to question 24.
		No – <b>G</b> o	o to question 36.
		Unknow	n – <b>Go to question 36.</b>
			Specify molecular markers identified at diagnosis:
	24.	CEBP	'A
			Positive – <b>Go to question 25.</b>
			Negative - Go to question 26.
			Not done - Go to question 26.
		25.	Specify CEBPA mutation
			□ Biallelic (homozygous)
			☐ Monoallelic (heterozygous)
			□ Unknown
	26.	FLT3	– D835 point mutation
			Positive
			Negative
			Not done
	27.	FI T3	– ITD mutation
			Positive- Go to question 28.
			Negative- Go to question 30.
			Not done- Go to question 30.
		20	ELT2 ITD allalia ratio
		28.	FLT3 – ITD allelic ratio
			☐ Unknown - <b>Go to question 30.</b>
			Olikilowii - Go to question 30.
			29. Specify FLT3 - ITD allelic ratio:
	30.	IDH1	
	50.		Positive

CIBMTR Center Num	ber: CIBMTR Recipient ID:
	I Negative
	Not done
	H2
_	<u> </u>
	Not done
32. KI	Τ
	I Positive
	I Negative
	I Not done
33. NF	PM1
	I Negative
	I Not done
34. Ot	her molecular marker
34. Ot	
3	5. Specify other molecular marker:
	Copy and complete questions 3435. for multiple molecular markers
Labs between	diagnosis and last evaluation:
36. Were cyto	ogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)
□ Yes	- Go to question 37.
□ No -	Go to question 50.
□ Unk	nown - Go to question 50.
37. W	ere cytogenetics tested via FISH?
	Yes – Go to question 38.
	No - Go to question 43.
3	8 Pasults of tasts:

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CIBMTR Center Number:		CIBMTR Recipient ID:
	Abnor	malities identified – <i>Go to question 39.</i>
		normalities - <b>Go to question 43.</b>
Spec	cify cyto	ogenetic abnormalities identified between diagnosis and last evaluation:
39.		rnational System for Human Cytogenetic Nomenclature (ISCN) compatible
40.	Spe	cify number of distinct cytogenetic abnormalities:
		One (1)
		Two (2)
		Three (3)
		Four or more (4 or more)
41.	Spe	cify 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-

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CIBMTR Center Number:	CIBMTR Recipient ID:
	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 42.
42.	Specify other abnormality:
43. Were cytogenetics t	tested via karyotyping?
□ Yes – <b>Go to</b>	question 44.
□ No - <b>Go to q</b>	uestion 49.
AA Dooulto of to	anta.
44. Results of to	
	malities identified – <i>Go to question 45.</i>
	aluable metaphases - <i>Go to question 49.</i> normalities - <i>Go to question 49.</i>
L NO abi	normaniles - Go to question 43.
Specify cyto	ogenetic abnormalities identified between diagnosis and last evaluation:
	rnational System for Human Cytogenetic Nomenclature (ISCN) compatible ig:
46. Spe	cify number of distinct cytogenetic abnormalities:
	One (1)
	Two (2)
	Three (3)
	Four or more (4 or more)
47. Spe	cify abnormalities: (check all that apply)
	-5
	-7
	-17
	-18

CIBMTR Center Number:	CIBMTR Recipient ID:
	-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 - Go to question 48.
48.	Specify other abnormality:
49. Was documentation	submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
□ Yes	
□ No	

СІВМТ	R C	enter	Number	: CIBMTR Recipient ID:
50. Were tests for m		e tests fo	or molecular markers performed (e.g. PCR, NGS)? (between diagnosis and last evaluation)	
			Yes – G	Go to question 51.
			No – <b>G</b> o	o to question 63.
		□	Unknow	vn – <b>Go to question 63.</b>
	Spe	cify n	nolecula	r markers identified between diagnosis and last evaluation:
		51.	CEBP	'A
				Positive – Go to question 52.
				Negative - Go to question 53.
				Not done - Go to question 53.
			52.	Specify CEBPA mutation
				Biallelic (homozygous)
				Monoallelic (heterozygous)
				Unknown
		53.	FLT3	– D835 point mutation
				Positive
				Negative
				Not done
		54.	FLT3	– ITD mutation
				Positive- Go to question 55.
				Negative- Go to question 57.
				Not done- Go to question 57.
			55.	FLT3 – ITD allelic ratio
				☐ Known - Go to question 56.
				□ Unknown - Go to question 57.
				56. Specify FLT3 - ITD allelic ratio:
		57.	IDH1	
				Positive
				Negative
				Not done

58. IDH2

CIBMTR C	enter I	Number	r: CIBMTR Recipient ID:
			Positive
			Negative
			Not done
	59.	KIT	
			Positive
			Negative
			Not done
	60.	NPM1	1
			Positive
			Negative
			Not done
	61.	Othor	molecular marker:
	01.		Positive- <i>Go to question 62.</i>
			Negative- Go to question 62.
			Not done- <i>Go to question 63.</i>
			Not dolle- Go to question GS.
		62.	Specify other molecular marker:
			Copy and complete questions 6162. to report multiple other molecular markers
Labs	s at la	st evalı	uation:
63.	Were	cytoge	netics tested (karyotyping or FISH)? (at last evaluation)
		Yes - <b>G</b>	Go to question 64.
		No - <b>G</b> o	o to question 77.
		Unknov	vn - Go to question 77.
	64.	Were	cytogenetics tested via FISH?
			Yes – Go to question 65.
			No - Go to question 70.
		65.	Results of tests:
			☐ Abnormalities identified – <b>Go to question 66.</b>
			□ No abnormalities - <i>Go to question 70.</i>

Specify cytogenetic abnormalities identified at last evaluation:

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6		rnational System for Human Cytogenetic Nomenclature (ISCN) compatible		
6	67. Spe	cify number of distinct cytogenetic abnormalities:		
		One (1)		
		Two (2)		
		Three (3)		
		Four or more (4 or more)		
6	88. Spe	cify 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-

CIBMTR Center Number:		CIBMTR Recipient ID:
		del(20q) / 20q-
		del(21q) / 21q-
		inv(3)
		inv(16)
		(11q23) any abnormality
		12p any abnormality
		Other abnormality - Go to question 69.
	69.	Specify other abnormality:
70. Were cyto	genetics	tested via karyotyping?
□ Ye	s – <b>Go to</b>	question 71.
□ No	- Go to d	question 76.
71. R	esults of t	ests:
	] Abnor	malities identified – <b>Go to question 72.</b>
	l No ev	aluable metaphases - <i>Go to question 76.</i>
	l No ab	normalities - Go to question 76.
Sp	ecify cyto	ogenetic abnormalities identified at last evaluation:
72		rnational System for Human Cytogenetic Nomenclature (ISCN) compatible ng:
73	3. Spe	cify number of distinct cytogenetic abnormalities:
		One (1)
		Two (2)
		Three (3)
		Four or more (4 or more)
74	4. Spe	cify abnormalities: (check all that apply)
		-5
		-7
		-17
		-18
		-X
		-Y
		+4
		+8

CIBMTR Center Number:	CIBMTR Recipient ID:
	+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 - <b>Go to question 75.</b>
75.	Specify other abnormality:
76. Was documentation	submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
□ Yes	
□ No	
77 More to sta for mode suley m	ordinare markerment (e.g. DCD, NCC)2 (et leet explication)
77. Were tests for molecular m  ☐ Yes – <b>Go to questio</b>	arkers performed (e.g. PCR, NGS)? (at last evaluation)
□ No – Go to question	
□ Unknown – <b>Go to gu</b>	

CIBMTE	R Center N	lumber:	CIBMTR Recipient ID:
S	Specify mo	olecular	markers identified at last evaluation:
	78.	CEBPA	
			Positive – <b>Go to question 79.</b>
			Negative - Go to question 80.
			Not done - Go to question 80.
		79.	Specify CEBPA mutation
			□ Biallelic (homozygous)
			☐ Monoallelic (heterozygous)
			□ Unknown
	80.	FLT3 –	D835 point mutation
			Positive
			Negative
			Not done
	81.	FLT3 –	ITD mutation
			Positive- Go to question 82.
			Negative- Go to question 84.
			Not done- Go to question 84.
		82.	FLT3 – ITD allelic ratio
			☐ Known - Go to question 83.
			☐ Unknown - Go to question 84.
			83. Specify FLT3 - ITD allelic ratio:
	84.	IDH1	
			Positive
			Negative
			Not done
	85.	IDH2	
			Positive
			Negative
			Not done
	86.	KIT	

CIBMTR C	enter	Number	: CIBMTR Recipient ID:
			Positive
			Negative
			Not done
	87.	NPM1	
			Positive
			Negative
			Not done
	88.	Other	molecular marker
	00.		Positive- Go to question 89.
			Negative- <i>Go to question 89.</i>
			Not done- <i>Go to question 90.</i>
			·
		89.	Specify other molecular marker:
			Copy and complete questions 8889. to report multiple other molecular markers
CNS	S Leul	kemia	
90.		-	ient have central nervous system leukemia at any time prior to the start of the preparative nfusion?
		Yes	
		No	
		Unknov	vn
Stat	us at	transpla	antation / infusion:
91.	Wha	t was the	e disease status (based on hematological test results)?
		Primary	induction failure – <b>Go to question 95.</b>
		1st com	nplete remission (no previous bone marrow or extramedullary relapse) (include CRi)– <b>Go to</b> on 92.
		2nd cor	mplete remission – Go to question 92.
		≥ 3rd co	omplete remission – Go to question 92.
		1st rela	pse – <b>Go to question 94.</b>
		2nd rela	apse – <b>Go to question 94.</b>
		≥ 3rd re	elapse – <b>Go to question 94.</b>
		No trea	tment - Go to question 95.

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CIBMTR Center Number:				CIBM	TR Recipi	ent ID:	
92.	. How CRi		cles of induct	tion therapy	were requ	uired to achie	eve 1st complete remission? (includes
		1					
		2					
		≥ 3					
93.	. Was	the recip	oient in remiss	sion by flow	cytometry	?	
		Yes -	Go to ques	tion 95.			
		No -	Go to questi	ion 95.			
		Unkno	wn – <b>Go to</b>	question 9	5.		
		Not ap	plicable – <b>G</b> e	o to questi	on 95.		
94.	. Date	of most	recent relaps	e:			
	YYYY				MM	DD	
95. Date	e assess	ed:	· —— —— ——			Go to s	signature line
	YYYY		ММ	DD			
Acute Lymphob	lastic Le	eukemia	(ALL)				
96. Spe	cify ALL	classific	ation:				
B-lymp □			e <mark>mia / lymph</mark> o c leukemia / l		IOS (B-ce	ell ALL, NOS)	) (191)
	B-lymp	hoblasti	c leukemia / l	ymphoma w	ith t(9;22)	(q34.1;q11.2	r); BCR-ABL1 (192)
	B-lymp	hoblasti	c leukemia / l	ymphoma w	ith t(v;11q	23.3); KMT2	2A rearranged (193)
	B-lymp	hoblasti	c leukemia / l	ymphoma w	ith t(1;19)	(q23;p13.3);	TCF3-PBX1 (194)
	B-lymp	hoblasti	c leukemia / l	ymphoma w	ith t(12;21	.) (p13.2;q22	2.1); ETV6-RUNX1 (195)
	B-lymp	hoblasti	c leukemia / l	ymphoma w	ith t(5;14)	(q31.1;q32.3	3); IL3-IGH (81)
	B-lymp	hoblasti	c leukemia / l	ymphoma w	ith Hyperd	diploidy (51-6	65 chromosomes) (82)
	B-lymp	hoblasti	c leukemia / l	ymphoma w	ith Hypod	iploidy (<46	chromosomes) (83)
	B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94)						
	B-lymp	hoblasti	c leukemia / l	ymphoma, w	vith iAMP2	24 (05)	
						21 (95)	
T-cell I			eukemia / lyn astic leukemi		ı <mark>a (Precur</mark>	, ,	.L) (196)
	T-cell ly	<mark>/mphob</mark> l		<mark>a / lymphom</mark>		sor T-cell AL	.L) (196 <mark>)</mark>
	T-cell ly Early T	<mark>/mphob</mark> -cell pre	<mark>astic leukemi</mark>	<mark>a / lymphom</mark> oblastic leuk		sor T-cell AL	.L) (196)

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CIBMTR	Cente	r Numbe	r: CIBMTR Recipient ID:
97	. Did	the recip	pient have a predisposing condition?
		Yes - C	Go to question 98.
		No - <b>G</b>	o to question 100.
		Unknov	wn - <b>Go to question 100.</b>
	98	. Spec	ify condition:
			Aplastic anemia - Go to question 100. Also complete CIBMTR Form 2028 — APL
			Bloom syndrome - Go to question 100.
			Down syndrome - Go to question 100.
			Fanconi anemia - Go to question 100. Also complete CIBMTR Form 2029 — FAN
			Other condition - Go to question 99.
		99.	Specify other condition:
10			ne kinase inhibitors given for therapy at any time prior to start of the preparative regimen / (e.g. imatinib mesylate, dasatinib, etc.)
		Yes	
		No	
La	borato	ory studi	es at diagnosis:
10	1. We	re cytoge	enetics tested (karyotyping or FISH)? (at diagnosis)
			So to question 102.
			o to question 115.
			nn - <b>Go to question 115</b> .
	10	2. Were	cytogenetics tested via FISH? (at diagnosis)
			Yes - Go to question 103.
			No - Go to question 108.
		103.	Results of tests: (at diagnosis)
			☐ Abnormalities identified - <i>Go to question 104.</i>
			□ No abnormalities - <i>Go to question 108.</i>
			Specify cytogenetic abnormalities identified at diagnosis:
			104. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:

Specify number of distinct cytogenetic abnormalities:

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105.

CIBMTR Center Number:		CIBMTR Recipient ID:
		One (1)
		Two (2)
		Three (3)
		Four or more (4 or more)
106.	Spec	cify abnormalities: (check all that apply)
		<b>-</b> 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 (< 46)
		iAMP21
		Other abnormality – <i>Go to question 107.</i>
	107.	Specify other abnormality:

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

CIBMTR Center Number	CIBMTR Recipient ID:		
	Yes - <b>Go to</b>	question 109.	
_		question 114.	
109.	Results of t	ests: (at diagnosis)	
	□ Abnor	malities identified - <b>Go to question 110</b> .	
	□ No ev	No evaluable metaphases - Go to question 114.	
	□ No ab	normalities - Go to question 114.	
	Specify cyto	ogenetic abnormalities identified at diagnosis:	
		rnational System for Human Cytogenetic Nomenclature (ISCN) compatible ng:	
	111. Spe	cify number of distinct cytogenetic abnormalities:	
		One (1)	
		Two (2)	
		Three (3)	
		Four or more (4 or more)	
	112. Spe	cify abnormalities: (check all that apply)	
		+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-	

CIBMTR Center Number:		CIBMTR Recipient ID:
		add(14q)
		(11q23) any abnormality
		9p any abnormality
		12p any abnormality
		Hyperdiploid (> 50)
		Hypodiploid (< 46)
		iAMP21
		Other abnormality – <b>Go to question 113.</b>
	113.	Specify other abnormality:
114. Was o	documentation	submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
	Yes	
	No	
115. Were tests fo	or molecular m	narkers performed (e.g. PCR, NGS)? (at diagnosis)
	So to questio	on 116.
□ No - Ge	o to questioi	n 120.
□ Unknow	vn – <b>Go to qu</b>	estion 120.
Specify molecula	ır markers ide	entified at diagnosis:
116. BCR /		
	Positive	
	Negative Not done	
_	1101 40110	
117. TEL-A	ML / AML1	
	Positive	
	Negative	
	Not done	
118. Other	molecular ma	ırker
	Positive – <b>G</b>	o to question 119.
	Negative – <b>G</b>	Go to question 119.
	Not done – G	Go to question 120.
119.	Specify othe	er molecular marker:

CIBMTR Center Number:	CIBMTR Recipient ID:
<del></del>	·

## Copy and complete questions 118.-119. for additional molecular markers

## Laboratory studies between diagnosis and last evaluation:

		,			
120.	Were	e cytoge	netics t	tested (	karyotyping or FISH)? (between diagnosis and last evaluation)
		Yes - G	o to q	uestio	n 121.
		No - Go to question 134.			
		Unknov	vn - <b>G</b> o	to qu	estion 134.
	101	Word	ov to go	notice t	tracted via FISU2 (between diagnosis and the last evaluation)
	121	were			tested via FISH? (between diagnosis and the last evaluation)
					question 122.
			NO - C	30 lO Q	guestion 127.
		122.	Resu	ults of to	ests: (between diagnosis and the last evaluation)
				Abnor	malities identified - Go to question 123.
				No ab	normalities - Go to question 127.
			Speci	ify cyto	ogenetic abnormalities identified between diagnosis and last evaluation:
			123.		rnational System for Human Cytogenetic Nomenclature (ISCN) compatible ig:
			124.	Spe	cify number of distinct cytogenetic abnormalities:
					One (1)
					Two (2)
					Three (3)
					Four or more (4 or more)
			125.	Spe	cify abnormalities: (check all that apply)
					<b>-</b> 7
					+4
					+8
					+17
					+21
					t(1;19)
					t(2;8)
					t(4;11)
					t(5;14)
					t(8:14)

CIBMTR Center Number:	CIBMTR Recipient ID:		
	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 (< 46)		
	iAMP21		
	Other abnormality – <b>Go to question 126</b> .		
120	6. Specify other abnormality:		
127. Were cytogenetics	tested via karyotyping? (between diagnosis and the last evaluation)		
□ Yes - <b>Go to</b>	question 128.		
□ No - <b>Go to</b>	question 133.		
128. Results of	tests: (between diagnosis and the last evaluation)		
☐ Abno	rmalities identified - Go to question 129.		
□ No e	valuable metaphases - Go to question 133.		
□ No al	onormalities - Go to question 133.		
	cify cytogenetic abnormalities identified between diagnosis and last luation:		
	ernational System for Human Cytogenetic Nomenclature (ISCN) compatible ng:		
130. Sp	ecify number of distinct cytogenetic abnormalities:		
	One (1)		
	Two (2)		
	Three (3)		
	Four or more (4 or more)		

IBMTR Center Number:		CIBMTR Recipient ID:
131.	Spe	cify abnormalities: (check all that apply)
		<b>-</b> 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 (< 46)
		iAMP21
		Other abnormality – <b>Go to question 132</b> .
	132.	Specify other abnormality:
133. Was documen	tation	submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
□ Yes		
□ No		
134. Were tests for molecu	ılar m	arkers performed (e.g. PCR, NGS)? (between diagnosis and last evaluation)
☐ Yes – <b>Go to qu</b>	estio	n 135.
□ No – Go to que	stior	1 139.

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CIBMTR Center Number	: CIBMTR Recipient ID:
□ Unknow	vn – <b>Go to question 139.</b>
Specify molecula	r markers identified between diagnosis and last evaluation:
135. BCR /	ABL
	Positive
	Negative
	Not done
136. TEL-A	AML / AML1
	Positive
	Negative
	Not done
137. Other	molecular marker
	Positive – Go to question 138.
	Negative – Go to question 138.
	Not done – Go to question 139.
138.	Specify other molecular marker:
	Copy and complete questions 137138. for additional molecular markers
Laboratory studio	es at last evaluation:
139. Were cytoge	netics tested (karyotyping or FISH)? (at last evaluation)
□ Yes - <b>G</b>	o to question 140.
□ No - <b>G</b> o	to question 153.
☐ Unknov	vn - <b>Go to question 153</b> .
140. Were	cytogenetics tested via FISH?
	Yes - Go to question 141.
	No - Go to question 146.
141.	Results of tests:
	☐ Abnormalities identified - Go to question 142.
	□ No abnormalities - <i>Go to question 146.</i>

Specify cytogenetic abnormalities identified at last evaluation:

CIBMTR Center Number:			CIBMTR Recipient ID:
	142.		rnational System for Human Cytogenetic Nomenclature (ISCN) compatible g:
	143.	Spec	cify number of distinct cytogenetic abnormalities:
		One (1	)
		Two (2	2)
		Three	(3)
		Four o	r more (4 or more)
	144.	Spec	cify abnormalities: (check all that apply)
			<b>-7</b>
			+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 (< 46)
			iAMP21

☐ Other abnormality – *Go to question 145.* 

CIBMTR Center Number:	CIBMTR Recipient ID:
	145. Specify other abnormality:
146. Were	cytogenetics tested via karyotyping? (at last evaluation)
	Yes - Go to question 147.
	No - Go to question 152.
147.	Results of tests:
2111	☐ Abnormalities identified - <i>Go to question 148.</i>
	□ No evaluable metaphases - <i>Go to question 152</i> .
	□ No abnormalities - <i>Go to question 152</i> .
	Specify cytogenetic abnormalities identified at last evaluation:
	148. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
	149. Specify number of distinct cytogenetic abnormalities:
	□ One (1)
	□ Two (2)
	☐ Three (3)
	☐ Four or more (4 or more)
	150. Specify abnormalities: (check all that apply)
	□ <b>-</b> 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)

CIBMTR Center Number:	CIBMTR Recipient ID:
	□ del(6q) / 6q–
	□ del(9p) / 9p–
	□ del(12p) / 12p–
	□ add(14q)
	□ (11q23) any abnormality
	☐ 9p any abnormality
	□ 12p any abnormality
	☐ Hyperdiploid (> 50)
	☐ Hypodiploid (< 46)
	□ iAMP21
	☐ Other abnormality – <b>Go to question 151.</b>
:	151. Specify other abnormality:
152. Was documenta	ation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
□ Yes	
□ No	
153. Were tests for molecula	ar markers performed (e.g. PCR, NGS)? (at last evaluation)
☐ Yes – <b>Go to que</b>	
□ No – <b>Go to ques</b>	
☐ Unknown – <b>Go t</b> o	o question 158.
Specify	molecular markers identified at last evaluation:
154. BCR / ABL	
□ Positive	
☐ Negative	
□ Not done	
155. TEL-AML / AML	1
□ Positive	
☐ Negative	
□ Not done	
156. Other molecular	· marker
	- Go to question 157.
	- Go to question 157.
- ivegative	-0 to quodion ±011

CIBMTR Center Numb	ber: CIBMTR Recipient ID:
	Not done – Go to question 158.
15	57. Specify other molecular marker:
	Copy and complete questions 156157. for additional molecular markers
CNS Leukemia	ı
	cipient have central nervous system leukemia at any time prior to the start of the preparative a / infusion?
□ Yes	
□ No	
□ Unkr	nown
Status at trans	splantation / infusion:
159. What was	the disease status (based on hematological test results)?
□ Prim	ary induction failure – <b>Go to question 163.</b>
	complete remission (no previous marrow or extramedullary relapse)(include CRi) – <b>Go to</b> stion 160.
□ 2nd (	complete remission – <b>Go to question 160.</b>
□ ≥ 3rd	complete remission – Go to question 160.
□ 1st re	elapse – <b>Go to question 162.</b>
□ 2nd ı	relapse – <b>Go to question 162.</b>
□ ≥ 3rd	relapse – <b>Go to question 162.</b>
□ No tr	reatment – <b>Go to question 163.</b>
	w many cycles of induction therapy were required to achieve 1st complete remission (include CRi)?
	1
	2
	≥ 3
161. Wa	as the recipient in remission by flow cytometry?
	Yes - Go to question 163.
	No - Go to question 163.
	Unknown - Go to question 163.
	Not applicable – <b>Go to question 163.</b>
162. Da	te of most recent relapse:

CIBMTR C	Center	Number:	CIBMTR Recipient ID:		
		YYYY	MM		DD
163	. Date	e assessed:		 DD	Go to signature line
		1111	IVIIVI		
Acute Leu	kemia	s of Ambiguous Lineage and Oth	er Myeloid Nec	oplasms	5
	_				
164	-	cify acute leukemias of ambiguous	_	_	·
		Blastic plasmacytoid dendritic ce		,	•
		Acute undifferentiated leukemia	· · ·		
		Mixed phenotype acute leukemia <b>166.</b>	રૂ (MPAL) with to	(9;22)(q:	34.1;q11.2); BCR-ABL1 (84) – <i>Go to question</i>
		Mixed phenotype acute leukemia	a with t(v; 11q23	3.3); KM	T2A rearranged (85) – <b>Go to question 166.</b>
		Mixed phenotype acute leukemia	a, B/myeloid, No	OS (86)	- Go to question 166.
		Mixed phenotype acute leukemia	a, T/myeloid, No	OS (87)	- Go to question 166.
		Other acute leukemia of ambigue	ous lineage or r	nyeloid	neoplasm (88) - <b>Go to question 165.</b>
	165	5. Specify other acute leukemia o	of ambiguous lin	neage or	myeloid neoplasm:
Stat	tus at	transplantation / infusion:			
166	. Wha	it was the disease status (based o	on hematologica	al test re	esults)?
		Primary induction failure			
		1st complete remission (no previ	ous marrow or	extrame	edullary relapse)
		2nd complete remission			
		≥ 3rd complete remission			
		1st relapse			
		2nd relapse			
		≥3rd relapse			
		No treatment			
167	. Date	e assessed:			Go to signature line
		YYYY	MM	l	DD
Chronic M	lyelog	enous Leukemia (CML)			
100	\A/	there are a prior to this LICTO			
108		therapy given prior to this HCT?			
		Yes - Go to question 169.			
		No - Go to question 175.			

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CIBMTR Center	r Numbe	r: CIBMTR Recipient ID:
169. Combination chem		bination chemotherapy
		Yes
		No
17	0. Hydr	oxyurea (Droxia, Hydrea)
		Yes
		No
17	1. Tyros	sine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)
		Yes
		No
17	2. Interf	feron-α (Intron, Roferon) (includes PEG)
		Yes
		No
17	3. Othe	r therapy
		Yes - Go to question 174.
		No - Go to question 175.
	174	. Specify other therapy:
175. Wha	at was th	ne disease status?
	Compl	ete hematologic response (CHR) preceded only by chronic phase- Go to question 176.
		ete hematologic response (CHR) preceded by accelerated phase and/or blast phase- <b>Go to</b> ion 176.
	Chroni	c phase – <b>Go to question 176.</b>
	Accele	rated phase - Go to question 177.
	Blast p	hase - <b>Go to question 177</b> .
17	6. Spec	rify 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)

CIBMTR Cent	ter N	Number: <sub>-</sub>	CIBMTR Recipient ID:				
177. Ni	umb	er					
	1	1st					
	2	2nd					
	3	3rd or hig	her				
170 0	_4						
178. Da	ate a	assessec	: <b>Go to signature line</b>				
			TTT WIN				
Myelodysplas	tic S	Syndrom	e (MDS)				
179.			ne MDS subtype at diagnosis? – If transformed to AML, indicate AML as primary so complete AML Disease Classification questions				
		Atypical	chronic myeloid leukemia (aCML), BCR-ABL1 (1440) – <b>Go to question 218.</b>				
		Chronic	myelomonocytic leukemia (CMMoL) (54) – <i>Go to question 182.</i>				
		Juvenile	myelomonocytic leukemia (JMML) (36) – Go to question 218.				
		Myelody	splastic syndrome / myeloproliferative neoplasm, unclassifiable (69) – <b>Go to question 181</b>				
		MDS / N <b>182.</b>	IPN with ring sideroblasts and thrombocytosis (MDS / MPN–RS–T) (1452) – <b>Go to questio</b>	n			
		Myelody	splastic syndrome (MDS), unclassifiable (50)– <i>Go to question 180.</i>				
		Myelody	splastic syndrome with isolated del(5q) (66)– <i>Go to question 182.</i>				
		Myelody	splastic syndrome with multilineage dysplasia (MDS-MLD) (64) – <b>Go to question 1</b> 82.				
		Myelody	splastic syndrome with single lineage dysplasia (MDS-SLD) (51) – <b>Go to question 1</b> 82.				
		Refracto	ry cytopenia of childhood (68)– <i>Go to question 1</i> 82.				
		MDS wit	plastic syndrome with excess blasts (MDS-EB) th excess blasts-1 (MDS-EB-1) (61) – <i>Go to question</i> 182. th excess blasts-2 (MDS-EB-2) (62) – <i>Go to question</i> 182.				
			lastic syndrome with ring sideroblasts (MDS-RS) S with single lineage dysplasia (MDS-RS-SLD) (1453) – <b>Go to question 1</b> 82.				
		MDS-RS	S with multilineage dysplasia (MDS-RS-MLD) (1454) – <b>Go to question 182</b> .				
	180	. Specify	Myelodysplastic syndrome, unclassifiable (MDS-U)				
			MDS-U with 1% blood blasts				
			MDS-U with single lineage dysplasia and pancytopenia				
			MDS-U based on defining cytogenetic abnormality				
	181	. Was do	cumentation submitted to the CIBMTR (e.g. pathology report used for diagnosis)?				
		_	es				
			NO.				

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CIBMTR Center Numbe	r: CIBMTR Recipient ID:
182. Was the	disease MDS therapy related?
□ Yes	
□ No	
☐ Unkno	own
192 Did tho	recipient have a predisposing condition?
	Go to question 184.
	Go to question 186.
	own – <b>Go to question 186.</b>
-	c <mark>ify condition</mark>
	Aplastic anemia – <i>Go to question 186.</i>
_	DDX41-associated familial MDS – <i>Go to question 186.</i>
	Diamond-Blackfan Anemia – <i>Go to question 186.</i>
	Fanconi anemia – <i>Go to question 186.</i>
	GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency) – <b>Go to question 186.</b>
	Li-Fraumeni Syndrome – Go to question 186.
	Paroxysmal nocturnal hemoglobinuria – Go to question 186.
	RUNX1 deficiency (previously "familial platelet disorder with propensity to myeloid malignancies") – <i>Go to question</i> 186.
	SAMD9- or SAMD9L-associated familial MDS – <i>Go to question 186.</i>
	Shwachman-Diamond Syndrome – <b>Go to question 186</b> .
	Telomere biology disorder (including dyskeratosis congenita) – <b>Go to question 186</b> .
	Other condition – Go to question 185.
185	. Specify other condition:
Laboratory st	udies at diagnosis of MDS:
186. Date CE	SC drawn:
	YYYY MM DD
187. WBC	
	n – <b>Go to question 188.</b>
	own – <b>Go to question 189.</b>
L OHNIC	on to question 200.
188	

CIBMTR Cent	er Number: CIBMTR Recipient ID:
	□ x 10 <sup>6</sup> /L
189.	Neutrophils
	☐ Known – Go to question 190.
	☐ Unknown – Go to question 191.
	190%
191.	Blasts in blood
	□ Known – Go to question 192.
	□ Unknown– Go to question 193.
	<u>192</u> %
193.	Hemoglobin
	□ Known – Go to question 194.
	☐ Unknown – Go to question 196.
	194
	□ g/L
	☐ mmol/L
	195. Were RBCs transfused ≤ 30 days before date of test?
	□ Yes
	□ No
196.	Platelets
	☐ Known – Go to question 197.
	□ Unknown – Go to question 199.
	197 x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )
	□ x 10 <sup>6</sup> /L
	198. Were platelets transfused ≤ 7 days before date of test?
	□ Yes
	□ No
199.	Blasts in bone marrow

☐ Known – Go to question 200.

CIBMTR Center Number:	CIBMTR Recipient ID:
☐ Unknown –	Go to question 201.
200	%
201. Were cytogen	netics tested (karyotyping or FISH)?
☐ Yes – <b>Go</b> to	o question 202.
□ No – <b>Go to</b>	question 218.
☐ Unknown –	Go to question 218.
	ogenetics tested via FISH?
	<mark>- Go to question 2</mark> 03.
□ <mark>No-</mark>	Go to question 210.
203. Sa	mple source
	Blood
	Bone Marrow
204. Re	sults of tests:
	Abnormalities identified – Go to question 205.
	No abnormalities – Go to question 209.
Sno	cify cytogenetic abnormalities identified via FISH at diagnosis:
Spe	chy cytogenetic abhormanties identified via FISH at diagnosis:
20	D5. International System for Human Cytogenetic Nomenclature (ISCN) compatible string
20	O6. Specify number of distinct cytogenetic abnormalities:
	□ One (1)
	□ Two (2)
	□ <mark>Three (3)</mark>
	□ Four or more (4 or more)
20	O7. Specify abnormalities: (check all that apply)
	Monosomy
	□ <mark>-5</mark> □ <mark>-7</mark>
	□ <mark>-13</mark>
	□ <mark>-Y</mark>

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CIBMTR Center Number:	CIBMTR Recipient ID:
Trisc	p <mark>my</mark> +8
	<del>+19</del>
Tran	slocation
	t(1;3) t(2;11)
	t(3;3)
	t(3;21)
	t(6;9)
	t(11;16)
Dele	tion
	del(3q) / 3q-
	<mark>del(5q) / 5q-</mark>
_	del(7q) / 7q-
	del(9q) / 9q-
	del(11q) / 11q-
	del(12p) / 12p- del(13q) / 13q-
	del(20q) / 20q-
_	uci(204) / 204
Inve	<mark>ersion</mark> inv(3)
<mark>Oth</mark> □	<mark>er</mark> i <mark>17q</mark>
_	Other abnormality – Go to question 208.
201	B. Specify other abnormality:
200	в. Specify other abhormality
209. Was docum	nentation submitted to the CIBMTR? (e.g. FISH report)
□ <mark>Yes</mark>	
□ <mark>No</mark>	
210. Were cytogenetics	s tested via karyotyping?
□ Yes- Go to o	question 211.

□ No- *Go to question 218.*CIBMTR Form 2402 V5 (page 38 – 89) Draft 1/15/2020
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CIBMTR Center Numl	per: CIBMTR Recipient ID:
2	L1. Sample source
	□ <mark>Blood</mark>
	□ Bone marrow
<u>2</u>	L2. Results of tests
<u> </u>	Abnormalities identified – <b>Go to question 213.</b>
	□ No evaluable metaphases- <i>Go to question 217.</i>
	□ No abnormalities – <i>Go to question 217.</i>
	Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis:
	213. International System for Human Cytogenetic Nomenclature (ISCN) compatible string
	213. International system for number Cytogenetic Nomenciature (ISCN) compatible string
	214. Specify number of distinct cytogenetic abnormalities  One (1)
	□
	□ Three (3)
	Four or more (4 or more)
	215. Specify abnormalities (check all that apply)
	Monosomy
	<del>_7</del>
	<mark>-13</mark>
	<mark>_20</mark>
	□ <mark>−Y</mark>
	Trisomy
	□ <mark>+8</mark>
	□ <mark>+19</mark>
	<b>Translocation</b>
	□ t(1;3)
	□ t(2;11)
	□ t <mark>(3;3)</mark> □ *(3:31)
	□ t(3;21)
	□ t(6;9) □ t(11;16)
	□ <mark>((±±,±O)</mark>

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CIBMTR Center Number:	CIBMTR Recipient ID:		
	Deletion		
	□ del(3q) / 3q-		
	□ del(5q) / 5q-		
	□ del(7q) / 7q-		
	□ del(9q) / 9q-		
	□ del(11q) / 11q-		
	□ del(12p) / 12p-		
	□ del(13q) / 13q-		
	□ del(20q) / 20q-		
	Inversion		
	□ inv(3)		
	Other		
	□ <mark>i17q</mark>		
	☐ Other abnormality — <b>Go to question 2</b> 16.		
	216. Specify other abnormality:		
217.	Was documentation submitted to the CIBMTR? (e.g. karyotyping report)		
Γ	] <mark>Yes</mark>		
Ι	J <mark>No</mark>		
	cipient progress or transform to a different MDS subtype or AML between depreparative regimen / infusion?	iagnosis and the	
	Go to question 219.		
	o to question 223.		
·	ify the MDS subtype or AML after transformation		
	Chronic myelomonocytic leukemia (CMMoL) (54) – <i>Go to question 221.</i>		
	Myelodysplastic syndrome / myeloproliferative neoplasm, unclassifiable (69 question 221.	) – <b>Go to</b>	
	MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN–RS–T) <i>question 221.</i>	(1452) – <b>Go to</b>	
	Myelodysplastic syndrome (MDS), unclassifiable (50) – <i>Go to question 220</i>	).	
	Myelodysplastic syndrome with isolated del(5q) (66) – <i>Go to question 221.</i>		
	Myelodysplastic syndrome with multilineage dysplasia (MDS-MLD) (64) – <b>G</b> 221.	o to question	
	Myelodysplastic syndrome with single lineage dysplasia (MDS-SLD)) (51) – <i>Go to question</i>		

221.

CIBMTR Center Number	: CIBMTR Recipient ID:			
	Refractory cytopenia of childhood (68) – Go to question 221.			
	Transformed to AML (70) – <i>Go to question 222.</i>			
Myelodysplastic syndrome with excess blasts (MDS-EB)				
☐ MDS with excess blasts-1 (MDS-EB-1) (61) – <i>Go to question 221.</i>				
	MDS with excess blasts02 (MDS-EB-2) (62) – <i>Go to question</i> <b>221</b> .			
Mye □	lodysplastic syndrome with ring sideroblasts MDS-RS with single lineage dysplasia (MDS-RS-SLD) (1453) – <i>Go to question 2</i> 21.			
	MDS-RS with multilineage dysplasia (MDS-RS-MLD) (1454) – <i>Go to question 221.</i>			
220	. Specify Myelodysplastic syndrome, unclassifiable (MDS-U)			
	□ MDS-U with 1% blood blasts– <i>Go to question 221</i> .			
	MDS-U with single lineage dysplasia and pancytopenia— <i>Go to question 221</i> .			
	☐ MDS-U based on defining cytogenetic abnormality— <i>Go to question 221.</i>			
221	Specify the date of the most recent transformation:			
	Go to question 223.			
222	. Date of MDS diagnosis: <b>Go to signature line</b>			
Laboratory stud	dies at last evaluation prior to the start of the preparative regimen / infusion:			
000 D.++ OD				
223. Date CB	C drawn:			
	YYYY MM DD			
224. WBC				
☐ Known	– Go to question 225.			
☐ Unkno	wn – <b>Go to question 226.</b>			
225.	• [] x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )			
<del></del> .				
226. Neutroph	nile			
•	– Go to question 227.			
	wn – Go to question 228.			
227.	0/2			

CIBMTR Cen	ter Number: CIBMTR Recipient ID:
<mark>228</mark>	Blasts in blood
	□ Known – Go to question 229.
	□ Unknown – Go to question 230.
	229%
230	Hemoglobin
	☐ Known – Go to question 231.
	☐ Unknown — Go to question 233.
	231
	☐ g/L
	□ mmol/L
	232.Were RBCs transfused ≤ 30 days before date of test?
	□ Yes
	□ No
233.	Platelets
	☐ Known – Go to question 234.
	☐ Unknown — Go to question 226.
	234 x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )
	□ × 10 <sup>6</sup> /L
	235.Were platelets transfused ≤ 7 days before date of test?
	□ Yes
	□ No
236	Blasts in bone marrow
	☐ Known – Go to question 237.
	☐ Unknown — Go to question 238.
	237 %
238	Were cytogenetics tested (karyotyping or FISH)?
	☐ Yes – Go to question 239.
	□ No – <b>Go to question 255</b> .
	☐ Unknown – Go to question 255.

CIBMTR Center Number	CIBMTR Recipient ID:		
239.Wer	e cytogenetics tested via FISH?		
□ Yes- Go to question 240.			
□ No- Go to question 246.			
240.	Cample course		
240.	Sample source  □ Blood		
	□ Bone Marrow		
<mark>241.</mark>	Results of tests		
	□ Abnormalities identified – Go to question 242.		
	□ No abnormalities – Go to question 246.		
	Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen <i>l</i> infusion:		
	242. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:		
	243. Specify number of distinct cytogenetic abnormalities		
	□		
	Two (2)		
	Three (3)		
	□ Four or more (4 or more)		
	244. Specify abnormalities (check all that apply)		
	<mark>Monosomy</mark>		
	□ <mark>-7</mark>		
	□ <mark>–13</mark>		
	□ <mark>-Y</mark>		
	<b>Trisomy</b>		
	- <mark>+8</mark>		
	□ +19		
	Translocation		
	□ t(1;3)		
	□ t <mark>(2;11)</mark>		

CIBMTR Center Number:	CIBMTR Recipient ID:
<mark>De</mark> D	eletion
Ε	
Г	
Г	del(20q) / 20q-
_	
I <mark>r</mark> C	<mark>nversion</mark> ] inv(3)
<mark>О</mark> П	<mark>ither</mark> ] i <mark>17q</mark>
	245. Specify other abnormality:
246. Was doc	umentation submitted to the CIBMTR? (e.g. FISH report)
□ Yes	
_	
247. Were cytoge	enetics tested via karyotyping?
	to to question 248.
□ No- <b>G</b> o	o to question 254.
248. Sample s	source
□ Bloc	_
	ne marrow
249. Results o	
	normalities identified – <i>Go to question</i> 250.
	evaluable metaphases- <i>Go to question 2</i> 54.
□ No.	abnormalities <i>– <b>Go to question 2</b>54.</i>

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CIBMTR Center Number:	CIBMTR Recipient ID:				
	enetic abnormalities identified via conventional cytogenetics at last or to the start of the preparative regimen <i>l</i> infusion:				
250. Inte	250. International System for Human Cytogenetic Nomenclature (ISCN) compatible string				
251 Sne	cify number of distinct cytogenetic abnormalities				
<u>201. Spc</u>	One (1)				
	Two (2)				
	Three (3)				
	Four or more (4 or more)				
<mark>252. Spe</mark>	cify abnormalities (check all that apply)				
Mono	osomy				
	<del>_</del> 5				
	<del>-7</del>				
	13				
	<del>-20</del>				
	–Y				
Triso					
	<mark>+19</mark>				
	slocation				
	t(1;3)				
	t(2;11)				
	t(3;3) t(3;21)				
_	t(6;9)				
	t(11;16)				
_	X==,==,				
Dele					
	del(3q) / 3q- del(5q) / 5q-				
	del(7q) / 7q-				

□ del(9q) / 9q□ del(11q) / 11q-

CIBMTR Center Number:	CIBMTR Recipient ID:
	D dol/120\ / 120
	□ del(12p) / 12p-
	□ del(13q) / 13q-
	□ del(20q) / 20q-
	Inversion
	□ i <mark>nv(3)</mark>
	Other
	□ <mark>i17q</mark>
	☐ Other abnormality — <i>Go to question 2</i> 53.
	253. Specify other abnormality:
	as documentation submitted to the CIBMTR? (e.g. karyotyping report)
	Yes
	No
Status at transpla	antation / infusion:
255. What was th	ne disease status?
	remission (CR) Go to question 259.
	gic improvement (HI) – Go to question 256.
	nse (NR) / stable disease (SD) – <i>Go to question 2</i> 59.
<u> </u>	on from hematologic improvement (Prog from HI) - Go to question 259.
	rom complete remission (Rel from CR) - Go to question 259.
•	ssed - <b>Go to signature line</b>
	the cell line examined to determine HI status (check all that apply)
	-E Go to question 257.
	<mark>-P – <i>Go to question 2</i>59. -N – Go to question 2</mark> 59.
L ni	-N - Go to question 259.
257.	Specify transfusion dependence
[	□ Non transfused (NTD)— Go to question 259.
[	Low transfusion burden (LTB)- <b>Go to question 2</b> 59.
Γ	☐ High transfusion burden (HTB)- <b>Go to question 2</b> 58.
25	8. Specify the response achieved
	☐ Major response
	☐ Minor response

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CIBMTR Cente	er Numb	er:	CII	BMTR Recip	ient ID:	
	259.Da	nte assessed:				Go to signature line
			YYYY	MM	DD	
Myeloprolifera	tive Neo	plasms (MPN)				
260.		vas the MPN subt se; also complet	, .			to AML, indicate AML as primary estions
	☐ Chro	nic neutrophilic le	ukemia (165)	–Go to Que	estion 263	l.
	☐ Chro	nic eosinophilic le	eukemia, not c	therwise spe	ecified (NC	OS) (166) – <b>Go to Question 263.</b>
	□ Esse	ntial thrombocyth	emia (58) – <b>G</b>	o to Questi	on 263.	
	☐ Myel	oproliferative neo	plasm (MPN),	unclassifiab	ole (60) – <b>C</b>	Go to Question
	☐ Myel	oid / lymphoid ned	oplasms with	PDGFRA rea	arrangeme	ent (1461) – <b>Go to Question 263.</b>
	☐ Myel	oid / lymphoid ned	oplasms with	PDGFRB rea	arrangeme	ent (1462) – <b>Go to Question 263.</b>
	☐ Myel	oid / lymphoid ned	oplasms with	FGFR1 rearr	rangement	t (1463) – <b>Go to Question 263.</b>
	☐ Myel	oid / lymphoid ned	oplasms with	PCM1-JAK2	(1464) –	Go to Question 263.
	□ Poly	cythemia vera (PC	CV) (57) – <b>Go</b>	to Question	1 263.	
	□ Prim	ary myelofibrosis	(PMF) (167)-	Go to Ques	<mark>stion 2</mark> 63.	
	Mastoc	utocic				
		neous mastocytos	sis (CM) (146	5) – <b>Go to Q</b>	uestion 2	63.
	□ Syste	emic mastocytosis	s (1470) - <b>Go</b>	to Question	Error: Re	eference source not found
	□ Mast	cell sarcoma (MC	CS) (1466) – <b>(</b>	Go to Quest	ion 263	
2	61. Spe	cify Systemic mas	stocytosis			
		Indolent syster	nic mastocyto	sis (ISM) -	Go to Que	estion 263
		Smoldering sys	stemic mastoc	cytosis (SSM	l) – <b>Go to</b>	Question 263
		Systemic mast Question 263	ocytosis with	an associate	ed hematol	logical neoplasm (SM-AHN) – <b>Go to</b>
		Aggressive sys	stemic mastoc	ytosis (ASM	) – <b>Go to</b>	Question 263
		Mast cell leuke	mia (MCL) –	Go to Quest	tion 263	
	262. Was	documentation s	ubmitted to th	e CIBMTR (	e.g. patho	logy report used for diagnosis)?
		Yes				
		No				
Asse	essment	at diagnosis				
<mark>263.</mark>		recipient have cor ined fever higher				loss in 6 months, night sweats, liagnosis?
	□ Voc					

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CIBMTR Center Number:	CIBMTR Recipient ID:
D No	
□ No	
□ <mark>Unknown</mark>	
Laboratory studies at diag	nosis of MPN:
264. Date CBC drawn:	
Y	YYY MM DD
005 WD0	
265. WBC	
☐ Known – Go to ques	
☐ Unknown – <b>Go to qu</b>	iestion 267.
266	•
	□ × 10 <sup>6</sup> /L
267. Neutrophils	
☐ Known – Go to ques	stion 268.
☐ Unknown – <b>Go to qu</b>	iestion 269.
000	
268%	
269. Blasts in blood	
☐ Known – <b>Go to que</b>	e <mark>stion 2</mark> 70.
☐ Unknown– Go to qu	u <mark>estion 2</mark> 71.
270 %	
271. Hemoglobin	
☐ Known – <b>Go to ques</b>	stion 272.
□ Unknown – <b>Go to qu</b>	
_ = = = = = = = = = = = = = = = = = = =	
272•	
	☐ g/L
☐ mmol/L	
273 Wara DRCs transfu	sed ≤ 30 days before date of test?
273. Wele RBCs tialisiu ☐ Yes	300 ± 00 days before date of test:
□ No	
LI INU	

CIBMTR Cer	nter Number:	: CIBMTR Recipient ID:
274. Platelets		
	☐ Known -	– Go to question 275.
		n – <b>Go to question 277.</b>
	075	
	2/5	
		□ x 10 <sup>6</sup> /L
	276. Were	platelets transfused ≤ 7 days before date of test?
		Yes
		No
277.	Blasts in bo	one marrow
	☐ Known -	- Go to question 278.
	□ Unknow	n – <b>Go to question 279.</b>
	270	04
	278	
279.	Were tes	ts for driver mutations performed?
	□ Yes -	Go to question 280.
	□ No - G	So to question
	□ Unknow	wn - Go to question
	280. JAK2	2
		Positive- Go to question 281.
		Negative- Go to question 283.
		Not done- Go to question 283.
	281.	JAK2 V617F
		□ Positive
		□ Negative
		□ Not done
	282.	JAK2 Exon 12
	202.	□ Positive
		□ Negative
		□ Not done
	283. CALI	<mark>R</mark>

Positive - Go to question 284.

CIBMTR Center Number	: CIBMTR Recipient ID:
	Negative- Go to question 287.
_	Not done- <i>Go to question 287</i> .
_	
284.	CALR type 1
	□ Positive
	□ Negative
	□ Not done
285.	CALR type 2
	□ Positive
	□ Negative
	□ Not done
286.	Not defined
	□ Positive
	□ Negative
	□ Not done
287. MPL	
207. WFL	Positive
	Negative Negative
	Not done
_	
288. CSF	<mark>3R</mark>
	Positive Programme Program
	Negative Programme Transfer of the Programme
	Not done
289. Was	documentation submitted to the CIBMTR?
	Yes Yes
	No.
200 Were cvt	togenetics tested (karyotyping or FISH)?
	Go to question 291.
	Go to question 307.
	wn – <b>Go to question 307.</b>
_ 5	•
291. Wer	e cytogenetics tested via FISH?
	Yes- Go to question 292.

CIBMTR Center Number: _	CIBMTR Recipient ID:
<u> </u>	0- Go to question 299.
292.	Sample source
	□ Blood
	□ Bone Marrow
<mark>293.</mark>	Results of tests
	□ Abnormalities identified – <i>Go to question 2</i> 94.
	□ No abnormalities – Go to question 298.
e e	pecify cytogenetic abnormalities identified via FISH at diagnosis:
	peony cytogenetic ashormanics identified via 1 ion at diagnosis.
	294. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
	295. Specify number of distinct cytogenetic abnormalities
	□ One (1)
	□ <mark>Two (2)</mark>
	□ Three (3)
	□ Four or more (4 or more)
	296. Specify abnormalities (check all that apply)
	Monosomy 5
	□ <mark>-3</mark>
	□ <mark>-Y</mark>
	Trisomy □ +8
	□ <mark>+9</mark>
	— <del></del>
	Translocation  □ t(1;any)
	□ t(3q21;any)
	$\Box  \frac{t(12p11.2;any)}{t(12p11.2;any)}$
	□ t(11q23;any)
	$\Box  \frac{t(6;9)}{t(6;9)}$
	Deletion
	□ <mark>del(5q) / 5q-</mark>

CIBMTR Center Number:	CIBMTR Recipient ID:
	□ del(7q) / 7q-
	□ del(11q) / 11q-
	□ del(12p) / 12p-
	□ del(13q) / 13q-
	□ del(20q) / 20q-
	Inversion □ dup(1)
	□ inv(3)
	Other
	i17q
	☐ Other abnormality – <b>Go to question 2</b> 97.
	297. Specify other abnormality:
	documentation submitted to the CIBMTR? (e.g. FISH report)
	Yes
	No No
299. Were cytoge	enetics tested via karyotyping?
□ <mark>Yes-</mark>	Go to question 300.
□ No- C	Go to question 3 <mark>07.</mark>
200	
	ple source
	Blood  Rope marrow
	Bone marrow
301. Res	ults of tests
	Abnormalities identified – Go to question 302.
	No evaluable metaphases- Go to question 306.
	No abnormalities – Go to question 306.
Specify	cytogenetic abnormalities identified via conventional cytogenetics at diagnosis:
303	2. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
302	International System for Flamair Cytogenetic Nomenciature (ISCN) compatible stillig.
<mark>303</mark>	3. Specify number of distinct cytogenetic abnormalities
	□ One (1)

CIBMTR Center Number: _		CIBMTR Recipient ID:
		Two (2)
		Three (3)
		Four or more (4 or more)
	304. Spec	ify abnormalities (check all that apply)
	Mono	somy
		<del>_7</del>
		_Y
	Triso	mv.
		+8
		<del>+9</del>
		<mark>location</mark> t(1;any)
		t(3q21;any)
		t(12p11.2;any)
		t(11q23;any)
		t(6;9)
	D. J. C.	
	<mark>Deleti</mark> □	on del(5q) / 5q-
		del(7q) / 7q-
		del(11q) / 11q-
		del(12p) / 12p-
		del(13q) / 13q-
		del(20q) / 20q-
	Inve	
		dup(1)
		inv(3)
	Othe □	<mark>r</mark> i17q
		Other abnormality – <i>Go to question 305.</i>
	_	
	<mark>305</mark>	Specify other abnormality:

306. Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

CIBMTR Center Number:	CIBMTR Recipient ID:
	□ Yes
	□ No
307. Did the rec	ipient progress or transform to a different MPN subtype or AML between diagnosis and the
start of the	preparative regimen / infusion?
☐ Yes – <b>G</b> o	o to question 308.
□ No – <b>Go</b>	to question 311.
308. Specify	the MPN subtype or AML after transformation
	Post-essential thrombocythemic myelofibrosis— <i>Go to question</i> <b>3</b> 09.
	Post-polycythemic myelofibrosis— Go to question 309.
	Transformed to AML (70) – <b>Go to question 310.</b>
309.	Specify the date of the most recent transformation:
310.	Date of MPN diagnosis: Go to signature line
	YYYY MM DD
Assessment a	t last evaluation prior to the start of the preparative regimen/ infusion
	ansfusion dependence at last evaluation prior to the start of the preparative regimen/ infusion
	nsfused (NTD) -0 RBCs in 16 wk
in 8 w	nsfusion burden (LTB) -(3-7 RBCs in 16 wk in at least 2 transfusion episodes, maximum 3 k)
☐ High-tra	ansfusion burden (HTB) - (≥8 RBCs in 16wk, ≥4 in 8 wk)
212 Did the ree	injent have constitutional symptoms (\$100/ unjeht loss in C months, night avects
unexplain	ipient have constitutional symptoms (>10% weight loss in 6 months, night sweats, ed fever higher than 37.5 °C) in six months before last evaluation prior to the start of the
	ve regimen / infusion)?
□ Yes	
□ No	
□ <mark>Unknow</mark>	<u>/n</u>
313. Did the re infusion?	cipient have splenomegaly at last evaluation prior to the start of the preparative regimen/
□ Yes – (	Go to question 314.
□ No – <b>G</b> o	o to question 317.
□ <mark>Unknow</mark>	<mark>/n- Go to question 3</mark> 17.

CIBMTR Cer	nter Numbe	r:C	IBMTR Recipient ID:
	□ Not ap	oplicable (splenectomy) – <b>Go</b>	to question 317.
	314. Spec	ify the method used to meas	ure spleen size
		Physical assessment- Go t	o question 315.
		Ultrasound- Go to questio	<mark>n 3</mark> 16.
		CT/ MRI- Go to question 3	316.
	315.	Specify the spleen size: _	centimeters below left costal margin
	316.	Specify the spleen size:	centimeters
317			at last evaluation prior to the start of the preparative
		/infusion?	
		Go to question 318.	
		Go to question 321.	
	LI UNKNO	own – <mark>Go to question 3</mark> 21.	
	318. Spe	cify the method used to mea	sure liver size
		Physical assessment- Go t	o question 319.
		Ultrasound- <b>Go to questio</b>	<mark>n 3</mark> 20.
		CT/ MRI- Go to question 3	320.
	319.	Specify the liver size:	centimeters below right costal margin
	320.	Specify the liver size:	centimeters
Labora	atory studi	es at last evaluation prior t	to the start of the preparative regimen / infusion:
321.	Date CBC	drawn:	
		YYYY	MM DD
322.	WBC		
	☐ Known	– Go to question 323.	
	<b>□</b> Unknow	wn – <b>Go to question 324.</b>	
	222	•	7 v 109/l (v 103/mm3)
	323	· · · ·	X 10 /L (X 10 ////// )       X 10 °/L
324.	Neutrophil	S	
	☐ Known	– Go to question 325.	

CIBMTR Cer	enter Number: CIBMTF	R Recipient ID:
	☐ Unknown – Go to question 326.	
	325%	
326.	. Blasts in blood	
	☐ Known – Go to question 327.	
	☐ Unknown— Go to question 328.	
	327%	
328.	Hemoglobin	
	☐ Known – Go to question 329.	
	☐ Unknown – Go to question 331.	
	329 •	
	☐ g/L	
	☐ mmol/L	
	330. Were RBCs transfused ≤ 30 days before	date of test?
	□ Yes	
	□ No	
331.	Platelets	
	☐ Known – <b>Go to question 332.</b>	
	☐ Unknown – Go to question 334.	
	332 X 10 <sup>9</sup> /L	(x 10³/mm³)
	□ x 10 <sup>6</sup> /	L
	333. Were platelets transfused ≤ 7 days before	e date of test?
	□ Yes	
	□ No	
334.	Blasts in bone marrow	
	☐ Known – Go to question 335.	
	☐ Unknown – Go to question 336.	
	335	

336. Were tests for driver mutations performed?

CIBMTR Center Numbe	r: CIBMTR Recipient ID:
Π Yes -	- Go to question 337.
	Go to question 347.
	own - Go to question 347.
337. JAK	
	Positive– Go to question 338.
	Negative– Go to question 340.
	Not done- Go to question 340.
338	. JAK2 V6 17F
	□ Positive
	□ Negative
	□ Not Done
220	IAKS Even 12
339	. JAK2 Exon 12  □ Positive
	□ Negative
	□ Not done
340.CA	<u>_R</u>
	Positive – Go to question 341.
	Negative– Go to question 344.
	Not done- Go to question 344.
341	. CALR type 1
	□ Positive
	□ Negative
	□ Not done
242	CALDAMA
342	. CALR type 2  □ Positive
	□ Negative
	□ Not done
343	. Not defined
	□ Positive
	□ Negative

□ Not done

CIBMTR Center Num	per: CIBMTR Recipient ID:
344. N	PL
	Positive Pos
	<b>Negative</b>
	Not done
345. <b>C</b>	SE3D
545.	
242	
	/as documentation submitted to the CIBMTR?
	No.
347. Were	cytogenetics tested (karyotyping or FISH)?
☐ Ye	– Go to question 348.
□ No	– Go to question 364.
□ Un	nown – <b>Go to question 364</b> .
348. V	/ere cytogenetics tested via FISH?
Г	
С	No- Go to question 356.
-	10 0
, and the second se	49. Sample source
	□ Blood
	□ Bone Marrow
3	50. Results of tests:
	□ Abnormalities identified – <i>Go to question</i> 351.
	□ No abnormalities – Go to question 355.
	Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen / infusion:
	351. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
	352. Specify number of distinct cytogenetic abnormalities:
	One (1)

CIBMTR Center Number: _		CIBMTR Recipient ID:
		Two (2)
		Three (3)
		Four or more (4 or more)
	353. Spe	cify abnormalities: (check all that apply)
	Mono	osomy
		<del>_5</del>
		<del>-7</del>
		_Y
	Triso	my
		<del>+8</del>
		<del>+9</del>
	Trans	slocation
		t(1;any)
		t(3q21;any)
		t(12p11.2;any)
		t(11q23;any)
		t(6;9)
	Delet	ion
		del(5q) / 5q-
		del(7q) / 7q-
		del(11q) / 11q-
		del(12p) / 12p-
		del(13q) / 13q-
		del(20q) / 20q-
	Inve	ersion
		dup(1)
		inv(3)
	Oth	
		i <mark>17q</mark>
		Other abnormality – Go to question 354.
	25/	1. Specify other abnormality:

355. Was documentation submitted to the CIBMTR? (e.g. FISH report)

CIBMTR Center Number	r:	CIBMTR Recipient ID:
		Yes
		No No
		enetics tested via karyotyping?
		Go to question 357.
	NO- C	Go to question 364.
357	. Sam	nple source
		Blood
		Bone marrow
358.	. Res	ults of tests
		Abnormalities identified – Go to question 359.
		No evaluable metaphases- Go to question 363.
		No abnormalities – Go to question 363.
	_	
		cify cytogenetic abnormalities identified via conventional cytogenetics at last luation prior to the start of the preparative regimen / infusion:
	<mark>359</mark>	D. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
	<mark>360</mark>	D. Specify number of distinct cytogenetic abnormalities
		□ One (1)
		□ Two (2)
		☐ Three (3) ☐ Four or more (4 or more)
	361	L. Specify abnormalities (check all that apply)
		Monosomy
		□ <mark>-5</mark>
		□ <mark>−Y</mark>
		Trisomy
		□ <del>+8</del>
		□ <mark>+9</mark>
		<b>Translocation</b>
		□ t <mark>(1;any)</mark>

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CIBMTR Cer	nter Numbe	r:		CIBMTR Recipient ID:
				t/2g21;2pv)
				t(3q21;any)
				t(12p11.2;any)
				t(11q23;any)
			П	t(6;9)
			Delet	i <mark>ion</mark>
				del(5q) / 5q-
				del(7q) / 7q-
				del(11q) / 11q-
				del(12p) / 12p-
				del(13q) / 13q-
				del(20q) / 20q-
			lmres	ersion
				dup(1)
				inv(3)
			Oth	
				i17q Other abnormality – <i>Go to question</i> 362.
				· · · · · · · · · · · · · · · · · · ·
			362	2. Specify other abnormality:
	363.			entation submitted to the CIBMTR? (e.g. karyotyping report)
			Yes	
			No	
Statu	ıs at transp	olantati	ion / inf	fusion:
	o at trailop		,	
364.	What was	the dis	ease st	atus?
	□ Comple	ete clin	i <mark>cal rem</mark>	n <mark>ission (CR) - <i>Go to question</i> 3</mark> 68.
	□ Partial	clinical	remissi	ion (PR) Go to question 368.
	Clinical Improvement (CI) - Go to question 365.			
	☐ Stable disease (SD)- Go to question 368.			Go to question 368.
	☐ Progressive disease - Go to question 368.			Go to question 368.
☐ Relapse- Go to question 368.			<mark>tion 3</mark> 68.	
	□ Not ass	sessed	- Go to	question 369.
			anemia	a response achieved?
	г	T Voc		

CIBMTR Center Number:	CIBMTR Recipient ID:
	No
366. <mark>Wa</mark> :	s a spleen response achieved?
	Yes
_	No
367. Was	s a symptom response achieved?
	Yes Yes
	No.
368. I	Date assessed: <b>Go to question 369.</b>
	YYYY MM DD
369. Specify the	cytogenetic response
□ Comple	te response (CR): Eradication of previous abnormality – Go to question 370.
☐ Partial r	esponse (PR): ≥ 50% reduction in abnormal metaphases – Go to question 370.
□ Re-eme	rgence of pre-existing cytogenetic abnormality – Go to question 370.
□ Not ass	essed – Go to question 371.
□ Not app	licable – <mark>Go to question 3</mark> 71.
□ None of	the above: Does not meet the CR or PR criteria – Go to question 370.
370. Date a	assessed:
	YYYY MM DD
371. Specify the	molecular response
	te response (CR): Eradication of pre-existing abnormality – Go to question 372.
□ PR: ≥50	1% decrease in allele burden – Go to question 372.
□ Re-eme	ergence of a pre-existing molecular abnormality – Go to question 372.
□ Not asset	essed – <i>Go to First Name</i>
□ Not app	licable – Go to First Name
□ None of	the above: Does not meet the CR or PR criteria – Go to 372.
372. Date a	assessed:
	YYYY MM DD
Other Leukemia (OL)	

373. Specify the other leukemia classification:

☐ Chronic lymphocytic leukemia (CLL), NOS (34) - *Go to question 375.* 

CIBMTR Center	Numbe	r: CIBMTR Recipient ID:		
	Chronic 375.	c lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71) - <i>Go to question</i>		
□	Hairy cell leukemia (35) - Go to question 378.			
	Hairy c	ell leukemia variant (75) - <b>Go to question 378.</b>		
	Monocl	onal B-cell lymphocytosis (76) – <i>Go to signature line</i>		
	Prolym	phocytic leukemia (PLL), NOS (37) - <i>Go to question 375.</i>		
	PLL, B	-cell (73) - <b>Go to question 375.</b>		
	PLL, T-	cell (74) - <b>Go to question 375.</b>		
	Other le	eukemia, NOS (30) - <i>Go to question 377.</i>		
	Other le	eukemia (39) - <b>Go to question 374.</b>		
37	4. Speci	ify other leukemia: – <b>Go to question 377.</b>		
37	5. Was	any 17p abnormality detected?		
		Yes – If disease classification is CLL, go to question 376 If PLL, go to question 378.		
		No		
370		histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time r CLL diagnosis?		
□ Yes – <b>Go to q</b>		Yes – Go to question 380. – Also complete NHL Disease Classification questions		
		No - Go to question 378.		
St	atus at 1	transplantation / infusion:		
37	7. What	was the disease status? (Atypical CML)		
		Primary induction failure – <i>Go to question 379.</i>		
		1st complete remission (no previous bone marrow or extramedullary relapse) – $\textbf{Go to}$ question 379.		
		2nd complete remission – Go to question 379.		
		≥ 3rd complete remission – <b>Go to question 379.</b>		
		1st relapse – Go to question 379.		
		2nd relapse – <i>Go to question 379.</i>		
		≥ 3rd relapse – <b>Go to question 379</b> .		
		No treatment – Go to signature line		
378	8. What	was the disease status? (CLL, PLL, Hairy cell leukemia)		
		Complete remission (CR) – Go to question 379.		
		Partial remission (PR) – Go to question 379.		

CIBMTR Center Number:		CIBMTR Recipient ID:				
		Stable disease (SD) – <b>G</b> o	o to question 379.			
		Progressive disease (Pro	-	379.		
		Untreated - Go to questi	ion 379.			
		Not assessed - Go to sig	gnature line			
	379.	Date assessed:				
			YYYY	MM	DD	
Hodgkin and Nor	n-Hodgk	in Lymphoma				
380. Spec	ify the ly	ymphoma histology: (at infi	usion)			
·		. 6, 1	•			
Hod	lgkin Ly	mphoma Codes				
	Hodgkir	n lymphoma, not otherwise	e specified (150)			
	Lympho	ocyte depleted (154)				
	Lympho	ocyte-rich (151)				
	Mixed c	cellularity (153)				
	Nodular	r lymphocyte predominant	Hodgkin lymphoma (1	.55)		
	Nodular	r sclerosis (152)				
Non	-Hodgk	kin Lymphoma Codes				
	ell Neop		12)			
		arge B-cell lymphoma (183		ata batuas	n DI DCL and alegainal Hadakin	
	_	лпрпотпа, инставъппавте, у ma (149)	wiiii leatures intermeur	ale belwee	en DLBCL and classical Hodgkin	
	Burkitt l	ymphoma (111)				
	Burkitt-l	like lymphoma with 11q ab	perration (1834)			
	Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821) - <i>Go to question 382.</i>					
	Diffuse,	, large B-cell lymphoma- G	Germinal center B-cell t	ype (1820)	- Go to question 382.	
	Diffuse	large B-cell Lymphoma (ce	ell of origin unknown)	(107)		
	DLBCL associated with chronic inflammation (1825)					
	Duodenal-type follicular lymphoma (1815)					
	BBV+ DLBCL, NOS (1823)					
	EBV+ r	mucocutaneous ulcer (182	24)			
	Extrano	ıdal marginal zone B-cell ly	ymphoma of mucosal a	associated	lymphoid tissue type (MALT) (122)	
	Follicula	ar, mixed, small cleaved ar	nd large cell (Grade II	follicle cent	ter lymphoma) (103)	
	Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)					

CIBMTR Center	Number: CIBMTR Recipient ID:		
	Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)		
	Follicular, predominantly large cell (Grade IIIA vs IIIB not specified) (1814)		
	Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)		
	Follicular (grade unknown) (164)		
	HHV8+ DLBCL, NOS (1826)		
	High-grade B-cell lymphoma, with MYC and BCL2 and/or BCL6 rearrangements (1831)		
	High-grade B-cell lymphoma, NOS (1830)		
	Intravascular large B-cell lymphoma (136)		
	Large B-cell lymphoma with IRF4 rearrangement (1832)		
	Lymphomatoid granulomatosis (1835)		
	Mantle cell lymphoma (115)		
	Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)		
	Pediatric nodal marginal zone lymphoma (1813)		
	Pediatric-type follicular lymphoma (1816)		
	Plasmablastic lymphoma (1836)		
	Primary cutaneous DLBCL, leg type (1822)		
	Primary cutaneous follicle center lymphoma (1817)		
	Primary diffuse, large B-cell lymphoma of the CNS (118)		
	Primary effusion lymphoma (138)		
	Primary mediastinal (thymic) large B-cell lymphoma (125)		
	Splenic B-cell lymphoma/leukemia, unclassifiable (1811)		
	Splenic diffuse red pulp small B-cell lymphoma (1812)		
	Splenic marginal zone B-cell lymphoma (124)		
	T-cell / histiocytic rich large B-cell lymphoma (120)		
	Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma (173)		
	Other B-cell lymphoma (129) – <i>Go to question 381.</i>		
T-c	ell and NK-cell Neoplasms		
	Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)		
	Aggressive NK-cell leukemia (27)		
	Anaplastic large-cell lymphoma (ALCL), ALK positive (143)		
	Anaplastic large-cell lymphoma (ALCL), ALK negative (144)		
	Angioimmunoblastic T-cell lymphoma (131)		
	Breast implant–associated anaplastic large-cell lymphoma (1861)		
	Chronic lymphoproliferative disorder of NK cells (1856)		
	Enteropathy-type T-cell lymphoma (133)		
	Extranodal NK / T-cell lymphoma, nasal type (137)		

CIDIVITA CEIR	r Number: CIBMTR Recipient ID:				
	Follicular T-cell lymphoma (1859)				
	Hepatosplenic T-cell lymphoma (145)				
	Indolent T-cell lymphoproliferative disorder of the GI tract (1858)				
	Monomorphic epitheliotropic intestinal T-cell lymphoma (1857)				
	Mycosis fungoides (141)				
	Nodal peripheral T-cell lymphoma with TFH phenotype (1860)				
	Peripheral T-cell lymphoma (PTCL), NOS (130)				
	Primary cutaneous acral CD8+ T-cell lymphoma (1853)				
	Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854)				
	Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (1852)				
	Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large cell lymphoma (C-ALCL), lymphoid papulosis] (147)	<del>)</del> -			
	Primary cutaneous γδ T-cell lymphoma (1851)				
	Sezary syndrome (142)				
	Subcutaneous panniculitis-like T-cell lymphoma (146)				
	Systemic EBV+ T-cell lymphoma of childhood (1855)				
	T-cell large granular lymphocytic leukemia (126)				
	Other T-cell / NK-cell lymphoma (139) – <i>Go to question 381.</i>				
	esttransplant lymphoproliferative disorders (PTLD)				
	Classical Hodgkin lymphoma PTLD (1876)				
	Florid follicular hyperplasia PTLD (1873)				
	Infectious mononucleosis PTLD (1872)				
	Monomorphic PTLD (B- and T-/NK-cell types) (1875)				
	Plasmacytic hyperplasia PTLD (1871)				
	Polymorphic PTLD (1874)				
3	1. Specify other lymphoma histology:				
3	2. Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based or	on:			
	☐ Immunohistochemistry (e.g. Han's algorithm)				
	☐ Gene expression profile				
	☐ Unknown method				
383. Is t	ne lymphoma histology reported at transplant a transformation from CLL?				
	Yes – <b>Go to question 384.</b>				
	No - <b>Go to question 385</b> .				

CIBMTR Center Number: _		Number	CIBMTR Recipient ID:			
			Yes- Go to question 389.			
			No- Go to question 389.			
385.	Is th	e lympho	oma histology reported at transplant a transformation from a different lymphoma histology? (Not			
		_L)				
		Yes – C	Go to question 386.			
		No – <b>G</b>	o to question 389.			
		386.	Specify the original lymphoma histology: (prior to transformation)			
			387. Specify other lymphoma histology:			
		388.	Date of original lymphoma diagnosis: (report the date of diagnosis of original lymphoma subtype)			
389.		a PET ( iusion)	or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen /			
		Yes – C	Go to question 390.			
		No – <b>G</b>	o to question 395.			
	390	) Was t	he PET (or PET/CT) scan positive for lymphoma involvement at any disease site?			
	000		Yes			
			No			
	391	L. Date	of PET scan			
			Known- Go to question 392.			
			Unknown – Go to question 393.			
		392.	Date of PET (or PET/CT) scan:			
			YYYY MM DD			
202	Dan	:11.5 (6:	a paint) accus of the DET (or DET/CT) accus			
393.		•	e-point) score of the PET (or PET/CT) scan <b>– Go to question 394.</b>			
			vn – Go to question 395.			
		OTIKITOV	m = Go to question 333.			
	394	4. Scale				
			1- no uptake or no residual uptake			
			2- slight uptake, but below blood pool (mediastinum)			
			3- uptake above mediastinal, but below or equal to uptake in the liver			
			4- uptake slightly to moderately higher than liver			
CIDMTD Farm	- 2402	UE (page (	5- markedly increased uptake or any new lesion			

CIBMTR C	enter	Number:
Stat	tus at	transplantation / infusion:
395.	Wha	t was the disease status?
		Disease untreated— Go to signature line
		PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment. – <i>Go to question 396.</i>
		PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment. – $\textbf{Go to question 396.}$
		PIF unk - Primary induction failure – sensitivity unknown– <i>Go to question 396.</i>
		CR1 - $1^{st}$ complete remission: no bone marrow or extramedullary relapse prior to transplant— <b>Go to</b> question 396.
		CR2 - 2 <sup>nd</sup> complete remission– <i>Go to question 396.</i>
		CR3+ - 3 <sup>rd</sup> or subsequent complete remission– <i>Go to question 396</i> .
		REL1 unt - $1^{st}$ relapse – untreated; includes either bone marrow or extramedullary relapse– <b>Go to</b> question 396.
		REL1 res - $1^{st}$ relapse – resistant: stable or progressive disease with treatment– $\textbf{\textit{Go to question 396}}.$
		REL1 sen - $1^{st}$ relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2) – <i>Go to question 396.</i>
		REL1 unk - 1 <sup>st</sup> relapse – sensitivity unknown– <i>Go to question 396.</i>
		REL2 unt - 2 <sup>nd</sup> relapse – untreated: includes either bone marrow or extramedullary relapse– <i>Go to question 396.</i>
		REL2 res - 2 <sup>nd</sup> relapse – resistant: stable or progressive disease with treatment– <i>Go to question 396.</i>
		REL2 sen - 2 <sup>nd</sup> relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)– <i>Go to question 396.</i>
		REL2 unk - 2 <sup>nd</sup> relapse – sensitivity unknown– <i>Go to question 396.</i>
		REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse– <i>Go to question 396.</i>
		REL3+ res - $3^{rd}$ or subsequent relapse – resistant: stable or progressive disease with treatment– <b>Go to question 396.</b>
		REL3+ sen - 3 <sup>rd</sup> or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)– <i>Go to question 396.</i>
		REL3+ unk - 3 <sup>rd</sup> relapse or greater – sensitivity unknown– <i>Go to question 396.</i>
	396	5. Total number of lines of therapy received: (between diagnosis and HCT / infusion)
		□ 1 line
		□ 2 lines
		□ 3+ lines
		397. Date assessed: <b>Go to signature line</b>

Multiple Myeloma / Plasma Cell Disorder (PCD)				
398.	Spec	ify the m	nultiple myeloma/plasma cell disorder (PCD) classification:	
		Multiple	myeloma (178) – <i>Go to question 400.</i>	
		Multiple	myeloma-light chain only (186) - Go to question 400.	
		Multiple	myeloma-non-secretory (187) - Go to question 406.	
		Plasma	cell leukemia (172) - Go to question 408.	
		Solitary	plasmacytoma (no evidence of myeloma) (175) - Go to questi	on 405.
		Smolde	ring myeloma (180) – <b>Go to question 408.</b>	
		Amyloid	osis (174) - <b>Go to question 401.</b>	
		Osteoso	clerotic myeloma / POEMS syndrome (176) - <b>Go to question</b>	408.
		Monoclo	onal gammopathy of renal significance (MGRS) (1611) – <i>Go to</i>	question 402.
		Other pl	asma cell disorder (179) - Go to question 399.	
	300	Snecif	y other plasma cell disorder:	Go to guestion 108
	333	. Specii	y other plasma cell disorder.	Go to question 400.
	400	. Specif	y heavy and/or light chain type: (check all that apply)	
			IgG kappa – <b>Go to question 406.</b>	
			IgA kappa – <b>Go to question 406.</b>	
			IgM kappa – <b>Go to question 406.</b>	
			IgD kappa – <b>Go to question 406.</b>	
			IgE kappa – <i>Go to question 406.</i>	
			IgG lambda – <b>Go to question 406.</b>	
			IgA lambda – <i>Go to question 406.</i>	
			IgM lambda – <b>Go to question 406.</b>	
			IgD lambda – <i>Go to question 406.</i>	
			IgE lambda – <i>Go to question 406.</i>	
			IgG (heavy chain only) – Go to question 406.	
			IgA (heavy chain only) – Go to question 406.	
			IgM (heavy chain only) – <i>Go to question 406.</i>	
			IgD (heavy chain only) – <i>Go to question 406.</i>	
			IgE (heavy chain only) – Go to question 406.	
			Kappa (light chain only) – <i>Go to question 406.</i>	
		П	Lambda (light chain only) – Go to question 406	

401. Specify Amyloidosis classification

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

CIBMTR Center Number	r: CIBMTR Recipient ID:			
□	AL amyloidosis – <i>Go to question 408.</i>			
	AH amyloidosis – <b>Go to question 408.</b>			
	AHL amyloidosis – <b>Go to question 408</b> .			
402. Select	monoclonal gammopathy of renal significance (MGRS) classification:			
	Light chain fanconi syndrome – <i>Go to question 404.</i>			
	Proximal tubulopathy without crystals – <i>Go to question 404.</i>			
	Crystal-storing histiocytosis – <i>Go to question 404</i> .			
	Non-amyloid fibrillary glomerulonephritis – <i>Go to question 404.</i>			
	Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID) – <i>Go to question 404.</i>			
	Type 1 cryoglobulinemic glomerulonephritis – <i>Go to question 404.</i>			
	Monoclonal immunoglobulin deposition disease (MIDD) – <i>Go to question 403.</i>			
	Proliferative glomerulonephritis with monoclonal immunoglobulin G deposits (PGNMID) – $\textbf{\textit{Go}}$ to $\textbf{\textit{question 404.}}$			
	C3 glomerulopathy with monoclonal gammopathy – <i>Go to question 404.</i>			
	Unknown – Go to question 404.			
403.	Select monoclonal immunoglobulin deposition disease (MIDD) subtype:			
	☐ Light chain deposition disease (LCDD)			
	☐ Light and heavy chain deposition disease (LHCDD)			
	☐ Heavy chain deposition disease (HCDD)			
404.	Was documentation submitted to the CIBMTR? (e.g. pathology report)			
	☐ Yes – Go to question 408.			
	□ No – Go to question 408.			
405. Solita	ry plasmacytoma was:			
	Extramedullary – <i>Go to question 408.</i>			
	Bone derived – <i>Go to question 408.</i>			
406. What was the	e Durie-Salmon staging (at diagnosis)?			
bone str	(All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal ructure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG, IgA < 3g/dL; urine light chain M-component on electrophoresis <4g/24h) – <b>Go to question</b>			
☐ Stage II	(Fitting neither Stage I or Stage III) – <i>Go to question 407.</i>			
bone les	I (One of more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic sions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones >12g/24h) – <b>Go to question</b> 407.			

CIBMTR Center Number:		:CIBMTR Recipient ID:
	Unknow	vn – <b>Go to question</b> 408.
40	7. 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 $\geq$ 2.0 mg/dL)
408. Did	the recipi	ient have a preceding or concurrent plasma cell disorder?
□	Yes – G	Go to question 409.
	No – <b>G</b> o	o to question 412.
409	9. Speci	fy preceding / concurrent disorder:
		Multiple myeloma- Go to question 411.
		Multiple myeloma-light chain only – <b>Go to question 411.</b>
		Multiple myeloma-non-secretory – <i>Go to question 411.</i>
		Plasma cell leukemia – <b>Go to question 411.</b>
		Solitary plasmacytoma (no evidence of myeloma) – <i>Go to question 411.</i>
		Smoldering myeloma – <b>Go to question 411.</b>
		Amyloidosis – <i>Go to question 411.</i>
		Osteosclerotic myeloma / POEMS syndrome – <i>Go to question 411.</i>
		Monoclonal gammopathy of unknown significance (MGUS) – Go to question 411.
		Monoclonal gammopathy of renal significance (MGRS) – <i>Go to question 411.</i>
		Other plasma cell disorder (PCD) – Go to question 410.
	410.	Specify other preceding/concurrent disorder:
	411.	Date of diagnosis of preceding / concurrent disorder:
		YYYY MM DD
Copy que	estions 4	409 411. to report more than one concurrent or preceding disorder.
412. Seru	ım β2-mi	croglobulin:
	Known	– Go to question 413.
	Unknow	vn – <b>Go to question 414.</b>
41:	3. Serun	n β2-microglobulin: • = μg/dL
		☐ mg/L
		☐ nmol/L

414. Serum albumin:

CIBMTR Center Number:	CIBMTR Recipient ID:			
☐ Known – Go to question 415.				
☐ Unknown – Go to question 416.				
415. Serum albumin: ●	□ g/dL □ g/L			
I.S.S. at diagnosis:				
416. Stage				
☐ Known – Go to question 417.				
☐ Unknown – Go to question 418.				
417. Stage				
-	in < 3.5 mg/L, Serum albumin ≥ 3.5 g/dL)			
□ 2 (not fitting stage 1 or 3	- ,			
,	, in ≥ 5.5 mg/L; Serum albumin —)			
R - I.S.S. at diagnosis:				
418. Stage				
☐ Known – Go to question 419.				
☐ Unknown – Go to question 420.				
419. Stage				
☐ 1 (ISS stage I and no hig	ph-risk cytogenetic abnormalities by FISH and normal LDH levels)			
□ 2 (Not R-ISS stage I or II	II)			
☐ 3 (ISS stage III and either	er high-risk cytogenetic abnormalities by FISH or high LDH levels)			
420. Plasma cells in blood by flow cytometry	y			
☐ Known – Go to question 421.				
☐ Unknown – Go to question 423.				
421%				
422 • •	$\Box \times 10^9$ /L (x $10^3$ /mm <sup>3</sup> )			
	□ x 10 <sup>6</sup> /L			
423. Plasma cells in blood by morphologic a	assessment			
☐ Known – Go to question 424.				
☐ Unknown – Go to question 426.				

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CIBMTR Center Numbe	r: CIBMTR Recipient ID:
424	%
425	• □ x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )
	□ x 10 <sup>6</sup> /L
426. LDH	
Known	- Go to question 427.
☐ Unknow	wn – <b>Go to question 429</b> .
407	
427	•
	□□□ μkat/L
428. Uppe	er limit of normal for LDH: • •
Labs at diagnosi	is a second of the second of t
400 144	
	enetics tested (karyotyping or FISH)? (at diagnosis)
	Go to question 430. To to question 442.
	wn – <b>Go to question 442.</b>
	30 to quosion 4-2.
430. Were	cytogenetics tested via FISH?
	Yes – <b>Go to question 431</b> .
	No – Go to question 436.
431.	Results of tests:
	☐ Abnormalities identified – <b>Go to question 432.</b>
	□ No abnormalities – <b>Go to question 435.</b>
	Specify cytogenetic abnormalities identified via FISH at diagnosis:
	432. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:
	433. Specify abnormalities (check all that apply)
	Trisomy □ +3
	□ +5
	□ +7

CIBMTR Center Number:	CIBMTR Recipient ID:
	+9
	+11
	+15
	+19
Trar □	nslocation t(4;14)
	t(6;14)
_	t(11;14)
_	t(14;16)
	t(14;20)
Dele □	del (13)/13q-
	del (17)/17p-
	uci (17)/17 p
	nosomy
	- 13
	- 17
Oth	
	Hyperdiploid (>50)
	Hypodiploid (<46)  MYC rearrangement
	Any abnormality at 1q
	Any abnormality at 1p
	Other abnormality— <i>Go to question 434.</i>
_	canonalist to the queeners so it
434.	Specify other abnormality:
435. Was docum	entation submitted to the CIBMTR? (e.g. FISH report)
□ Yes	(13
□ No	
436. Were cytogenetics t	
	question 437.
□ No – <b>Go to c</b>	juestion 442.
437. Results of to	ests
	malities identified – <i>Go to question 438.</i>

CIBMTR Center Number: _		CIBMTR Recipient ID:
	<b>□</b> No e	valuable metaphases – <b>Go to question 441</b> .
ı	<b>□</b> No a	bnormalities – <b>Go to question 441.</b>
	pecify cy iagnosis:	togenetic abnormalities identified via conventional cytogenetics at
4		ternational System for Human Cytogenetic Nomenclature (ISCN) compatible ing:
4	139. Sp	ecify abnormalities (check all that apply)
	Tri	somy +3
		+5
		+7
		+9
		+11
		+15
		+19
	Tra	anslocation t(4;14)
		t(11;14)
		t(14;16)
		t(14;20)
	De	letion
		del (13)/13q-
		del (17)/17p-
	Mo	onosomy - 13
		- 17
	Ot	her
		Hyperdiploid (>50)
		Hypodiploid (<46)
		MYC rearrangement
		Any abnormality at 1q

☐ Any abnormality at 1p

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CIBMTR Cente	r Number: _			CIBMTR Recip	ient ID:	
			Other abnorr	mality– <i>Go to</i>	questio	n 440.
		440.	Specify oth	ner abnormalit	y:	
	441.	Was docum	entation subm	nitted to the C	BMTR?	(e.g. karyotyping report)
		□ Yes				
		□ No				
Status a	t transplant	tation / infu	ısion:			
442. Wh	at was the d	lisease stat	us?			
	Stringent	complete re	sponse (sCR)			
□	Complete	response (	CR)			
□	Very good	d partial resp	oonse (VGPR	)		
	Partial res	sponse (PR)	1			
	No respor	nse (NR) / s	table disease	(SD)		
	Progressiv	ve disease	(PD)			
	Relapse fr	rom CR (Re	l) (untreated)			
	Unknown					
44	3. Date ass	sessed:				Go to signature line
			YYYY	MM	DE	
444. Spe	ecify amyloid	dosis hemat	ologic respons	se (for Amyloi	d patient	ts only)
	Complete	response (	CR)			
	Very good	d partial res <sub>l</sub>	oonse (VGPR)	)		
	Partial res	sponse (PR)	)			
	No respor	nse (NR) / s	table disease	(SD)		
	Progressiv	ve disease	(PD)			
	Relapse fr	rom CR (Re	el) (untreated)			
	Unknown					
44	5. Date ass	sessed:	. <u> </u>			Go to signature line
			YYYY	MM	DD	

**Solid Tumors** 

446. Specify the solid tumor classification:

CIBMTR Center	Number: CIBMTR Recipient ID:
	Bone sarcoma (excluding Ewing family tumors) (273)
	Breast cancer (250)
	Central nervous system tumor, including CNS PNET (220)
	Cervical (212)
	Colorectal (228)
	Ewing family tumors of bone (including PNET) (275)
	Ewing family tumors, extraosseous (including PNET) (276)
	External genitalia (211)
	Fibrosarcoma (244)
	Gastric (229)
	Germ cell tumor, extragonadal (225)
	Head / neck (201)
	Hemangiosarcoma (246)
	Hepatobiliary (207)
	Leiomyosarcoma (242)
	Liposarcoma (243)
	Lung, non-small cell (203)
	Lung, not otherwise specified (230)
	Lung, small cell (202)
	Lymphangio sarcoma (247)
	Mediastinal neoplasm (204)
	Medulloblastoma (226)
	Melanoma (219)
	Neuroblastoma (222)
	Neurogenic sarcoma (248)
	Ovarian (epithelial) (214)
	Pancreatic (206)
	Prostate (209)
	Renal cell (208)
	Retinoblastoma (223)
	Rhabdomyosarcoma (232)
	Soft tissue sarcoma (excluding Ewing family tumors) (274)
	Synovial sarcoma (245)
	Testicular (210)
	Thymoma (231)
	Uterine (213)

	er Number: CIBMTR Recipient ID:						
	Vaginal (215)						
	Wilm tumor (221)						
	Solid tumor, not otherwise specified (200)						
	Other solid tumor (269) – Go to question 447.						
44	147. Specify other solid tumor: Go	to signature line					
Severe Aplastic	tic Anemia						
440 Cma							
•	pecify the severe aplastic anemia classification:						
	· 4· · · · · · · · · · · · · · · · · ·						
	· · · · · · · · · · · · · · · · · · ·						
	· 4· · · · · · · · · · · · · · · · · ·						
	3,, (,						
	Other acquired cytopenic syndrome (309) – Go to question 449.						
	149. Specify other acquired cytopenic syndrome: ormalities of Erythrocyte Differentiation or Function	Go to signature line					
450. Spe	pecify the inherited abnormalities of erythrocyte differentiation or function cla	ssification:					
•	• •						
•	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i>						
	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i> Shwachman-Diamond (305) – <i>Go to question 453.</i>	•					
	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i> Shwachman-Diamond (305) – <i>Go to question 453.</i> Diamond-Blackfan anemia (pure red cell aplasia) (312) – <i>Go to question</i>	•					
	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i> Shwachman-Diamond (305) – <i>Go to question 453.</i> Diamond-Blackfan anemia (pure red cell aplasia) (312) – <i>Go to question</i> Other constitutional anemia (319) – <i>Go to question 451.</i>	o 453.					
	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i> Shwachman-Diamond (305) – <i>Go to question 453.</i> Diamond-Blackfan anemia (pure red cell aplasia) (312) – <i>Go to question</i> Other constitutional anemia (319) – <i>Go to question 451.</i> Fanconi anemia (311) (If the recipient developed MDS or AML, indicate M disease). – <i>Go to question 453.</i>	o 453.					
	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i> Shwachman-Diamond (305) – <i>Go to question 453.</i> Diamond-Blackfan anemia (pure red cell aplasia) (312) – <i>Go to question</i> Other constitutional anemia (319) – <i>Go to question 451.</i> Fanconi anemia (311) (If the recipient developed MDS or AML, indicate M disease). – <i>Go to question 453.</i> Sickle thalassemia (355) – <i>Go to question 453.</i>	o 453.					
	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i> Shwachman-Diamond (305) – <i>Go to question 453</i> .  Diamond-Blackfan anemia (pure red cell aplasia) (312) – <i>Go to question</i> Other constitutional anemia (319) – <i>Go to question 451</i> .  Fanconi anemia (311) (If the recipient developed MDS or AML, indicate M disease). – <i>Go to question 453</i> .  Sickle thalassemia (355) – <i>Go to question 453</i> .  Sickle cell disease (356) – <i>Go to question 453</i> .	o 453.					
	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i> Shwachman-Diamond (305) – <i>Go to question 453</i> .  Diamond-Blackfan anemia (pure red cell aplasia) (312) – <i>Go to question</i> Other constitutional anemia (319) – <i>Go to question 451</i> .  Fanconi anemia (311) (If the recipient developed MDS or AML, indicate M disease). – <i>Go to question 453</i> .  Sickle thalassemia (355) – <i>Go to question 453</i> .  Sickle cell disease (356) – <i>Go to question 453</i> .  Beta thalassemia major (357) – <i>Go to question 453</i> .	o 453.					
	Paroxysmal nocturnal hemoglobinuria (PNH) (56) – <i>Go to signature line</i> Shwachman-Diamond (305) – <i>Go to question 453</i> .  Diamond-Blackfan anemia (pure red cell aplasia) (312) – <i>Go to question</i> Other constitutional anemia (319) – <i>Go to question 451</i> .  Fanconi anemia (311) (If the recipient developed MDS or AML, indicate M disease). – <i>Go to question 453</i> .  Sickle thalassemia (355) – <i>Go to question 453</i> .  Sickle cell disease (356) – <i>Go to question 453</i> .  Beta thalassemia major (357) – <i>Go to question 453</i> .	o 453.  MDS or AML as the primary					

	453.		e recipient receive gene therapy to treat the inherited abnormalities of erythrocyte rentiation or function?
			Yes - Also complete Cellular Therapy Product and Infusion forms 4003 and 4006. If sickle cell or sickle thalassemia, go to question 454 If beta thalassemia, go to question 457., else go to signature line
			No - If sickle cell or sickle thalassemia, go to question 454 If beta thalassemia, go to question 457., else go to signature line
	454.		ricuspid regurgitant jet velocity (TRJV) measured by Echocardiography pre-HCT? (sickle cell le thalassemia and beta thalassemia major only)
			Yes – Go to question 455.
			No- Go to question 457.
			Unknown - Go to question 457.
		455.	TRJV measurement:
			☐ Known – Go to question 456.
			☐ Unknown- Go to question 457.
			456. TRJV measurement: m/sec
	457.		ver iron content (LIC) tested within 6 months prior to infusion? (sickle cell, sickle assemia, beta thalassemia major only)
			Yes – Go to question 458.
		□	No – Go to question 460.
		458.	Liver iron content mg iron / g liver dry weight
		459.	Method used to estimate LIC?
			□ T2*MRI
			□ SQUID MRI
			□ FerriScan
			☐ Liver biopsy
			□ Other
Beta 1	thalas	semia	major
	460.	Is the	recipient red blood cell dependent? (requiring transfusion to maintain HGB >7g/dL)
			Yes - Go to question 461.
			No – Go to question 468.

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CIBMTR Center Number	r:		CIBMTR Recipient ID:
461.	Year	of first	transfusion (since diagnosis):
			YYYY
462.	. Was i	ron ch	elation therapy given at any time since diagnosis?
		Yes -	Go to question 463.
		No –	Go to question 468.
		Unkno	wn – <b>Go to question 468.</b>
	463.	first	ron chelation therapy meet the following criteria: initiated within 18 months of the transfusion and administered for at least 5 days / week (either oral or parenteral chelation medication)?
			Yes, iron chelation therapy given as specified – 466.
			No, iron chelation therapy given, but not meeting criteria - Go to question 464.
			Iron chelation therapy given, but details of administration unknown – <b>Go to</b> question 466.
		464.	Specify reason criteria not met
			□ Non-adherence – <b>Go to question 466.</b>
			☐ Toxicity due to iron chelation therapy – <i>Go to question 466.</i>
			☐ Other – Go to question 465.
			465. Specify other reason criteria not met:
	466.	Year	iron chelation therapy started:
			Known – Go to question 467.
			Unknown – Go to question 468.
		467.	Year started:
			YYYY
468. Did th	ne recipio	ent hav	ve hepatomegaly? (≥ 2 cm below costal margin)
	Yes- C	30 to 0	uestion 469.
	No- <b>G</b>	o to q	uestion 470.
	Unkno	wn	
469.		size as cm	s measured below the costal margin at most recent evaluation prior to infusion:
470. Was	a liver bi	opsy p	erformed at any time since diagnosis?
	Yes –	Go to	questions 471.
	No – <b>G</b>	o to q	uestions 477.

CIBMTR Center Number:	CIBMTR Recipient ID:
471.	Date assessed
	☐ Known – Go to question 472.
	☐ Unknown – Go to question 473.
	472. Date assessed: Date estimated
473.	Liver cirrhosis:
	□ Present
	□ Absent
	□ Unknown
474.	Bridging fibrosis:
	□ Present
	□ Absent
	□ Unknown
475.	Chronic hepatitis:
	□ Present
	□ Absent
	□ Unknown
476.	Was documentation submitted to the CIBMTR? (e.g., liver biopsy)
	□ Yes
	□ No
/177 Is there	e evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?
	Yes
	No
	e recipient have a splenectomy at any time prior to infusion?
	Yes
	No
	Unknown
Laboratory stud	lies at last evaluation prior to start of preparative regimen
479. Serum	Iron:
	Known – Go to questions 480.

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CIBMTR Center	r Number: CIBMTR Recipient ID:	
	□ Unknown – Go to questions 481.	
	480 μg / dL	
	_ μmol / L	
48.	1. Total iron binding capacity (TIBC):	
	☐ Known – Go to question 482.	
	☐ Unknown – Go to question 483.	
	482 μg / dL	
	_ μmol / L	
48	3. Was serum bilirubin less than two times the upper limit of normal?	
	□ Yes	
	□ No	
	□ Unknown	
Disorders of the	e Immune System	
40.4 0		
•	cify disorder of immune system classification:	
	Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401) – <b>Go to</b> question 487.	
	Absence of T and B cells SCID (402) – Go to question 487.	
	Absence of T, normal B cell SCID (403) – <b>Go to question 487.</b>	
	Omenn syndrome (404) – <b>Go to question 487.</b>	
	Reticular dysgenesis (405) – <i>Go to question 487.</i>	
	Bare lymphocyte syndrome (406) – <b>Go to question 487.</b>	
	Other SCID (419) – Go to question 485.	
	SCID, not otherwise specified (410) – Go to question 487.	
	Ataxia telangiectasia (451) – <i>Go to question 487.</i>	
	HIV infection (452) – Go to question 487.	
	DiGeorge anomaly (454) – <i>Go to question 487.</i>	
	Common variable immunodeficiency (457) – <b>Go to question 487.</b>	
	Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459) – <i>Go to question 487.</i>	)
	Kostmann agranulocytosis (congenital neutropenia) (460) – <i>Go to question 487.</i>	
	Neutrophil actin deficiency (461) – Go to question 487.	
	Cartilage-hair hypoplasia (462) – <i>Go to question 487.</i>	
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CIBMTR Center	Number:		CIBMTR Recipient ID:				
	Other immur	odeficiencies (479) –	Go to question 486.				
	Immune defi	ciency, not otherwise	specified (400) – <b>Go to</b>	question 487.			
	Chediak-Higashi syndrome (456) – Also complete Pigmentary Dilution Disorder (PDD) Pre-H Data Form – Go to question 487.						
	-	Griscelli syndrome type 2 (465) – Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Dat Form – Go to question 487.					
	_	Pudlak syndrome type ta Form – Go to que		ete Pigmentary Dilution	Disorder (PDD)		
		ntary dilution disorde orm – <b>Go to questio</b>	•	e Pigmentary Dilution D	oisorder (PDD) Pre-		
	Chronic gran	ulomatous disease (4	455) – <b>Go to question</b> 4	487.			
	Wiskott-Aldri	ch syndrome (453) –	Go to question 487.				
	X-linked lym	ohoproliferative syndi	rome (458) – <b>Go to que</b>	estion 487.			
485	5. Specify oth	er SCID:		_ – Go to question 487.			
486	6. Specify oth	er immunodeficiency	·:	– Go to que	estion 487.		
487	7. Specify oth	er pigmentary dilutio	n disorder:		Go to question 487.		
488	3. Did the rec	ipient have an active	or recent infection with	a viral pathogen within 6	0 days of HCT?		
	□ Yes	– Go to question 48	9.				
	□ No-	Go to question 490	).				
	489. Sp	ecify viral pathogen (	check all that apply)				
		304 Adenovirus					
		341 BK Virus					
		344 Coronavirus					
		303 Cytomegalovii	rus (CMV)				
		347 Chikaugunya	Virus				
		346 Dengue Virus					
		325 Enterovirus (E	CHO, Coxsackie)				
		327 Enterovirus De	68 (EV-D68)				
		326 Enterovirus (p	olio)				
		328 Enterovirus No	OS				
		318 Epstein-Barr \	/irus (EBV)				
		306 Hepatitis A Vir	rus				
		307 Hepatitis B Vir	rus				
		308 Hepatitis C Vi	rus				

CIBMTR Center Number:	CIBMTR Recipient ID:			
	340 Hepatitis E			
	301 Herpes Simplex Virus (HSV)			
	317 Human herpesvirus 6 (HHV-6)			
	309 Human Immunodeficiency Virus 1 or 2			
	343 Human metapneumovirus			
	322 Human Papillomavirus (HPV)			
	349 Human T-lymphotropic Virus 1 or 2			
	310 Influenza, NOS			
	323 Influenza A Virus			
	324 Influenza B Virus			
	342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))			
	311 Measles Virus (Rubeola)			
	312 Mumps Virus			
	345 Norovirus			
	316 Human Parainfluenza Virus (all species)			
	314 Respiratory Syncytial Virus (RSV)			
	321 Rhinovirus (all species)			
	320 Rotavirus (all species)			
	315 Rubella Virus			
	302 Varicella Virus			
	348 West Nile Virus (WNV)			
490. Has the rec	ipient ever been infected with PCP/PJP?			
□ Yes				
□ No				
491. Does the re	cipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only)			
□ Yes				
□ No				
Inherited Abnormalities of Plat	telets			
492. Specify inherited a	bnormalities of platelets classification:			
Congenital am	egakaryocytosis / congenital thrombocytopenia (501)			
Glanzmann thr	rombasthenia (502)			
Other inherited	Other inherited platelet abnormality (509) – <i>Go to question 493.</i>			

CIBMTR Center Number:						
	493	. Specify other inherited platelet abnormality:signature line	Go to			
Inherited D	isorde	ers of Metabolism				
494.	Spec	ify inherited disorders of metabolism classification:				
	•	Osteopetrosis (malignant infantile osteopetrosis) (521)				
		, , , , , , , , , , , , , , , , , , ,				
		kodystrophies Metachromatic leukodystrophy (MLD) (542)				
		Adrenoleukodystrophy (ALD) (543) – <b>Go to question 496.</b>				
		Krabbe disease (globoid leukodystrophy) (544)				
		Lesch-Nyhan (HGPRT deficiency) (522)				
		Neuronal ceroid lipofuscinosis (Batten disease) (523)				
		copolysaccharidoses 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)				
	Muc	colipidoses				
		Gaucher disease (541)				
		Niemann-Pick disease (545)				
		I-cell disease (546)				
		Wolman disease (547)				
		Glucose storage disease (548)				
		Mucolipidoses, not otherwise specified (540)				
	_	ysaccharide hydrolase abnormalities Aspartyl glucosaminidase (561)				
		Fucosidosis (562)				
		Mannosidosis (563)				
		Polysaccharide hydrolase abnormality, not otherwise specified (560)				
		Other inherited metabolic disorder (529) – <i>Go to question 495.</i>				

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CIBMTR Center Number:			CIBMTR Recipient ID:								
		Inhe	erited	meta	abolic disorder, n	ot otherw	ise specifie	ed (520)			
	49		ecify s <i>igna</i>		er inherited metab <i>line</i>	oolic disor	der:			<del></del>	- Go to
	49	96. La	es co	ompo	site score:	Adrenol	eukodysti	rophy (Al	LD) only - (	Go to sig	nature line
Histiocytic	c dis	orders	;								
497	Sne	ecify h	istino	vtic c	disorder classifica	ation.					
	. Ор	-		_	tic lymphohistiocy		H) (571) –	Go to au	estion 499	)_	
			-		Il histiocytosis (hi	-		_			
		•			tosis (reactive or	-	, , ,				
		Malig	gnant	histic	ocytosis (574)						
		Othe	r hist	iocyti	c disorder (579) -	- Go to q	uestion 49	98.			
		Histic	ocytic	diso	rder, not otherwis	se specifi	ed (570)				
	49		ecify <b>line</b>	othe	er histiocytic disor	der:					- Go to signature
	49				pient have an acti gocytic lymphol				viral pathog	en within	60 days of HCT?
			] ,	Yes–	Go to question	500.					
			] !	No- (	Go to question 5	501.					
		5	500.	Spe	cify viral pathoge	n (check	all that app	ply)			
					304 Adenovirus	1					
					341 BK Virus						
					344 Coronavirus	S					
					303 Cytomegalo	ovirus (Cl	MV)				
					347 Chikauguny	ya Virus					
					346 Dengue Vir	us					
					325 Enterovirus	(ECHO,	Coxsackie	9)			
					327 Enterovirus	D68 (EV	'-D68)				
					326 Enterovirus	(polio)					
					328 Enterovirus	NOS					
					318 Epstein-Ba	rr Virus (E	EBV)				
					306 Hepatitis A	Virus					

CIBMTR Center Number:	CIBMTR Recipient ID:
	307 Hepatitis B Virus
	308 Hepatitis C Virus
	340 Hepatitis E
	301 Herpes Simplex Virus (HSV)
	317 Human herpesvirus 6 (HHV-6)
	309 Human Immunodeficiency Virus 1 or 2
	343 Human metapneumovirus
	322 Human Papillomavirus (HPV)
	349 Human T-lymphotropic Virus 1 or 2
	310 Influenza, NOS
	323 Influenza A Virus
	324 Influenza B Virus
	342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
	311 Measles Virus (Rubeola)
	312 Mumps Virus
	345 Norovirus
	316 Human Parainfluenza Virus (all species)
	314 Respiratory Syncytial Virus (RSV)
	321 Rhinovirus (all species)
	320 Rotavirus (all species)
	315 Rubella Virus
	302 Varicella Virus
	348 West Nile Virus (WNV)
501. Has the rec	ipient ever been infected with PCP/PJP
	Go to signature line
□ No- 0	Go to signature line
Autoimmune Diseases	
502 Specify autoimmur	ne disease classification:
Arthritis	
☐ Rheumatoid a	arthritis (603)
	ritis / psoriasis (604)
	pathic arthritis (JIA): systemic (Stills disease) (640)

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

CIBMTR C	enter	Number:
		Juvenile idiopathic arthritis (JIA): polyarticular (642)
		Juvenile idiopathic arthritis (JIA): other (643)
		Other arthritis (633)
	Mul	tiple sclerosis
		Multiple sclerosis (602)
	Con	nective tissue diseases
		Systemic sclerosis (scleroderma) (607)
		Systemic lupus erythematosis (SLE) (605)
		Sjögren syndrome (608)
		Polymyositis / dermatomyositis (606)
		Antiphospholipid syndrome (614)
		Other connective tissue disease (634)
	Vas	culitis
		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)
	Oth	er neurological autoimmune diseases
		Myasthenia gravis (601)
		Other autoimmune neurological disorder (644)
	Hen	natological autoimmune diseases
		Idiopathic thrombocytopenic purpura (ITP) (645)
		Hemolytic anemia (646)
		Evan syndrome (647)
		Other autoimmune cytopenia (648) – <i>Go to question 503.</i>
	Bov	vel diseases
		Crohn's disease (649)
		Ulcerative colitis (650)
		Other autoimmune bowel disorder (651) – <b>Go to question 504.</b>
	Met	abolic
		Diabetes mellitus type 1 (660)

CIBMTR Cente	er Number: CIBMTR Recipient ID:	
Ot	ther	
	Other autoimmune disease (629) – <i>Go to question 505.</i>	
50	03. Specify other autoimmune cytopenia:	
50	04. Specify other autoimmune bowel disorder:	
50	05. Specify other autoimmune disease:	
- <b>G</b>	Go to signature line	
Tolerance Indu	uction Associated with Solid Organ Transplant	
506. Spe	pecify solid organ transplanted: (check all that apply)	
	Kidney	
	Liver	
	Pancreas	
	Other organ - Go to question 507.	
50	07. Specify other organ: <b>Go to signatur</b>	e line
Other Disease		
508. Sp	pecify other disease:	Go to signature line
First Name:		
Last Name:		
E-mail address	s:	
Date:		
	YYYY MM DD	